Better Communication:

Shaping speech, language and communication services for children and young people

Hello talk·listen·take part

ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS

Office of the Communication CHAMPION

Contents

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Introduction

Communication is the 'must have' skill for children and young people and is the bedrock of learning. In government, we have made sure that it is a priority in our policies for the Foundation Years, and in our efforts to improve support for children with special educational needs and disabilities. I hope all local commissioners will make it a priority in their own planning.

Most of all, I hope that local authorities, schools and NHS commissioners will work together to commission services jointly. For too long parents have been left unclear about who has responsibility for provision for their children – health or education. We cannot let this continue, which is why I have proposed a single education, health and social care plan for children and young people with the greatest needs, across the age range. These plans require a backdrop of joint work by commissioners, working in partnership with parents, to map the needs in their area and design a continuum of services to match those needs.

This publication, and the conferences on which it is based, provide practical help to commissioners in this enterprise. I very much welcome its messages and the examples of existing good practice it celebrates. Please read it – and please take action, so that parents know that local agencies are sharing their resources and working together to get the best possible outcomes for their child.

Sarah Teather MP
Minister of State for Children and Families

Everyone talks about integration and joined up services but it's great to see it in action. These conferences were a real opportunity to bring commissioners and professionals together to do what parents and children want – give them a quality service which is seamless and meets their needs.

Anne Milton MP
Parliamentary Under Secretary of State for Public Health

Foreword by the Rt Hon John Bercow MP

In 2007, I was asked to lead an independent review of the provision for children and young people in England with speech, language and communication needs (SLCN). This I did willingly having developed a particular interest in the issues for young people with communication difficulties and their families. The review focused on three key issues:

- The range and composition of services required to meet the diverse needs of children and young people from 0 to 19 in an affordable way.
- How planning and performance management arrangements, together with better cooperation nationally and locally between health and education services, can spur beneficial early intervention.
- What examples of best practice could be identified as templates for the wider roll-out of services across the country.

In July 2008, I published my report, which identified five key themes from which stemmed 40 recommendations. The government response, Better Communication: An action plan to improve services for children and young people with SLCN, was published in late 2008 and I was delighted to see that the majority of the recommendations made in the review report were translated into elements of the planned response.

Central to the recommendations was the suggestion to appoint a 'Communication Champion'. An individual who would have a clear mandate to provide independent challenge and support to services and commissioners of services up and down the country in order to ensure that other recommendations and actions became a reality for the children and young people so in need of improved services.

Jean Gross has been a most worthy Champion and I am delighted to have this opportunity to thank her for her tenacity and energy in raising awareness of the crucial importance of effective communication skills for all children, including those with specific needs in this respect.

Jean has worked closely with The Communication Trust to implement another of my recommendations, namely that there should be a 'National Year of Communication'. The *Hello* campaign, as it has been known, has proved tremendously successful in raising awareness of all aspects of speech, language and communication needs, and has engaged a wider audience including many who will not previously have been aware of the issues and the devastating impact that SLCN can have on life chances.

Perhaps one of the most striking elements of the visits which the review advisory group and I carried out, was the huge variation in commissioning arrangements and service provision from one place to another – the 'post-code lottery'. Consequently, I was delighted that the Better Communication Action Plan included an important piece of work carried out by 16 'commissioning pathfinders' whose brief was to test and report on varying factors in achieving the desired outcome of an equitable service across the range of universal, targeted and specialist provision. Alongside the work of the pathfinders, a suite of Commissioning Tools for SLCN was developed to support more consistent commissioning across the country.

The National Year of Communication is drawing to a close and Jean Gross, together with the Royal College of Speech and Language Therapists, have organised a series of three conferences in different parts of the country, in order to bring together the best examples of commissioning, early intervention and prevention, and service delivery. I was delighted to have been able to speak at the opening of the London conference in October and am equally delighted to have been asked to write the foreword to this publication, which summarises the presentations from all three conferences and will provide a useful resource for the future.

John Bercow MP
Speaker of the House of Commons
November, 2011

Welcome from Jean Gross and Kamini Gadhok

Children who find communication hard find life hard. Good commissioning is key to their life chances. Yet commissioning for better communication skills is a complex business, spanning health and education inputs, and covering a broad range of different needs.

That is why we felt that this publication and the conferences from which it sprang were needed. We hope the publication will help commissioners map the needs of their local populations and the skills in their children's workforce, involve service users in the commissioning process and determine the outcomes they want to see from their investment. We hope, too, that it will provide models of high-quality, cost-effective services for commissioners and providers alike.

Thanks go to all who have made the publication possible: to the commissioners and third sector partners who have shared their expertise, to the local areas who have described their effective prevention and early intervention strategies, to the speech and language therapy managers who have shared their service models, and – not least – to Marie Gascoigne who has freely given her time as our editor. We hope you will find the booklet useful and look forward to your feedback.

Jean Gross CBE

Communication Champion

Kamini Gadhok MBE

Chief Executive,
Royal College of Speech and Language Therapists

Office of the Communication CHAMPION

ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS

Editorial

Communication is crucial. The ability to communicate thoughts, feelings, desires and to be understood, is a fundamental human right and need. Yet, for over half of children entering school in England, this basic ability is not as well developed as it might be. Some of these children will have complex speech, language and communication needs (SLCN), a significant number will have needs which if identified and addressed promptly in the early years, can be expected to resolve. Between these groups are the children who have significant SLCN but whose needs can be appropriately met by a well-trained workforce in collaboration with specialist speech and language colleagues.

Excellent examples of practice were identified as part of John Bercow's review of provision for children and young people with SLCN. However, these were often contrasted with examples of ineffective service provision, rarely due to poor practice at the level of practitioners, but often due to a lack of coordination of effort across agencies, especially at a strategic level. In particular, the issues and debates surrounding the commissioning of the right provision, from the right workforce, in the right place and at the right time, was of particular concern.

This publication brings together a sample of the good practice identified during the life of the Better Communication Action Plan and the National Year of Communication – the *Hello* campaign. The content follows the structure of the series of conferences organised by Jean Gross, the Communication Champion, with the Royal College of Speech and Language Therapists.

Section 1 focuses on the commissioning of provision for SLCN. By way of introduction, Jean Gross draws our attention to the really important issues and themes that she found as she visited numerous local areas in England, and the national policy drivers which are shaping commissioners' priorities. There follow three articles about the process of commissioning for SLCN.

The first outlines the theoretical issues alongside a summary of useful tools to support the process, the second and third provide 'commissioning in practice' examples from two of the finalists in the 2011 *Hello* 'Shine a Light' national awards for supporting children and young people's communication development. In these examples it has been recognised that SLCN is 'everybody's business' and the long-term solution to making best use of limited public funding is to consider the whole system and not its separate parts.

There is also an update on the Better Communication Research Programme, which has already produced valuable new evidence and has set in train longer-term work that will continue to inform the evidence base in the future. The key learning from those of the Bercow Commissioning Pathfinders who exhibited posters at the conferences is also included, with links for those who might want to follow up this work.

Sections 2 and 3 look at 'what' to commission. Section 2 includes examples of some of the most established early intervention and prevention programmes that are now in a position to demonstrate measurable impact. These focus on training of the wider workforce and, therefore, in this section we include an update from The Communication Trust on recent workforce development initiatives. Section 3 provides case studies of speech and language therapy services re-designing their services to deliver both quality and cost-efficiency, as the current economic climate requires.

Finally, section 4 provides a resource bank of references used throughout the publication as well as links to a wide range of organisations which may be of help in supplying materials and resources, information or training.

I hope this publication will prove a useful resource and serve both as an illustration of how far provision for children and young people with speech, language and communication needs has come, and a reminder that there is still much more to do.

Marie Gascoigne
Editor

The national perspective: How are we doing?

Hello. I'm writing this in my capacity as the government's Communication Champion for Children – a time-limited role recommended in John Bercow's 2008 review of services for children and young people with speech, language and communication needs (SLCN).

Part of my role has been to work with others to implement the national year of speech, language and communication that Bercow recommended – the 2011 *Hello* campaign. Part has been to visit local areas across the country, meeting with commissioners to learn about and spread good practice. So far, I have visited nearly 100 of the 150 local authority/primary care trusts in England. This has given me a broad perspective on what the Bercow plan has achieved and the issues still to be addressed. It has also allowed me to gather examples of local areas which have achieved quality and cost effectiveness in difficult times – many of them featured in this publication and at: www.hello.org.uk/get-involved/commissioners.aspx

Why should SLCN be a commissioning priority?

Language and communication difficulties represent a substantial problem in the community, affecting 7-10% of all children. In areas of high social deprivation the percentage of children with difficulties is considerably higher than this. More than half of children starting nursery school in socially deprived areas of England have delayed language; while their general cognitive abilities are in the average range for their age, their language skills are well behind.

Speech, language and communication needs are the most common type of special educational need (SEN) in 4-11 year old children, and numbers are rising; whether because of real growth or better identification, the number of pupils with SLCN as a primary need has increased by 58% between 2005 and 2010. They are also a secondary need, co-occurring with almost every other type of SEN and disability, from hearing impairment to autism, learning difficulties and physical impairment.

The high prevalence of SLCN means a need for a strong commissioning strategy, bridging not only services for disabled children and those with SEN, but also early intervention services aimed at narrowing the gap between socially disadvantaged children and their peers, and reducing entrenched health inequalities.

"Speech, language and communication difficulties affect 7-10% of all children"

Turning the dial

An increasing number of the local areas I have visited have recognised that if they are able to 'turn the dial' on SLCN, they will be able to turn the dial on a number of other key local priorities. They also understand that those involved in commissioning for SLCN should include senior leaders for public health, early years, disability and SEN, school improvement – and even behaviour support and youth justice services.

This is because poor communication skills impact on such a wide range of children's outcomes. Research has shown that (after taking into account a range of other factors such as mother's educational level, overcrowding, low birth weight) children who had normal non-verbal skills but a poor vocabulary at age five were one-and-a-half times more likely to have literacy difficulties or have mental health problems at age 34. This same group was more than twice as likely to be unemployed as those who had normally developing language at five (Law et al, 2010).

"There is substantial evidence that intervention can improve language and communication skills"

School attainment and school improvement

Children's vocabulary and ability to talk in two-to-three-word sentences at the age of two is a strong predictor of 'school readiness' at four, as measured by baseline assessments of reading, maths and writing (Roulstone et al, 2011). Vocabulary at age five is a very strong predictor of the qualifications achieved at school leaving age and beyond (Feinstein and Duckworth, 2006). A number of recent Ofsted reports note that a common feature of the most successful schools surveyed was the attention they gave to developing speaking and listening in classrooms (Ofsted, 2010; 2011a; 2011b).

Employability

Speech, language and communication needs are a risk factor for those 'Not in Education, Employment or Training' (Scottish Executive, 2005). In one study, 88% of long-term unemployed young men were found to have SLCN (Elliott, 2009). The changing job market means communication skills, along with influencing, computing and literacy skills, have shown the greatest increase in employer-rated importance over the past 10 years. Nearly half of employers in England report difficulty in finding employees with an appropriate level of oral communication skills (UK Commission for Employment and Skills, 2009).

Behaviour, offending and mental health

40% of seven to 14 year olds referred to child psychiatric services had a language impairment that had never previously been suspected (Cohen et al, 1998) as do 60% of young offenders (Bryan et al, 2008). Without effective help, a third of children with speech, language and communication difficulties will need treatment for mental health problems in adult life (Clegg et al, 2005).

Tackling inequalities

Language skills are a critical factor in the intergenerational cycles that perpetuate poverty (Hart and Risley, 2003). Low income children lag behind their high income counterparts at school entry by 16 months in vocabulary. The gap in language is very much larger than gaps in other cognitive skills (Waldfogel and Washbrook, 2010). Vocabulary at age five, moreover, has been found to be the best predictor (from a range of measures at age five and 10) of whether children who experienced social deprivation in childhood were able to 'buck the trend' and escape poverty in later adult life (Blanden, 2006).

Can an effective commissioning strategy make a difference?

SLCN is not just a high-prevalence need which, left unaddressed, can lead to negative and expensive consequences for the individual and for society. It is also an issue that can be successfully tackled.

At the individual level, there is substantial evidence from the Better Communication Research Programme (another Bercow initiative) that intervention – ranging from speech and language therapy, to small group interventions delivered by the wider children's workforce, to changes to setting and classroom environments – can improve children and young people's language and communication skills.

At the population level, there is good evidence that coordinated, community-wide, multi-agency strategies to upskill the children's workforce and empower parents to give their young children the best start in life, such as those in Stoke on Trent, Leicester and Nottinghamshire (described in this publication), can significantly improve language skills across the community.

The current policy context for commissioners

The importance of developing communication and language skills is emphasised in the revised Early Years Foundation Stage framework for learning and development, and in the coalition government's joint 2011DfE/DH policy statements – 'Supporting Families in the Foundation Years' and 'Families in the Foundation Years'. These stress that government will "drive improvements in the quality of free early education... promoting a strong emphasis on speech, language and communication as central to good provision".

