

Better Start Bradford Innovation Hub

I CAN

Closure of Contract Report

February 2023

This is an interim report provided by the Better Start Bradford Innovation Hub (BSBIH) for Better Start Bradford (BSB). The document provides a summary of project performance of I CAN (BHT Early Education and Training) between 07.10.2018 to 07.12.2022. Performance is evaluated as per Appendix 2 Progression Criteria and using data collected and recorded by the project over that period.

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Produced for Better Start Bradford

Context

I CAN Early Talk 0-5 Working with Under 3s (WWU3), Working with Parents (WWP), and Setting Accreditation form I CAN practitioner training within the Better Start Bradford region. The training was adapted from the communication charity I CAN's original Early Talk training modules, and is delivered to practitioners in settings providing childcare and early education by BHT Early Education & Training. The aim of the training is to provide information and guidance to practitioners on the importance of early language skills, how to support them, and how to identify children in need of additional support. Additionally, the accreditation scheme allows settings to demonstrate their commitment to supporting young children's early language development. The project is overseen and delivered by the training co-ordinator at BHT Early Education & Training. I CAN's delivery was planned over three years, but due to the pandemic, was extended by a further 1 year 9 months. Of note is that as I CAN is not registered on SystmOne, the Hub is reliant on I CAN project reporting, as it is not a person-facing intervention. As a result, the Hub is limited on provision of any data insights, as data matching progression criteria for this report cannot be retrieved from these spreadsheets. Data for this report was instead directly provided by BHT using the progression criteria listed in the contract (Appendix 2) and from previous Better Start Bradford annual reports.

Data Quality



N/A

Implementation

Training attendance



86%

% of anticipated figure

Targets for implementation were that 36 settings would attend WWU3 and WWP training over 5 years.

According to the data provided by BHT, 31 settings attended WWU3 and WWP training (86%). This puts the project in **AMBER**, but should be considered in light of the COVID-19 pandemic that resulted in national lockdowns and prevented access to settings.

Completion

Supported for Accreditation



26

settings

Achieved Accreditation



14

settings

Targets were that 36 settings would achieve I CAN accreditation over 5 years.

A total of 26 were supported to achieve accreditation (72%), putting the project in **AMBER**.

A total of 14 settings are logged as having achieved accreditation (39%), putting the project in **RED** - however, 5 settings closed down and 8 chose to stop accreditation.

