

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

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. Norfolk 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>

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## Summary

Norfolk is a large county council in the East of England. Over the years 2016–18 the Early Years Foundation Stage Profile (EYFSP) outcomes for children eligible for free school meals improved markedly, to above the national average and above the average for statistical neighbours. No known demographic changes contributed to the improvements.

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

### Commissioning systems and leadership in health service providers

Commissioning is joint and has over time increasingly focused on outcomes rather than outputs. Commissioners understand the need to use evidence and stop doing things that

are not working, as well as investing in those that are. Leaders of the commissioned Healthy Child Programme and Speech and Language Therapy service work with commissioners to innovate and evaluate.

### **Integrated working**

Strong partnerships have developed on the ground to develop work on early language. Support for the quality of provision in settings, for example, is now a shared responsibility across services. Training is often joint and programmes targeting particular disadvantaged communities now involve staff in the Early Childhood and Family Service, speech and language therapists and Early Years Advisers working together. Services and settings in Norfolk work together to identify children with delayed language and provide early support, increasingly using shared assessment tools throughout the 0–5 age range to pinpoint needs.

### **A focus on the home learning environment**

Norfolk took early steps to act on the messages from national research showing the impact of the home learning environment. Working with Children's Centres, nurseries and childminders, Home Learning Advisers for the early years developed 'conception to reception' messages for parents and offered families a range of group programmes. The library service played a significant and innovative role in the work, supporting families to engage in sharing books with children from their earliest months.

### **Take-up and quality of early education**

Norfolk has higher take-up of funded places for 2-year-olds than the national average, and an above-average percentage of children in good or outstanding provision. Support for quality in settings is provided by an Early Years team which in the case study period included over 20 Early Years Advisers with a dual role for both special educational needs and setting improvement. The team use data from the two-year progress review, as well as the EYFSP, to understand and improve outcomes for particular groups.

### **Professional development**

Norfolk has a legacy of skills in the workforce as a result of its participation in national Communication and Language initiatives and a subsequent local 'Talk About' programme. Professional development delivered by speech and language therapists is often bespoke, driven by identified needs, and based on the science of how best to secure lasting change.

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## **The local context**

Norfolk is a two-tier county council with seven districts. Norwich is the only city in the county and there are also three large towns – Great Yarmouth, King's Lynn and Thetford. Disadvantage is concentrated in these urban areas together with some identified pockets in coastal villages and market towns. There are also smaller areas of rural deprivation, which are harder to identify and target with services. One interviewee noted that 'the children in the more rural areas are harder to support because there are fewer services for them nearby. And trying to target the children in very rural places where families don't travel is a big challenge.'

In 2013, children's social care in Norfolk was criticised by Ofsted and the council was placed in intervention. There followed a period of staff and leadership changes until 2017.

Since then, under a new Director of Children’s Services, partnerships have strengthened and long-term strategic planning has been put in place.

In the period covered by this case study there were five local clinical commissioning groups (CCGs); these are now merging to become one. Health visiting services are commissioned by the local authority Public Health team and provided by Cambridgeshire Community Services NHS Trust. Speech and language therapy services are commissioned jointly by the local authority and CCGs, with a health commissioner acting on behalf of the five CCGs and working alongside an local authority commissioner. About half of the Speech and Language Therapy service’s budget comes from the CCGs and half from the two local authorities (Norfolk and one district of Suffolk) that the service covers.

In the order of 55 full-time-equivalent speech and language therapists/therapy assistants from the team work in the Norfolk local authority area, which represents a ratio of just over 3,250 Norfolk children aged 0–19 per speech and language therapist/assistant.

There are 781 active early years registered providers in the county; 450 of these are childminders. Provision includes three nursery schools and nursery classes in 74 out of 231 primary schools.

A high proportion of Norfolk schools are academies, which are offered and generally take up the same local authority-led early years improvement and professional development services as maintained schools.

## The context for EYFSP improvements for disadvantaged children

In 2015, 70.6% of children eligible for free school meals achieved at least the expected level in Communication and Language on the EYFSP. By 2018 this had risen to 75.1%, well above the national FSM average of 71.9%.

The improvements for disadvantaged children over the 2016–18 period were matched by wider Communication and Language improvements for all children, and a general improvement trend in the percentage of all children achieving a Good Level of Development.

The narrowing of the gap between children eligible for FSM and all other children nationally between 2016 and

### KEY STATS Norfolk



The 0–5 child population is 56,291, against a national local authority average of 26,822.



The percentage of 4–5-year-olds eligible for free school meals is at the national average of 16%.\* The local authority is ranked 84th 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 below the national average (11% compared to 19% nationally\*).



