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The WellComm Toolkit: Impact on Practitioner Skills and Knowledge and Implications for Evaluation Research

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Abstract: The WellComm toolkit is used across many areas of the UK to identify and support early years children with their speech, language and communication. There is some evidence for positive outcomes for children who are assessed and supported using the toolkit. However, wider implications of implementing the toolkit have not been fully investigated. This study aimed to explore the impact of implementing the WellComm toolkit on practitioners, practically and for their knowledge and skills. An additional aim was to reflect on the impact this may have on evaluation research. Early years practitioners (EYPs) in the UK completed an online survey asking about their experiences of using the WellComm toolkit, and a sub-sample participated in interviews. Survey and interview respondents spanned different early years settings. Practitioners described positive ways in which using the WellComm toolkit had impacted their knowledge of speech, language and communication, supported improvements in practice, and the quality and specificity of speech and language referrals. Negative implications, such as time costs and staffing burdens, were also discussed but were found not to outweigh the benefits of use. The positive implications of using the WellComm toolkit on practitioners' own development and knowledge are likely to support the outcomes of children, though the usefulness of the WellComm toolkit for children who speak English as an additional language (EAL) and children with special educational needs (SEND) is questioned. Such findings have implications for the work of evaluation researchers, who need to be sensitive to the use of such toolkits in settings where interventions are being evaluated.

Keywords: practitioner knowledge; evaluation; research implications

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1. Introduction

Good communication skills at 5 years of age are strongly linked with a range of positive outcomes in later life, including literacy skills, employment, mental and physical health and wellbeing [1,2], particularly for those from disadvantaged backgrounds [2]. Recently, the detrimental effects of COVID-19 exacerbated concerns about the consequences of poor speech, language and communication (SLC) on young children's school readiness [3,4].

With this in mind, it is increasingly important for early years practitioners to be able to identify children who may require support with their speech, language and communication development. As part of everyday practice, EYPs are advised to observe children and to identify if they are developing typically for their age. However, studies have raised concerns about whether it is always reliable to depend on EYPs to identify speech, language and communication difficulties or delays. EYPs report receiving minimal training, both pre- and post-qualification, in speech and language difficulties [5]. EYPs have also consistently reported that they feel that they lack necessary knowledge to identify and support children with speech and language difficulties, which has also been reflected in practice [6,7].

Screening tools, which can be used in the setting and in the context of usual practice, can be useful in overcoming this knowledge gap. Since they provide an objective measure of children's communication skills, they may be particularly useful in settings where practitioners are inexperienced at identifying child needs, or in cases where children's

needs are not easily observed. Screening tools may, therefore, help practitioners identify children in need of support and to pinpoint the areas in which support is required, so that targeted interventions may be selected.

One such screening tool is the WellComm toolkit, developed by the Sandwell Primary Care Trust [8]. The toolkit includes both a screening tool and corresponding handbook of interventions, called the Big Book of Ideas (BBOI). The GL Assessment website describes the toolkit as "Requiring no specialist expertise, [the screen and BBOI] quickly identify areas of concern in language, communication, and interaction development in order to ensure early targeted intervention" [8].

The screening tool allows practitioners to assess children's speech, language and communication skills, pinpointing child profiles and identifying strengths and areas of concern and comparing them to age-related UK norms. It can be used with children between 6 months and 6 years of age. The screening process is a one-to-one interaction between practitioner and child. The screening toolkit is broken up into sections that allow for the assessment of different age groups, each of which contain between 10–12 items. Practitioners assess children by starting with the assessment for the relevant age group, and then moving up or down in age (and, therefore, difficulty) depending on the child's performance. Practitioners score the assessment simply by noting "yes" or "no", reflecting whether the child was able to correctly respond to a prompt. A traffic light system is used to identify the child's profile; if the child scores "green", this indicates that they meet the criteria for the age at which they have been assessed. An "amber" score indicates that additional support is required, and a "red" score prompts practitioners to consider a referral to a Speech and Language Therapist (SaLT).

Once children have been assessed, practitioners can use the accompanying BBOI, which provides intervention ideas targeting areas of speech, language and communication. The screening tool and the BBOI are structured in such a way that practitioners are able to match a child's specific needs, as highlighted by the screen, to appropriate interventions that can be implemented one-to-one or in groups.