Satisfaction

Satisfaction data



100%

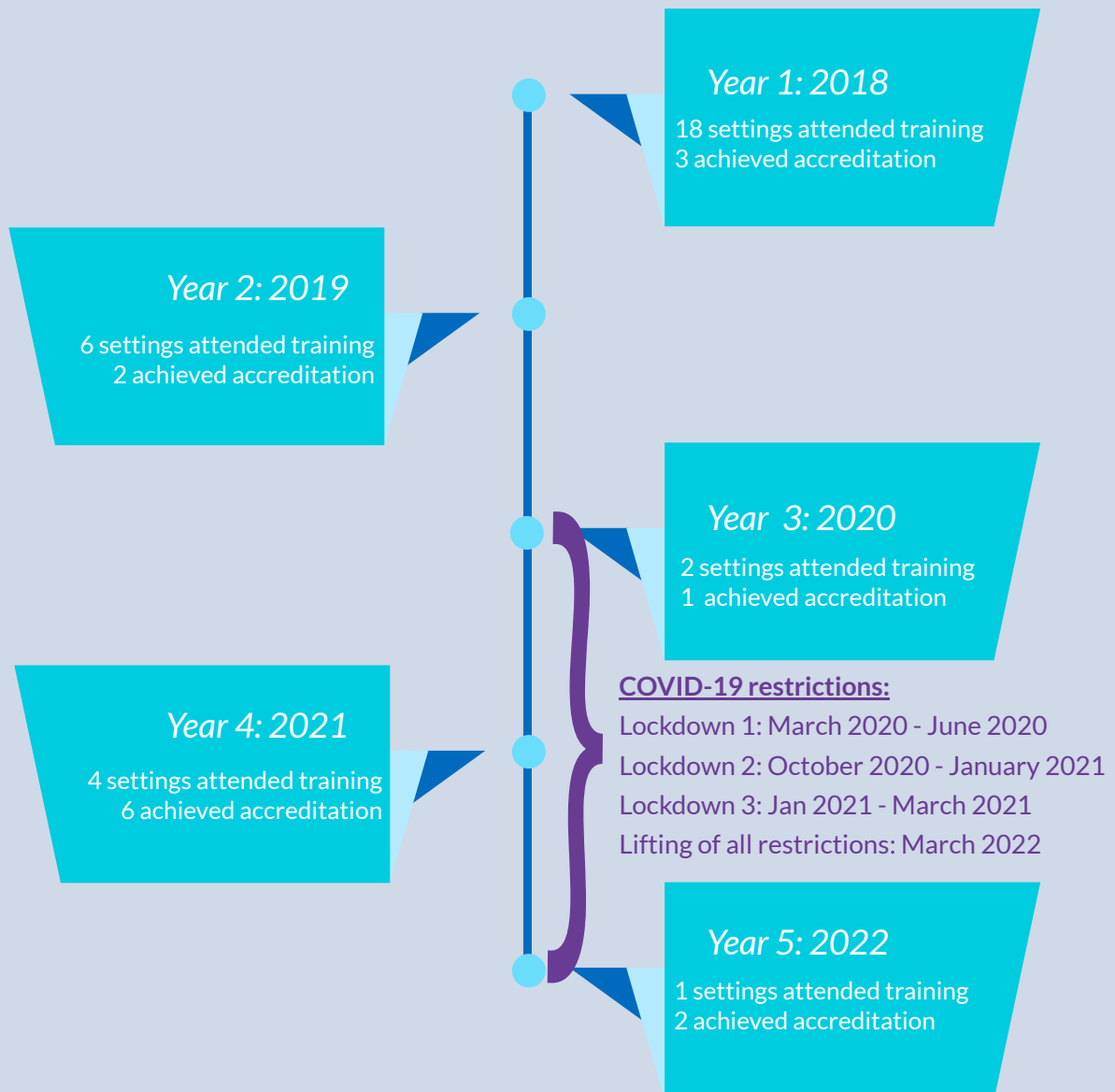
% of anticipated figure

The target for satisfaction data were that 80% of participants would have a mean satisfaction score > 4. A total of 144 practitioners completed the satisfaction survey; 100% of respondents (144) had a mean satisfaction score > 4.

There were many positive comments in free-text (see page 8). Of note is that they highlight that the training was very well-received as a result of the training co-ordinator's approach and delivery.

Implementation & completion of progression criteria per year

Of note is that I CAN was heavily affected by the COVID-19 pandemic as a result of multiple lockdowns and restricted access to early years settings.



