

How ‘inner setting factors’ affect the implementation of early years communication strategies: Evaluation of the Language Lead Approach

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Abstract:

Language and communication improvement approaches designed by SLT services for delivery by early years practitioners can be effective in principle, but what helps or hinders initial and ongoing success? In this implementation study, we investigated the experiences of 10 practitioners who became Language Leads (LLs) and delivered the Language Lead Approach (LLA) in early years settings. Our participants were highly invested in the LLA and praised its benefits for children and for their emotional and professional development. However, within their settings, practitioners found staff attitudes and engagement and resource limitations were significant barriers to implementation. Managerial support was perceived as less important for implementation than anticipated from previous literature. LLs often felt frustration at time and staffing constraints and felt personally responsible when implementation was not complete. LLs experienced confusion in their first year delivering the LLA, needing more guidance and support from speech and language therapists (SLTs). Practical implications are explored to help services design and improve the implementation, and therefore effectiveness, of similar strategies.

Keywords: Implementation, communication, early years, Language Lead Approach

Introduction:

The Language Lead Approach (LLA):

In the UK, almost all children under the age of five will at some point attend at least one early years (EY) setting, which includes nurseries, children's centres and foundation units (classes in primary schools for the under fives). EY settings play a substantial role in determining the language children will learn and how children will develop communication skills (Golinkoff et al., 2018), as well as how they will develop academically and socially (Law, Charlton & Asmussen, 2017). The skill and quality of teachers' interactions with preschool children has been linked to vocabulary development (Cabell et al., 2015). Despite this, most staff working in EY settings have received limited or no specific training around children's language and communication needs and are aware of the limits to their knowledge (Hall, 2005). One way

to address this is through speech and language therapist (SLT)-guided training being provided in EY settings. Cabell et al (2018) have demonstrated the impact of professional development opportunities on teachers' communication skills, which in turn are shown to influence children's vocabulary development.

It is vital that EY settings provide supportive communication environments staffed by trained practitioners. This will reduce pressure on SLT services but, more importantly, would potentially reduce the number of children who go on to develop speech, language and communication needs (SLCN) (Siraj et al., 2017). However, EY settings face their own resource limitations and pressures, with staff often holding multiple responsibilities in response to new legislation and local initiatives. There is a risk that asking EY settings' staff to acquire new skills around communication in addition to their other responsibilities may be negatively perceived, even if the training is understood to be beneficial to children and of professional interest. Staff will also be influenced by the history, culture and organisational practices of their setting; such influences have been demonstrated to partly account for differences between EY settings in the delivery of interventions by EY staff working jointly with other professionals

In order to promote joint working with other services and to ensure new communication interventions are implemented effectively, having an intervention leader in the EY setting may be helpful. Law and Pagnamenta (2017), in their discussion around communication as a public health concern, identify the training of a "communication champion" in a setting as a ubiquitous intervention in the area.

The Language Lead Approach (LLA) is a training and support approach designed to improve children's communication development in EY settings. A training and support approach is, in this context, one in which a qualified professional (an SLT in this case) delivers a package of

training and flexible ongoing support relating to a specific intervention (the LLA) to individuals who work with the intended target group for the intervention (the identified Language Lead (LL) for the setting). The LLA was designed within the Nottinghamshire Children and Families Partnership (NCFP) Speech and Language Therapy team and shares a hub-and-spoke model and similar goals with Every Child A Talker (ECAT), which was introduced in the UK around the same time. Whilst the LLA has been incrementally rolled out over the past ten years, ECAT has ceased to receive funding.

In the LLA, individuals working in foundation units in schools and in EY settings are recruited to act as the LL for the setting, which involves taking responsibility for promoting communication within the setting. Any staff member in these settings might fulfil the LL role, through negotiation with the setting manager or foundation stage coordinator and / or head teacher in a school.

The LLA is not tightly defined and depends upon the needs and resources of each EY setting, but the approach is underpinned by training and guidance being provided by an SLT to the LL, who can in turn advise staff in their setting and make adaptations to the setting to boost communication opportunities. According to the service, NCFP SLTs support LLs to develop skills and knowledge in:

- typical development of speech, language and communication (SLC) skills
- detailed tracking of all children's SLC development
- planning for how each child's development of SLC skills will be facilitated
- identifying SLC needs, and putting appropriate interventions and support in place for individual children's need
- providing a high quality communication-supporting environment

- sharing information, advice and strategies with parents/carers, and engaging parents/carers in their child's learning and development of SLC skills
- leading and supporting staff development within the setting / unit around SLC
- being a role model and ensuring consistent practice by all staff to meet these aims

There is flexibility in how LLs choose to enact their role, depending on the type of setting and needs of the children. LLs should discuss their individual approach to implementation with an SLT in termly action plan meetings, which are offered by the SLT service but are not mandatory. LLs are invited to attend local LL network meetings once a term. These last for two and a half hours and involve training on a given topic from an SLT, and a chance to discuss issues and share practice with other LLs. LLs are encouraged to complete the LL Accreditation, a locally developed qualification consisting of practice observations and an NVQ Level 3.