The WellComm toolkit is used across the UK in various early years setting types; this includes pre-schools, nurseries, primary school early years settings, and childminder settings. There is evidence for its success in enabling practitioners to identify children who have delays in receptive and expressive language [7,9], which is independent of the qualification level of the EYP administering it [10].

In York, a city in the North of England, use of the WellComm toolkit is supported by Early Talk for York (ETFY), a place-based whole systems approach. This programme, developed by the City of York Council (CYC), aims to improve the speech, language and communication of children in York settings aged 0 to 5 years. ETFY centres around provision and practice in early years settings, including childminders, pre-schools, nurseries, and schools. In the first step of the three-step ETFY programme, practitioners are required to "Screen all children annually using the WellComm toolkit, sharing this data with the local authority" [11].

The ETFY programme, however, extends beyond screening. The first step also encourages practitioners to engage with the community by joining regular network meetings "with a focus on improving children's speech, language and communication skills" and also working "in partnership with parents and carers to support the wider development of children's speech, language and communication skills" [12]. Further steps of the programme include practitioners being given the opportunity to complete further training in speech, communication and language, and being able to draw on support from specialist speech and language professionals. Throughout the ETFY programme, practitioners can access support from the ETFY team at CYC.

As of December 2023, 93% of all early years group-based providers (60% of Private, Voluntary and Independent (PVI) settings, 90% of schools) in York have taken up the offer of one of these toolkits and, in doing so, have committed to step one. A roll out of the scheme across the city has been conducted: the toolkit was offered at a subsidised rate to

settings until September 2023, and many childminders are also benefiting from the offer and accessing toolkits via a library lending scheme.

The ETFY programme has been demonstrated to positively impact children's outcomes. Of particular note is that children's outcomes at age 5 continued to improve in the ETFY area during the pandemic window, particularly for those children who are disadvantaged [12], whilst those in other areas of England have declined [13].

The impact of this toolkit and the ETFY approach on children's communication and language has been well documented, and wider evidence shows that practitioners who report feeling ill-equipped to identify children with SLC difficulties can be supported by using the WellComm toolkit [10]. However, no research has yet investigated the implications of implementation for practitioners and settings. In particular, it is possible that the use of the toolkit has implications for practitioners' knowledge and confidence in recognising SLC delays. Additionally, implementing any intervention in settings has implications for practitioners in terms of their workload, time, and staffing requirements. It is important to investigate the implications of the toolkit for practitioners and settings to determine whether it is beneficial to practitioners as well as children, and whether the costs of implementation are balanced or outweighed by these potential benefits. As well as being helpful for the further development of ETFY, the findings discussed here could have significance more widely. A growing number of local authorities in England are pursuing the use of WellComm as a tool across their local areas, so the outcome from this research could well be of interest to a national audience working on this agenda.

In addition, the potential implications of the WellComm toolkit's use for research have not yet been investigated. The toolkit is available to settings and organisations across the UK, and is being rolled out by local authorities in Bournemouth; Christchurch and Poole [14]; Kensington and Chelsea [15]; Oxfordshire [16]; Cheshire East [17]; and more. Simultaneously, school-based research is ongoing across the UK; the Education Endowment Foundation, a charitable organisation involved in funding research and supporting evidence-based practice, lists over 50 currently active research projects taking place in school-based settings [18]. Large-scale evaluation projects may include settings where the toolkit is being adopted; if the toolkit does indeed impact the skills, knowledge and confidence of EYPs, this may in turn have unintended implications for the observed outcomes. The use of the WellComm toolkit may, therefore, be an extraneous variable in studies where researchers are aiming to measure the impact of other interventions.

Furthermore, researchers may consider using the WellComm toolkit as a tool to research children's levels of speech, language and communication. It offers seemingly objective identification of age-matched child SLC profiles, allows for the discernment of typically developing children from delayed children with a good level of sensitivity, and has concurrent validity with other commonly used screening tools, all of which may make it attractive to researchers. However, the tool has not been developed for research purposes. Additionally, the use of this toolkit as a standardised research measure has not yet been investigated. In large-scale evaluation research, standardisation of outcome measure application is paramount. It is, therefore, important to establish whether this toolkit can be used to objectively and consistently measure child speech, language and communication profiles in practice.

It was, therefore, the aim of this paper to examine the implications of the use of the WellComm Toolkit, within the context of the Early Talk for York programme, for practitioners and researchers. The data this paper utilises are from a review of the use of the WellComm Tool in ETFY settings, funded by the York Policy Engine [19].