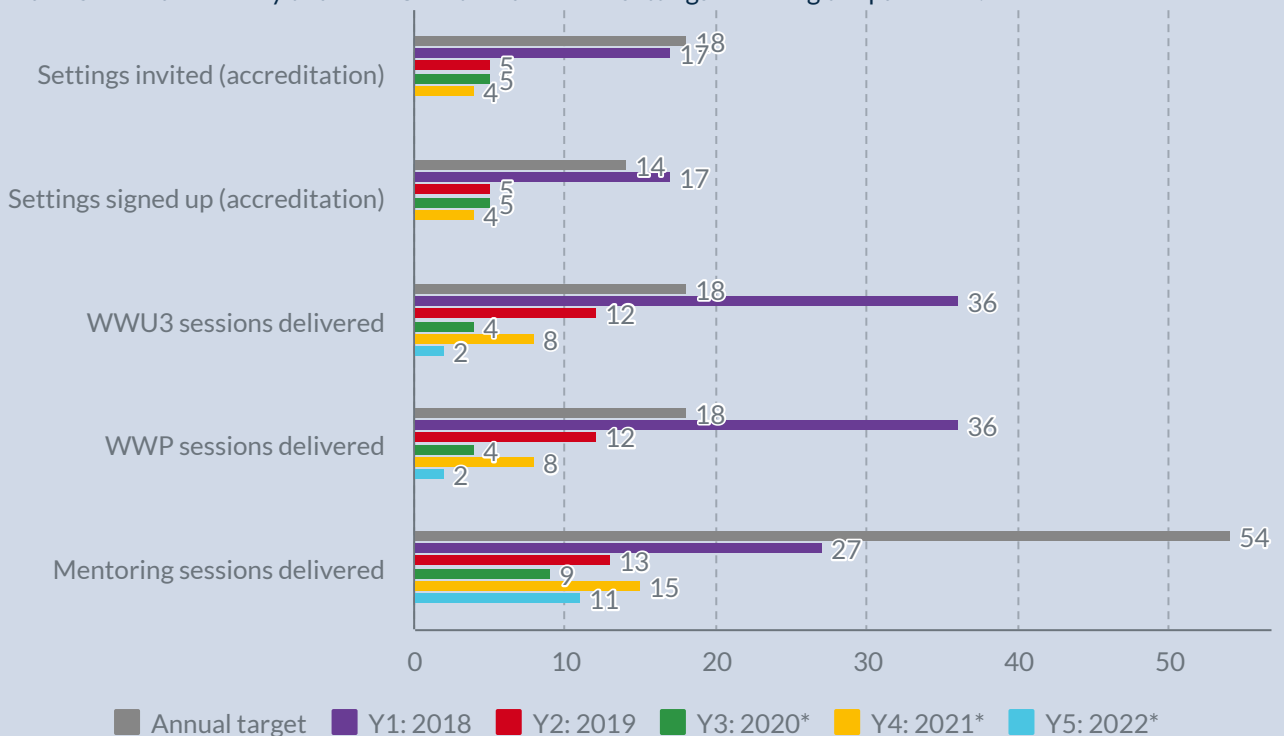
Adaptations to the service during COVID-19

BHT Early Education and Training made a number of adaptations in the wake of COVID-19. These include:

- Assessing practitioners based on 'typical' rather than 'COVID-19 bubble' situations when discussing 'what would you do if...' type questions
- Offering mentoring and training sessions online via Zoom
- Increased focus on early practitioner wellbeing from BHT's training co-ordinator
- Reminding practitioners to focus on objective standards of language assessment (i.e. the WellComm) especially after COVID-19, rather than by comparing them to other children in the class, especially as the average language skills of children were expected to be lower after lockdown restrictions
- Offering refresher training once early years practitioners were back in settings in-person