In comparison with other training strategies with similar objectives, the LLA is more feasible for a resource-limited SLT service than live in-ear coaching (Ottley et al., 2018). The strain on UK health service SLT services is widely recognised and has been addressed in some places by getting settings to pay for extra provision (White & Spencer, 2018); the LLA does not however require any direct payment from EY settings, thereby avoiding the creation of a two-tiered system. It also reduces strain by utilising training (leaving the LL equipped to approach SLCN) rather than the typical approach of consultation (meaning repeated input is required). By appointing an LL to drive change in the setting and by offering whole-setting training, SLTs can facilitate professional development in key areas such as teacher responsivity (Justice et al., 2018). Rather than using a fixed package, the LLA allows SLTs and LLs to adapt the LLA to the setting, which is important given the diversity of communication environments across different EY settings (King et al., 2016).

The LLA has been shown to improve LLs' confidence and skills (Nottinghamshire Children's Centre Services, 2017) and is recognised nationally as good SLT practice (Gascoine & Gross, 2017). By early 2017 when the study was conducted, over 150 LLs were active in Nottinghamshire. Despite the evidence supporting the intervention and the extent of the roll-out of the LLA, no research had examined implementation factors despite anecdotal evidence from SLTs indicating varying degrees of success across LLs. Given the nature of the LLA, there are many areas in which relationships, individual factors, settings factors and wider contexts might influence how successful the approach will be in a given situation. Researching these areas using an implementation science framework would be beneficial not only for the NCFP service and the LLs, but for other SLT services interested in implementing similar approaches.

Implementation science:

An empirically tested intervention may fail, either partially or entirely, when delivered in a real world setting, due to a number of individual, organisational and process-related factors. Settings stand to waste resources and opportunities to make positive changes if such implementation factors are not identified and considered before implementation commences.

The development of implementation science has seen the proliferation of evaluatory frameworks and theories, each having its own strengths and areas of focus. Selection of an appropriate framework depends on the aims of each evaluation. For the current study, we sought to discover what factors influence implementation, leading to the use of a deductive framework (Nilsen, 2015). We sought to examine issues in implementation rather than issues of diffusion, and to have a framework supporting an outsider perspective, rather than directly commenting on issues of quality improvement (e.g. Meyers, Durlak & Wandersman, 2012). We were unsure how wide the sphere of influential factors on LLs would be and needed the

flexibility to broaden our focus depending on the responses of participants, although relevant wider literature gave some indication of possible influences. For example, evidence exists indicating the challenges posed to inter-agency working coming from both within school settings and between such settings and SLT services (McKean et al., 2017), and of the importance of staff attitudes for implementation in schools (Bitan-Friedlander, Dreyfus & Milgrom, 2004). The Consolidated Framework for Implementation Research (CFIR; Damschroder et al., 2009) was best suited to our purpose; it is useful in evaluating implementations in a variety of settings (Kirk et al., 2016) and permits researchers to explore a range of factors in depth.

The CFIR consists of five main constructs for consideration when planning or evaluating implementations. Each of these is further divided into constituent subthemes, identified by Damschroder et al (2009) from prior research as key factors in implementation. Constructs and/or subthemes may be removed from the analysis or minimised if their relevance is limited, in order to help readers to focus on the most important aspects.

The present study:

Using semi-structured interviews based on the five constructs of the CFIR (see Supplementary Material One), our primary aim was to explore LLs' views of the facilitators and barriers encountered within their EY setting when implementing the LLA.

Methods:

Approach:

Our orientation was both pragmatic and constructivist: we believed we could explore our question about inner setting factors in a way that could help the services involved and wider

audiences, but that the LLs might have views and ideas shaped by their internal and collective experiences which might be beyond our prior awareness. Our application of the CFIR was most prominent in the design phase of the study, specifically in the structure of the interview schedule, and during the coding and early shaping of themes and sub-themes. The thematic analysis was conducted following Braun & Clarke (2006), and Swain's (2018) guidance on a deductive approach to analysing interview data.

Participants and data collection:

Between January and April 2017, SLTs advertised the study at LL network meetings and provided participant information sheets and consent forms, which were returned directly to the researcher. Twenty one LLs gave consent to take part. Of these, fifteen were able to arrange to take part in an interview. Of the other six, one did not attend a planned interview, and the remaining five either did not respond when contacted or could not arrange a time for an interview.