The research questions were as follows:

RQ1—What are the positive and negative implications of implementing the WellComm toolkit for practitioners?

RQ2—What bearing do these implications have for future evaluation research?

2. Materials and Methods

2.1. Ethics

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

2.2. Design

The study adopted a mixed-methods approach, utilising qualitative and quantitative methods. Quantitative data were collected through an online survey, which was hosted on Qualtrics, an online platform for creating questionnaires and collating responses. The survey was designed based on a similar survey conducted by the University of Manchester (unpublished). The researchers at the University of Manchester gave permission for their survey to be expanded on. This survey was used to collect quantitative data about the use of the WellComm toolkit and the practitioners' opinions about it. For example, items on the questionnaire were used to identify the percentage of practitioners surveyed who used the screening tool element of the toolkit, and the rates of practitioners who have received different types of training.

The survey also contained qualitative elements. Practitioners were provided with free-write text boxes and prompted with open-ended questions to elicit details about their experiences using the WellComm toolkit. This included questions such as "describe the barriers to making the screening process embedded and manageable in your setting".

Additional qualitative data were collected in the second phase of data collection. In the second phase, semi-structured interviews were conducted with early years practitioners working in schools, PVIs, or childminder settings, and staff in the ETFY team. They took around 45 min each and different interview schedules were used depending on the respondent's role. For example, interviews with early years practitioners were devised to elicit information about the practicality of using the toolkit, and any facilitating or barrier factors. Participants were asked to describe their perceptions of the impact of the toolkit on their knowledge, skills, and practice. On the other hand, interviews with ETFY team members who did not use the WellComm toolkit directly were adapted to concentrate on the process of introducing the toolkit to settings and any feedback received from practitioners.

2.3. Recruitment

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

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

2.4. Sample

In total, 74 people responded to the online survey. Respondents worked across various settings, including schools (N = 34; 46%), PVI (N = 27; 37%), childminders (N = 9; 12%) and other settings (N = 4; 5%). The job titles of respondents can be seen below in Table 1.

Table 1. Job role of survey participants (N = 74).

Job Role	Frequency in Sample
Child Development Worker	9 (12%)
Childminder	5 (7%)
Early Years Manager	7 (8%)
Teacher	21 (28%)
SENCo	17 (23%)
Teaching Assistant	8 (11%)
Health Visitor	4 (5%)
Student on Placement	4 (5%)

Note. "Early Years Manager" includes early years managers, early years room managers, early years leaders, and playgroup managers. The "Teacher" category is composed of early years teachers, nursery teachers, primary school teachers, and headteachers.

Twenty-two interviews were conducted in total. The majority of these were conducted over Zoom; one interview took place in person in the interviewee's place of work. Of the 22 interviews conducted, 23 respondents were interviewed, as 2 respondents from the same setting took part together. Six respondents were from PVI settings (P-A to P-F), 6 were from schools (S-G to S-L), 4 were childminders (C-M to C-P), and 6 were members of the ETFY team (E-Q to E-V).

2.5. Analysis

Quantitative survey data were analysed descriptively, and interview transcripts and written responses to the survey were subject to qualitative content analysis. The text was reviewed and broken into units, which were then organised to identify patterns within participant responses [20]. The themes which pertained to the WellComm toolkit and (a) the implications of implementation for practitioners, and (b) implications for research are presented below.

3. Results

Results are broken into two key areas. The first are the implications that implementing the WellComm toolkit has for practitioners. This area is divided into four sub-headings. These include practical implications, such as referrals to specialist speech and language therapists, and the time cost and staffing burden of implementation. Additionally, this report highlights the implications for practitioner knowledge. Secondly, the implications for research are considered, including the inconsistency of implementation across settings and the accuracy of the use of the toolkit with SEND or EAL children, both of which are important for researchers considering incorporating the toolkit or settings which use it into research projects. Finally, this report identifies the support that ETFY settings receive from the programme, which may make them distinct from other settings using the toolkit.

3.1. Implications for Practitioners

3.1.1. Referrals to SaLT

It was highlighted in interviews with practitioners that referrals to Speech and Language Therapists (SaLTs) were impacted by the use of the WellComm toolkit. Five interviewees described that they felt that using the WellComm toolkit had reduced the number of referrals that they had needed to make: "Less, because I think you feel more confident that you can help them more, and also you can know what really is a big problem and what isn't" (C-M). This was also discussed by a school practitioner, who stated "I think if other settings had that same commitment to it, it would reduce more referrals" (S-K).