Early identification and support is a recurring policy theme, with a commitment to 4,200 new health visitors by 2015 and potentially an integrated review of children's development at age two, involving health visitors and early education providers. At age five, there will be an assessment of every child's development in communication and language, yielding population measures that provide a potential framework for outcomes-based commissioning.

Public health

As Graham Allen's early intervention review and Frank Field's poverty review make clear, investment in early identification and intervention has the potential to yield large long-term savings through reductions in spend on social care, special needs, mental health, and the criminal justice system.

It also has the potential to yield large savings in health expenditure. As the Marmot review concluded, "Giving every child the best start in life is crucial to reducing health inequalities across the life course. What happens during the early years has lifelong effects on many aspects of health and wellbeing – from obesity, heart disease and mental health, to educational achievement and economic status. To have an impact on health inequalities we need to address the social gradient in children's access to positive early experiences."

Targeting children's early language development is thus a public health priority; a recent report from the Centre for Social Justice called communication disability 'the number one public health challenge for the twenty-first century' (Centre for Social Justice, 2011).

SEN and Disability Green Paper

Another important policy context for commissioners is the SEN and Disability Green Paper, which proposes to improve the integration of services provided by the local authority and by the NHS through an Education, Health and Care Single Plan for children and young people aged 0-25. Thirty-three pathfinder local areas are working across agencies to develop and test models of greater integration.

Progress since the Bercow Review

In my visits to local areas across the country, I have seen many positive developments. Particularly notable has been the growth of local and national workforce development strategies to enskill the early years and school workforce, so that they can provide communication-supportive environments and deliver interventions (supported by a specialist) for children whose needs can be met at targeted level. Often the training leads to accreditation, for individuals and for whole schools/settings. This process is proving particularly effective in creating local system leaders, who can then support others to improve their practice.

These strategies keep costs down. They build the capacity of parents and the universal children's workforce so that speech and language therapists (SLTs) and specialist teachers can focus more time on the children who need them most – those with specific language impairment or speech, language and communication needs associated with other types of special educational needs or disability.

I have seen many examples of outstanding practice in joint health and local authority work in the early years, prompted initially by Sure Start funding and further encouraged by the Every Child a Talker programme and the growth of children's centres. The robust impact data that has been generated – for example, showing an average 40% reduction in the proportion of children with delayed listening and attention skills in settings involved in the Every Child a Talker programme – should prompt local commissioners to identify resources to maintain these initiatives even where central government funding has ended.

Where it operates well, the Healthy Child Programme (HCP) is playing a vital part in ensuring children with SLCN are identified early. In some areas it also routes them quickly to an appropriate form of support, depending on the severity of their need, from 'home talk' home visiting programmes to groups run in children's centres, to direct intervention from SLTs. Screening programmes like Language Link and WellComm, described in this publication, are often being used for all four to five year olds across a local area, picking up children who have slipped through the HCP net.

Issues and challenges

Despite the many examples I have seen of excellent and innovative collaborative work on the ground, the key obstacles to progress remain exactly as they were when the Bercow Review first reported. Local efforts are often a collection of initiatives in search of a strategy, not mirrored in high-level strategic plans and rarely jointly commissioned across health and education.

'In a shared house nobody does the washing up' is the saying I often use to describe the continuing local disputes about whether the work of SLTs should be funded by education or by the NHS. These disputes have been exacerbated by the acute budgetary difficulties faced by both agencies.

There is no right answer to who should pay for what. I have found every possible variation, from local authorities funding 100% of SLT time, to the NHS funding 100%, to every combination in between. Given this variation, the only solution has to be pooled budgets and joint commissioning, of the kind described in this publication.

Finally, we still sadly have the same postcode lottery in the provision of services that Bercow noted in 2008. Some local areas have favourable ratios of SLTs and specialist teachers to child population; others very poor ratios. Some have mainstream resourced provision for SLCN, others don't. Some are able to provide an SLT service to secondary schools, BESD provision, CAMHS and young offender teams. Most do not.

Only through improved commissioning, based on a thorough needs analysis, can we begin to address these historical inequities. I hope that this publication will support commissioners in meeting this challenge.

"Only through improved commissioning can we begin to address these historical inequities"

Jean Gross CBE
Communication Champion for Children

Commissioning for better speech, language and communication outcomes

"We believe that a continuum of universal, targeted and specialist services designed around the family is needed... Those services do not just happen. They have to be commissioned." (Bercow, 2008)

Introduction

This article will deal with the challenge of how to bring about a commissioning scenario that will lead to better outcomes for children and young people with speech, language and communication needs (SLCN). The two articles that follow will outline practical examples of how Worcestershire and Buckinghamshire have put in place commissioning arrangements which bring about a continuum of universal, targeted and specialist services. Here, we will explore some of the resources available to support that process, identify how learning is transferable to a range of situations in the ever-changing world of children's services and, perhaps most importantly, make the link between the commissioning process and impact on children's progress explicit.

Background

The Bercow Report (Bercow, 2008), outlines the key findings from a comprehensive review of provision for children and young people with SLCN aged 0-19, in England. During the course of the review, John Bercow and the team of advisers supporting him came across examples of excellent practice as well as being presented with evidence of poor provision that disadvantaged children and young people.

It became clear that the more effective services had adopted the concept of a continuum of universal, targeted and specialist provision. Specialists were involved at all levels, with a specific contribution in training and supporting the wider workforce as well as delivery of interventions to individuals and groups of children and young people. These services demonstrated the approach outlined in the Royal College of Speech and Language Therapists' (RCSLT) position paper, 'Supporting children with speech, language and communication needs within integrated children's services' (Gascoigne, 2006).

Having identified effective services, the challenge was to make recommendations that would increase consistency and address the 'postcode lottery' evident across the country.

Various options were considered, including whether it would be helpful for the responsibility and resources for speech and language therapists to transfer to local authorities. However, the conclusion was that the key lay in achieving effective joint commissioning of the full continuum of provision. This has to be delivered by a workforce consisting of both specialists and the wider workforce, all of whom have to be commissioned to be part of the provision. Without the commissioning intention for a continuum of provision, there would be no driver and no funding to provide in this way.

The final report, therefore, contained a central chapter on commissioning and made a number of recommendations, including the need for a commissioning framework for SLCN across the continuum of need and that a number of commissioning pathfinders be established to support the development of a framework.

Joint commissioning for SLCN

The Bercow Report, Better Communication Action Plan and work of the *Hello* Campaign for the National Year of Communication, together with the RCSLT's 'Giving Voice' campaign, have increased the awareness of children and young people with SLCN.

Speech, language and communication are increasingly recognised as core skills for life, as is the reality that significant numbers of children and young people will, at some stage, experience difficulty with an element of communication. For some it will be a transient need which, with the right support will pass, for others it will be a life-long challenge.

Speech, language and communication needs have a significant impact on personal, social, educational and

employment outcomes. The case law surrounding the responsibility for the provision of speech and language therapy for a child with a statement of special educational needs is clear, both in terms of establishing the educational nature of speaking and listening skills (R v Lancashire County Council ex parte M, 1989) and that the ultimate responsibility for the support to remediate them lies with the local authority (R v London Borough of Harrow, 1996). However, in many areas, the perception is that SLCN remain solely a 'health' issue, because the specialists within the children's workforce are allied health professionals.

The move towards joint commissioning and provision of services for children and young people as part of the Every Child Matters policy stream (DCSF, 2003) was welcome to those professionals and parents seeking better provision for children and young people.

The current commissioning architecture is undergoing transformation that to some extent is pulling away from joint commissioning at local area level. And yet a significant number of local areas have continued to adopt a joint commissioning approach for children and young people. It is interesting to note that the following two articles, both finalists in the commissioning category of the *Hello* 'Shine a Light' awards, describe joint commissioning projects and the use of the statutory framework for pooled budgets.

A single commissioning 'map' of what is needed to meet the range of needs within a population of children remains something to aspire to, even if the number and variety of commissioners within that area increases and diversifies. Such a local area map will be of use to those commissioning for small groups of the population, for example, a head teacher for their school, as well as for parents who may come to hold a personal budget. The risks of losing sight of this need will undoubtedly result in fragmentation, duplication of some provision alongside the lack of other provision, and increased costs and inefficiencies. There is a danger that if the commissioning architecture becomes too diverse, there will be no coherent sense of whole.

Commissioning pathfinders and commissioning tools

"Better Communication: an action plan to improve services for children and young people with SLCN" (DCSF, 2008), provided the government response to the review report and established 16 commissioning pathfinders. The pathfinders were chosen from a field of 50 applications and represented a range of demographic and geographic areas as well as being balanced to ensure coverage of the age range, the specific focus of the projects and the phase of the commissioning being addressed. A full list of the pathfinders is available later in this publication along with highlights from a number of the projects.

Alongside the pathfinder projects, a suite of five 'Commissioning Tools for SLCN' (the Tools), were published online by the Commissioning Support Programme (2011). These documents are not in themselves 'tools' in the sense of providing technical templates – their purpose is to bring together a synthesis of the key information needed by commissioners that is SLCN-specific, with signposts to a rich bank of external resources that can be used for the more technical elements of the commissioning process as it applies specifically to SLCN.

The Commissioning Tools for SLCN are intended to be used by any commissioner of SLCN provision and can be interpreted for small or large populations. While the local authority area, with the ongoing requirement for a joint strategic needs assessment and the oversight of a health and wellbeing board, is considered to be the most logical population base from which to plan, the tools could be applied to a school or GP surgery catchment area or indeed up-scaled to a regional level.

There is a tool for each of the following:

- Needs assessment.
- Whole system mapping.
- User involvement.
- Workforce.
- Evaluating outcomes.

The tools inform the four-stage commissioning cycle: understand or analyse; plan; do; review. The user involvement tool supports the whole commissioning cycle, while needs assessment and whole system mapping are primarily relevant to the understand phase. Workforce is relevant to understand, plan and do while evaluating outcomes, unsurprisingly, is the key tool for the review phase. The suite of tools can be accessed via the Commissioning Support Programme website[1] and so will not be described in detail here. Table one (overleaf) provides a summary of the key SLCN specific elements of each tool.

The tools are also an important resource for providers of services for SLCN, in that they clearly set out the methodology by which services are being commissioned and indicate the kind of data providers may need to have available, both as monitoring data but also in order to tender convincingly for service contracts. The tools contain numerous examples to illustrate key points, examples drawn from both the pathfinder projects and other areas demonstrating key elements. They do not, however, culminate in a definitive specification. Both the whole system mapping and evaluating outcomes tools have indicative measures of what a 'good' system might look like.

Table one: summary of Commissioning Tools for SLCN core content (Commissioning Support Programme, 2011)

Tool	SLCN-specific issues addressed
Needs assessment	• Assessing need at universal, targeted and specialist tiers using prevalence data, service data, SEN data, demographic data • Triangulation with stakeholder and service user qualitative views of need • Links with joint strategic needs assessment
Whole system mapping	• Importance of mapping the 'whole system' – child's need has to be understood in wider context • Need to capture activity to support SLCN from all sources as well as outcomes and costs • Agreeing definitions and how they are used by different agencies, eg. SLCN vs SEN vs needing speech and language therapy • Indicators of a 'good' whole systems map
User involvement	• Addresses SLCN-specific challenges to meaningfully involving children and young people with SLCN • Outlines levels of involvement and benefits and challenges of each: - Informing - Consulting - Involving - Collaborating - Empowering • Identifies important considerations – skills of facilitators, consent, access
Workforce	• Describes and defines the specialist and wider workforce in relation to SLCN • Provides a competency map across specialist and wider workforce • Audit of integration of workforce • Outlines process for workforce planning for SLCN
Evaluating outcomes	• Identifies levels of SLCN outcome for the child, for a population, interim and longer term • Identifies commonly used outcome measures and highlights new systems developed by pathfinders • Provides a comprehensive set of outcomes markers both for interim processes and ultimate outcomes

The Balanced System™

The Commissioning Tools for SLCN draw on a particular conceptual model, 'The Balanced System'[2] framework (Gascoigne, 2008; 2011), and refer to commissioning templates from the model, which are available online[3].

This conceptual model evolved from the author's original models outlined in the RCSLT position paper (Gascoigne, 2006), and has been used to support both service redesign and commissioning in more than 20 local areas over the past four years. It brings together commissioning, provision, workforce, training and leadership within a single model, so that it is possible to gain a clear understanding of the inter-relationship between the component areas and how change to one of these will have an impact across the whole system.

A graphical representation of the conceptual framework can be found in the Worcestershire 'commissioning in practice example' (p16); a fuller description of the evolution of the system can be found online[4], including the core elements of a speech and language therapy specification based on the 'Balanced System' service delivery model, which formed the basis of the Buckinghamshire commissioning specification.

