

What is the impact of Wellcomm, a speech and language intervention, on language development in the Early Years?

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Abstract

As research has suggested, early intervention can significantly increase the development of language skills. It has been concluded, through the action research, that screening children in Reception has a positive effect on the class teachers' ability to plan according to individual needs by having a more in-depth understanding of children's language development skills. It also provides opportunities for parents and carers to reflect on their child's language development through an offer of support with language development at home.

Using action research has enabled the following of a clear structure of planning, acting, observing and reflecting, (Kemmis and Taggart 1992). The baseline data from the first Wellcomm Assessment screening provides evidence of progress and clear associated actions.

Having reflected upon the findings of the action research it is believed that screening the children early on in the school year and starting the interventions as soon as possible help the development of children language skills. The outcome, through measuring progress or not means confident referrals to relevant agencies with clear measures of progress or no progress which in turn quickens the referral process. This research project has enabled us to explore intervention and confidently implement it in the next academic year with knowledge of a positive impact for most children.

Introduction

“The ability to communicate – to say what you want to say and to understand what other people are saying – is fundamental to life chances”

Jean Gross, Time to Talk, 2013

We set out to investigate the impact of a specific intervention of social and verbal interactions on language development to find out whether a targeted, once weekly intervention could boost a child's language skills without the need for external intervention. We conducted this investigation at a three-form entry Primary School situated in inner London. The school is multi-lingual and has a diverse mix of cultures and ethnicities.

After examining both the baseline, autumn and spring data for Communication and Language, it was clear some children had yet to make measurable progress. This is not an isolated problem. Gross analyses national data in her book 'Time to Talk' (2013) which shows a 58% rise in Primary school children who have speech, language and communication needs as their type of special educational need (SEN). Whatever the reasons may be, it is a schools duty to assess the needs of the individual and work with the parents to close the gap.

We investigated the impact of one of the intervention recommended by the WellComm Assessment (GL Assessment, 2014) and focused on a group of three children in each Reception Class, aged 4-5 years old, who all scored low in Section 5 (30-50 months) of the WellComm Assessment. We examined the work of a number of language development theorists including Bell (2010) to support the structure of the research project. Government literature and guidance is referenced throughout considering the national view including Gross (2013), who was the government Communication Champion from 2010 – 2012. Careful consideration is given to the SEN Code of Practice (DFE, 2014) and how that will impact practice within the setting.

Nursery Education Officers were tasked to carry out the intervention, and it took place once a week. Throughout the intervention informal observations and modelling sessions were undertaken as necessary. In the initial stages the speech and language therapist (SALT) was also tasked to model the sessions.

Research Process

The research process followed Cohen and Manion's (1980) 8 stages of action research. We identified speech and language development as an area of need

(Stage 1), we then met as an EYFS team to discuss the specifics of the area of need and what could be a manageable solution to the problem (Stage 2). It was at this point that we read around the subject of early speech and language development and decided that a targeted small group intervention in Reception could have a positive impact on language development (Stage 3). We then thought about the possible causes of the problems and what we could do within school to change these (Stage 4). It was at this point that we started to collate evidence, collecting baseline data and deciding how we could best measure impact (Stage 5). We then set about implementing changes, collecting data and monitoring (stage 6) before finally evaluating the data (Stage 7). Cowne (2003) discussed action research as a spiral of reflection and action, moving forward through a time frame.

The cycle of action research was set over a three month period and the reflection and evaluation at the end of that time led onto and influenced the next stage of the interventions. Bell discusses action research to be used by 'practitioners who have themselves identifies a need for change or improvement' (Bell 2010: 6). The action research concluded with the implications for the second cycle.

The EYFS team met weekly and the intervention was on the agenda to be discussed. The comments and views were recorded on the minutes and disseminated throughout the senior leadership team, including the SENCO.

We noted that the intervention would be a success if the children reached their targets if the re-screening at the end of the three months had moved from amber to green or red to amber in the age bracket. We could then assess if it has been a manageable intervention by reviewing the EYFS phase minutes, feedback from both the NEOs and the EYFS Phase coordinator.

Critical Reading

The SEN Code of Practice (DFE 2014) categorises different areas of need into four broad areas:

1. Communication and Interaction
2. Cognition and Learning

3. Social, Mental and Emotional health

4. Sensory and/or Physical

The SEN Code of Practice (DFE 2014) states that it is essential that schools are responding to children who are showing signs of emerging difficulties and to act early. Interventions should be prompt and monitored with 'regular review of the progress made and adaptations to the support provided as required'. Practitioners in Early Years should be assessing children in all areas of the framework but 'particularly consider a child's progress in communication and language, physical development or personal, social and emotional development – the prime areas of learning and development' 'Where progress gives cause for concern practitioners should work in partnership with parents and/or carers to develop a plan to ensure children with SEN receive the right levels of support for their future learning and development.'