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

would give me more confidence to know when I need to refer and when I don't need to refer" (C-P).

Additionally, some interviewees commented that they expected the quality of their referrals to be improved, as they were now more able to specify a problem or the need for support: "I feel like I'm less likely to escalate it for no reason. And when I do escalate it, I'll be able to be more specific about what support is needed" (C-O).

3.1.2. Knowledge

Practitioners, in their responses to both the survey and interviews, described that the use of the WellComm toolkit had increased their knowledge about children's speech, language, and communication needs. Sixty-eight survey respondents answered the question "Has using the WellComm screen (assessment) increased your knowledge in identifying children's needs?". Responses can be seen in Table 2.

Table 2. Participant responses to "Has using the WellComm screen (assessment) increased your knowledge in identifying children's needs?" (N = 68).

Response	Percentage (N)
Yes	63% (43)
Somewhat	31% (21)
No	6% (4)

In addition, respondents were asked "Has using the Big Book of Ideas (WellComm activities) increased your knowledge about how play can support the development of children's speech, language, and communication?". Responses to this item may be viewed in Table 3.

Table 3. Participant responses to "Has using the Big Book of Ideas (WellComm activities) increased your knowledge about how play can support the development of children's speech, language, and communication?" (N = 60).

Response	Percentage (N)
Yes	68% (41)
Somewhat	20% (15)
No	7% (4)

Respondents to the survey were also asked "Has using the WellComm screen (assessment) increased your knowledge in taking action to support children's needs, once they have been identified?". Table 4 shows the breakdown of responses.

Table 4. Participant responses to "Has using the WellComm screen (assessment) increased your knowledge in taking action to support children's needs, once they have been identified?" (N = 64).

Response	Percentage (N)
Yes	70% (45)
Somewhat	22% (16)
No	5% (3)

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

Moreover, one interviewee commented that "it is quite a helpful tool to just break it down, and you forget how much there is in communication" (P-D). One example of how the level of detail in the WellComm toolkit has been beneficial was shared by a PVI practitioner: "now it's highlighted so many things that I wasn't aware of. And as a group, not just individually, as a group, for example, like positional language for a lot of our children unintentionally we'd sort of slipped behind with that" (P-E). An interviewee described how their increased knowledge had helped them to adapt their practice and communication with children: "I don't think it's something that I particularly did before the Wellcomm, like actually deliberately teaching verbs when they're very young. . . You do tend to teach nouns to start with, don't you? And names of people. So that is something that I've changed my practice on" (C-O).

3.1.3. Time Cost

Less positive implications of the use of the WellComm toolkit were also discussed. Many participants described that using the toolkit comes with a time cost. For example, survey respondents were asked to describe the barriers to making the screening process embedded and manageable in their setting. They were provided with a short-answer text-box to write a response. Thirty-two of the 34 responses mentioned "time" as a barrier to making the WellComm screening process embedded and manageable.

One respondent elaborated by stating that having "large amounts of children to screen" made the process especially time consuming, whilst another wrote that "Screening process is time consuming especially if children are working at much lower than age-related". Following this, respondents were asked to describe the barriers to making the BBOI activities embedded and manageable in their setting. Twenty out of the 36 written responses mentioned time as a barrier to making the BBOI embedded and manageable.

This finding was echoed in the interviews, where practitioners discussed that time constraints were an issue with both planning and implementing the screening. One school practitioner said "It's time-consuming. You can't say it isn't because it has to be done individually" (S-K).

However, practitioners also discussed the ways in which using the WellComm toolkit enabled them to save time. Four interviewees described that, because the ETFY team had researched the toolkit and suggested it to them, it had saved practitioners time on doing their own research. One school-based practitioner commented: "we were caught in that sort of no-man's land sort of thing of not sure which assessment data, which assessment programme, to use. . .But through Early Talk for York they suggested that WellComm was a really good one to use so, yeah, that's how we kind of got into it". (S-H).