Interviews mainly took place in the LLs' workplaces; one took place at the LL's home.

Interviews were audio-recorded and transcribed verbatim. The interviews were semi-structured and based around the overall themes and subthemes of the CFIR. All interviews were conducted by SM.

The job roles and settings of the ten LLs are given below (Figure 1). The time range of enacting the LL role varied from a few months to seven years. Six LLs had completed the LL Accreditation.

Figure 1 here.

The LLs self-selected to take part and those who participated felt very positively about the LLA. They felt it was effective for improving the communication skills for all children, with

knock-on effects to their later social and educational progress. They felt it aided their professional development and they felt emotionally rewarded from being the LL.

Ethical clearance was secured from both Nottingham Trent University and Nottinghamshire NHS Trust.

Method:

SM was the main analyst. JK read all the interviews and engaged in discussions throughout the coding process to advise on coding validity and to check on reliability. A research assistant provided coding checks on two of the transcripts.

SM completed initial reading without notation on the first transcript, followed by a second reading of the same transcript, making 'instant' notes, highlighting key quotes and ideas, and noting sections relating to the themes and subthemes of the CFIR. A third reading was used for making detailed notes and for coding sections either relating to the CFIR or as apparent items of interest for later coding or consideration. One section could be coded under several themes. An 'items of interest' code was also used, broadly and inclusively, as participants provided rich accounts requiring exploration and discussion at length without the risk of losing potentially important insights.

The second transcript was coded the same way and an initial coding template was generated through discussion between SM and JK. Each transcript was then coded and the template amended in an iterative process. SM kept notes throughout and consulted with JK and the research assistant to check the reliability of coding.

Only the first ten LL interviews were included in the analysis in this study. As explained above, transcripts were analysed iteratively and the relevant CFIR constructs were becoming apparent early in the analysis. Having established a set of constructs at the point of analysing

ten interviews, we continued to analyse the remaining transcripts, but the analysis of the remaining five interviews did not bring to light different implementation experiences, which led us to discuss the benefits and costs of having a larger data set versus being able to present a group of findings within which individual narratives could still be discerned. We believed both could be presented as valid approaches but that having a smaller data set would enable us to analyse in more detail and to think about individual experiences within the group, especially as we felt it useful to focus on the responses within one construct (the inner setting). This was a pragmatic decision; the information in this construct would be most informative for practitioners utilising similar training models.

Results and Discussion:

Theme One: Uncertainty and confusion

The roll-out and first year: Becoming the LL

The first year of being an LL was typically described as confusing; LLs recalled feeling uncertain about what the LLA was, where it had come from and what the LL role involved,

LL08: “I don’t think it were rolled out, I think it were thrown at us ... I didn’t have the foggiest idea what it was... maybe if they’d even sent a letter out and told us... these are our expectations and this is what it will involve, maybe they should have done that”

Settings seemed to find out about the LLA randomly at events or by email, or LLs heard about it from other staff. Some reported feeling uncertain at the time if the LLA was permanent or temporary. From this inauspicious start, most LLs we spoke to then found it hard to understand what they were supposed to be doing as the LL:

LL06: “there wasn’t a job description with it or anything like that and it’s not a run of the mill coordinators role... a little bit daunted because it’s like, you know it’s not a

curriculum area as such, um a little bit, nothing what I've looked at before, a bit out of my remit of knowledge.”

Whilst the flexibility of the LLA is seen as a necessity, the lack of role definition perceived by the LLs caused concern in the early stages of implementation. LL05 was a successful LL, yet early feelings of uncertainty and then surprise at the requirements of the role nearly made her stop being the LL:

“at one point I was thinking, should I be doing this role, is this for me?”

This suggests that role ambiguity could put people off continuing, although, as we did not interview LLs who had stopped, we cannot confirm this.

An additional ambiguity came from the inconsistent way in which practitioners were asked, volunteered, or were appointed to the LL role. For those ‘appointed’, such as LL09 (“*no explanation, they just say, you'll do it*”), this created anxiety in itself, meaning some LLs commenced the role from a disadvantaged position.

These experiences suggest that the SLT service could help LLs by having a more systematic promotion and introduction of the LLA, by providing clearer guidelines and expectations to settings, and by considering with the setting who would be best able and most motivated to become the LL. All of this would be beneficial for implementation as staff selection is a crucial component of successful implementations (Fixsen et al., 2009). Soo et al's (2009) study suggested that the most effective change agents are those who are both formally appointed and who naturally wish to occupy the leadership role. Our findings align with this and their four points of advice for appointing intervention leaders, namely staff who are open to change, communicate effectively, build working relationships and believe in the intervention. For the LLA and similar interventions, where a third party appoints the intervention leader, guidance about who to appoint would seem useful.

