

Closing the gap on speech, language and communication in the early years: Local case studies Kingston upon Thames

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. Kingston 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

Kingston upon Thames is a London borough with below average levels of social disadvantage and an above-average percentage of children learning English as an Additional Language. Over the years 2016–18, the Communication and Language Early Years Foundation Stage Profile (EYFSP) outcomes for children eligible for free school meals improved markedly. No known demographic changes contributed to the improved outcomes.

In 2018, Kingston's Communication and Language EYFSP outcomes for disadvantaged children were the second highest in England. 87.2% of children achieved at least the expected level of development in Communication and Language, a higher figure than the average for non-disadvantaged children nationally (84.1%).

The improvements between 2016 and 2018 were quite specific to Communication and Language rather than being seen across all areas of learning.

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

Strategic leadership

The importance of speech, language and communication is championed at all levels. Senior leaders are knowledgeable about the issues and committed to early intervention.



Integrated working

The local authority early years and school improvement services, speech and language therapists, health visitors and Children's Centres work very closely together, within long-established relationships.

Professional development

The CPD offer for early years practitioners is evidence-based, and includes modelling, coaching, use of video, reflection and peer-to-peer learning.



Using data to target programmes

The overall training programme and specific initiatives funded through the Early Years Pupil Premium are shaped by analysis of detailed data at local authority and school level.

Early identification and support

Systems for identifying children who may need help with their language are aligned across agencies. There is a comprehensive range of provision for children who are identified, ranging from small-group intervention programmes led by staff in early years settings through to intensive packages of specialist support.

Alignment and effectiveness of SEND and improvement services

The local authority has retained a substantial early years advisory team. Advisers have a dual inclusion/improvement role. They have been able to improve outcomes for disadvantaged children by sharing their expertise on the features of the environment and adult-child interactions which are supportive of children with special educational needs in communication and interaction, but which also work for children with language delay linked to lack of opportunity.

Take-up and quality of early education

A high take-up of funded places for disadvantaged 2-year-olds has been achieved through a bespoke, personalised offer. There has been substantial investment in professional development for those working with 2-year-olds, and the quality of provision is consistently good or outstanding.

The local context

Kingston is a London borough, working with one local clinical commissioning group (CCG). Its children's services have since 2014 been delivered by Achieving for Children (AfC), a Community Interest Company wholly owned by the two councils of Kingston and Richmond. There is little academisation of schools and AfC is the main provider of quality improvement services for both schools and wider early years settings.

Kingston's childcare provision profile is 50% maintained and 50% private and independent (PVI). There is one nursery school and one specialist resourced provision for nursery aged children with speech, language and communication needs, providing 16 places.

The speech and language therapy service for children and the health visiting service are provided by Your Healthcare Community Interest Company. Current Kingston Speech and Language Therapy team staffing levels represent a ratio of around 1,700 children aged 0–19 to one speech and language therapist/speech and language therapy assistant.

The context for the improvements for disadvantaged children

In 2015 81.1% of 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 87.2%, well above the national FSM average of 71.9%, and above the average for non-disadvantaged children nationally (84.1%). Kingston's 2018 FSM outcomes were the second highest in England.

The marked improvements in EYFSP Communication and Language outcomes for disadvantaged children over the 2016–18 period were very much greater than the improvement seen for children not eligible for free school meals. The marked improvements for disadvantaged

KEY STATS Kingston on Thames



The 0–5 child population in the borough is 13,612, against a national local authority average of 26,822.



8% of 4–5-year-olds are eligible for free school meals, compared to 14% nationally.* The local authority is ranked 143rd out of 151 local authorities on the Index of Multiple Deprivation.* Disadvantage is concentrated in a small number of geographical areas within the borough.



32% of 4–5-year-olds have English as an Additional Language, compared to 19% nationally.* The languages spoken are varied, but some areas have substantial numbers of Korean, Tamil-speaking or Eastern European children.



In 2018, 87.2% of children eligible for free school meals achieved at least the expected level of development in Communication and Language on the Early Years Foundation Stage Profile, compared to 71.9% nationally.

* 2019 data

children were quite specific to Communication and Language rather than being seen across all areas of learning.

No known demographic changes contributed to the improved outcomes.

The speech, language and communication issues for children

Interviewees reported that the main issues for early language in Kingston relate to socio-economic disadvantage or SEND, but teams are also seeing more language needs in 'time-poor, money-rich families'. Boys do less well than girls in communication and language; EAL learners tend to catch up quickly, either in Key Stage 1 and 2 or in some cases even earlier.