The Balanced System Integrated Solution™

"In planning, commissioning and delivering universal, targeted and specialist provision, it is critical that health services and children's services, including schools, work together in support of children and young people with SLCN," (Bercow Report, 2008)

Most recently, the 'Integrated Solution' has been the focus of development, with pilot sites in a number of areas, including Worcestershire. The driver for the Integrated Solution has been that speech and language therapy alone rarely provides the whole solution for a child with SLCN and equally there are children with SLCN who do not require direct contact with a speech and language therapist in order to progress.

The Integrated Solution has been developed in response to the need for an outcomes based specification for SLCN, which takes into account the contribution of the specialist speech and language therapy and the wider workforce required to achieve those outcomes. It is a specification for SLCN, as opposed to speech and language therapy provision, but the speech and language therapy requirement sits within the overarching solution framework and can be extracted as necessary by commissioners who have an imperative to award a contract for speech and language therapy provision specifically.

The Integrated Solution brings together the strands of the Balanced System. Figure one shows the overall framework. In the main document, outcomes are identified for each of the elements of the Balanced System Core Specification: child and their family; environment; workforce; identification; intervention, within the universal, targeted and specialist levels of provision. For each outcome, the SLT, other specialist, and wider workforce contribution is identified, along with the contextual factors that need to be in place. The complete package covers early years and school age ranges and consists of over 40 outcome or result areas worked across the grid to provide the process and workforce requirement.

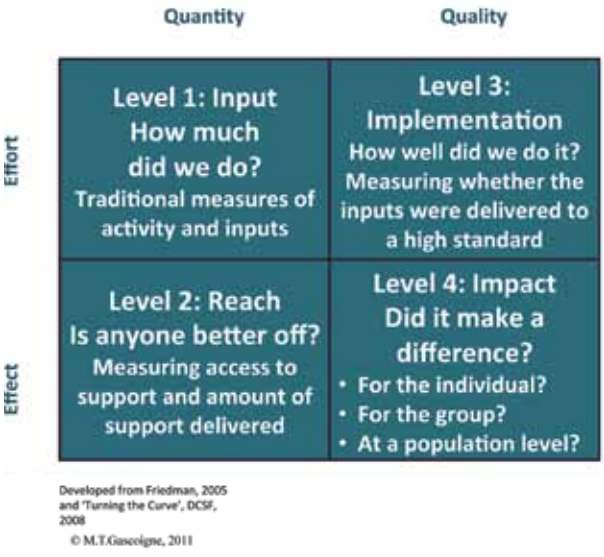
Figure one: The Balanced System Integrated Solution Framework

The Balanced System™ Integrated Solution

The levels of provision	The Balanced System Specification Levels	Outcome	Output	Process	Outcomes Measure	Speech and Language Therapy	Other specialist workforce	Wider workforce	Context
Universal	Supporting parents and carers	The final result	The tangible elements which have to be produced	The processes which have to take place	Level 1: Input; Level 2: Reach; Level 3: Implementation; Level 4: Impact	Detail activity required	Detail activity required	Detail activity required	Detail features required for success
	Supporting the environment to facilitate communication								
	Supporting the workforce to facilitate communication								
	Identification of SLCN								
	Intervention for SLCN								
Targeted	Supporting parents and carers								
	Supporting the environment to facilitate communication								
	Supporting the workforce to facilitate communication								
	Identification of SLCN								
	Intervention for SLCN								
Specialist	Supporting parents and carers								
	Supporting the environment to facilitate communication								
	Supporting the workforce to facilitate communication								
	Identification of SLCN								
	Intervention for SLCN								

A four-level outcome measure framework has been developed specifically for this tool based on an adaptation of the Friedman Outcomes Based Accountability model (Friedman, 2005). The levels measure inputs (Level 1), reach (Level 2); implementation (Level 3) and impact (Level 4). Figure two summarises the adapted Friedman model. The Integrated Solution will be published in full in 2012; prototype templates, however, can be obtained from the author on request.

Figure two: The Balanced System Outcome Framework Levels



Conclusion

Commissioning for whole systems is not easy and yet, that is what is needed if children and young people with SLCN are to receive the effective and efficient provision they need and deserve. The increasing diversity of commissioners and providers need not be incompatible with taking a whole system approach, provided all those involved in contributing to outcomes for children and young people are able to identify where their part of the system 'fits'. In times of economic pressure, collaboration in terms of commissioning and provision is more critical than ever in order to make savings through efficiency and effectiveness, avoiding duplication and gaps.

Marie Gascoigne
Director Better Communication CIC
Email: marie@bettercommunication.org.uk

Notes:
1 www.commissioningsupport.org.uk/the-commissioners-kitbag/in-depth-publications.html
2 www.mgaconsulting.org.uk/balanced-system
3,4 www.mgaconsulting.org.uk/downloads

Commissioning in practice: Worcestershire

Background

On 1 April 2011, Worcestershire County Council and NHS Worcestershire began to jointly commission all children's health services, pooling budgets under a Section 75 agreement. Commissioning services for children and young people with speech, language and communication needs (SLCN) was at the forefront of this development.

The Bercow Report (Bercow, 2008) and subsequent Better Communication Action Plan (DCSF, 2008) called for better commissioning, across a continuum of services, meeting needs as early as possible. In 2009, we were successful in bidding to become a commissioning pathfinder for SLCN with a project focused on children and young people with specific language impairment. A wider review encompassing all SLCN was planned alongside the commissioning pathfinder.

The review was led in partnership by our head of commissioning and partnership and director of public health, both joint appointments by the local authority and NHS. The lead cabinet member for children and young people provided on-going support. The project manager brought clinical knowledge and expertise in the field. Throughout, the local authority and NHS have shared information and resources at all levels, including collaboration of senior management in strategic level planning, sharing data across organisations and shared working practices of operational teams.

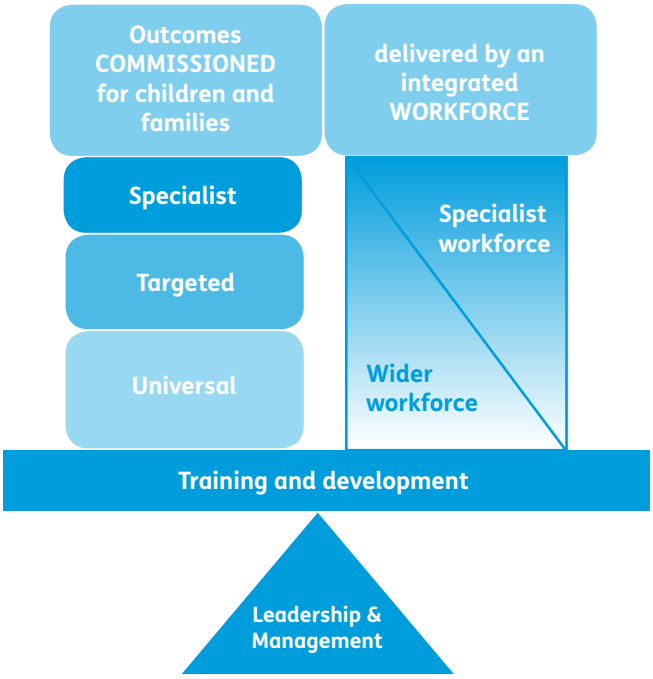
Understanding needs and services

The review began in March 2010 with the 'understand' phase of the commissioning cycle. We agreed that a framework was essential to structure the project and we adopted 'The Balanced System' (Gascoigne, 2008; 2011). This provided a framework that allowed us to consider the 'whole system': a continuum of provision and the roles of both the specialist and wider workforce (figure one.) In addition, the author was willing to share practical tools to support data collection and specification development as part of on-going validation of the tools.

The needs assessment and whole systems mapping exercise included three key elements: understanding the local demographics; potential and known levels of SLCN; and current service provision. We incorporated the views of service users throughout the process.

National statistics for prevalence were applied to the Worcestershire population by district taking into account the variations in local demographics. The Balanced System Predictive Incidence Tool provided a total estimate of SLCN across the county. A range of service activity data was

Figure one: The Balanced System™ framework



collected, including the:

- Number of children referred to the speech and language therapy service over the past five years by age and by type of need.
- Number of children identified at two-and-a-half years by health visitors.
- Percentage of reception-age children identified by the universal screening and intervention package Language Link.
- Number of children identified by special educational needs (SEN) services.

We matched the LA SEN data to data from the speech and language therapy service to estimate one figure of unique children known to either the local authority or NHS. We estimated there to be between 9,000 to 12,000 children and young people (aged 0-19) with primary and secondary SLCN in Worcestershire with at least 7,000 unique children currently known to the local authority and/or NHS. The prevalence data indicating that half of children at school entry age might experience SLCN in areas of high social deprivation was confirmed in parts of Worcestershire.

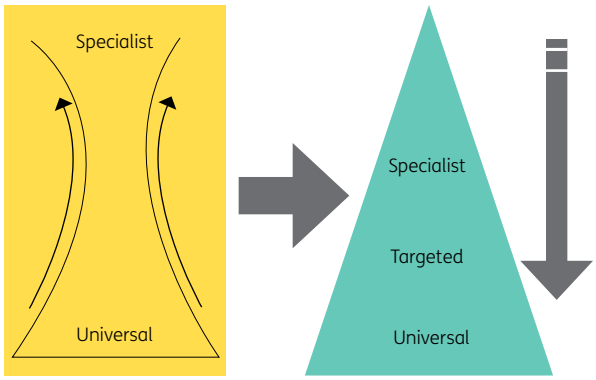
Service mapping involved identifying all activity in place across the county for SLCN, regardless of location or who was providing the support. We distributed two surveys to over 600 professionals, probing early identification and

intervention approaches. In addition, consultations and semi-structured interviews were carried out and the data used to populate The Balanced System service mapping template. All provision, including training for parents and professionals, was mapped at universal, targeted and specialist levels.

At the end of this first phase we understood the substantial need in Worcestershire and the growth trend over the last five years. We identified positive practice with evidence of impact on children and young people; however, a joined up approach across the local authority and NHS was lacking.

The whole system mapping revealed a lack of clarity over provision, inequity of access to services across districts, duplication of effort across agencies, gaps in the overall provision and an imbalance in the system, with the majority of services provided at a specialist level. The impact of the relative lack of targeted provision was a 'vortex effect' (figure two), with children being drawn from universal services through to specialist services, often unnecessarily.

Figure two: The vortex effect – the implication of underinvestment in targeted provision



Planning for the future

The review moved into the second phase in October 2010. We developed a proposed model of service delivery using the knowledge acquired in the first phase and by building on existing good practice. A vision and core underlying principles were agreed.

We were a pilot site for testing The Balanced System Integrated Solution (Gascoigne, 2011) which provides an outcome-focused model identifying key elements of service provision at a universal, targeted and specialist level along with the requirements of both the specialist and wider workforce in delivering these outcomes.

We made a number of key decisions, including funding allocation across the whole system, the need for one point of information for SLCN and one training and development plan for all practitioners. We also identified a number of implications:

- The importance of schools and settings playing their part in supporting needs at a universal and targeted level.
- The benefit of integrating speech and language therapy and specialist teacher services to address duplication of effort.
- The need to consider the location of therapy services and redistribute services to follow evidenced need.

Making it happen

We launched the model to over 700 practitioners and service users in June 2011, together with the new online Worcestershire SLCN Pathway, our one stop information point for anyone with an interest in SLCN (www.worcestershire.gov.uk/slcnpathway). The online tool provides pathways at a whole school or setting level and an individual child level. There is practical guidance, information and an extensive range of downloadable tools to help to identify and support children and young people.

Working in partnership with our local NHS provider we developed a new service specification for speech and language therapy services (Jordan and Gascoigne, 2011), with the role of the speech and language therapist extracted from The Balanced System Integrated Solution.

Reviewing outcomes

We are just moving into this phase of the cycle. Pooling speech and language therapy budgets has led to efficiency savings that have been used to address gaps identified in the service mapping exercise. We have identified interim and longer-term impact measures.

There is a commitment to fully fund the new model for the medium-long term future with additional investment to double the Every Child a Talker Project and ensure countywide use of Language Link in the first year of schooling. Children, young people and their families are benefiting from consistent standards of service provision and delivery. Finally, the learning from the joint commissioning of SLCN is informing future commissioning of other children's services in Worcestershire.

Emma Jordan
SLCN Review Project Manager,
Worcestershire's Joint Commissioning Unit
Email: Emma.Jordan@hacw.nhs.uk

Richard Keble
Head of Commissioning and Partnership,
Worcestershire County Council
Email: RKeble@worcestershire.gov.uk

Key learning

- Collaboration at all levels is crucial. There must be a joint strategy group with engagement from all agencies and support from elected Council Members.
- Adopt a framework that can be shared and understood by all partners.
- Build on existing good practice whilst not being afraid of radical change.

Commissioning in practice: Buckinghamshire

Background

We created the pooled budget manager's post in 2009 following the successful joint commissioning of integrated child and adolescent mental health services (CAMHS) across Buckinghamshire. The County Council and Primary Care Trust jointly fund the post through a Section 75 pooled budget agreement (National Health Act, 2006). The post holder is responsible for CAMHS commissioning, the jointly-commissioned children and young people's speech and language therapy service, and children and young people's occupational therapy services.