In the National Strategies Inclusion Development Programme (DCSF, 2008), it outlines the importance of positive relationships with parents. It says that although it is the practitioner that interacts with the child and plays a significant part in developing language and communication, the parent has an even bigger role to play (DCSF 2008 p.23). Biemiller, (2003) (as cited in The National Strategies 2008 p.24) explains that a child's vocabulary growth is largely determined by parental practices, and that children mainly use words that their parents have used with them in conversations. After analysing the research and literature on how a parent's behaviour can positively affect the linguistic development of their child, it is essential that the school works in partnership with parents and share learning experiences and next steps. It is paramount that parents feel confident to ask questions and have an open dialogue with school practitioners. Relationships with some parents need time and commitment to develop and this will be a key factor in having them on board and having a positive impact on their child's education.

In September 2012 the government produced a new Early Years Foundation Stage Framework (DfE 2012). There were some significant changes, including Communication and Language (Listening and attention, Understanding and Speaking) becoming a Prime Area of learning. It is evident that Communication and

Language development has become more of a focus in national policy for the early years.

It is not yet fully understood how children learn language but psychologists emphasise the role of dialogue between a significant other and a child (Greg et al 2003). There are four main areas of language development which a child must acquire; Phonology, Semantics, Syntax and Pragmatics. It is expected that by the time the children are in Nursery they should have phonological awareness and sentences will have become more complex enabling them to express meanings in their language. It is with this in mind that it would be recommending that interventions should be put in place if this does not happen for some children.

Skinner (as cited in, Smith, Cowie, Blandes 2003) argued that children acquire language through adult correction and reinforcement. He suggests that baby babbles corrected by adults will develop into clear words. This sounds plausible but more research was undertaken on the different kinds of adult to child feedback and interaction. Adult expansion of children's verbal sentences and adult recasting (keeping it the same but giving a child a new way to talk about it) was investigated. It was found that children whose sentences were recast performed better in sentence imitation (et al 2003). Moerke (as cited in, Smith, Cowie, Blandes 2003) uses the idea that language development depends on continuous feedback cycles from a parent who invites a response from a child and then provides feedback. In contrast Chomsky (1959) suggests children are born with the innate knowledge of basic rules of language and Piaget (1936) believed that up until a child is two they rely on sensory-motor experiences not words and images. Language development reflects the stages of cognitive development through which a child is progressing (Smith et al 2003). It is only after a child has gained an understanding of their world around them that they will communicate effectively.

Gross (2013) discusses the things we can do as schools to improve communication and language using the multi – level Wave 1/2/3 approach. Wave 1 refers to having a communication friendly environment and trained staff who know how to talk and listen to children developing their language and building speaking and listening opportunities into everyday planning. Wave 1 is quality first class teaching and is

evident in my setting but as Gross discusses Wave 2, non-specialist interventions for communication and language are not as evident in settings and this is the case in the Reception classes. Wave 2 uses additional time to provide interventions for children whose progress needs to be accelerated. These interventions are delivered by class teachers or teaching assistants and need to be closely monitored to ensure they are having an impact. Reading Gross (2013) gave me confidence that this type of small group intervention, delivered carefully and monitored, could have a positive impact on the children's speech, language and communication skills.

Findings

The class teachers assess the pupils in EYFS three times a year. The teachers use the month band Early Years Foundation Stage (EYFS) Framework (DfE 2012) statements be able to compare these with the child's attainment to decide which band the children are working within. Throughout the assessment cycles

Communication and Language kept coming up as an area of interest and it was apparent that whole class, general teaching strategies were not having enough of an impact.

C and L	Baseline	Autumn	Summer
Listening and attention	69%	76%	89%
Understanding	69%	72%	87%
Speaking	69%	69%	88%

Percentage Progress Tracker (Against Age Expected 40-50 months)

Whole Cohort WellComm Assessment Data

We used the WellComm Assessment Toolkit, which offers a screening and intervention toolkit for children in the Early Years (GL Assessment, 2014). We chose this specific intervention to focus on because it didn't just focus on the group intervention in school, it supported parents through drop-ins and shared planning and encouraged staff to look at the whole learning environment with communication and language development in mind ensuring that the environment is communication friendly. Prior to this screening tool we only used the EYFS Framework which gave us a month band that children were working within for 17 areas of learning, including Listening and Attention and Understanding and Speaking. This however did not give us specific next steps to support children who were working below age expectations.

Using this toolkit, we screened all the Reception children, who were working below expected attainment for CLL, to find out who was in need of immediate intervention and how best to support those that showed signs of having speech and language difficulties, “Clearly the potential benefits of early referral of the child is significant: it can ensure they don’t miss out at vital developmental stages” (Speake, 2005, p.9).

The WellComm baseline data was used to compare assessment data at the end to evaluate the impact of the intervention. We used exactly the same quantitative assessment data and identical methods of assessing the children using the Wellcomm Assessment Tool Kit to see if the three month intervention had impact on the children’s receptive language skills. As can be seen from the percentage progress tracker, the progress between on track at baseline and the summer assessment demonstrates progress with the most progress evident in the Spring and Summer Terms, the period of time when the intervention was in place.