There has been significant growth in numbers of children with speech, language and communication needs over recent years. The Speech and Language Therapy service report increased referrals and lengthening waiting lists. The lead local authority Early Years Consultant for SEND (equivalent to the Early Years Area SENDCO) reported a 100% increase in applications for Early Years Inclusion Fund in the last calendar year, of which 82% were for speech, language and communication and/or Autistic Spectrum Disorder (ASD). The Early Years lead in a maintained nursery school reported that the majority of 2- and 3-year-olds now come in to her nursery well below age-related expectations in communication and language, which used not to be the case.



Challenges and how they have been overcome

Challenge 1: Ever-growing numbers of children with speech, language and communication needs, and long waiting lists for speech and language therapy.

- ✓ Focusing on improving quality first teaching in settings, so that they are able to meet more needs themselves.
- ✓ Bringing in a system for prioritising speech and language therapy referrals on the basis of risk, drawing on information from local authority partners. This has allowed 'the right children to be seen for the right reason at the right time' (Speech and Language Therapy Service Manager).

Challenge 2: Staffing reductions in the Early Years team

- ✓ Creating peer-to-peer support systems.
- ✓ Adapting to new markets by enabling settings to buy into bronze, silver or gold packages of support from the local authority.

Challenge 3: Reductions in the number of Children's Centres

- ✓ Developing greater outreach, taking services to families.
- ✓ Becoming more sophisticated in knowing where to target a limited resource.

Strategic leadership

Speech, language and communication forms part of the council's strategic priorities, largely because speech, language and communication needs and ASD emerged as the most prevalent

types of special educational need or disability (SEND) when the local authority undertook a SEND Review in preparation for inspection. Elected members understand the need for effective early intervention services that prevent needs from escalating, and this has helped senior leaders in AfC to retain a substantial early years adviser team and a range of provision for under-5s with speech, language and communication needs.

The focus on early intervention in Kingston has been maintained in a challenging context. According to the Director of Education Services: ‘Councillors are preoccupied with the High Needs overspend year on year which is driving conversations in Kingston – and it is quite an achievement they are talking about investing in early intervention with the current level of rolling debt.’

Speech, language and communication is specifically mentioned in the 2018 Joint Strategic Needs Analysis (JSNA), which notes that speech, language and communication needs is the most common presenting need for children with SEN, and says that: ‘Health and Wellbeing Boards will want to assure themselves that there is appropriate provision across education and health in their area, to meet the speech, language and communication needs of all young people.’ The JSNA recommends that partners should ‘develop and improve pathways and provision for children and young people with Speech, Language and Communication Needs’ and ‘report data from early years health checks (e.g. speech, language and communication screening from the Ages and Stages Questionnaire ASQ) regularly to ensure emerging needs are being identified and addressed quickly’.

Speech, language and communication figures in the Children and Young People’s Plan indirectly through a focus on school readiness. The Early Help strategy includes language and communication difficulties as one of the basket of indicators of eligibility for targeted support.

The importance of speech and language is championed at all levels. The Director of Children’s Services, for example, is knowledgeable about the proportion of young offenders known to have significant speech, language and communication needs that have not been properly addressed in childhood. He noted the role played by the Director of Education Services, herself previously the lead on early years: ‘She is very knowledgeable in this area and has shown real leadership.’



Critical success factors in narrowing the language gap

- ✓ Strategic leadership
- ✓ Integrated working
- ✓ Professional development
- ✓ Using data to target programmes
- ✓ Early identification and support
- ✓ Alignment and effectiveness of SEND and improvement services
- ✓ Take-up and quality of early education.

“It isn’t about me but I suppose because I started in the early years, although I do all sorts of other things now I still realise that it is the most important place that you invest your funding ... I still champion it whenever I am at a meeting.”

Director of Education Services

Frontline staff are very aware of the commitment at senior level. The Speech and Language Therapy Service Manager spoke about the series of joint initiatives her team had been involved in since she took up post in 2011. 'First there was Every Child a Talker, then the 2-year-old pilot funding, then joint work on early years SEND, the start of joint working with health visitors, joint screening at 2, then the 30 hours' provision for 3-year-olds. So I would say there is always a project with a communication and language focus; we are always on the agenda.'