3.1.4. Staffing Burden

Survey respondents were asked to describe the barriers to the screening process and use of the BBOI. Nine responses discussed staffing issues as a barrier. Respondents wrote that the "number of staff available", "staffing issues due to sickness", or "new staff joining the team" were barriers to the screening process being embedded and manageable. A further 7 responses described staffing as a barrier to the use of the BBOI.

Staffing issues were discussed in the interviews by both practitioners and members of the ETFY team. Six interviewees discussed that staffing issues meant that it was harder for their setting to implement the screen. One interviewee said "It's a question of staffing. I mean it was alright this time because we had an extra person—we were slightly over-staffed—but going forward that's going to be more challenging because staffing is getting tighter and tighter with school budgets the way they are" (S-H).

Staffing was also identified as a barrier to setting practitioners attending training. One interviewee discussed that "like everywhere else, staffing has been a bit tight recently, and to be able to release more than one person at a time to do the training was impossible" (P-B). Additionally, one childminder who was interviewed disclosed that "because I'm the

only member of staff is that trying to do the training and go to the meetings and still carry my business on is very difficult" (C-O).

3.2. Implications for Research

Given the findings that the WellComm Toolkit has the potential to impact practitioners' skills and knowledge, researchers conducting school/setting-based investigations or large-scale evaluations looking at the impact on practitioners may need to consider whether to monitor the use of the toolkit across settings through Implementation and Process Evaluations. It would be particularly important to note whether the use of the toolkit is already/is becoming embedded in setting practices. Furthermore, researchers may consider using the WellComm toolkit as a stratification variable if they deem this to have an impact on child outcomes. Some evaluation research may also look at the impact of an intervention on referral rates of children to SaLTs. Again, researchers should be mindful that referral rates may decrease for those using the toolkit, or may already be lower for settings who have the toolkit embedded in their practice. To investigate further, we analysed the data to understand factors which researchers may wish to consider in their evaluations.

3.2.1. Consistency of Implementation

In interviews and survey responses, it was apparent that there is a degree of inconsistency between settings—or even between staff at the same settings—in the implementation of the WellComm toolkit. One survey respondent wrote that "getting all staff up to the same standard" was challenging. Additionally, several key differences in implementation between settings were also noted.

Three interviewees discussed screening and re-screening their children at different rates. One childminder commented that they use the screening tool termly and explained their reasoning for this: "that means that I can, kind of, check back in and see whether the work that I've been doing to address the issues is closing the gap or not, and then what new things might they work on" (C-O). Other interviewees said that the frequency of screening in their setting is dependent on where children score: "we screen at the beginning of the year; if they are green they don't get re-screened until the end of the year. . . Our ambers and our reds we screen termly just to see where they are at" (S-H). Whilst it is worth noting that none of the interviewees disclosed that they screen children less frequently than annually, from the interviews, it was apparent that each setting had their own approach to the frequency and timing of the administration of the WellComm screen.

Members of the ETFY team, in their interviews, also highlighted variability in the accuracy with which the screening tool had been used in some settings. A team member described observing that one setting "[was] not doing the full screen, they were just using the question, like it was like a questionnaire and ticking it. They weren't actually carrying out any assessments with the children" (E-U). Another ETFY team member commented that one practitioner has been observed to have "almost adapted slightly. So when they know a child really well, they maybe don't carry out all the activities because they think they know how the child will do on that particular section" (E-V). This was also apparent from some of the interviews with practitioners. Some practitioners discussed using their "best judgement" to decide if a child could or could not achieve a section of the WellComm screen. One PVI practitioner described instances in which they had watched children struggle with items in the toolkit, but had marked down that the child was able to respond accurately: "there is a couple of times where I have stepped in and sort of arbitrated and said, "Look, I think between you and me we are happy that this child understands this enough to give this a tick" (P-B).

3.2.2. Implications of ETFY Support

It is important to consider that, within the framework of ETFY, settings are able to access support that they may otherwise not be able to make use of. At the second step of the ETFY approach, 75% of the setting practitioners are trained by Elklan (or SaLTs in the

case of childminders) in SLC to gain a Level 3 (or higher) qualification. At the third step, at least 10% of practitioners are expected to have a Level 3 or higher qualification in early speech, language and communication. In this step, the whole team in a setting is also part of a training programme that lasts at least two terms, and an independent audit process takes place to validate setting practices. Finally, at step three, all settings receive additional support from SaLTs.