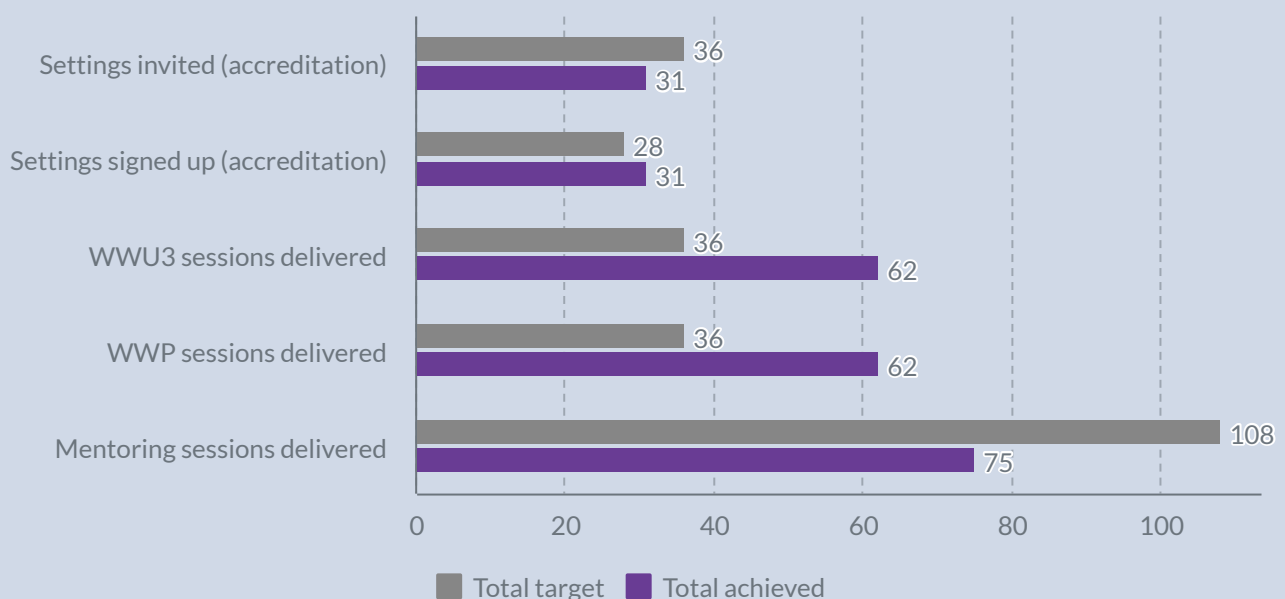
Delivery of additional indicators

The indicators below show the annual target (grey) for the first three years as compared to the total number per year. These were set by Better Start Bradford to be spread over the five year delivery period, and can be found in Appendix 2 of the Service Level Agreement between BHT and Better Start Bradford. Data were provided by BHT. Note that Year 4 and 5 were added only to allow I CAN to reach more settings following the pandemic.