The Head of Children, Youth and Partnerships observed that: 'Speech and language is mentioned at many strategic boards. It's really nice to have directors and senior leaders that listen to the needs that we identify operationally. So I know that certain services can identify something and they know that they can go talk to someone who will raise that who will hopefully secure some funds or coordinate collaboration because it's not always about money. Sometimes it's about joining up.'

Interviewees felt that working across the two councils of Kingston and Richmond had been helpful: '[it] gives you the ability to retain specialist posts that [you] wouldn't otherwise be able to keep, helps with service resilience and also provided the opportunity to make operational efficiencies which can be reinvested into frontline services – so fewer managers and more practitioners'(Director of Children's Services). It also means that good practice can be shared, and teams have had more support in accessing bids for external funding.

Integrated working

There is no specific governance group with responsibility for speech, language and communication in Kingston, but a multi-agency SEN Transformation Partnership Plan focuses on transforming the SEN agenda across the board. One of its workstreams looks at assessment and planning and brings together speech and language therapists and members of the local authority's advisory teacher teams.

Speech and language is discussed at a number of other Partnership boards: AfC's Senior Leadership Board, the Children's Centre Partnership Board, and Early Help.

Partnership arrangements between the local authority and CCG operate on the basis of good relationships, with informal joint commissioning arrangements. Funding for the Speech and Language Therapy service has historically been split between the CCG (40%) and the Schools Forum (60%).

At an operational level, relationships between partners were reported to be exceptionally good. The focus group for this case study included leads and managers of the Speech and Language Therapy service, school improvement, early years SEND teams, Children's Centres as well as practitioners in early years settings with specialist language expertise. What soon became clear in the focus group meeting was that these were a group of people accustomed to working closely together, over a long period of time.

Co-location of services is felt to have helped build strong partnerships. speech and language therapists, for example, share a base with health visitors, have historically provided training to them, and have set up a joint folder on their computer drive to share resources, information and advice.

Partners have worked together at a strategic level to tackle barriers to information-sharing. AfC, social care and health providers have developed a broad-based overarching information-sharing agreement plus purpose-specific agreements. Social care uses the same IT system

as the health care provider, and there is a commitment to integrate information eventually into one system with a single view of the child. At the moment, education, SEND, social care and early help services operate three different systems, each with flags on them which can be shared.

Professional development

A significant feature of Kingston's speech, language and communication provision is the continuing professional development (CPD) on offer to early years practitioners. This is extensive, well taken up universally but also carefully targeted at specific setting needs. It is based on evidence about what works in CPD, making use of modelling, coaching, use of video, reflection and peer-to-peer learning. Training sessions are run at different times, including evenings, to encourage take-up from PVI settings. When training is provided, it is not just a one-off but a series of meetings through which participants share effective practice.

Examples of peer-to-peer learning include:

- A team of leading foundation stage teachers working in both reception and nursery classes, all of whom provide training and support around speech, language and communication. Other practitioners attend workshops in these schools to observe good practice with the children and families.
- 12 early years 'Inclusion Hubs' (settings with good practice) which have been funded across Kingston and Richmond, originally through a 2017 grant from the DfE's 30 hours Delivery Support Fund but subsequently by AfC. The hubs host visits and provide training in conjunction with the multi-disciplinary team, involving therapy services, portage and educational psychologists.
- Dynamic Assessment groups, where families and practitioners can observe good practice in a nursery via a two-way mirror, while simultaneously the children are observed so that the inclusion team can think about appropriate pathway planning for each child.

“The skilled workforce is a strength, because knowing that children are coming in well below average, there has to be knowledge and expertise to do something immediately.”

Early years lead in a nursery serving a disadvantaged area

Particular groups of practitioners are carefully targeted. The local authority Early Years team work on communication and language with NQTs and teachers new to early years. They film them interacting with children and discuss the interactions with them; they also encourage adults to film themselves and reflect on the strategies that are helping children's communication and language development.

Language is always part of NQT EYFS training, and this is felt to have had significant impact on practice. It is also always on the agenda at early years leaders networks and SENDCO networks.

Another group who have been targeted are primary headteachers. Over the last three years the local authority team has offered them a Child Development Programme, focusing on the three early years prime areas of learning – communication and language, physical development, and personal, social and emotional development.

“We have a lot more schools now with 2-year-olds and rising 3-year-olds, so it is vital that they understand the youngest children.” Lead School Improvement Adviser for Early Years

Using data to target programmes

Children’s Centres have strong datasets that enable them to target services responsively. From information provided by parents, the centres know needs down to ‘a pocket of lone parents there’ or ‘a rising number of children with Down’s syndrome there’ and plan support groups accordingly.