Buckinghamshire's Children and Young People's Trust (BCYPT) took the strategic decision to support the joint commissioning of children and young people's speech and language therapy services across the county. Historical commissioning had resulted in a fragmentation of both funding and provision with a resulting lack of focus on improving outcomes for children and young people with speech, language and communication needs (SLCN).

Process

Evidence suggested we required a continuum of provision with the most effective way of achieving this through a pooled budget using a Section 75 agreement. We appointed a joint commissioner to lead the integrated commissioning and adopted a competitive tender approach to engage the wider market of providers. A clear specification underpinned by the Balanced System model (Gascoigne, 2008) was developed. We used a two-phased approach with phase one establishing the model for all provision across health and mainstream education settings and phase two investigating appropriate commissioning frameworks for establishing the model within additionally resourced provisions and special schools. The tender process resulted in the award of a five-year contract which is now in place.

Evidence base

The following best practice guidance and legislative frameworks influenced the proposed model:

- The NHS White Papers: Liberating the NHS and Achieving Equity and Excellence for Children (DH, 2010).
- Resource Manual for Commissioning and Planning Services for SLCN (RCSLT, 2009).
- The Bercow Report: A Review of Services for Children and Young People (0-19) with Speech, Language and Communication Needs. (Bercow, 2008).
- Better Communication: An action plan to improve services for children and young people with speech, language and communication needs (DCSF, 2008).
- Effective and Efficient use of Resources in Services for Children and Young People with Speech, Language and Communication Needs: Research Brief for the Bercow Review (DCSF, 2008).
- You're Welcome quality criteria: making health services young people friendly (DH, 2007).
- Supporting children with speech, language and communication needs within integrated children's services (Gascoigne, 2006).
- National Health Service Act (2006).
- Special Educational Needs (SEN) Code of Practice (2001).

Key learning

- **Plan** – identify key work areas and develop a realistic timetable.
- **Keep communicating** with partners in the project, professionals and service users (parents and young people) to ensure they are continually updated with progress.
- **Focus** on outcomes and agree collectively what you want to achieve and then plan accordingly.

Stakeholder engagement

A group of young people with a range of SLCN participated at all stages of the process, including:

- A fun focus group to gather views on the support and services they receive and need for their SLCN.
- Creating a 'perfect pizza' poster to draw out what they felt was important to them regarding services to meet SLCN, where each pizza topping represented a key element of a good speech and language therapy service.
- Being trained and supported to help with the tender evaluation, where they set their own questions and held their own 'interview' style panel with the bidders to feed into the overall evaluation process.

This has been highlighted as an example of good practice in the User Engagement Tool within the SLCN Commissioning Toolkit (Commissioning Support Programme, 2011).

We also consulted parents and carers on the proposed integrated model and invited feedback through an online or paper-based questionnaire or to call the joint commissioner to enable informal conversations and encourage wider debate. Like the young people, the parents also had their own interview panel to input into the tender evaluation process.

We used feedback from service users to inform the needs analysis and the development of the service specification.

Outcomes

The BCYPT supports the use of Friedman's (2005) Results Accountability Framework for the monitoring and evaluation for all commissioned services. This tool focuses on outcomes to be achieved for children and young people with SLCN alongside the service delivery standards of the jointly-commissioned speech and language therapy service.

The service specification includes a clear monitoring framework to measure each tier of provision: universal, targeted and specialist. Part of the tender evaluation process identified how bidders would ensure robust monitoring and evaluation mechanisms would be put in place to embed evaluation as part of service delivery, reporting to commissioners on a monthly basis for outputs and a quarterly or annual basis for outcomes.

Buckinghamshire has undertaken significant change to establish a jointly commissioned strategic approach to meeting the SLCN of children and young people. This process has involved a number of partners, including service users, on the journey of planning and commissioning a continuum of provision for children and young people aged 0-19 years old.

The process of undertaking the needs analysis and developing the commissioning strategy highlighted inequity in access and significant gaps for school-age children with mild to moderate needs; young people aged 16-18; and those with learning disabilities up to the age of 25, at college. As a result, immediate measures were put in place, including a waiting list management plan, pending the completion of the tendering process.

By jointly commissioning, we will implement an early intervention and prevention-based service through ensuring a continuum of service delivery across the three tiers of universal, targeted and specialist provision. Our key measures of impact and success will be:

- 80% of referrals to targeted and specialist tiers seen within six weeks.
- A decrease in number of new statements of SEN issued with SLCN as primary need and an increase in number of statements where speech and language therapy is removed as a result of achieving therapy goals and outcomes.
- An increase in the number at School Action/Action + demonstrating accelerated improvement.
- Targeted interventions for 0-5 year olds at key points in their development in areas of socio-economic deprivation.
- An increase in number and percentage achieving at least 78 points across the Early Years Foundation Stage.
- A reduction in the gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest.
- Satisfaction and quality measures regarding parent/carer, children and young people's service user experience.

Next steps

We are now supporting the winning bidder with their implementation plan for establishing the integrated service across health and mainstream education that as commissioners we will need to continue to review and evaluate regarding its effectiveness. Working with service users and the wider children and young people's workforce will therefore be key in achieving our continuum of service provision and this includes the identification of how provision into special schools and additional resource provision units can be incorporated through an appropriate commissioning framework in the longer term.

Learning from this process is currently being used in the joint commissioning of children and young people's occupational therapy across health, education and social care. We hope our commitment to an outcome-based monitoring and evaluation framework will help to inform future commissioning, notwithstanding the changing architecture of health commissioning and education policy.

Sue Butt

Children and Young People's Commissioner (Pooled Budgets Manager), NHS Buckinghamshire and Buckinghamshire County Council

Email: Sue.Butt@Buckinghamshire.nhs.uk

The Better Communication Research Programme

The Better Communication Research Programme (BCRP) is part of the Government's Action Plan in response to the Bercow Review (Bercow, 2008). The BCRP will have carried out about 10 inter-related projects over the three-year period 2009 to 2012.

The programme is led by a core team of Professors Geoff Lindsay, Julie Dockrell, James Law, and Sue Roulstone supported by four specialists professors: Anna Vignoles and Jenni Beecham (economists), Steve Strand (large dataset analysis) and Tony Charman (autism spectrum disorder (ASD)), with about 20 more collaborators and two international experts as 'critical friends': Professors Susan Ellis-Weismer and Bruce Tomblin from the US.

The aim of the BCRP is to inform the evidence base to support the development of services for children and young people with speech, language and communication needs (SLCN). Throughout the programme we have been working with Afasic, The Communication Trust and I CAN, as well as practitioners in local authorities and health services. During 2011 we worked with the Communication Champion and the *Hello* Campaign for the National Year of Communication. We are seeking to undertake rigorous research but also to ensure our studies are grounded in current concerns and have clear implications for policy and practice.

The BCRP approach

Our approach has been to undertake one study that runs throughout the period of the BCRP together with other studies that are more focused and time limited. The former, a prospective longitudinal study of children identified with either specific language impairment (SLI) or ASD is examining in detail the similarities and differences between these groups of young people, the provision that is being made to meet their needs and parents' views.

We have focused on these groups as we know from our previous work there are often difficulties in determining the primary needs of these children and, consequently, how best to meet their needs. We have assessed the children at different time points to examine their development over the three years of the study. We have also interviewed their parents, observed the children in their classrooms and collected data on the nature and cost of provision. This comprehensive study is producing rich information indicating the nature of overlap and difference in needs and how teachers are addressing these.

We have explored effectiveness and cost effectiveness of interventions by reviewing research literature concerning activities, principles and approaches, and the evidence for specific programmes. We have also explored the evidence concerning delivery and shown, for example, that more is not always better: different types of interventions seem to produce benefits in different ways with respect to amount, intensity and duration.

Building an evidence base

We have examined speech and language therapists' (SLTs') use of interventions and shown that a very large number of different approaches are used. This suggests that SLTs tend to create interventions to address individual children's needs and also create local programmes within a service rather than drawing on a smaller number of specific programmes. An implication of this project is the need for more studies of the effectiveness of programmes – many have indicative evidence from which to build an evidence base.

These studies are being used to generate a resource, probably web-based, that will assist practitioners and commissioners of services when they are considering interventions to use or commission. We are currently working with The Communication Trust (TCT), The Royal College of Speech and Language Therapists and I CAN to develop an appropriate version that will be user-friendly.

The resource will also be helpful to parents who are concerned to know what is available and the evidence for different approaches. This links to the Government's interest in developing evidence-based practice, as indicated by, for example, the recent Allen Report (2011) into early intervention. To be useful the resource must be kept up to date so our collaboration is additionally important as the BCRP finishes in March 2012 and a home for it will be needed.

"We ave explored effectiveness and cost effectiveness of interventions by reviewing research litertaure concerning activities, principles and approaches and the evidence for specific programmes"

Detailed analysis

We have undertaken a detailed analysis of Department of Education national data to examine the prevalence of SLCN and ASD, changes in prevalence over time, and the nature of changes in pupils' primary special educational needs. For example, some children move from School Action Plus to having a statement of special educational needs for SLCN, but in other cases pupils' primary special educational need changes from SLCN to ASD, moderate learning difficulties, behavioural emotional and social difficulties or another primary need. Changes also occur for pupils initially identified with ASD.

We have explored parents' preferred outcomes for their children, finding a strong preference for independence, staying safe and improving communication, as well as, and indeed more strongly desired, than academic attainment.

We have explored the usefulness of teacher assessments of five-year-old children's language and literacy as part of a system of early identification. We have also examined the relationship between communication difficulties and behavioural difficulties among young people with SLCN in mainstream secondary schools and a clinical sample of children attending a tertiary level assessment centre.

Two other studies currently underway concern children who stammer and the development of a tool to identify communication supporting classrooms. The stammering project will explore the progress of children receiving an intervention. The other study has developed a checklist, which we have shown to be reliable. We are now exploring its usefulness as an aid for Key Stage 1 and early years settings.

The final phase

We are now in our final phase. We are pulling together the different strands and interactions between projects to identify main themes and the evidence from different projects that address these. For example, the cost effectiveness study will draw upon the data from the prospective study. These main themes will form the basis of the outputs from the BCRP, which will be made available after we end in March 2012. In the meantime the Department of Education is publishing our second interim report and one technical report. For information of these and other aspects of the BCRP visit: www.warwick.ac.uk/go/bettercommunication

Professor Geoff Lindsay
University of Warwick
Email: Geoff.lindsay@warwick.ac.uk

The Better Communication Action Plan pathfinder sites

Sixteen commissioning pathfinder projects were established as part of the Better Communication Action Plan. The pathfinders represented a range of geographical locations and demographic factors as well as emphasis on different elements of SLCN and the phases of the commissioning cycle. The pathfinder projects were initially intended to run from September 2009 to March 2011; however, they were curtailed by the spending review and funding ceased in August 2010. Table one outlines the full list of the 16 projects and their areas of focus. A number of the pathfinder areas went on to complete their original projects. Some of these have summarised their learning in poster presentations. The key points from each of these are presented here along with contact details for further information.

Table one: The 16 commissioning pathfinders and their aims (DCSF, 2009)[1]

Pathfinder	Outline
Devon	How do commissioners develop and implement an effective market strategy based on a comprehensive local needs assessment?
Hackney	How can we best measure the outcomes delivered by our SLCN providers?
Hartlepool	How do commissioners achieve consensus in allocating resources and shaping a market to improve services?
Hertfordshire	How do commissioners develop effective and sustainable approaches to market shaping?
Hounslow	How do commissioned services best meet the needs of all children with SLCN?
Lambeth	How do we commission services for children with social language skill difficulties?
London Specialised Commissioning Group	How are services for high cost, low volume needs best commissioned?
North Lincolnshire	How would a joint commissioning framework for SLCN work in rural areas?
North Tyneside	How do commissioners achieve overall system alignment for children and young people regarding speech, language and communication?
Oxfordshire	How do we identify the communication needs of young people who are known to the youth justice system?
Plymouth	How can commissioners make sure services for children with specific language impairment are effective?
Southampton	How are children, parents, providers and other key stakeholders, including schools, engaged together in the delivery of services?
Trafford	How do we measure and assess outcomes?
Walsall	What is the most effective and efficient approach to providing the full pathway of services for vulnerable 11-19 year olds?
Warwickshire	How can we drive the development of all-round better communication in secondary schools?
Worcestershire	How can commissioners make sure children with specific language impairments are identified early and supported well?

Note

1 http://webarchive.nationalarchives.gov.uk/20100202100434/http://www.dcsf.gov.uk/slcnaction/pathfinders.shtml

Hounslow Pathfinder

Top recommendations for SLCN commissioners/ providers. There must be:

- Effective commissioning aimed at universal and targeted as well as specialist levels.
- Multi-agency decisions involving leaders at the highest levels.
- Certainty about roles and responsibilities for SLCN delivery.
- Routine consideration of SLC in any decision making for children and young people.
- Skilling-up of professional workforce re: SLCN awareness/inclusion.
- Better engagement of parents/carers and children/ young people – more likely to reduce costly tribunals and out-of-borough placements.
- SLCN initiatives introduced first in settings with the most enthusiasm rather than the most need – use that success to attract others.
- A good variety of SLC input on offer – not all commissioners/ settings will see the issues in the same way.
- A 'public face' for providers to reach out proactively to service users, develop services with them and handle feedback promptly and effectively.