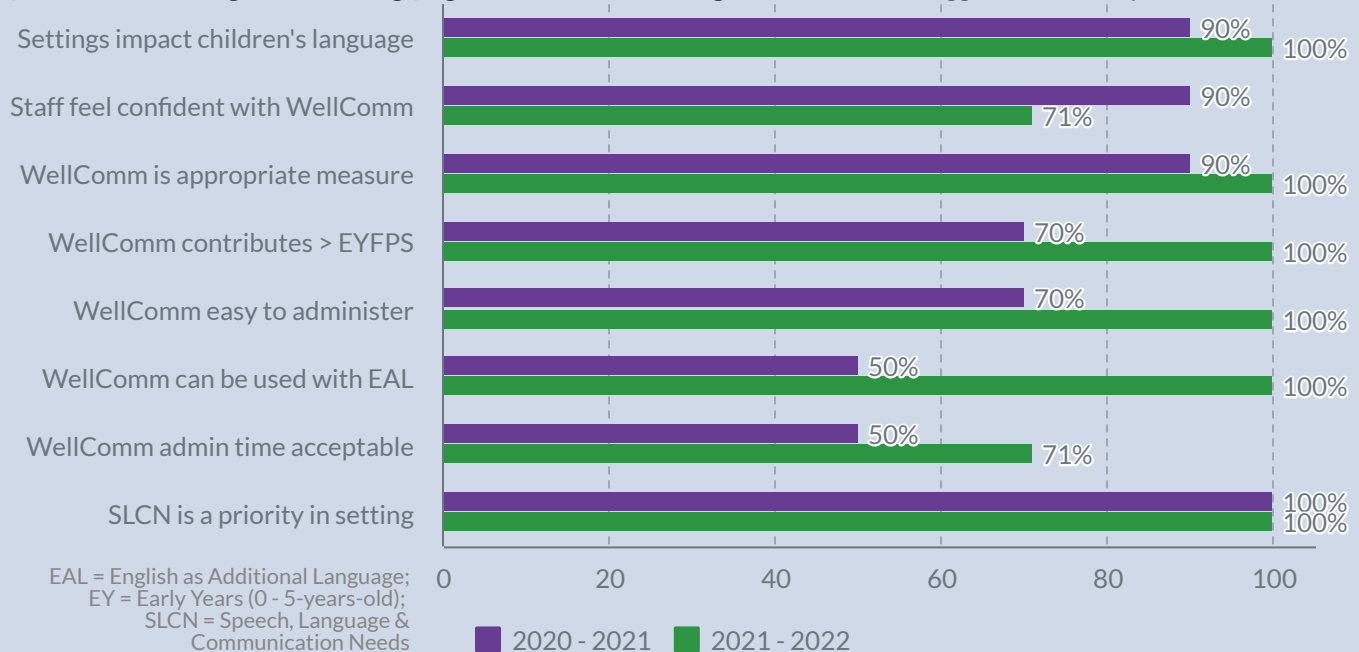
*Affected by COVID-19

The indicators below show the total target (grey) and the total achieved over the five year period (purple). These were set by Better Start Bradford to be spread over the five year delivery period, and can be found in Appendix 2 of the Service Level Agreement between BHT and Better Start Bradford. Data were provided by BHT.



Use of WellComm by settings

At the End of Contract in 2021, settings were not completing the WellComm as hoped. The Hub sent a questionnaire to find out why between 2020 - 2021; ten practitioners responded. The same questionnaire was sent out between 2021 - 2022; seven practitioners responded. Their responses per time period are below, **showing the percentage of practitioners who agreed or strongly agreed with the following statements, and suggest this has improved.**

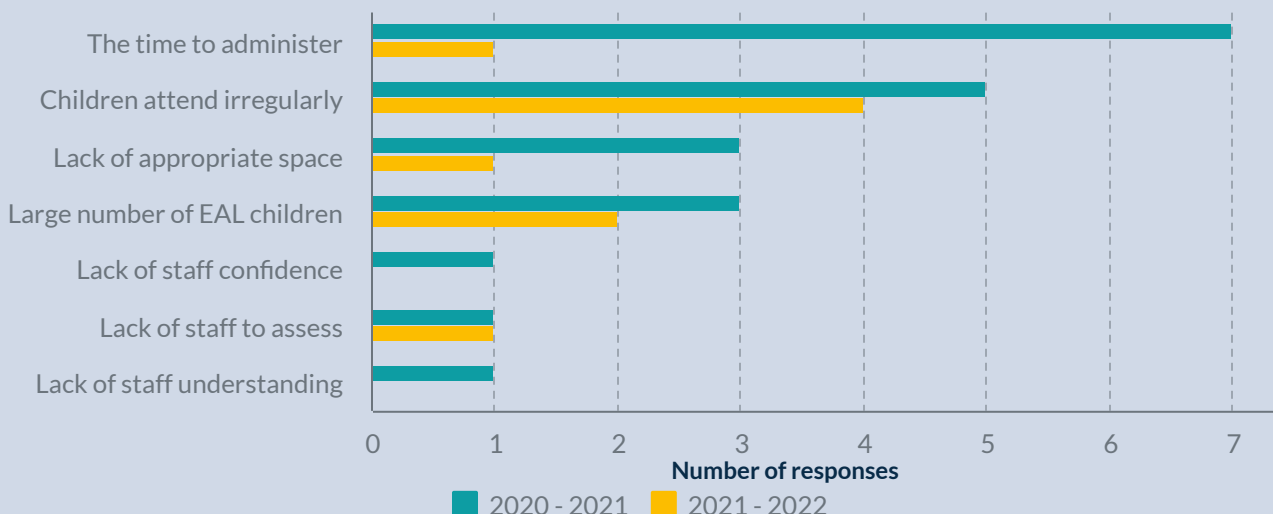


2020 - 2021:
55%
of 10 respondents

Responses of 'Agree' or 'Strongly Agree' to
'Were you able to complete the
WellComm assessments with the
children in your setting at any time
before or after the I CAN training
sessions?'

2021 - 2022:
86%
of 7 respondents

Count of individual responses to: 'Please select any barriers that you face in administering the WellComm within your setting. You can select as few or as many as you wish.'