“The Children’s Centre staff always know where the areas of need or concern, or drops in EYFSP data are for their schools and settings, and then they try to tailor the outcomes and programmes to that.” Head of Children, Youth and Partnerships

Data drives support for schools – an example was the 2015 Pupil Experiences Project. EYFSP data showed that schools with smaller numbers of children eligible for the Pupil Premium were not achieving good outcomes for them, so the local authority brought those schools together to pool resources for their 2–3-year-old children. The schools worked together in clusters to identify the experiences that children need but might not be accessing. They then engaged parents and children together, modelling how for example taking children out shopping can be a learning and talking experience. Around 60% of schools that took part are still engaged with that work, adapting their model for their cohorts and using new experiences, such as forest schools.

Data also help drive the CPD offer. When, for example, from 2016 onwards EYFSP data showed children struggling with the basics of listening and joint attention, the team provided EYFS leaders with specific CPD on how to develop listening and attention in settings and how to support parents develop the skills in the home.

Early identification and support

Identification systems and support options

Kingston has very effective systems for identifying children who may need help with speech, language and communication early, through the observations of Children’s Centre staff, the health visitor 2–2.5-year review and the 2-year progress check in early years settings.

Health visiting capacity and ability to deliver the Healthy Child Programme was felt to be good by all our interviewees, partly because of a staffing model involving skilled nursery nurses as well as health visitors. The Director of Public Health noted that 'we have tried to protect the resource as much as possible and haven't had to reduce the 0–19 budget to date'. Recruitment of health visitors has not been an issue; turnover is low.

Early years settings use the same white/grey/black colour-coding in their 2-year progress check as health visitors use in theirs, to indicate whether children are at an age-appropriate level of development, a level where some targeted support is needed, or a level where an onward referral to paediatrics or speech and language therapy is indicated. Settings share their assessments with health visitors. They are encouraged to use refined assessment tools, such as the 'Every Child a Talker' monitoring profile and Sheridan development scales.

Once children have been identified as in need of help, the emphasis is on what early years settings can do to support them and their families. Where families have to wait to see a speech and language therapist, 'it is really important that we pick families up and they are not left in limbo from the first point of the identification – there needs to be someone supporting them and the setting needs to feel confident about being able to help them' (Director of Education Services).

Support options are varied, including:

- targeted Chat and Play sessions in Children's Centres, giving access to a speech and language therapist for 0–2-year-olds
- small targeted groups in schools and some nurseries
- 16 places available in specialist speech, language and communication needs nursery provision
- Early Years Inclusion Funding in the child's own setting
- Speech and Language Intensive Packages (SLIPs) in Reception.

Schools make some use of targeted small group interventions for children not at the expected levels in communication and language, such as 'School Start' in Reception and 'Pre School Start' in nursery. These were developed locally by speech and language therapists, who trained all schools and settings.

The Speech and Language Intensive Packages (SLIPs) are funded by the local authority and are for children who have significant needs but do not yet have an EHCP. Two advisory teachers monitor these children in their first term in Reception, using The Communication Trust's detailed Progression Tools. From January, time-limited funding packages are put in place for those whose progress is still poor. Packages include a mix of advisory teacher time and funding for teaching assistant (TA) time to implement group, paired or 1-to-1 sessions. The advisory teacher will provide training, and model strategies for the child's teacher and TA. They look specifically at how to help the child transfer skills learned in 1-to-1 support to the wider class context.

There is evidence of the effectiveness of these SLIP packages. Of the 255 children receiving a SLIP in Reception between 1999 and 2018, 81% were found to have made expected or better progress in reading and writing over KS1 and 2, compared to 83% of the population who made expected or better progress nationally. On average, SLIPs diverted 83% of children from requiring an EHCP. The SLIP co-ordinator was able to establish the cost per primary year of an EHCP in a mainstream school, and the average cost of providing a SLIP. Diverting 83%

of children from requiring an EHCP was estimated to lead to a total cost avoidance for the cohort of more than £1 million.

Research evidence is used to prioritise those who will benefit most from early intervention – speech and language therapy for children who stammer, for example. Barriers are not put in the way of accessing support; there is no requirement that children have a formal diagnosis of ASD before parents can access programmes like Early Bird, so long as the child has been seen by a paediatrician. Settings can apply to the Early Years Inclusion Fund for support through a simple process, with no requirement that they have sought support previously from the Early Years advisory teams.