Pathfinder Project and Hounslow SLCN Videos: www.hounslow.gov.uk/speech_and_language

Pathfinder Hounslow SLCN needs analysis data from extended schools clusters: www.hlcd.co.uk

Children's Integrated Speech and Language Therapy Service for Hackney and the City

- Hackney's Commissioning Pathfinder focused on phase three of the Commissioning Cycle: improving performance, monitoring and evaluation.
- An action-research approach was adopted to answer our central question: what tools can be used to measure the outcomes delivered by the whole speech and language therapy service and how can they be best reported to our multiple commissioners?
- Researching theoretical models established a framework with which to define our service and to articulate, organise and collate outcome measures.
- Stakeholder engagement and wider consultation developed our understanding of existing systems. Services focused on measuring output rather than impact.
- All packages of intervention that we provide were carefully defined. Hackney Packages Outcome Document (H-POD) was created to collect and collate output and outcome data.
- Measuring Outcomes Across Time (MOAT) was developed to measure improvements in communication and associated areas, for example, behaviour.
- Partners in health and education are sharing their data to allow holistic methods to track progress of children and young people over time.
- We believe a basket of measures is needed for effective evaluation and functional reporting.

Annabelle Burns and Nabiah Sohail
Email: Annabelle.burns@chpct.nhs.uk

Plymouth Pathfinder Project – Hello Plymouth

Our vision:

- Promoting positive communication environments.
- For every child.
- From pre-birth to teens.
- Building up knowledge, skills and effective interactions of teachers, practitioners, parents and other professionals.
- In Plymouth we have a commitment to collaboration and co-ownership so that all our children can achieve their communication potential.

Action

- Clear, simple, shared messages.
- Communicated by all professionals in all agencies.
- To everyone they meet and work with.
- Cross-fertilisation between each project, course and group across Plymouth: nothing done in isolation.

Examples

- National Year of Communication events run by 15 agencies, coordinated by SLTs.
- 27 settings gained I CAN Early Talk accreditation, one Primary Talk, one Secondary Talk.
- Plymouth Early Years Foundation Stage Profile data shows impact. Over four years, children gaining six points or more in communication, language and literacy rose each year.
- More than 240 practitioners gained Elklan Open College Network accreditation in four years.

Alice Thornton
Email: alice.thornton@plymouth.gov.uk

Southampton Pathfinder

- Whole systems coordinated commissioning approach, based on an interdependent joint commissioning strategy.
  - Every Child a Talker embedded across every early years setting and a third of reception classes by March 2012.
  - Training of all relevant staff in use of the measure and provision of language-rich environments in settings and the home.
  - Targeted delivery through an integrated service model. Speech and language therapists will deliver assessment, group and clinic activity within children's centres.
  - Therapists will provide children's centres' staff with the tools, consultation and advice to reduce the need for specialist intervention.
  - Further consultation to develop an integrated service model with schools, utilising health and education staff and clinicians.
  - Speech, language and communication (SLC) services for children with complex needs integrated through a combined service for children with disabilities; linking health, education and social care.
- Continue the 'You said We did' feedback with parents.
- Oversight of speech, language and communication commissioning undertaken by an inter-agency group and chaired by the head of SLC services.

Sue Boniface
Email: sue.boniface@southampton.gov.uk

Trafford Pathfinder

Outcomes from the commissioning pathfinder:

- Needs assessment – as a result of mapping Early Years Foundation Stage scores and looking where in Trafford needs were highest, a clinic was established in a high need area.
- Service review – as a result of the pathfinder, this process was very data driven. We worked together to establish product maps and a prioritisation grid.
- Commissioning for impact – commissioning services that had the most positive impact on children and young people, and commissioning less of the low impact services. This has also led to investment into the service to fill 'gaps' such as the youth offending service.
- Care aims outcome pilot – analysis of pilot information clearly demonstrates key differences in outcomes and begins to pose some searching questions for service leads. The next challenge is to embed this approach and ensure data is not just collated but used in decision making.

Nadine Arditti and Joanne Gibson
Email: Nadine.Arditti @trafford.nhs.uk or Joanne.Gibson@trafford.nhs.uk

Embedding speech, language and communication through workforce development

The Communication Trust is a not for profit coalition aiming to improve outcomes for children with speech, language and communication needs (SLCN). The Communication Trust is funded by the Department for Education and other funders, and was founded by BT, Afasic, the Council for Disabled Children and I CAN.

The Trust is made up of a small core team with over 40 voluntary and community groups who form the Trust Communication Consortium. In addition, the Trust is supported by an advisory panel made up of a number of representatives of the children's workforce, including the Royal College of Speech and Language Therapists.

The purpose of the Trust is to raise awareness of the importance of speech, language and communication across the children's workforce and enable practitioners to access the best training and expertise to support all children's communication needs. This article describes three key activities the Trust has undertaken since its inception to help embed speech, language and communication in workforce development across the children's workforce:

- Developing the Speech, Language and Communication Framework (SLCF).
- Developing units of qualification for the national Qualifications and Credits Framework.
- Ensuring these units are embedded within both initial training and continuing professional development (CPD) qualifications.

Background

Clearly, the vital importance of speech, language and communication for all children and young people has been well understood by many groups for a considerable time. However, through the work of many organisations and activities such as the Bercow Review (2008), it is only recently that this area has been recognised within policy and the wider world.

Simultaneously, policies including the Children's Workforce Strategy were highlighting the urgent need for a more skilled, confident and flexible children's workforce. These two areas of policy focus have provided opportunities for us to develop approaches to support workforce development, across the children's workforce, increasing skills and knowledge about children's speech, language and communication.

Skills and knowledge

We initially developed the SLCF, which sets out the skills and knowledge needed by the children's workforce at four key stages, from universal, through enhanced, specialist and extension. This tool enables effective mapping of workforce development for individuals, settings and services as well as training providers, and looks to collate existing training opportunities for practitioners across the country.

It has been developed into an online tool and can provide a route through to training and CPD. Here, practitioners can complete a self-evaluation of their current level of confidence and be signposted to training and CPD opportunities that may help them to develop skills and knowledge in the areas they need most. So far, more than 7,000 practitioners have completed the SLCF online. Many practitioners and managers see the SLCF as a useful tool. However, truly embedding these skills can be achieved more effectively through nationally-recognised qualifications.

Developing units of qualification

Using skills and knowledge from the SLCF as a basis, the Trust developed six, level 3 units, which were accepted onto the Qualifications and Credits Framework:

- Support speech, language and communication development.
- Support children and young people's speech, language and communication skills.
- Support positive practice with children and young people with speech, language and communication needs (SLCN).
- Work with parents, families and carers to support their children's speech, language and communication development.
- Understand the SLCN of children and young people with behavioural, social and emotional difficulties.
- Support the speech, language and communication development of children who are learning more than one language.

Embedding units in qualifications

The children's workforce diploma was introduced in September 2010 as the new initial training qualification for members of the children's workforce. The Communication Trust was invited to submit another unit specifically for learners following the early years pathway and this unit 'Support children's speech, language and communication'

(code EYMP5) is now a mandatory four-credit unit for all learners following this pathway – estimated as 10,000 learners by 2015. Our other units are also available within an optional bank for all learners on the children's workforce diploma, which include Early Years, Learning Development and Support Services, and Children's Social Care Pathways.

Following this, the Trust has been working closely with City and Guilds to develop a stand alone level 3 CPD award. This provides learners with an opportunity to gain a nationally-recognised qualification in speech, language and communication by completing two mandatory and one optional unit. We are delighted that the City and Guilds award 4337 'Support Children and young people's speech, language and communication' launched on 1 October 2011, offering opportunities for practitioners from across the children's workforce to gain national accreditation for their learning in speech, language and communication.

To support providers to offer EYMP5 and the Award, the Communication Trust has also developed supportive materials for tutors and learners, covering each of the seven units on the Qualifications and Credit Framework (QCF).

Evidence base

The I CAN Talk Paper – 'Speech, Language and Communication and the Children's Workforce' (Morgan, 2008), draws together the current information and evidence in the area and underpins the work of the Communication Trust. The paper highlights the importance of skilled practitioners with appropriate qualifications in the workforce in order to deliver improved outcomes for children and young people, particularly those with disabilities or special educational needs.

However, it also identifies that many key professional groups lacked the skills and knowledge to support children's communication development, and identify and effectively support children and young people with SLCN. The paper also highlights that while there were many initiatives being developed and delivered, there is a lack of cohesion leading to a somewhat fragmented picture for practitioners, employers and training providers alike.

Stakeholder engagement

The work of The Communication Trust has been developed in a collaborative and multidisciplinary way, drawing together skills and expertise from the voluntary and statutory sectors, with support from academic partners and those with expertise in qualification development and roll out.

We continue to work with decision makers, both proactively and in response to government consultations to provide information, evidence and support for prioritising workforce development and qualifications in the area of speech, language and communication for everyone working with children and young people.

Outcomes

The SLCF will continue to be developed and evaluated. In addition, we have outcome measurement plans to capture qualitative and quantitative data both about the impact of the qualifications and the use of the materials we have developed to support them.

Next steps

We are developing ways to support training providers to offer the level 3 award, including models and approaches to delivery and assessment. A key next step is in publicising the award and how it can be used to best effect for practitioners, employers and training providers, with the ultimate goal of embedding speech, language and communication clearly within initial training and CPD across the children's workforce.

Lisa Morgan
Professional Director, The Communication Trust
Email for correspondence: Eve Wagg, Programme Manager: ewagg@thecommunicationtrust.org.uk

Stoke Speaks Out:
A city-wide approach to tackling language delay

Background

Stoke Speaks Out is a multi-agency approach to tackle the high incidence of language difficulties identified in children across Stoke on Trent. It is an initiative born out of evidence gathered through local Sure Start programmes from 2000 onwards. The North Staffordshire Speech and Language Therapy Department carried out audits for each local Sure Start area, assessing children from the age of three years six months up to the age of four years in their first term attending maintained nurseries.

They used standardised assessments: Reynell Developmental Language Scales 3 (Edwards et al, 1997) and the Renfrew Word Finding Picture Test (Renfrew and Mitchell, 1997). The first audit in 2001 found 69% of children presented with significant delays. Further audits, conducted as each new local Sure Start programme was set up, found that, on average, 64% of children across the city presented with a language delay on entry to nursery. The results were shared with strategic managers across agencies who agreed that this was a city priority and that a joint strategy was needed.

The strategy was branded 'Stoke Speaks Out' in 2004. It involved a wide range of agencies from the start to ensure consistent, high-quality, shared messages. It was multi-layered to ensure everyone shared the same vision regarding early attachment and communication development and the responsibility for delivering this vision.

The strategy was led by a multi-agency steering group, delivered by a multi-agency team, with a commitment from service providers to embed good practice into their work. The strategy's aims were three-fold:

- To up-skill and empower the workforce to be able to deliver consistent high-quality messages and support to children and their families.
- To ensure parents receive consistent high-quality messages about early attachment and communication development to help them to provide the best start in life for their children.
- To ensure children start school with well developed emotional and communication skills.

The strategy also linked into the Stoke on Trent Children's Plan and fed into 'implementing change' groups with links to the children's trust board.

Process

The strategy and programme have evolved since 2004 and evidence at every stage has informed subsequent practice. Initially, the priority was to establish a baseline of need, identify what key messages and skills were needed to address the issues, develop training and resources, and evaluate their effectiveness. The steering group's role was to ensure all evidence and learning from the programme informed the city's plans and influenced wider strategy.

The operational team came from a range of agencies including health, education and the voluntary sector. They gathered evidence of need and mapped out provision of services and training across the city. They also identified gaps in knowledge and confidence and wrote a training framework to address these. As the programme progressed it has developed to embed good practice across the children's workforce and ensure key messages are shared and delivered consistently by everybody at every opportunity.

The training leads to a 'communication friendly' award that is a quality award for settings who can demonstrate the learning has impacted on practice. This level requires gathering of evidence, references and accolades from service users, as well as moderation by a multi-agency team.