Impact and Conclusion

The Intervention

‘Language, without question, is the key to learning’ Boyer (1991)

It is with Gross in mind that the Wellcomm Assessment intervention as its initial foundation screens all the children in the setting to find out specifics of need. It also had an emphasis on training adults in the setting to be effective communicators, expanding on children’s prior knowledge and teaching them language to develop their receptive language skills. As Piaget (1936) states children need to have an understanding of their surroundings before they will communicate. If the children who are in need of intervention have not had appropriate communicative stimulation prior to the schooling they will need to gain understanding of the word around them by listening to adults speak and learn from correct grammatically correct sentence structure.

WellComm is a speech and language toolkit that can be used with children from 6 months to 6 years of age. It is a means of tracking progress of all children and will identify areas of concern in language, communication and interaction. It comes with

a variety of different resources that enables targeting of children who have language difficulties, from semantics, sequencing and organisation, story structure and memory.

The screening tool enabled evaluation of each child's language skills and draw up a detailed profile of need. From these profiles we decided who will be monitored within our setting or who needs to be referred to an outside agency. Once the children were screened they were given a score out of ten for each section and that score was allocated a colour; green (8-10), amber (6-7) or red 0-5). It is the children that fall into the amber or red band in each section that received the intervention.

Once the children were screened they were grouped according to need. The action research focus was on Section 5, the lowest ability group of non-SALT caseload children. The activities used in the interventions were hands on and ensured the children had experiences using real objects and pictures. The range of games also added a fun element to the intervention.

As with all interventions, it was integral that they were monitored and progress was recorded. Each week it was noted whether the children had exceeded, fully met, partially met or not met the targets. It was recommended that the interventions were carried out twice a week, so we have endeavoured to do this.

We worked with the speech and language therapist to go through the targets with the support staff who will be carrying out the interventions. The SALT modelled all the games and activities that would be played to try to meet the children's targets and the planning was shared. The support staff were trained on how to screen the children and they started the screens at the age appropriate section of the WellComm for each child. Below are the initial screen results of the children focused on this assignment.

Child A/B/C Apple

Section Screened	Score	Outcome
A Section 5	Red	SALT group intervention
B Section 5	Amber	SALT group intervention
C Section 5	Red	SALT group intervention

Child D/E/F Elm

Section Screened	Score	Outcome
D Section 5	Red	SALT group intervention
E Section 5	Red	SALT group intervention
F Section 5	Amber	SALT group intervention

Child H//J Cherry

Section Screened	Score	Outcome
H Section 5	Red	SALT group intervention
I Section 5	Red	SALT group intervention
J Section 5	Red	SALT group intervention

All the children fell into the amber or red band in section 5 which meant that they were working in targets in this band.

The targets were as follows:

- 1 To use 'where' and 'how' questions**
- 2 To use plurals**
- 3 To Understand and use prepositions**
- 4 To communicate using sentences of more than three words consistently**

The results and outcomes of the intervention

Child A/B/C Apple

Section Screened	Score	Outcome
A Section 8	Red	SALT Core caseload referral.
B Section 8	Amber	Monitor into Year 1. Is on core caseload due to lack of progress. EHCP application – diagnosis of Autism .
C Section 8	Amber	Monitor into Year 1. Is on core caseload due to lack of progress.

Child D/E/F Elm

Section Screened	Score	Outcome
D Section 8	Amber	SENCO Observation. Continue at school support.
E Section 8	Amber	Refer for further SALT assessment/ SENCO. Observation.
F Section 8	Amber	Continues to develop language (EAL) remain at school support

Child H//J Cherry

Section Screened	Score	Outcome
G Section 8	Red	SENCO liaising with Hackney Ark due to concerns around communication Core Caseload
H Section 8	Red	Limited progress. SALT to carry out further assessments. Core caseload.
I Section 8	Amber	SEN observation and add to SEN register. Progress made, continue at school support.

As you can see from the results there was improvement pupil attainment which demonstrated the intervention had been a success.

Even though the results from the interventions showed to have had a positive impact on the children and that they have all made progress there were some difficulties. Feedback from the NEOs who were carrying out the intervention indicated that they

struggled at times to complete the intervention once a week. The sessions needed to be held in a quiet space away from distraction and noise and this was also a challenge.

We also advertised for a Wellcomm Assessment drop-in for parents who had concerns about their child communication and language development. It was advised with posters, flyers and a text message but the uptake wasn't always what we had hoped.

Conclusion

The aim of this assignment was to investigate the impact the Wellcomm intervention and to measure the impact it had on a small group of Reception children's language development. The screenings were carried out on all the Reception children identified to be working below and the investigation focused on group 3 children in each class. My result showed that the Wellcomm Assessment intervention had a positive impact on the children language development for all of the children had made progress, gaining higher scores in the final screen.

There are elements of the intervention that could have been more effective, for example, the parental engagement. Instead of advertising for an open drop - in, individual parents could have a personal invite for a more formal meeting. This way we would ensure the parents were also working on the same targets as us. Throughout this action research we drew from Cowne's (2003) recommendation to undertake action research to manage change within a school setting.

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