The role of Children's Centres

Children's Centre provision has changed a great deal in recent years, but a deliberate choice has been made to follow the Marmot principle of proportionate universalism and retain some universal support for 0–5s as well as targeted support for families across a wider age range. The Centres offer stay and play sessions, home learning tips, support and signposting; parents can attend appointments with midwife or health visitor in a Centre and then be drawn into stay and play. Targeted early years support is also on offer; families can be invited to smaller sessions without stigma, because of the trusted universal provision. Outreach has developed over the last four years, with sessions provided in known pockets of need, in church halls and other community settings.

The Head of Children, Youth and Partnerships noted the importance of retaining universal stay and play sessions: 'There is a commitment in Kingston there will always be that open gateway for anybody to come into the Centres but once they are in the workforce is able to very quickly identify those who may benefit from additional support. The practitioners are very skilled at identifying any potential issues and delays for children under 2 in the sessions – they are not clinicians but they have shared training and experiences with therapists and clinicians so they have the confidence to say if something is not right. And they also have the relationships with the families to be able to start the shared conversation with them. Without this, schools might be getting a lot more children hitting their doors with no background or information on history and a variety of needs.'

Interviewees consistently noted the contribution the Children's Centres had made to children's outcomes. All are on school sites and were formerly able to track outcomes of children receiving their services through to their EYFSP. Although disaggregating reasons was difficult, data showed that there was definitely a benefit for children attending a Centre compared to those who did not attend. An early years leader in a disadvantaged area described a correlation between the closures of some Children's Centres and the increasing number of children coming into her nursery needing support with speech and language. The Director of Children's Services noted that 'we have good outcomes as a result of the wealth of the Children's Centre offer which has been eroded over time'.

Alignment and effectiveness of SEND and improvement services

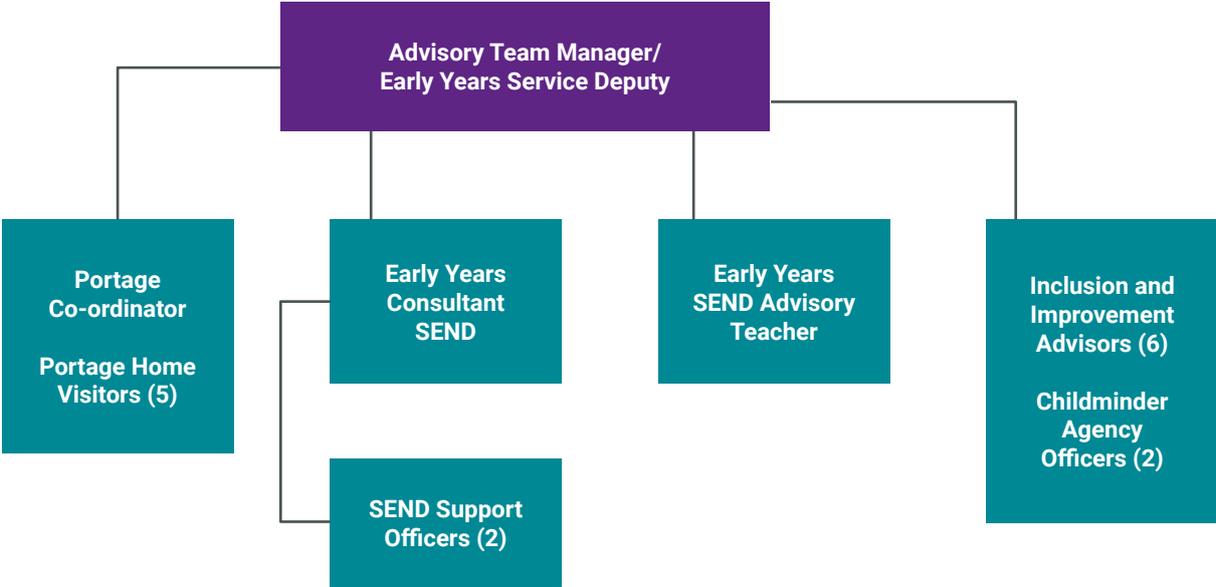
A key contributor to success in narrowing the gap in Kingston is felt to be an unusual alignment of SEND services with support for the quality of provision in settings and schools. All local authority Early Years advisory teachers are now called 'Inclusion and Improvement Advisers', with a dual role.