Impact of COVID-19 on I CAN delivery: Qualitative information

The Hub collected qualitative information about I CAN delivery during COVID-19; this was provided in a full report (Bowyer-Crane, D'Apice, Manzoni, Tracey), submitted with this document. A summary of this work is below:

Executive Summary

In March 2020, early settings across England were closed to all children except children of key workers or children classed as vulnerable e.g. those under the care of social services. Many settings closed completely, while others worked with reduced staff to meet the needs of the few children who were attending. In addition, settings that did remain open were subject to new guidelines including additional hygiene measures and social distancing in order to reduce the spread of the virus. As a result many children missed out on months of early years support, and those that could attend nursery had to adjust to new policies and procedures.

This report outlines the results of qualitative interviews carried out to explore the impact of COVID-19 on language related practice in Early Years settings. We were particularly interested in practitioners views of the ICAN Early Talk training provided by BHT Early Education and Training, and the impact this training had on their ability to support families during lockdown.

Objectives

The study had three main objectives, namely, to establish:



The impact of COVID-19 related policy and guidance on organisational processes and capacity for of practices resulting from the ICAN training in the short term and what longer term implications there may be, if any



How the ICAN training has helped staff to support children and families during the current crisis.



What impact staff think lockdown may have on children's development in general, and language development more specifically, and whether the ICAN training will help them to mitigate any negative outcomes.

Methods



Semi-structured interviews carried out over the phone



Recorded and transcribed

6

Practitioners

1

Trainer

Key Findings

- ICAN training had a positive impact on settings and helped staff to support families during lockdown
- Training around strengthening links between settings and parents was seen as particularly useful
- All settings impacted by lockdown e.g. reduced staff numbers, reduced children numbers and new procedures
- Language related work was not a priority
- Environmental changes included the removal of some toys and activities reducing opportunities for play
- Some concern for children attending nursery in terms of limited social contact
- A great deal of concern for children not attending nursery in terms of missing out on language related activities, missing meals, opportunities for outdoor play, structure and routine.
- Some positive impacts found in terms of children spending more time with families and strengthening bonds.
- Most settings were concerned about the school readiness of children starting Reception in 2020

Overall project delivery: Qualitative information

An additional semi-structured, informational interview was conducted in December 2022 between the training co-ordinator at BHT and the Research Fellow for Language and Communication at the Hub to gather oversight information about how the project had been delivered throughout the contract period. The results of this have been grouped into themes below:

The impact of COVID-19 on delivery of the programme:

1. Initial response pre-COVID-19 was highly positive

At the beginning of the project, settings were very enthusiastic about the training, signing up, and getting accredited.

2. Early years practitioners priorities changed in line with the pandemic.

During the pandemic, practitioners priorities were on children and supporting families, which shifted priorities away from professional development training.

3. BHT and the training co-ordinator adjusted their approach to training in line with restrictions AND practitioner needs.

During the pandemic, BHT supported the needs of practitioners with regular check-ins for general wellbeing, as well as supporting them with accreditation via Zoom.

4. After restrictions had lifted, the project adapted to new circumstances.

Post-restrictions, a number of staff had changed settings or the settings themselves had changed. BHT offered refresher training where possible to adapt the level of knowledge practitioners had after the restriction, worked hard to complete in-person sessions and accreditations, and had an influx of childminders sign up to training.

Recommendations for future training:

1. The WellComm appears to be an appropriate tool for early years settings and should be embedded in service design.

The training co-ordinator felt the WellComm provided an easy-to-use, more objective SLCN assessment and once practitioners were used to it, they were able to apply it in practice. She also felt it ought to be implemented from the beginning with the service design.

2. The WellComm pack can be broken down into smaller sections, which helps its practical utility.

The training co-ordinator described how she made smaller packs for the practitioners to use more easily that linked to the larger pack. This seemed to help those who felt the large WellComm pack was intimidating, and allowed practitioners to make better use of it.