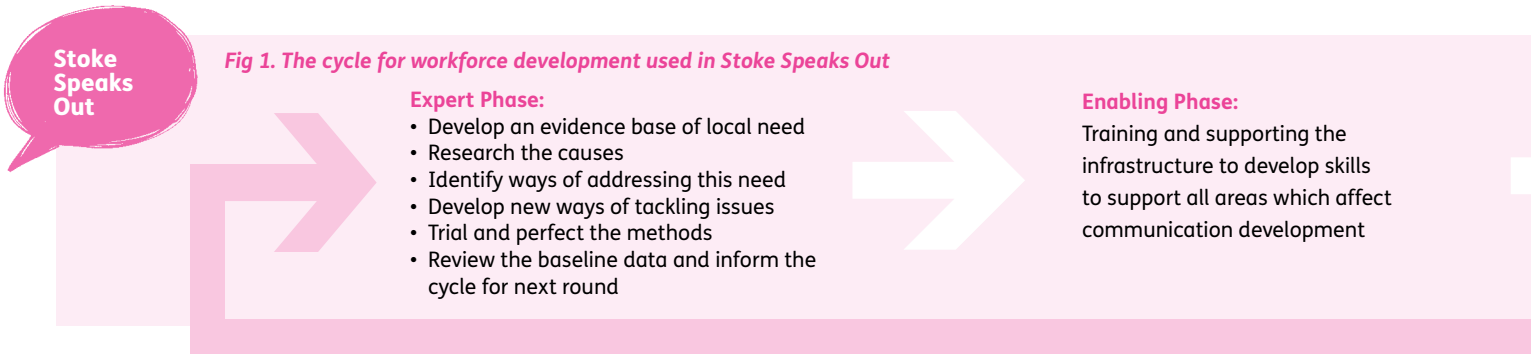


Fig 1. The cycle for workforce development used in Stoke Speaks Out

Evidence base

The incidence of speech and language difficulties is estimated at 10-15% of children (ICAN, 2006; Law et al, 2002). In Stoke on Trent in 2004, 64% of children were identified with significant language delay by the age of four years. The programme aimed to support these children and their families to reduce the incidence of language delay and bring it in line with national statistics. This is a long-term plan involving the whole Stoke on Trent community and is a step change in culture for the area.

The latest city-wide measure in 2010 shows an average of 48% delay across all children who took part and 39% delay in those who speak only English. Alongside this, foundation stage profile results have shown a gradual improvement in communication, language and literacy. Data from the Every Child a Talker National Strategy for children in 33 settings (2009/2010) across Stoke on Trent echoes the findings.

A staged pathway process has also been developed which supports practitioners to identify which children require early intervention and which children need referral to speech and language therapy. The impact has been monitored through an audit at the local health authority. This revealed that the quality of referrals has improved and that more has been done pre-referral for the children. It has also improved the appropriateness of the referrals.

Stakeholder engagement

To date, 4,500 practitioners have received training through the programme. The steering group and operations group has a wide membership from all agencies. Forty childminders have been through three levels of the programme and some of these are working towards the award level. Stoke on Trent City Council has created posts within the core service to embed the programme within mainstream provision as part of its drive to reduce inequalities and narrow the attainment gap.

Outcomes

The programme has created a culture in Stoke on Trent where 'communication is everybody's business'. It is high on many local agendas and is contributing to 'narrowing the gap'. The incidence of language delay on entry to nursery has reduced significantly. A quality-assured training framework has been delivered to over 4,000 practitioners, who have subsequently embedded good practice into their work. There are 36 quality-assured settings who have completed the communication friendly award and more who are taking part. It has brought agencies together for a shared vision and has gained a high profile locally and nationally.

Next steps

The programme is now part of the City Council's Quality Team in Learning services. The lead is seconded from speech and language therapy working jointly with education to ensure communication and all the messages of Stoke Speaks Out are embedded within people's mainstream roles. Communication continues to be a priority for the City of Stoke on Trent.

Janet Cooper
Early Language and Communication Programme Manager
Email: janet.cooper@stoke.gov.uk

Key learning

• **Communication is everybody's business**
It is only by agencies working together that we can create positive change for children's development and improve their life chances. Our work shows that by sharing the responsibility, children's language skills can improve dramatically.

• **Lack of workforce confidence and knowledge affects services to children**
Our initial surveys and ongoing discussion with practitioners reveal there are many gaps in workforce knowledge, particularly around child development and language acquisition. This leads to practitioners feeling a lack of confidence and a reliance on 'specialists'.

• **Speech and language difficulties continue to be a priority area for services to children in Stoke on Trent**
Since the onset of the programme the incidence of speech and language delay in the population at the age of three-and-a-half to four years has fallen from 64% to 39%. This is still a major issue for children across Stoke on Trent and work needs to continue to sustain improvement. The fall in the incidence of speech and language delay tallies with improvements in early years' foundation stage profile scores.

Embedding Phase:
Building the capacity and expertise within agencies to continue to support and address the local need

Empowering Phase:
Sharing the expertise beyond the city and ensuring the ongoing work is self sustaining

Nottinghamshire's Language for Life Strategy

Background

Nottinghamshire's Language for Life Strategy aims to develop an inclusive multi-agency approach for children aged from birth to seven years of age, and to build on collaborative practice developed through a decade of Sure Start, children's centre, local authority and NHS joint working. It aims to respond to the government's Better Communication Action Plan (DCSF, 2008) and to ensure the sustainability of the Every Child a Talker programme. The strategy supports 'closing the gap' and attainment agendas and was recently incorporated within Nottinghamshire's Early Intervention Strategy. Our vision, "To work collaboratively to give all children the chance to develop their language and communication skills, so they can achieve their best educationally and contribute positively to their community."

Process

A steering group includes representatives from the whole early years sector.

The key strands of work are:

- **Children's centres speech and language therapy service:** commissioned by the local authority, from the local NHS speech and language therapy service to work with families and practitioners of children under five years of age, to achieve: workforce development; early identification and intervention; improved parental confidence and effectiveness in supporting their child's language development; language enrichment; and development of resources.
- **NHS speech and language therapy service:** working in a joined-up way with the children's centres' speech and language therapy service to ensure seamless support for young children across universal, targeted and specialist services.
- **Workforce development:** to enable practitioners to fulfil competencies at the universal and enhanced levels of the Speech, Language and Communication Framework (Communication Trust, 2008). Children's workers with additional Home Talk (in children's centres) and/or language lead role responsibilities, now form part of the early years workforce. They are supported through ongoing mentoring from children's centre speech and language therapists (SLTs), through networks and peer buddying.
- **The two-year language screen and support services:** Following training and mentoring by children's centres SLTs, the health visiting team undertake a locally-developed language screen with parents as part of the Healthy Child Programme's two-year check:
  - All parents are talked through a leaflet, at the most appropriate level to support their child's language.
  - If the child's language is moderately delayed, the health visiting team can refer to the Home Talk worker, who offers a six-week home visiting programme to support parents to develop language-rich environments for their child, and develop their confidence to access other community services.
  - If the child's language is significantly delayed, they can refer to the NHS speech and language therapy service or, if the family have a history of not opting into services, the children's centre's SLT can visit the family and provide support using a home-based package.
- **Talking Together Campaign:** By providing resources and training, the whole Early Years workforce contributes to sharing language development messages with parents and communities. From pre-birth classes onwards, key messages are shared that are appropriate to the child's stage of development.
- **Signs and Symbols for All:** Nottinghamshire operates an inclusive approach to the use of signs and symbols, so that they are used with all children to support their oral and written language development.

Evidence base

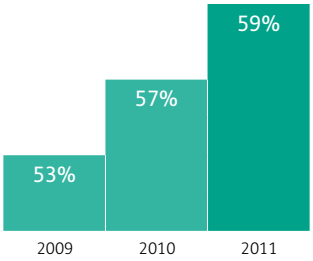
The speech and language therapy contract for children's centres is outcome-based so every activity is evaluated qualitatively and, where possible, quantitatively, using standardised measures. The Language for Life Steering Group also draws together evidence from other services. Figures one, two and three show outcomes based on nationally reported data sets.

Two-year language screen:

- Health visiting teams are reaching 82% of all two-year-olds.
- The screen is identifying approximately 18% of children in need of support from either speech and language therapy (approximately 4%) or Home Talk (approximately 14%).

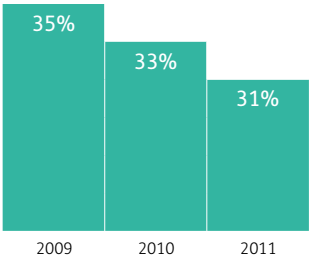
Home Talk:

A small-scale service evaluation is currently taking place involving 16 families at six different children's centres. Standardised parental questionnaires are used by a research SLT before the programme, at the end of the programme and four months later. Preliminary findings immediately after the end of the programme show the following promising results (table one).



Percentage achieving 6+

Figure one: *Early Years Foundation Stage Profile (EYFSP) three-year trend: Communication, Language, and Literacy (CLL) – percentage achieving a good level of development*



Gap between lowest 20% and median

Figure two: *Closing the gap between the lowest achieving 20% and the median – three-year trend: CLL*

Percentage of total referrals

Figure three: *Referral trends to NHS SLT service: Within a relatively constant referral rate, earlier, rather than later identification is being achieved*

Key: 4+yrs 3-4yrs 2-3yrs 0-1yr

Table one: Preliminary findings immediately after the end of the programme

Measure	Before programme	After Programme
Parents who report being worried about their child's language development	80% (12/16)	25% (4/16)
Children with vocabulary in the "low range" (25th percentile)	75% (12/16)	37.5% (6/16)
Children with impaired vocabulary development (15th percentile)	56% (9/16)	25% (4/16)
Parents who report clinically significant levels of parenting stress	56%	37.5%

Children's centre SLT follow up of 'non-opt ins'

A sample of 40 children showed that:

- **52%** of the children whose parents had not phoned to make an appointment to see the NHS SLT as requested needed and accepted support from the children's centres SLT at home.
- **9%** were referred for children's centre family support services.
- **13%** could not be contacted, but discussion with health visitor took place.
- **22%** of the parents felt no help was needed, which is why they didn't opt-in.

This underlines the need to ensure that services are made accessible to all families.

Stakeholder engagement

All stakeholders are represented on the steering group. Children, family and practitioner views are sought regularly through questionnaires, focus groups and parent forums.

Next steps

- Maintain the children's centres SLT contract and training programmes.
- Develop training for Key Stage 1 practitioners.
- Maintain the current drive to have an active language lead in all early years settings and seek to embed as part of setting quality.
- Embed Nottinghamshire's Language Lead Accreditation Programme, working with the Communication Trust and Vision West Notts College, to include the National Level 3 Award in Supporting Speech Language and Communication in addition to local quality criteria.
- Continue to extend the reach of the two to two-and-a-half year Healthy Child Programme developmental check.
- Establish a Language for Life Strategy for children and young people aged eight to 19 years.

Key learning

- Local NHS speech and language therapy services, commissioned by local authorities to work at universal and targeted levels within children's centres, are a cost-effective part of the early years workforce skill mix.
- Local authority and NHS commissioners need to work together, to commission universal, targeted and specialist speech, language and communication needs (SLCN) services that support children with transient as well as long-term difficulties.
- A multi-agency steering group that drives the language agenda is essential to ensure consistent messages and developments, and enable support at the highest strategic level.

Jane Young, Karen Sprigg, David McDonald, Sue Heaven, Jane Moore
Nottinghamshire LA and Nottinghamshire Healthcare County Health Partnerships
Email: jane.young@nottshc-chp.nhs.uk

From silos to networks:
Building integrated speech and language therapy services

Background

The journey of service development began in 2002. Hackney was then identified as the second poorest local authority in England. Children at school entry had very low levels of achievement. This continued right through with low achievement at Key Stage 1 and 2 as well as GCSE. Hackney had (and has) a young and growing population.

There were two speech and language therapy services, one in health and one in education. As a result there was a degree of 'silo' working. This led to inefficiency, with doubling up as well as gaps. There were long waiting lists, and at one point the speech and language therapy service received the highest number of complaints of any department. Children over five years of age without a statement of special educational need simply did not receive a service.

The primary care trust (PCT) had just been formed and the education function of the local authority was devolved to a not-for-profit organisation, The Learning Trust. Nationally, Every Child Matters had yet to be launched, although indicators suggested a move to ensure that all provision for children and young people was delivered in an integrated way, as close to home and community as possible. Inclusive education was growing and children with more complex needs were increasingly attending mainstream schools.

Process

Speech and language therapy attracted the commissioners' attention because of the large number of complaints received and the threat of legal challenge over the children excluded from the service. The complaints were about access, not quality.

A team from City University carried out an independent review of provision for all children with speech, language and communication needs (SLCN) across the borough (Law, Gascoigne and Garrett, 2003). In response, strategic managers from both health and education agreed to overcome organisational barriers to:

- Create one service across the two organisations with a single service lead reporting in both.
- Establish a virtual pooled budget.
- Encourage 'dual citizenship' across health and education, for example, all staff had badges for both organisations, the service had bases in both in health and education premises.
- Give staff a choice of contract (health or education).

Stage 1 (2003 – 2005) involved a process of enormous change. The service moved from 'traditional' groupings around specialisms to geographical locality skill mixed teams. This was to enhance strong local relationships, ease transitions, reduce travel time and create new lines of communication.

A main aim was to work with child and family in the environment most suitable to meet their needs. This was likely to be school, home or children's centre rather than a clinic. Traditional clinics were essentially closed.