The local authority view inclusion as a key element of their focus on improving and empowering early years settings. The team have been able to improve outcomes for disadvantaged children by sharing their expertise in the features of the environment and adult-child interactions which are supportive of children with special educational needs in communication and interaction, but which also work for children with language delay linked to lack of opportunity.

Take-up of the Inclusion and Improvement Adviser service is good, with almost all PVI settings and nearly 90% of schools choosing to subscribe – a testament to the quality of the service. The team’s impact is evident in the proportion of 2-, 3- and 4-year-old children with funded places who are in provision judged good or outstanding by Ofsted, which was well above national averages over the period covered by this case study, and remains so now.

In addition to the Inclusion and Improvement Advisers, a substantial portage service and early years SEND team sit under the Early Years Advisory Team Manager.

KINGSTON EARLY YEARS ADVISORY TEAM



The team run networks for Early Years SENCOs, childminders, private providers, and childminders. They work closely with the school improvement team, where there is a lead senior adviser for early years, who is also the Early Years Profile Moderation Manager and responsible for school-based EYFS networks.

Take-up and quality of early education

The 2-year-old offer is felt by interviewees to have been highly significant in closing the language gap for disadvantaged children. Schools that had taken part in the 2014 2-year offer pilot improved their 2016/17 EYFSP rankings in the borough, when those children reached 5. The Lead Adviser for Early Years noted that: ‘Still now some of the schools that

have the highest outcomes are the ones that have had the 2-year-olds from the beginning and been able to work with the families in an effective way.'

From the start, the local authority invested hugely in CPD for those working with disadvantaged 2-year-olds in funded provision. 20% of these 2-year-olds were in schools and 'we didn't want them to get watered down 3-year-old provision. So they had four full sets of long-term training to address all the prime areas including a real focus on language' (Head of Early Years). The local authority still run a bespoke support group for those with funded 2-year-old provision, in the PVI and in schools.

The borough has had a markedly higher proportion of eligible 2-year-olds in funded early education than the national average since 2015, peaking at 79% in 2017 compared to 69% in its statistical neighbours, and 71% nationally. Almost all of these children have been in provision rated good or outstanding, more so than national averages. The proportion of 3- and 4-year-olds taking up some free education in good or outstanding provision has also been consistently above average over the years covered by this case study.

A higher proportion of funded 2-, 3- and 4-year-olds are currently in settings with graduate staff than the national average (70 % versus 52%), and a higher proportion than nationally are in settings with a qualified teacher. Currently, 28% of funded 2-year-olds are in school-based provision.

The high take-up of the 2-year-old offer has been achieved through a bespoke model. Once the local authority know that someone is eligible for funding, the brokering officer proactively contacts them, discussing the local offer and what will work best for the parents. Children's Centre staff, health visitors and social workers are good at promoting the 2-year-old offer with families they work with.



Innovations in Kingston

- ✓ Early Years advisers with a dual inclusion and improvement role.
- ✓ Providing training to headteachers on child development.
- ✓ Funded Speech and Language Intensive Packages of short-term support for children who do not have an EHCP.
- ✓ Training on adult-child interaction for NQTs and teachers new to early years.
- ✓ Dynamic assessment groups using two-way mirror.

The future

There have been a number of changes in Kingston since the 2016–18 period on which this case study is based. Recent developments that interviewees felt will help them continue to narrow the language gap include:

- Moving to more formal joint commissioning with the CCG.

- Undertaking a joint local authority/CCG therapies review, which it is hoped may bring more resource to therapy services.
- A new ‘first 1000 days’ service, still at the planning stage, aimed at supporting very early child development and wellbeing.
- A Language Champions initiative targeted at schools with weaker EYFSP Communication and Language outcomes, in which schools with similar cohorts or demographics will work in triads on improvement strategies.



Interviewees also identified factors that present risks to continued progress, such as continued structural reorganisations which may take their focus away from service improvements.

The overwhelming challenge, in Kingston, as in many other local areas, was felt to be maintaining a focus on early intervention in a climate where there are pressures on services where need is increasing significantly, namely frontline social care and SEND provision.

“Prevention and early help is the area that gets cut soonest when there are budgetary pressures. The danger with this is that your demand will only ever go up, and unless you invest in prevention and early intervention, you are going to see that demand increase. We are working towards prevention but with the level of savings we have to make because our Dedicated Schools Grant has been so overspent it limits what we can do.” Director of Public Health

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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