This support from SaLTs may have implications for the quality of the implementation of the WellComm toolkit, which may, in turn, impact whether this can be used as an effective stratification variable. For example, one interviewee described the ETFY team as "a good support network" (C-P). The SaLTs were described as "really supportive" (E-R), with one interviewee commenting "I think we'd be stuck without [the SaLTS] I think we would struggle. They're brilliant. . . I don't know what would happen if they weren't there because it's that specialist knowledge we need. And we can't, you know, we can ring the hospital. There's somebody on duty there. But it's not quite the same. And they're busy" (E-S). Additionally, a school practitioner described the benefits of having visits from the Speech and Language Therapists: "[a SaLT] comes in on a regular basis. It's not with the screening as such, it's just if there's any children, 'Actually, where do we go with this?' I tend to write down for [the SaLT], and she's so good, she just researches and comes like, 'Actually, we can do this'" (S-J).

3.2.3. SEND and EAL Children

Researchers contemplating using the WellComm toolkit as an outcome measure may wish to use it in populations with SEND and EAL children. However, it is important to consider that responses to the survey and interviews indicate that this toolkit may not be best-suited to these groups of children.

Respondents to the survey were asked to indicate, in their experience, whether there were any groups of children with whom they felt the WellComm screen was less accurate. Respondents were asked to select as many options from the pre-written list as they felt applied and were also able to provide a written response if they felt that their experience was not reflected by the available options.

Table 5 is a breakdown of the frequency with which the WellComm screen was identified as being less accurate for different groups of children.

Table 5. The frequency of different groups of children for whom the WellComm screen is identified by practitioners to be less accurate.

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

Survey respondents were also given the option to write, in their own words, about any groups of children for whom they felt the WellComm screen was less accurate. Ten respondents' written responses mentioned SEND, with responses including a general statement about SEND children ("Doesn't represent SEND well") or specifically mentioning autistic children or children with attention deficit hyperactivity disorder. Nine respondents wrote that they felt the screen was less accurate for "autistic children", with one such respondent writing "Autism if social skills are issue do not engage well". One respondent wrote "There could be a separate section for individuals with Autism Spectrum Disorder". Five survey respondents remarked that the WellComm screen was less accurate for non-

verbal children. Two interviewees also discussed that children who have difficulties in producing speech sounds because of SEND would not be "picked up" by the WellComm screen. One childminder commented that the tool "doesn't pick up very well on children that have speech sounds difficulty" (C-P), whilst an interviewee from a PVI setting stated "WellComm doesn't consider clarity of speech".

A further two survey respondents wrote about children who have attention difficulties or issues with focus. Additionally, one interviewee said that they felt some SEND children may be at a disadvantage with the screening because of attention difficulties: "I think it works well for neurotypical children but the problem is often there's an attention-based issue it can make it seem as though they don't understand things which they do it's just that they don't care to do it in the way the toolkit wants you to do" (S-L). However, another interviewee commented that they did not feel that this was necessarily the case: "Quite a lot of our SEND children who have been assessed on it would be children who would find it difficult to sit down and do a task so it might have to be very broken up into tiny pieces for them. But not inaccurate I wouldn't say. . . Just a bit more difficult to get an accurate result. Perhaps you have to put more effort into it" (S-I).

Furthermore, eight interviewees discussed that the screen would be less accurate for EAL children. One PVI practitioner stated that the "prescriptive" nature of the screen could "be quite detrimental to EAL" (P-F). This was also mentioned by other interviewees, one of whom shared that the low scores of EAL children in their setting was "probably just a function of their English as a Second Language" (S-I). It was also mentioned by another school practitioner that the results for EAL children did not appear trustworthy: "they're going to come out at such a young age and that's actually not where they are" (S-J). Another practitioner echoed this, saying "you don't know whether it's because it's a different language or because they don't have understanding" (S-G). It appeared from interviews that many practitioners share the opinion that "I don't think WellComm is as reliable as it could be for multilingual children" (S-K).

The use of the screen with EAL children appeared to be a barrier to the implementation of the toolkit, as well as the reliability of its results. Although the WellComm toolkit is designed to be used by EYPs, there were some cases in which the parents of EAL children were asked to assist in completing the screen. Interviewees described their concerns around involving parents in this way: "it's sometimes a little bit difficult to trust that parents will be accurate in their own language, that you don't understand if they're giving them a nudge or whatever. When you're doing it in English you can be straight down the question and you're not giving them any clues or anything, but you're not quite sure obviously what they are saying" (S-H).