A new link therapist model was launched in primary schools with all schools being allocated speech and language therapy time according to a formula. The focus was on holistic, curriculum-based models with a significant offer of training.

The early years offer was via children's centres, with an emphasis on prevention. Drop in assessment clinics, 'Talking Walk-ins', were launched. Children were assessed and then able to go directly into a group or individual intervention without waiting.

In Stage 2 (2005 – 2008) we were aware that the secondary service was still an area of weakness. We took the meagre resources for secondary-age young people and instead of spreading them thinly, launched a 'pilot' to test a model for working effectively with this age group. There was an element of risk taking – using maternity savings (and stretching other roles), to provide a core offer. This engaged the secondary schools in different ways of working. Before the pilot had finished, secondary schools had started commissioning speech and language therapy services directly.

In Stage 3 (2008 to present) the service has continued to develop and has significant income from direct commissions both from primary and secondary schools, as well as from health, SEN services and children's centres.

Evidence base

Our overall service model evolved 'ahead of the curve', based on emerging policy and guidance, drawing on theoretical models from business, management and politics, with clinical content grounded in the clinical evidence base.

For example, the model in Hackney was both influenced by and influenced the development of the RCSLT Position Paper 'Supporting Children with SLCN within integrated children's services' (Gascoigne, 2006), and has continued to influence the service level evidence base as part of the Bercow Review and Better Communication Action Plan (DCSF, 2008). As one of the Bercow SLCN Pathfinder projects we have been developing outcome measures that will further add to the evidence base.

Stakeholder engagement

User involvement is a key priority for our service. Engaging with our economically and ethnically diverse population in constructive and meaningful ways is an ongoing challenge for us. We have a commitment to audit all of our intervention and assessment packages on a regular basis. This includes gathering the viewpoints of children and young people, parents and other stakeholders such as teachers and learning support assistants. As part of our overall service development we have engaged the views of stakeholders on wider issues, such as the outcomes that they expect as a result of our input. These views have informed our interventions, service planning and delivery.

Outcomes

Our service is highly regarded, as demonstrated by the fact that more than 15% of our overall budget now comes from direct commissions from schools, academies, nurseries and pupil referral units. Waiting lists have been eliminated and 99% of new referrals are seen within a five-week deadline. We routinely get very positive feedback in customer satisfaction surveys. We have a stable and motivated staff team with excellent recruitment and retention.

Next steps

To face the challenges of the current and future climate we need to become leaner and more efficient without losing our focus. We need to be more market savvy and develop greater business skills.

The Hackney Outcomes Project, stemming from our work as a Bercow SLCN Pathfinder, has enabled us to focus on the next phase of our plan: measuring outcomes and using data to review and evaluate our services in an informed manner. The project has emphasised the importance of defining our aims and objectives, as well as the packages of intervention and assessment that we offer across the spectrum of need. We have developed a system for recording the output and process measures that our commissioners require (face-to-face contacts, waiting times) as well as performance indicators (for example, therapy targets met) and wider outcomes (for example, our Measuring Outcomes Over Time (MOAT) tool). These measures are being collated using interactive spread sheets and our Hackney Packages Outcomes Document (H-POD).

With a clearly defined service and a system for collecting and collating a wide range of outcome measures, we are well equipped to audit our service to ensure we are working in the best ways possible. The Hackney Outcomes Project continues to respond to the changing nature and requirements of our commissioners.

Key learning

- **Change takes time**
  Stay determined, positive and focused with a well-defined direction, yet be flexible and responsive.
- **Raise your profile**
  Network. Highlight successes locally, ensure representation in meetings, get information out there, and get to know your commissioners.
- **Understand local and national drivers and forthcoming policy**
  Get ahead of the game and be willing to think 'outside the box'.

Sally Shaw, Annabelle Burns, Stephen Parsons
Children's Integrated Speech and Language Therapy Service for Hackney and The City: working across Homerton University Hospital and The Learning Trust
Email: sally.shaw@chpct.nhs.uk

Establishing a joint commissioning framework for speech and language therapy in North Lincolnshire

The journey begins

In 2009, North Lincolnshire was selected to be a commissioning pathfinder as part of the Better Communication Action Plan following the Bercow Report (2008). The pathfinder had a particular focus on developing a joint commissioning framework for services for children with speech, language and communication needs (SLCN) in rural areas.

Table one chronicles key events in the development of services in North Lincolnshire since 2000. It shows how initiatives such as Sure Start and the Behaviour Improvement Programme not only led to the expansion of speech and language therapy services, but also stimulated other sorts of joint working.

The following have emerged as key elements in the journey towards joint commissioning:

A shared commitment to developing the skills of the workforce

The BTec advanced certificate in speech and language therapy has been running in North Lincolnshire since 2003. With over 100 workers now trained, it has made a significant contribution to the knowledge and calibre of support staff working in schools and early years settings. Other training, including mandatory 'communication awareness' for children's centre staff and continuing professional development for teachers, has also had an impact on knowledge and skills locally.

Integration of services wherever possible

Integrating services has helped to achieve a greater level of efficiency in how parallel resources are used. We have found that integrated care pathways have helped ensure that families are offered the right support, by the right person, at the right time.

A willingness to develop shared resources and tools

North Lincolnshire has invested in developing the following resources that are now integral to service delivery:

- Toolkit for schools: designed to enable schools to support children with low level SLCN without SLT involvement.
- Communicative Aspects of Learning and Life (CALL): a social skills programme devised by speech and language therapy but run by school staff.
- Communication and Interaction Charter Mark (CICM): a locally developed quality award for settings achieving excellence in developing and supporting children's communication skills.
- Augmentative and alternative communication (AAC) service partnership with ACE Centre Oldham – involving commissioners and providers across agencies, this provides an effective and practical response to the difficulties of funding communication aids and services.

Year	How we moved forward
2000	Started to receive Sure Start funding.
2001	Launched BTec Advanced Certificate in Speech and Language Therapy for support workers.
2002	Children with statements of Special Educational Need (SEN) seen in school rather than clinics.
2004	Joint clinics with health visitors to maximise early identification and intervention. New screening test rolled out.
2006	Consultant/trainer for Early Years Children's workforce (qualified SLT) employed by local authority.
2007	SLT post established in the Behavioural Support Team SLT outreach from our 'Specialist College for Communication and Interaction' begins. Joint approach to assessment and provision of AAC.
2008	Schools trained up to deliver a locally developed social skills programme.
2009	All children seen in school, regardless of SEN status. Increase in home visiting for pre-school children to access 'hard to reach'.
2010	Communication and Interaction Charter Mark launched.

Table one: The North Lincolnshire Journey

Listening to parents and children

Feedback from parents and children has been a powerful stimulus for change. We have a user involvement policy for the speech and language therapy service. This shows how user involvement threads through all the department's activities, from delivering individual care to planning service developments.

Going the extra mile to engage with 'hard to reach' families

This is a familiar challenge to all agencies but is critical if services are to be delivered to those most in need.

Giving thought to how to measure outcomes and impact

Clear ways of measuring outcome and impacts, to establish whether we are delivering effective interventions, are essential. We have used:

- Therapy Outcome Measures (TOMS) (Enderby and John, 2007) – but with greater emphasis on parents' ratings.
- Early Years Foundation Stage Profile scores which clearly demonstrate year on year improvement, particularly in the lowest 20%.
- Communication and Interaction Charter Mark, which has a raft of quality indicators.
- Every Child a Talker language measures which have shown significant improvements in language levels in some of the most deprived areas.

Moving towards joint commissioning

Becoming a Bercow pathfinder created additional impetus and capacity to focus on developing an integrated commissioning strategy. It highlighted the importance of:

- Establishing levels of need in relation to speech, language and communication difficulties, highlighting areas or populations within North Lincolnshire whose needs may be hidden.
- Nurturing an independent user group locally with a view to helping commissioners and parents communicate with each other directly. With the help of the charity Afasic we have run several Saturday workshops, which provided training for parents in how to advocate, resulting in an independent local group.
- Recognising the competing demands on commissioners.

Although the funding for the Bercow pathfinder work was withdrawn part way through the life of the initiative, we have continued to build on the legacy of the project. A wide range of stakeholders have contributed to developing a shared vision, linked to cross agency priorities, for speech, language and communication for the children and young people of North Lincolnshire (0-19 yrs). This forms the basis of the joint strategy.

Working groups around specific age ranges have developed the strategy for achieving the vision. This includes what needs to be in place at the universal, targeted and specialist levels, and has common themes across the age range, such as communication friendly environments; a skilled workforce; universal messages; information and support for all parents in relation to speech and language development; early identification and signposting and access to appropriate targeted and specialist support when required.

Setting expected impacts and specific outcomes within these themes, and identifying the roles and responsibilities of all key partners, has led to a clearer service specification for speech and language therapy. This approach is consistent with the 'Balanced System' (Gascoigne, 2008; 2011).

Developing the strategy has nailed down the vision and secured commitment; put national policies into a local context; helped get an agreement about who does what; presented a united approach to all; put the onus on all agencies and services to move forward together; and given a reference point for commissioning and the effects of change.

The journey of joint commissioning and provision continues and in view of the new health and wellbeing boards we are currently building a strong relationship with our director of public health.

Vicky Whitfield
North Lincolnshire and Goole Hospitals NHS Foundation Trust
Email: vicky.whitfield@nhs.net

Key learning

- **Get close and stay close to those in positions of power and influence**
Without a decade of partnership working already behind us, it would have been difficult to create the interest, energy and commitment required to develop joint commissioning. Identifying and developing relationships with those who hold power and influence across local agencies is vital.

- **Involving all stakeholders, particularly service users, is key if you are to achieve a genuine partnership**
Using existing relationships built on previous work together has helped to draw others into the process, but it has also been important to seek out the involvement of parents, who historically have not been engaged in strategic planning. This has involved not just cultivating relationships with parents, but empowering them to speak out independently.

Birmingham Children's Community Speech and Language Therapy Service: Delivering effective outcomes through service redesign

Background

The Bercow Report (2008) recommended joint commissioning of services for children and young people with SLCN. In April 2010, counter to that recommendation, Birmingham Local Authority withdrew a longstanding service level agreement with the speech and language therapy service, resulting in a significant reduction in budget. This prompted very difficult discussions between health commissioners, the local authority and the speech and language therapy service about how to manage the shortfall.

The challenge for the professional clinical lead of community speech and language therapy servicing a large socially and culturally diverse population of children was to decide which children should no longer receive a service. Caseloads were of an unmanageable size, with no clear way of measuring demand and capacity or prioritising children.

The local authority representative felt that children with a statement of special educational need should be a priority; speech and language therapy staff held a range of views as to which children we should prioritise; the health commissioner thought we could manage the shortfall by improving the efficiency of processes, services and systems and developing skill mix.

There was a need to review the whole service, and this could not be done overnight. Eighteen months into the re-design, the process of change is still ongoing.

Process

The children's community speech and language therapy department is a large citywide service with a number of strengths, including clinical leads in key areas, a regular training programme, clear clinical guidelines, enthusiastic and committed staff, and a history of good working relationships with education partners.

However, there were a number of internal and external challenges to be tackled in redesigning the speech and language therapy service. These included inefficient systems and processes, inequalities of service delivery across the city, limited measurement of capacity and demand, unmanageable caseloads leading to dissatisfaction of staff and parents and lack of clarity regarding the speech and language therapist's (SLT's) role for all the children with SLCN in Birmingham. Although there were pockets of very good joint working practice, there was no citywide strategy for working in partnership with other services.

Following initial consultation with all staff, we developed core values, a vision, and key performance indicators for the whole service. This helped to set a framework for the process. Working parties were set up in the key areas of the service, led by clinical leads who fed back to a steering group. These developed action plans based on clinical evidence and consultations to improve efficiency, quality and partnership working.

The redesign aimed to reduce waiting times, improve flow through the system and cluster clinics to allow greater flexibility, better use of resources and consistency across the service. The schools' service worked in partnership with education support services, to develop support materials and strategies to assist the class staff to work with targeted children. In special schools, following consultations with parents and head teachers, the team developed a co-working agreement to clarify roles and responsibilities.

A citywide steering group, made up of practitioners from health and education with an interest in SLCN, had formed as a response to the Bercow Review, to map out what was happening in Birmingham. There were pockets of good training and support, but no citywide projects, and no permanent funding. The National Year of Communication (2011) provided a focus for moving things forward and a strategy was developed, describing a model of integrated working at universal, targeted and specialist levels, bringing together examples of good integrated practice across the city into a strategic framework. The model was presented to the children's trust board to request funding for universal and targeted training across the city.

Despite working more efficiently, equitably and in partnership with other services across the city, caseloads continued to be difficult to manage, and this led to an inability to provide timely, high-quality packages of care for those children who would really benefit. In order to reduce caseloads to a manageable size, the clinical lead for research developed a prioritisation tool (PH@B), in

consultation with key members of SLT staff. This is based on regional and national systems, and has been modified as a result of trials and discussion with a range of SLT staff and other professionals. Scoring is based on four key parameters; severity, impact/risk, benefit and support, with the last two factors being critical for effective outcomes. Training has been delivered to ensure consistency of scoring. Clearly-described packages of care have been developed alongside the prioritisation process and are being piloted. Outcomes will be measured based on these packages of care.