In 2018, 75.1% 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.

In 2016, there was a 12.7 percentage point gap between the Communication and Language outcomes of Norfolk children eligible for free school meals and all other children nationally; by 2018, that gap had narrowed to 9 percentage points.

\* 2019 data

2018 was not specific to the Communication and Language area of learning; it also narrowed in Literacy and in Maths, but not as markedly.

No known demographic changes contributed to the improved Communication and Language outcomes.

## The speech, language and communication issues

Interviewees ascribed increases in speech, language and communication needs in the county to changes over time in the way parents interact with their children. They reported that providers are noticing more children coming into preschool below the expected levels in language, because ‘some families and particularly the most disadvantaged families don’t talk to their children in the way that they have done in the past.’

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**“Parents don’t seem to appreciate the importance of them being the first communication point for their children – not the school, setting or their mobile phone.”** Health and Disability Commissioner

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Reception teachers are expressing increasing concerns about the range of needs in their classes, with more EAL learners now than in the past (particularly in Norwich), and more children with delayed language. When children come in below expected levels in language, they find, it can take two to three terms for them to catch up – and meanwhile they are missing out on other learning.

There is a significant concentration of EAL learners in the larger Norfolk towns; their languages are varied - some concentrations of eastern European children in one area, some Portuguese and Lithuanian families in another. The challenge for the local authority is to connect these families (particularly those newly arrived) with early years provision, so that any speech, language and communication needs can be identified and met.



### Challenges and how they have been overcome

#### **Challenge 1: Developing integrated working in a geographically large county with complex structures and a large workforce**

- ✓ Recognising that time has to be put in to build relationships.
- ✓ Developing locality working and bespoke, localised approaches.

#### **Challenge 2: Reductions in staffing as a result of budget pressures**

- ✓ Increased use of social media to engage with families.
- ✓ Partnership working across teams to maximise reach.

# Commissioning systems and leadership in health service providers

Before 2015, Norfolk had a complex system of health providers. The Healthy Child Programme was an example, with several different organisations providing health visiting and allied services very differently.

In 2015, these services were re-tendered to a single provider. Data showed that Norfolk was an outlier for school readiness, so this became one of the drivers in the outcomes-based specification.

One senior early years adviser noted that: 'Since Cambridgeshire Community Services came over to lead on the Healthy Child Programme, we have seen a real shift. They are really developing their digital side of things, as it is the most important way to reach families across the county, because of the rurality. There are far more links with early years providers ... they are quite an integral part of the early years world in relation to speech and language.'

The Healthy Child Programme provider and its Norfolk commissioners have developed innovative forms of provision, such as a Teenage Parent Pathway, through which all teenage parents are offered a Family Nurse Partnership-led home visiting model. The service offers the Solihull Approach 'Understanding Your Child' online course free to anyone with a Norfolk postcode who cares for children aged 0–18 years.

Commissioners in Norfolk understand the need to use evidence and stop doing things that are not working, as well as investing in those that are. For example, in 2016 a school readiness review at 3.5 years was subcontracted to GP practices, to take place alongside vaccinations. This did not prove as successful as had been hoped, so the programme was redesigned as a digital universal self-care contact with health visiting services.

In 2016, the contract for speech and language therapy services was also re-tendered and transferred to a single provider, the East Coast Community Health Trust. Since then there has been a sea-change in the way the service works: from a history of long community waiting lists, the referral rate this year is now going down and the proportion of referrals which are appropriate is rising. The key to this has been developing over time the capacity of early years settings to put evidence-based interventions in place before referring for specialist help. Speech and language therapists hold local 'mini-marketplaces' to share evidence-based interventions with practitioners which settings can implement themselves after training – such as ICAN's Talk Boost programmes.

Another important factor has been speech and language therapists' closer contact with settings. As the children's Speech and Language Therapy team manager explains: 'We don't do clinic work now ... all our assessment and follow-on work is done in settings or homes. This means our throughput is lower, but outcomes are better because we get to work in partnership with settings.'

Commissioners have played a key part in the improvements, working together with the provider. The focus is on commissioning for outcomes rather than the more traditional activity indicators of number of children 'seen' – on commissioning for effectiveness rather than simply efficiency. New approaches have been tried, evaluated and changes made where necessary. For example, the 2016 contract included an speech and language therapist role in providing training to early years practitioners, but take up proved poor, so since then a more targeted approach has been taken.