After the first year: Being the LL

For most LLs, a clearer picture of the LL role had emerged over the first year and the ongoing training-and-support model helped them to feel more established in the role:

LL01: “and I think it was the second year that I did the courses, which of course then it just became so obvious, cos I’d had a whole year in nursery seeing all this, and I though yeh I can relate to that, I can relate to that, and then the training obviously gave me the confidence to think yeh I know what I’m talking about.”

but the flexible nature of the LLA did seem to mean some highly engaged LLs still had feelings of uncertainty after several years:

LL03: “I am the LL, but what do I do as the LL? I don’t know... it’s a really funny one you know what do I do in schools as an LL, because I sit here and think I don’t do a great deal.”

Given that the scale and range of possible activities making up the LLA suggest that it would take some time for LLs to settle into the role, this suggests that the LLs could be helped during their first year with some more strategic support. For example, assistance with auditing their setting concerning children’s needs and staff skills and attitudes might aid the LLs in choosing the ‘best’ elements of the LLA to implement first. In this way, SLTs can also advise from their experience in supporting various LLs as well as from their research knowledge.

Alongside this generalised confusion, a specific misunderstanding existed over what the SLT service intended and what LLs believed was the upper age limit for the LLA. The SLT service informed us that the LLA was not intended to go beyond 0-5 year olds, yet most LLs working in schools had either implemented across the school setting (4-11 years) or had felt frustrated that they had encountered resistance when trying to do so.

In three cases where the LLA had been successfully spread further into the school, the LLs felt they were well known and respected throughout school as the LL. Being recognised and respected as an LL appeared symbiotically related to the amount of LL interventions that were introduced that involved other staff. For example, LL04 and LL06 had both increased the amount of LL activity in their schools as they gained more traction with staff, which in turn led to more activity and recognition:

LL06: “it’s become more high priority within school, it’s got more focus... there’s more systems in place now... things like Talking Tuesdays, across the school... people know who to come to if they need more information, I think maybe we’ve got more of a systematic approach for children.”

This quote indicates that a further benefit from this virtuous circle was a confidence in systematically developing the LLA and, in turn, having clarity about the LLA. These three practitioners who built on being recognised and respected had different experiences to the other LLs, some of whose remained confused about the scope of the LLA. We heard from LL10 that the advice she received from the SLT did not make it clear that roll-out beyond age 5 was not expected:

“I said to her [the SLT] you know I am a bit, I’m thinking about moving the role forwards in school, I said what happens after early years, she said well we tend to leave it, it sort of ends a bit really.”

Whilst LL01 felt she had misunderstood the intended scope of the LLA initially, and that it was meant to extend beyond the early years:

“now I realise that obviously all the way through school it’s a really useful thing to have, but at the time I was thinking specifically for early years.”

Evidently, LLs lacked clear guidance about the age of children for whom the LLA was intended. This had not only practical but emotional consequences for LLs, as LLs felt a

strong concern for children leaving early years:

LL10: “what worries me is when they leave here, where do they go? It’s alright in early years cos actually they get lots in here... once you go through to school, what does happen?”

Our interviews suggested that LLs felt personal responsibility and concern when they were not able to implement the LLA beyond the early years. We recommended that the SLT service reflect on clarifying expectations, so LLs do not feel disheartened or overstretched, and consequently more likely to disengage from the LL role.

None of the LLs talked about being trained in leadership skills, yet we know leadership is an important facilitator for implementing interventions (e.g. Miech et al., 2018). Leadership is a complex skill, and our impression was that LLs would likely benefit from some training around leadership basics, particularly those identified in the context of organisational change (e.g. Gilley, McMillan & Gilley, 2009). Other authors have separately identified leadership roles for leading a project and leading organisational change (Shaw et al., 2012); in the LLA, practitioners are required to achieve both of these, which poses questions about the demands of the LL role, especially as other studies have shown that more than one leader or champion is often required to successfully implement interventions requiring behaviour change (Damschroder et al., 2009).

Theme Two: Inner setting challenges

Resources: money, staffing and time:

Adequate staffing was seen as fundamental to implementing the LLA for two key reasons. Firstly, LLs needed to be covered to attend the LL network meetings and, sometimes, to do LL-related work. LLs spoke apologetically of needing to be covered to attend networks,

whilst simultaneously feeling frustrated when they could not be covered. Sometimes the LLS felt pushed either to do things in their own time or to lean on other staff to go beyond their contracted duties, as highlighted by LL02:

“I think if, if there weren’t budget constraints and we weren’t tight for people to be able to be covered... because we don’t have the money to be able to do that, that’s where it falls down and it starts being reliant on people’s good will and (pause) you know having an interest and wanting to come and and you know, come to a meeting in your own time, that’s being totally honest (laughs).”