4. Discussion

The use of the WellComm toolkit through the ETFY programme has clear implications for practitioners. Professional development and knowledge appear to be supported by the use of the WellComm toolkit, and also possibly as a result of the training and support that is provided as settings progress through ETFY steps. Although there are obvious costs of implementation in terms of time and workload, these costs may be somewhat balanced by the benefits of not having to spend time searching for appropriate interventions.

The finding that the use of the toolkit helped practitioners to avoid making unnecessary referrals to SaLT, and to improve the quality of referrals when they were required, is an important one. In a report from the Royal College of Speech and Language Therapists [21, 22], it was reported that 77% of surveyed SaLTs reported that the demand for their services had increased, with 28% reporting that the demand was at least double what it had been before the pandemic. In 2023, the RCSLT reported that requests for Education Health and Care plans (EHCs) in 2021/2022 had increased by 83% on the 2018/2019 number [22]. This increased demand is associated with longer waiting times for service users, and also negative implications for the mental wellbeing of SaLTs [22]. The findings of this paper show that the implementation of the WellComm toolkit in settings increases the knowledge

and skills of practitioners, and helps them to identify the support that they are able to provide, which could be instrumental in easing the crisis that is currently facing SaLT services nationwide. This implication warrants further investigation, as National Health Service SaLT teams are currently facing increased demand, challenges in recruitment, and low morale [22].

Furthermore, as large-scale evaluations take place in early years settings across the UK, the WellComm toolkit also has implications for research. The toolkit appears to have implications for the skills and knowledge development of practitioners, and this may impact research examining the effect of interventions on child outcomes. Researchers may observe improved outcomes for practitioners and children at baseline testing in settings where the WellComm toolkit is being used. Additionally, settings which have adopted the WellComm toolkit over the course of an intervention study may also see improved outcomes at endline that are misattributed to the intervention itself. Researchers may, therefore, consider using the WellComm toolkit as an Randomised Control Trials stratification variable.

However, the suitability of the WellComm toolkit as a stratification variable is debatable for several reasons. For one, there is clear variation of implementation even within the ETFY framework; some settings use the tool more frequently than others, and it has been observed that the quality and accuracy of implementation can also vary. Additionally, the ETFY framework provides training for practitioners beyond the use of the toolkit, and also offers support in its implementation from SaLTs. Should the use of the WellComm toolkit be used as a stratification variable in large-scale evaluations, there would likely be large degrees of variation within this group; not only between individual settings, but also between those which are supported through ETFY and those which do not have such a strong support network. We, therefore, recommend that the use of screening tools, and the degree to which they are embedded in settings, is evaluated through an implementation process evaluation.

Alternatively, researchers may wish to use the WellComm toolkit as an outcome measure. It is important to note that this is not the intended use of the toolkit. The toolkit is designed to help practitioners identify child speech, language and communication needs, and to implement relevant interventions to address those needs. The toolkit may be used to assess children's language abilities for research purposes; however, since this is not its intended purpose, there is no method of scoring these without modification to the screening tool.

Finally, researchers should take note of feedback from the practitioners in this study. It was identified that practitioners do not think the toolkit is as accurate for SEND or EAL children as it is for first-language English speaking, typically developing, children. If further research including SEND or EAL children aims to use the WellComm toolkit as an outcome measure, it would be important to consider that the outcomes may not be representative of the expressive or receptive language abilities of these children.

5. Conclusions

The findings show that the WellComm toolkit has beneficial implications for practitioner knowledge and skills surrounding speech, language and communication (within an area in which the screening tool is part of a large programme). This has the potential to affect children positively, leading to improved support, and also to fewer, higher-quality referrals to SaLT services. However, further investigation is needed to fully understand how the use of screening tools, such as the WellComm, could impact children's speech, language and communication and reduce the burden on the National Health Service.

The findings presented here further suggest that researchers should exercise caution and thought when evaluating the impact of interventions in settings which already use, or plan to adopt, the WellComm toolkit during the evaluation. Specifically, researchers should consider whether such screeners should be used as a stratification variable or at least be included in the implementation process evaluation. Researchers should also consider that, whilst the WellComm screen may be an attractive outcome measure, its use should be

standardised, and the implications for SEND and EAL children in the research should be evaluated carefully.

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