In 2017, when waiting lists for speech and language therapy services were still long as a result of increased demand, and open-access drop-in sessions in Children's Centres were overwhelmed, commissioners engaged an external expert to review the provision across the county. The recommendations led to an injection of additional funding into the service, and further development of the 'balanced system', in which practitioners' role in providing initial interventions, with appropriate training and speech and language therapy support, is explicit. Currently, settings are expected to do an initial screen using a tool such as WellComm or the Every Child a Talker monitoring tool, put in an eight-week block of intervention, and evaluate the impact before referring to the Speech and Language Therapy service. Where children are not in settings, these blocks of intervention will be provided by the organisation now running Children's Centres, as part of their contract.

Children's Centres have also been subject to recommissioning, with the same strategic, outcomes-focused approach. While previously 'it was a bit like the Healthy Child Programme – there were lots of different providers and they had lots of different services and it was a bit of a postcode lottery', there is now a single provider of a new Early Childhood and Family Service. Early language outcomes have been included in key performance indicators for the new service.

## Integrated working

Interviewees consistently noted the strength of the partnerships that have developed on the ground in relation to early language. Support for the quality of provision in settings, for example, is now a shared responsibility. As the senior early years adviser noted: 'Five years ago my team was probably the only team that was really supporting. We would do that through providers, so [there was] lots of focused work. We used to analyse the EYFSP data every year, see which areas of the county were doing less well than the others, and that's where we would target our intervention support. We still do that, but it is much more multi-agency now, and starts earlier, which is really helpful. So actually, we are able to do that targeted work across the age range.'

The local authority Early Years Achievement Advisers deliver training, advice and guidance around the 2-year-old offer together with the Cambridgeshire Community Services Healthy Child Programme staff. There is also co-delivery of training on speech, language and communication with the East Coast Community Health Speech and Language Therapy service, and a number of programmes targeting particular disadvantaged communities involve joint work between Children's Centres, speech and language therapists and the Early Years Advisers and Development Workers.

From this work on the ground have emerged more formal partnerships. There is now an speech, language and communication needs stakeholder group, chaired by the CCG senior manager for children, young people and maternity services, and tasked to develop county-wide policies and procedures. Members include the local authority Achievement team, the local authority Virtual School SEND team, the Early Childhood and Family Service, the Healthy Child Programme, primary schools, special schools and the Speech and Language Therapy service.



### Critical success factors in narrowing the language gap

- ✓ Commissioning systems and leadership in health service providers
- ✓ Integrated working
- ✓ A focus on the home learning environment
- ✓ Take up and quality of early education
- ✓ Sustained professional development.

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**“Over the last few years we have moved to build a strategic view across the county and seen a coming together of a lot of professionals.”** Senior Adviser for Early Years Learning

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Services and settings in Norfolk work together to identify children with delayed language and provide early support. Every mandated review within the Healthy Child Programme from birth onwards focuses on language and communication, initially around the interaction between parent and child. Take up is good, although the service finds the 2–2.5-year review more of a challenge because parents are often back at work at this point.

WellComm is increasingly used across services as an assessment tool to identify children needing additional help and plan support. Health visitors encourage parents to use it for their own self-assessment of their child’s progress in language; Children’s Centres (now the Early Childhood and Family Service) and settings in the Norwich Opportunity Area also use the tool. Other commonly used tools in settings are the Every Child a Talker child monitoring tool and the Tapestry online learning journal.

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**“We use WellComm across the board with all incoming 2-year-olds. If the screen is green, we can concentrate on those who are amber and red. We set up small communication groups with targeted aims and get outside agencies involved.”** Preschool manager

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## **A focus on the home learning environment**

Norfolk took early steps to act on the messages from national research showing the impact of the home learning environment on children’s development, and the key message from that research: what parents do is more important than who they are. In 2014, the then-Director of Children’s Services and Head of Education initiated a county-wide strategy for work with families, and a team of Home Learning Advisers for the early years was appointed – four full-time-equivalent posts in the period covered by this case study.

Working with Children’s Centres, nurseries and childminders, the team developed ‘conception to reception’ messages for parents and offered families a range of groups. They talked to students and teenagers about the importance of interaction with babies and young children. Through Children’s Centres, they distributed leaflets and engaging cartoon-based cards with messages like ‘Babies brains make a million connections every second they are awake.’ A ‘Pathway to Parenting’ course for expectant parents was developed in conjunction with health visitors and the Children’s Centres lead, which included messages on speech, language and communication development.