Secondly, for staff to be able to learn about the LLA, attend training courses, and have the mental space to implement new approaches, they needed time, which they inevitably lacked when staffing was limited. As LL09 observed:

“without staff to provide the intervention, as the biggest resource and the most expensive resource, it’s going to be really really difficult to actually see these interventions through and they do make a difference, I have seen them making a difference.”

Limited human resources continually seemed to be a limiting factor for LLS; even with managerial support and apparent staff support, LL03 stated:

“I wouldn’t feel like I could say for example, can I have X amount of hours to do this, this and this... when you’re a small school and staffing is so tight, it’s you know it’s the knock on effect it has on everything else.”

Consideration of staff availability to cover LLA activities could be discussed with settings managers in the early stages of implementation, and probable difficulties identified. Staffing levels have been found to be a factor inhibiting implementations in early years education (Degotardi & Gill, 2017). We recommended that such a discussion should also include the time required to enact the LL role, as time and staffing issues were frequently experienced as overlapping hindering factors for the LLS.

Time:

Almost every LL spoke about the time required to do the role properly, usually from a perspective of not having enough time. Some LLs had been given time by their managers, but several talked of working outside of hours under their own steam.

LL06: “I’m not given specific time to do it within school because it’s just a case of fitting it in around whether I’m in the classroom and doing it there, or asking my TA to do a bit of work for me, or, do it, staying in an afternoon and doing it almost as overtime if needed.”

Given the strength of LLs’ beliefs and motivations, it is unsurprising that we heard of their efforts to secure more time, and the personal impact of not having enough time.

LL09: “hopefully they’re going to consider and see if they can give me time, but until now, I’m just going to have to try to do what I can... there’s a lot going on and unfortunately I do feel sometimes I am overwhelmed, because it’s getting that time out to do those things.”

We recommended that a discussion takes place between the SLT and the setting manager at the point of engagement with the LLA around the minimum time requirement for the LL. If time cannot be made, it might be wiser for settings to secure the time first before embarking on implementing the LLA. Avoiding ‘setting up to fail’ should be a prime concern for all services implementing similar strategies, and it has been shown that a lack of time can lead to ‘corner-cutting’ when implementing an approach (Carroll et al., 2007). It should be noted, and will be expanded on below, that the amount of time necessary for implementing the LLA is likely to be greater when cultural change is required and this complex change process is unlikely to be briefly completed (see Bitan-Friedlander, Dreyfus & Milgrom, 2004).

Money:

All the LLs were aware of the budgetary limitations behind the problems of time and staffing, and were sympathetic towards their managers in this regard. The LLs told us of hearing stories at the networks of financial limitations, as told to us by LL10:

“there’s some that ain’t got an LL, some schools can’t afford for them to do the LL”

There was a sense of feeling fortunate to be able to implement the LLA at all.

A perceived strength of the LLA was that LLs could make use of existing resources or could use resources provided at the network meetings, thereby avoiding additional costs. This is a feature other interventions should incorporate to increase the chances of successful uptake.

Management support

Managerial support was not sufficient for the successful implementation of the LLA, and might not even be necessary; however, the necessity of managerial support is hard for us to appraise as we did not speak to an LL who did not have managerial support to some degree. However, our findings indicated that the staff culture and the time available were more influential on the implementation than managerial support.

All the LLs were aware of the influence of their own manager’s backing:

LL03: “I suppose if the person in charge doesn’t value it then it’s not going to get to anybody in the school and taken seriously is it.”

Comments indicated that managerial support was valued by LLs and had been felt to make a difference. Having a good relationship with a manager has been shown to be important in other studies (e.g. van der Zjipp et al., 2016).

However, across our interviews, managerial support played third fiddle in terms of implementation influence to resource constraints and staff attitudes. Of the former, LLs spoke

of missing training and networks despite being permitted to attend, because cover staffing was not available, and of not having designated work time to do the LL role.

LL02: "...as my role has changed and as our staffing has changed (pause) that support probably isn't always there though I have reemphasised it which is why it was put down as my part of my professional development so that I knew that I would be given the time to do it."

Of the latter, as explored below, LLs still relied on the beliefs and engagement of staff in order for things to be put into practice. The nature of much of the LLA, especially the universal elements, makes it difficult for setting managers to monitor or enforce, so resistant, disinterested or time-limited staff may know their lack of engagement is unlikely to have negative consequences for them.