3. Professional training likely benefits from adapting to not just knowledge needs of practitioners, but also to wellbeing needs.

The training co-ordinator reported that the wellbeing of practitioners coping with COVID-19 impacts on early care shifted priorities and that any training programme must respond accordingly in order to be well accepted.

4. Training should also focus on building up early years practitioners' confidence in assessing and referring.

The training co-ordinator described how practitioners needed extra support alongside training to build their confidence in assessing and referring children for speech, language and communication needs.

5. In-person, 'hands-on' training was better received than online training.

The training co-ordinator strongly advocated for in-person training as a way of building confidence together and taking on board information provided as part of I CAN, as opposed to online training, particularly with reference to participation and rapport.

6. Routes for referral within Bradford should be made clear to practitioners, as well as managers.

The training co-ordinator described how practitioners did not always know where or how to refer children with additional speech, language, and communication needs, and that this could be made clearer by having events that directly targeted practitioners as well as managers.

Satisfaction

A total of 144 practitioners completed satisfaction questionnaires in 2022, when in-person training had resumed.



100% of respondents had a median score of 4 or more

100%
n=144

of respondents agreed or strongly agreed that 'The training course was helpful to my professional practice'

100%
n=144

of respondents agreed or strongly agreed that 'The course used interactive elements effectively'

100%
n=144

of respondents agreed or strongly agreed that 'The content was appropriate for my level of knowledge'

100%
n=144

of respondents agreed or strongly agreed that 'The training materials and tools were valuable'

99%
n=144

of respondents agreed or strongly agreed that 'I would recommend the training course to my colleagues'

99%
n=144

of respondents were happy with I CAN

57% respondents (n = 82) also added comments to the free text box. A summary of these responses is given on the next page.

Practitioner perceptions of I CAN training

What do the early years practitioner community think of I CAN training?

Of the 144 people who completed project satisfaction questionnaires, 82 (57% of respondents) included written comments. Below are some key findings that illustrate how early years practitioners viewed I CAN training. All were highly positive.

1. The training co-ordinator ("A") had built up excellent rapport with early years practitioners.

Practitioners were highly positive about the training co-ordinator, who was described as "fantastic", "really good", "really lovely", "amazing", "has a good sense of humour", and "relatable." Several mention benefiting from hearing her own personal experience as an early years practitioner.

2. Early years practitioners enjoyed the training.

The overwhelming majority of practitioners referred to the training as "fab", "fun", "entertaining", "engaging", "interactive", "relatable", "good balance of time", with many saying they plan to refer their colleagues to the training.

3. Early years practitioners found the training useful.

The majority of practitioners referred to the training as "informative", and described the training as "refreshing existing knowledge", "increased my knowledge", "updated my knowledge", "leaving with lots of new things", "learnt more", with many saying they will use the knowledge in their settings.

"Brilliant training great discussion. Great interaction with all attendees and brilliant activities and not death by powerpoint. Thank you great training"

"This course has really made me think about the children that I work with and support. It has given me great ideas for activities to support children's speech, language and communication"

"Really thought provoking at times - statistics in early session really opened the eyes of us all. Easily talk toolkit has lots of practical ideas which will be well used! Thank you - good fun!"

"The training was amazingly useful and I personally have learnt so much and feel a lot more confident."

"I found it very useful and interesting information. I have learnt many useful information that I never knew. I'm going to try my best to improve myself to help parents and children."

"A took all our ideas into account and let everyone share their experiences and thoughts. She worked at a steady pace and did not rush anything to make sure everything was finished on time"

"Thank you so much A for the training. Me and my colleagues have already started implementing some of the tips you spoke about to support speech and language in our setting You are friendly and welcoming and easy to listen to. Thanks."

Appendix - Progression Criteria Cutoffs



For more information on how progression criteria and associated cut-offs have been developed please see Bryant, et al., 2019 Use of progression criteria to support monitoring and commissioning decision making of public health services: lessons from Better Start Bradford. BMC Public Health