One particularly successful and nationally celebrated initiative was the Discovery Café project for families, delivered by Children’s Centre staff after training from the Home Learning Advisers. A Discovery Cafe combines sharing a story with follow-up play opportunities in an

informal atmosphere, with refreshments. Parents learn about the importance of repetition for language development, about using predictable stories where children can join in, about following their child's lead in play and providing running commentary. The programme succeeded in engaging families who had not previously engaged with Children's Centres, including Gypsy Roma and Traveller communities and families where children were returning from care. Children's Centres planned cafe sessions to meet particular needs, such as sessions in the school holidays, and sessions to support families in a refuge.

The Home Learning and Family Information team, now much-reduced in size, has over time made increasing use of social media to get messages across, working with Norfolk County Council colleagues, early years providers, the Early Childhood and Family Service, and with health and community partners. In 2018, there were over 950,000 hits on Norfolk's Home Learning website, with many more on Facebook and Pinterest pages.

The library service played a significant and innovative role in the work on home learning. 'There was a real push for libraries to start integrating with other services and support the work other frontline services were doing,' notes the Community Librarian who led this work, 'and at the time we got a lot of buy-in. The settings were really engaged, and Children's Centres were great partners.'

Library staff took part in the Pathway to Parenting groups; a Home Learning Adviser and librarian would attend the first session and talk to parents about the importance of interactions and shared experiences – the fact that it didn't matter what toys you buy, because 'the most important toy is you'. The librarian would encourage parents to bring their children to the library, however young they were.

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**“There was a real shift in taking the books. Cohorts of parents were frightened to borrow books in case they got chewed. So we worked hard with the library service to say having a book that has been chewed is better than not having a book at all.”**

Healthy Child Programme lead

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The Discovery Cafes were also supported by library service staff, who lent books and story sacks, and sometimes took part in sessions. 'Bounce and Rhyme' sessions were developed and run in every library all year round, and every library now provides baby-weighing facilities. Next to each baby-weighing station is a card with a QR code which parents can scan; it takes them straight to pages of the website that they are likely to be interested in and also tells them how to weigh their baby.

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**“This system-wide approach is really important, because parents work in systems, not in silos.”** Healthy Child Programme lead

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The library service worked with partners to deliver the Bookstart Corner programme, which involves home visits from Children's Centre workers to families of children aged 12–30 months, group sessions, and then finally a trip to the library. From 2015 onwards, every Children's Centre in the county has signed up annually to Bookstart Corner, and together delivered an average 2,500 book packs per year.

The library service also provided training for early years providers, introduced an early years summer reading challenge (funded by Public Health), partnered with the Family Nurse Programme to support teen parents, and partnered with social care to support foster parents. They took the mobile library to Traveller sites and worked with a neonatal intensive care unit, where the manager used Bookstart resources to promote reading to children as a bonding tool.

One impact of the focus on home learning, providing input to families with very young children, may be on Norfolk's early language outcomes on the Ages and Stages questionnaire. In 2018/19, the percentage of children at or above the expected level on communication skills at their health visitor review at the 2–2.5-years point was above the national average.

## Take-up and quality of early education

In the years covered by this case study, Norfolk had higher take-up of funded places for 2-year-olds than the national average. In 2018, 81% of 2-year-olds benefitted from a funded place, compared to 72% nationally. An above-average percentage of these children were in good or outstanding provision.

For funded 3- and 4-year-olds, the percentage in good or outstanding provision improved steadily from a below-average base in 2014. There were several periods when no setting was judged inadequate.

Considerable effort has gone into achieving high take-up of funded provision, for both 2 and 3-year-olds. A particular challenge has been reaching the most disadvantaged 2-year-olds where they live in rural areas with little access to transport, and where numbers are too low for providers to manage within national funding rates. Solutions have included growing the numbers of skilled childminders and developing provision in rural schools, with a reception teacher working across combined provision for younger and older children in the context of overall 1:8 ratios.

To reach families with EAL, the local authority translated documents about 30 hours' funded provision into different languages, and fund a Language Line translation service, which supports telephone conversations between providers and parents.

The high quality of the early years provision in Norfolk and its impact on children's outcomes over the period covered by this case study is not a consequence of settings having more staff with higher-level qualifications. The percentage of 2-, 3- and 4-year-olds benefitting from funded early years education with staff with qualified teacher or Early Years Professional Status was below the national average through 2013–18. The support provided to settings, combined with effective professional development, is seen by interviewees as more likely to have been instrumental in raising standards.

This support for settings is provided by Norfolk's Early Years service. There has for some time been a strategic drive in Norfolk focused on school readiness, reflected in the 2017 Children and Young People's Plan. Because of this, elected members have been keen to fund a substantial team of Early Years Advisers.