We were surprised by this finding, given the prominence of leadership and 'champions' in the research literature around implementation. We have hypothesised that the practical barriers of time and staffing may simply make effective implementation not feasible however strong the managerial support. We have considered tacit support, or a lack of public support demonstrated to all staff as opposed to just supporting the LL. We also wonder if a lack of clarity on who is leading the LLA may flatten the impact of managerial support. We intend to explore these factors further with data gathered from managers.

Staff attitudes and culture:

Staff culture and attitudes towards children's communication were hugely influential on the success of the LLA from the perspective of LLs and appeared far more important than managerial support. LLs were aware of their reliance on staff engagement:

LL09: "I can't do it by myself, I have to work, work together with everybody, my colleague and, and they will, I need them to help as well, it's not a one person job."

Our LLs spoke of a range of staff responses, although largely positively of the reactions of early years staff. Within foundation units, teams had a culture both of prioritising communication and of working collectively, enabling implementation of the LLA. This idea of achieving change in a smaller element of the whole setting where relationships are strong was also found by Damschroder et al (2009). LL03 felt that the success of the LLA was down to staff engagement:

“at the end of the day, it comes down to the people working in the room, you know, the teachers and the TAs, they’ve all got to be really on board, and get it, and if they don’t, and if you know it doesn’t fit with what their style is, it’s just, I won’t say it’s impossible because it isn’t but that is the biggest barrier.”

LL03 explicitly captures the consistent experience across the sample of the importance of staff attitudes for implementation being successful. The need for staff to be ‘on board’ was echoed by other LLs:

LL07: “Everybody like has the idea and gets the need for it, and I think everybody is on board with it, urm, as I say not having had time to do it as much as I would like, is difficult, it was kind of very ad hoc, and urm I couldn’t do anything, I didn’t really have the time to do anything formal.”

This account ties with Degotardi & Gill’s (2017) reflections on the challenge of changing entrenched views on children’s language development, as LL07 did not had to overcome contrary beliefs held by staff in her implementation of the LLA.

We wondered about how much setting managers and staff understood the need for staff to be actively engaged, rather than being passive recipients of something being delivered by the LL. We recommended that SLTs discuss this with setting managers at the outset of implementation or earlier in promoting and describing the LLA. For all similar implementations, it is important that the appointed leader in a setting is not seen by

colleagues as the sole provider.

Implementation was much harder when all staff were not on-board. Individual attitude change is challenging; cultural change is incredibly hard for any one person to commence, never mind achieve. Some LLs felt the LLA aligned to their setting's culture, which facilitated implementation:

LL05: "Urm its fitted in really well I think we've been so lucky, well I've been so lucky to have the support of the school, and urm, and the team behind me so I'll be coming back and saying can we give this ago and everyone's like up for it and trying that so, it's fitted in really well."

LL05 speaks of feeling lucky; her quote illustrates how staff were both doing things and being supportive, and it is worth noting the difference between behavioural compliance and attitudinal agreement.

Finally, several LLs spoke of an invisible cultural boundary between their Foundation Unit and the rest of their school setting, such as LL10:

"them open ended questions are, and (Head) has pushed them through school... that's the sort of thing we try and do down here, and I found that... well, it stops in Foundation."

This demonstrates that even appointed setting managers struggled to change communication practices; most LLs lack any formal authority. School staff can engage in many strategies to avoid change (Bitan-Friedlander, Dreyfus & Mailgrom, 2004), which makes it very difficult to address issues of resistance without recognised authority to do so.

LLs gave the impression that settings with positive staff attitudes to the importance of communication were those where LLA practices were embedded and enacted. LLs who perceived staff as resistant to, or not capable of, prioritising communication faced patchy implementation, in line with Carroll et al. (2007). Furthermore, this remained true even if EY

managers were on-board, suggesting, in this case, that organisational culture is a stronger implementation factor than leadership of the setting. This appeared to be less true when the LL perceived themselves to be a strong and confident leader of the LLA in their own right with the ability or permission to lead the Approach themselves. As such, our findings on Leadership and Staff Culture are complicated, and in turn this raises questions about who is leading such an implementation: the designated staff member, or the service manager? From our work, we perceive this may be a case-by-case decision, but that a decision does need to be made, so all involved are clear on the authenticity and credibility of that leadership. We recommended an honest appraisal of staff culture between the SLT, LL and manager at the outset, in order for appropriate goals to be set and for a strategy for cultural change to be agreed.

Brebner et al (2017) found that practitioners struggled to implement the universal aspect of an early years communication strategy in less-welcoming EY settings, whilst still being able to implement targeted approaches. It may be easier to get staff on board for evident problems, but more challenging for LLs to 'sell' the LLA in the public health model of prevention.

Summary Discussion:

The major barriers to implementation of the LLA were staff attitudes and culture when these clashed with the principles of the LLA, and the limitations created by a lack of staffing, time and money within settings to facilitate implementation. Managerial support was a less powerful facilitator than we had expected, which may be linked to the ambiguous nature of the leadership of the LLA, or linked to the views of managers themselves, or linked to a lack of understanding about the LLA overall. These barriers were often too great for the LLs to overcome by themselves, pointing to a need for the SLT service to consider how to help LLs and their managers to appraise the setting environment before commencing the LLA.

These findings echo the qualitative responses gathered in the FEEL study (Siraj et al., 2018), where a professional development course was provided to early years practitioners at multiple sites.

As shown in this study and by Feuerstein et al (2018) and Siraj et al (2018), valuable practical insights can be readily derived from qualitative approaches to implementation research that explore the views of practitioners. Such work adds to the wider tapestry of theoretical and mixed-method research around implementation in public services, fostering improvement for all.

Limitations:

This study focuses on the experiences of a small, self-selecting group of practitioners implementing a locally-developed communication improvement strategy. The degree to which the findings can be applied elsewhere should be approached cautiously, although the agreement between our findings and those from other studies, both those concerning implementation models and those concerning similar interventions, provides some confidence in the validity and therefore utility of our work. This paper only represents a small amount of the data gathered from LLs, and ideally would sit alongside data from SLTs and settings managers. These data were collected in the same study and will be published, albeit separately, in due course.

Conclusion and Recommendations:

In this implementation evaluation, we sought to understand the inner setting factors enabling and hindering the implementation of the LLA from the perspectives of early years practitioners appointed to act as LLs. Ascertaining and analysing the viewpoints of frontline practitioners with a robust implementation framework such as the CFIR is crucial in order to improve the efficacy and effectiveness of implementation, especially when resources are

limited, and to ensure SLT input has the maximum positive effect on children's communication.

Our work has been shared with the service and they have amended the implementation of the LLA in line with the findings here as well as findings from the SLTs. Our recommendations, based on the experiences of LLs, for the LLA and similar interventions, include strategically promoting and explaining the new approach, carefully considering how local leaders are recruited and being involved in this process where possible, giving new leaders added support and guidance in their first year and providing leadership skills training for those unfamiliar with a leadership role. New leaders need support to consider the resource and time limitations they may face and this may include working with a setting manager to explain the resources needed, as well as highlighting the importance of staff attitudes for successful implementation. Support through networking with other practitioners is valuable for both maintaining and developing in a new communication leadership role in an EY setting.

Declaration of interests: None

References:

- Bitan-Friedlander, N., Dreyfus, A. & Milgrom, Z., (2004). Types of "teachers in training": The reactions of primary school science teachers when confronted with the task of implementing an innovation. *Teaching and Teacher Education*, 20, 607-619.
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.
- Brebner, C., Attrill, S., Marsh, C. & Coles, L., (2017). Facilitating children's speech, language and communication development: An exploration of an embedded, service-based professional development program. *Child Language Teaching and Training*, 33(3), 223-240.

- Cabell, S.Q., Justice, L.M., McGinty, A.S., Decoster, J. & Forston, L.D., (2015). Teacher-child conversations in pre-school classrooms: Contributions to children's vocabulary development. *Early Childhood Research Quarterly*, 30, 80-92.
- Carroll, C., Patterson, M., Wood, S., Booth, A., Rick, J. & Balain, S. (2007). A conceptual framework for implementation fidelity. *Implementation Science*, 2(40). doi: 10.1186/1748-5908-2-40.
- Damschroder, L.J., Aron, D.C., Keith, R.E., Kirsh, S.R., Alexander, J.A., & Lowery, J.C., (2009). Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implementation Science*, 4(50).
<https://implementationscience.biomedcentral.com/track/pdf/10.1186/1748-5908-4-50>
- Degotardi, S. & Gill, A., (2017). Infant educators' beliefs about infant language development in long day care settings. *Early Years*.
<https://doi.org/10.1080/09575146.2017.1347607>
- Feuerstein, J.L., Olswang, L.B., Greenslade, K.J., Dowden, P., Pinder, G.L. & Madden, J., (2018). Implementation research: Embracing practitioners' views. *Journal of Speech, Language and Hearing Research*, 61, 645-657.
- Fixsen, D.L., Blase, K.A., Naoom, S.F. & Wallace, F. (2009). Core implementation components. *Research on Social Work Practice*, 19(5), 531-540.
- Gascoine, M. & Gross, J. (2017). Talking about a generation.
https://www.thecommunicationtrust.org.uk/media/540327/tct_talkingaboutageneration_report_online.pdf.
- Gilley, A., McMillan, H.S. & Gilley, J.W., 2009. Organizational change and characteristics of leadership effectiveness. *Journal of Leadership and Organizational Studies*, 16(1), 38-47.
- Golinkoff, R.M., Hoff, E., Rowe, M.L., Tamis-Lemonda, C.S. & Hirsh-Pasek, K., (2018). Language matters: Denying the existence of the 30-million-word gap has serious consequences. *Child Development*, 13, 1-11.
- Hall, E. (2005). 'Joined-up working' between early years professionals and speech and language therapists: Moving beyond 'normal' roles. *Journal of Interprofessional Care*, 19(1), 11-21.