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**“There is a real eagerness on behalf of the county council to maintain our early years offer and they do recognise the importance of it. That’s been a real plus for us.”**

Senior Adviser for Early Years Learning

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In the years covered by this case study, the team was larger than it is now, with over 20 Early Years Advisers who had a dual role on both special educational needs and setting improvement. They had contact at least half-termly with every PVI provider in the county, and were able to support settings with their strategies, environments, planning and work with parents. The joint inclusion/achievement role was created because ‘we felt that the quality of the environment was contributing to individual children’s special needs – either supporting them, or not’. The support was described as ‘more of a strategic role than an individual child role – looking at data and looking at the way things worked, and supporting them with what they needed to do next’.

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**“In that period of time, because the settings had such support ... we had no inadequate settings in the whole of Norfolk for significant periods, and the vast majority were good or very good.”** Home Learning Adviser

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Data is used forensically to improve outcomes for particular groups. The Early Years team collate information from settings on children’s age-bands in the prime areas of learning at the 2-years progress check. The information is analysed at individual child, setting and cohort level using Microsoft’s Power BI software, looking at variables including gender, whether children are funded or unfunded, and whether they have a high or low number of sessions per week. A full data report is sent back to the setting, so that they can also understand the outcomes they are achieving for different groups of children and take targeted action. At cohort level, the data analysis has helped to pinpoint groups who are not doing so well, such as boys – leading to local initiatives such as the ‘About the boy’ programme.

## Professional development

Norfolk has a legacy of skills in the workforce as a result, interviewees noted, of its large and well-embedded 2008–11 Every Child a Talker programme, work on the Communication Friendly Spaces™ approach, and ELKLAN training across some clusters. These initiatives were followed in 2012–16 by a local ‘Talk About’ programme, in which a team of 10 speech and language therapists were funded by the council to provide training for staff in targeted playgroups and nurseries, to help them identify and support children with speech, language and communication needs. Around half of all settings opted in to a first phase; a second phase, focusing on the areas with the highest need, provided more intense and personalised training following an audit of settings’ needs. The project was able to document a 10 percentage point reduction in the number of children with language skills below the expected

level for their age band, and won a national award in 2015 for its multi-disciplinary methods and systematic approach to using evidence.

Professional development delivered by speech and language therapists is often bespoke, driven by identified needs, and based on the science of how best to secure lasting change. In one model, where EYFSP outcomes are poor in a setting, a team of two or three speech and language therapists will use a communication-supportive environment tool to audit staff interactions with children and deliver bespoke training to support an action plan arising from the audit. The settings involved also come together as a peer-support group to discuss the issues they are identifying and share strategies. In the subsequent year, the settings are expected to review their action plan, and the speech and language therapist provides a coaching visit. Outcomes are measured by improved ratings of the communication environment, improved staff confidence and increases in observed use of language-enhancing strategies.

Speech and language therapists also offer county-wide courses at minimal cost, covering topics such as attention and listening, understanding, and communication-friendly environments. Take-up of these courses is good.



### Innovations in Norfolk

- ✓ A dedicated team of home learning advisers.
- ✓ The role of the library service in supporting families.
- ✓ Collecting data on outcomes at the 2-years progress check and providing settings with a full data report using Microsoft's Power BI software.
- ✓ The 'Just One Norfolk' Healthy Child Programme digital platform, a comprehensive self-care resource co-produced with parents and carefully designed to take account of low reading levels and multiple languages.
- ✓ Bespoke professional development programmes for settings based on auditing the communication environment.

## The future

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

- Increased strategic join-up across early years, early help, maternity services and health services at the highest level, as a result of being part of EIF's Early Years Transformation Academy. <sup>1</sup>
- The speech, language and communication needs stakeholder group, operating at the next level down, whose role is to develop consistent policies and practices, drawing on recent learning from Norfolk's participation in the Local Government Association's early language peer review programme.

<sup>1</sup> See: <https://www.eif.org.uk/blog/developing-a-focus-on-local-need-norfolk-and-the-eyta>

- The Opportunity Area work in Norwich, which has involved training Communication Champions in settings and the community, and introducing a consistent package of training (ELKLAN, Signalong, Word Aware) and intervention (ICAN's Talk Boost).
- The 'Talk and play every day' campaign developed by the Family Information and Home Learning team, which uses multiple channels including social media (linked to the DfE's national 'Hungry Little Minds' campaign) to convey simple, accessible messages to parents about how to create a positive home learning environment.

Interviewees also identified factors that present risks to continued progress:

- Reductions in staffing, which mean that settings no longer have regular support from Early Years Advisers.
- Funding issues for settings, and difficulty in recruiting and retaining the right staff when pay levels are low.

## 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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