- Justice, L.M., Jiang, H. & Strasser, K. (2018). Linguistic environment of preschool classrooms: What dimensions support children's language growth? *Early Childhood Research Quarterly*, 42, 79-92.
- King, E.K., Pierro, R.C., Li, J., Porterfield, M.L. & Rucker, L., (2016). Classroom quality in infant and toddler classrooms: impact of age and programme type. *Early Child Development and Care*, 186(11), 1821-1835.
- Kirk, M.A., Kelley, C., Yankey, N., Birken, S.A., Abadie, B. & Damschroder, L. (2016). A systematic review of the use of the Consolidated Framework for Implementation Research. *Implementation Science*, 11(72). DOI 10.1186/s13012-016-0437-z
- Law, J., Charlton, J. & Asmussen, K. (2017). *Language as a child wellbeing indicator*. London: Early Intervention Foundation.
- Law, J. & Pagnamenta, E. (2017). Promoting the development of young children's language: speech and language therapy provision for children aged 0-3 years from a public health perspective. *Bulletin of the Royal College of Speech and Language Therapists*, 12(1), 12-15.
- McKean, C., Law, J., Laing, K., Cockerill, M., Allon-Smith, J., McCartney, E., & Forbes, J. (2017). A qualitative case study in the social capital of co-professional collaborative co-practice for children with speech, language and communication needs. *International Journal of Language & Communication Disorders*, 52, 514–527.
- Meyers, D. C., Durlak, J. A., & Wandersman, A. (2012). The quality implementation framework: A synthesis of critical steps in the implementation process. *American Journal of Community Psychology*, 50, 462–480.
- Miech, E.J., Rattray, N.A., Flanagan, M.E., Damschroder, L., Schmid, A.A. & Damush, T.M. 2018. Inside help: An integrative review of champions of healthcare-related implementation. *Sage Open Medicine*, 6, 1-11.
- Nilsen, P. (2015). Making sense of implementation theories, models and frameworks. *Implementation Science*, 10, 53 DOI: <https://doi.org/10.1186/s13012-015-0242-0>
- Nottinghamshire Children's Centre Services (2017). The speech and language team's year of evaluation.
<https://www.nottinghamshirehealthcare.nhs.uk/download.cfm?doc=docm93jijm4n4808.pdf&ver=7285>

- Ottley, J.R., Piasta, S.B., Coogle, C.G., Spear, C.F. & Rahn, N.L. (2018). Implementation of bug-in-ear coaching by community-based professional development providers. *Early Education and Development*. DOI: 10.1080/10409289.2018.1545500
- Shaw, E.K., Howard, J., West, D.R., Crabtree, B.F., Nease Jr., D.E., Tutt, B. & Nutting, P.A. (2012). The role of the champion in primary care change efforts. *Journal of the American Board of Family Medicine*, 25(5), 676-685.
- Siraj, I., Melhuish, E., Howard, S., Neilsen-Hewett, C., Kingston, D., de Rosnay, M., Duursma, E., Feng, X. & Luu, B. (2018). Fostering Effective Early Learning (FEEL) Study.
- Soo, S., Berta, W. & Baker, G.R. (2009). Role of champions in the implementation of patient safety practice change. *Healthcare Quarterly*, 12s, 123-128.
- Swain, J. (2018). A hybrid approach to thematic analysis in qualitative research: Using a practical example. <http://discovery.ucl.ac.uk/10042537/>
- Van Der Zjipp, T.J., Niessen, T., Eldh, A.E., Hawkes, C., McMullan, C., Mockford, C., Wallin, L., McCormack, B., Rycroft-Malone, J. & Seers, K. (2016). A bridge over turbulent waters: Illustrating the interaction between managerial leaders and facilitators when implementing research evidence. *Worldviews on Evidence-Based Nursing*, 13(1), 25-31.
- White, S. & Spencer, S. (2018). A school-commissioned model of speech and language therapy. *Child Language Teaching and Therapy*, 34(2), 141-153.