The evidence base that has supported and informed the service redesign has been from national and local clinical guidelines, benchmarking tools, local evidence regarding outcomes from specific projects and training packages already in place, and from consultations that have taken place throughout the process. Information on local demographics has informed the needs analysis.

Stakeholder engagement

Consultations have taken place throughout the process with individuals and groups including parents, SLT staff, neighbouring speech and language therapy services, the local authority, other health professionals and commissioners. All views have been included in some way in the service redesign, and when changes have been made the information has been communicated to stakeholders using a range of methods.

Outcomes

There is now a clearer vision of the core purpose of the service, with more consistent clinical decision making, and a greater sense of 'team'. Caseloads are becoming more manageable. There is a system for profiling caseloads, and responding more flexibly to need. There is a greater understanding by other services of the unique role of speech and language therapy with those children with specific SLCN, and the benefit of working in partnership to achieve positive outcomes for all children with SLCN in Birmingham.

There is an emerging citywide strategy for all children with SLCN, with a plan for developing the early years and education workforce through a programme of training at universal level, and support packages for staff working with children with identified needs.

Next steps

The redesign has been ongoing for 18 months, and there is still a long way to go. New systems and processes need to be embedded; further work needs to be done on the prioritisation tool to ensure ongoing reliability. Health commissioners will need to agree the next level of prioritisation, and how we communicate these decisions to patients. Packages of care need to be finalised and shared with key stakeholders. Paper and web-based information will be developed for parents and other professionals so that there is a clear understanding of what the service offers. Consultation will continue to inform the process.

The National Year of Communication has raised the public's awareness of the impact of SLCN, but this needs to be sustained past 2011. The citywide strategy group planned a conference in November 2011 to celebrate the National Year and highlight the positive contribution that Birmingham is making to children with SLCN.

Gill Williams
Professional Clinical Lead Speech and Language Therapy
Birmingham Community Healthcare NHS Trust
Email: gillian.williams@bhamcommunity.nhs.uk

Key learning

- Service redesign needs to be clinically led and managerially supported.
- Consultation and collaboration are vital when leading change.
- Work in partnership with others to clarify roles and responsibilities for working with children with speech, language and communication needs (SLCN).

Delivering cost-effective quality services:

A model of joint provision in Sheffield

Background

Much of the content of the Bercow Report (2008) applied to services in Sheffield. Schools were increasingly recognising the importance of language and at the same time reporting increasing levels of language poverty in children at school entrance. Specialist speech and language therapy services were well established, but there was a lack of clarity concerning which professions were best placed to respond to schools' need for support around providing language rich environments for all children, and targeted interventions for vulnerable (non-referred) children.

With caseloads of 2,000 and around 10 therapists working in mainstream schools, therapists were feeling frustrated that children's needs were not being met. We struggled to engage schools in committing time to carry out language programmes and spent a lot of time 'reviewing' children who had received no input since the previous assessment. We had developed a comprehensive training strategy, but while feedback from training was always very positive, we queried whether practice changed as a result.

Process

In 2009, the director of children's services identified language and communication as her key priority and 'Every Sheffield Child Articulate and Literate by 11' (ESCAL), was established. This umbrella strategy had the remit of recognising and sharing good practice, identifying gaps in service provision and bringing together the large number of partners who are involved in supporting language development at all levels from birth to 11 years of age.

Through ESCAL, a range of partners used the 'triangle of need' (figure one) to develop the wave model of intervention, allowing us to clarify terminology and roles, and identify gaps in current services. This triangle model is used in schools across the country to describe provision for literacy, numeracy and social/emotional needs, and is beginning to be used more widely to describe provision for SLCN. It is similar (but not identical to) the universal/targeted/specialist models described in the RCSLT position paper (Gascoigne, 2006).

Sheffield already had well-established services at Wave 3 for children with specific language impairment (SLI) and reception-age children with phonological difficulties. These included a training programme for staff working with SLI children. There were, however, significant gaps in provision at Wave 2. Traditionally, the speech and language therapy caseload has been thought to fall into Wave 3, but many of the children referred to the caseload with language needs fitted into Wave 2, alongside many other vulnerable children not actually referred to the service.

The speech and language therapy service had already begun to look at why schools seemed more committed to literacy than language interventions. One of the reasons for this was found to be the nature of the interventions.

The literacy interventions were often specific, structured programmes, with a start and end point, targeting groups of children. Teaching staff who attended training were then able to carry out the interventions independently. In contrast, the language programmes were often individualised, focusing around ideas and suggestions rather than a set package – more flexible but less clear. We had therefore begun to develop three 'Wave 2' language intervention packages targeting early language nurturing, vocabulary improvement and narrative skills. ESCAL funded the development of the training packages for these interventions, which then rolled out across the city.

The first trainings ran in October 2010, attended by staff from 36 schools, which are now able to run Wave 2 interventions without further input from the speech and language therapy service. Speech and language therapy has a key role in enabling other professionals to provide input at this level through training and resource development.

Wave 1 was the biggest area where sharing of provision developed, with many initiatives led by other partners targeting Quality First teaching and language enrichment opportunities for all children. Joint initiatives involving speech and language therapy included:

- Training of teaching staff to use 'Communicate in Print' software.
- Development and provision of Wave 1 training for teaching staff.
- Development of a 'communication-friendly school' evaluation tool for schools and settings to audit practice and support development of a whole school approach.

The speech and language service also worked with education partners to develop a monitoring system to track the progress of children with language delay.

Evidence base

The intervention packages developed at Wave 2 were trialled with positive outcomes prior to running training for teaching assistants who worked regularly with the service. We are currently working with Sheffield University to evaluate interventions carried out by teaching assistants who have attended the training but had no further support. This will enable us to build an evidence base for the interventions as carried out in the 'real world'.

At Wave 1, where schools carried out the 'communication-friendly school' audit successfully, they are able to apply for a quality mark. By linking this to a database of schools that have accessed training, we should be able to identify the impact of training on good practice.

Key learning

- Effective Wave 1 'Quality First Teaching' in schools that enhances language development is the essential foundation for language learning for all children.
- The needs of many children on the speech and language therapy caseload can be met through good practice at Wave 2.
- A model of joint provision enables the sharing of good practice and the identification of gaps in services.

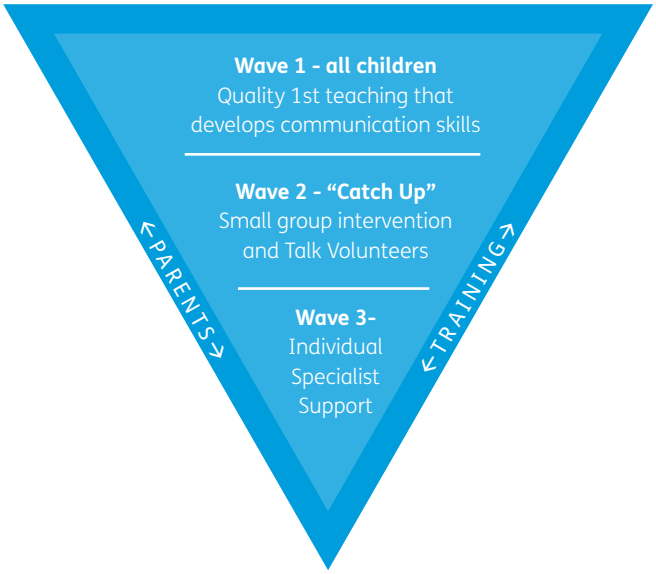
Stakeholder engagement

ESCAL launched the Family Time Campaign during March 2011. The campaign has become the family facing aspect of the citywide language and literacy strategy and engages with parents, carers and families through a range of events, activities and different media. One of the most useful forms of communication has been the ESCAL website (http://www.sheffield.gov.uk/education/about-us/plans-partnership-consultation/escal) where there is an area aimed at parents and carers. They are able to access top tips, information about upcoming events, follow useful links and have the opportunity to take part in the ESCAL Sheffield Accredited Literacy in the Home Award.

A series of workshops for parents has also been set up through the parent carers' forum, focusing on practical skills and strategies for supporting children with complex needs. The content of the workshops was in response to choices made by parents in the forum, supported by the speech and language therapists.

The Wave 2 interventions were developed following considerable liaison with schools around what enabled them to run interventions successfully. Alongside offering advice and support, the ESCAL team run quarterly ESCAL champions twilight sessions, attended by a nominated champion from each school or setting, where practice is shared.

Figure one: ESCAL wave of model intervention



Outcomes

Over 1,000 practitioners have attended 'Sheffield's Talking' training. In the first year the impact in their settings was a seven percentage point reduction in children with delayed communication and language and a 12 percentage point increase in children ahead of expected developmental levels.

Language outcomes for all children in the city are improving, with numbers achieving a good level of development on the Early Years Foundation Stage Profile rising by 7% between 2010-2011, putting Sheffield's children above national levels. The gap between the lowest achieving children and their peers has narrowed significantly. Reading and writing results at ages seven and 11 are also rising.

Next steps

Attention has now turned to sustainability. More than 90 schools out of 150 have a nominated ESCAL champion. Ninety-seven schools are subscribing to ESCAL on a yearly basis. Wave 1 and 2 trainings continue on a rolling programme and the ESCAL website provides a central point for information. Many initiatives have been put in place over the past two years, and we hope that the enthusiasm generated will continue and be reinforced as we begin to gather outcomes from the work currently underway.

Alice Woods
Sheffield Speech and Language Therapy Services
Email: alice.woods@nhs.net

Delivering cost-effective quality services in Enfield

Background

The service has taken a considered approach underpinned by the evidence and national drivers (The Cost of the Nation, ICAN, 2006; Bercow, 2008; Grasping the Nettle, C4EO, 2010; Field Report, 2010; Allen Report, 2011; Tickell Review, 2011)

Process

A service redesign evolved incrementally based on good practice guidance (Gascoigne, 2006) to support changes in service delivery within current resourcing. A map of the child and family journey in early years helped us to understand the complications of the system and the bottlenecks. At that time the majority of school-age children were seen in community clinics. A small number were seen in school if they had a statement of special educational need and accessed a prescribed package. Initially, we identified a small number of areas that would result in improved performance:

- Ensuring children were seen in the right place at the right time.
- Clarifying and re shaping the journey to deliver greater benefits.
- Mapping needs across localities to be more responsive and ensuring efficient access.

Key learning

- Prioritise early intervention.
- Collaborate with key strategic partners.
- Develop skills and competences within the local children's workforce.
- Build strong partnerships with parents who present with complex social difficulties.

Early years

We were quickly able to move to a maximum of 12 weeks for a first appointment and there is now no waiting time for initial contact. Children are seen for a screening assessment or initial advice at 'drop-in' sessions within children centres (14 sessions per month across four localities). We no longer accept paper-based referrals as referrers can easily signpost and follow up families who present concerns. Following a screening assessment, parents/children are invited for further assessment or to a rolling programme of intervention groups running across localities.

We are piloting Talk Activity as part of existing Stay and Play sessions within universal children's centre provision. This resource is intended for children prior to referral to drop in and identified with language delay or who have less than 30 words between 15-18 months. The children's centre and library outreach staff will be enabled to facilitate the groups and support parents in enriching the home learning environment, strengthening their role as language facilitators. The groups are currently being piloted in areas of high deprivation and will be rolled out across all children centres.

We are also extending a programme of training and joint working following from the Every Child A Talker (ECAT), (DCSF, 2008) and Early Talk (I CAN) initiatives. Evaluation of the impact of previous approaches identified the need to secure explicit commitment from operational leads in creating enabling environments and build capacity within their early years workforce in order to take forward quality practice.

Services to Enfield schools

Our service to school-age children (including secondary provision), was re-designed to meet the following core purpose to:

- Respond to the level of need in each school.
- Respond to the whole communication environment of the child.
- Support children and integrate the concept of skill mix both within the profession and across professional boundaries.
- Develop the expertise and knowledge of all those working with the child through a training framework.
- Develop a service that works in partnership with schools and parents.
- Provide flexibility and allow schools to jointly decide how the speech and language resource is delivered.

We introduced school-led early screening and identification, increased the number of interventions routinely used in schools prior to referral, delivered free training packages to increase the skills and knowledge of education staff and increase the range of strategies and adaptation used in the classroom. We also incentivised schools to develop the role of the speech and language lead and jointly developed a schools allocation formula.

We increased the skills mix within our team in order to focus on supporting schools that were finding screening difficult to implement. Schools within one locality funded a speech and language therapists post to support the development of their Wave 1 and 2 provision.

Evidence base

The aim is to target areas where we can make a difference. Our approach has been to build capacity within the service and the extended workforce. A number of studies and research have identified the high level of children entering school with delayed language whose needs if identified and given the right support would be resolved. This has been echoed in surveys of local school staff who have expressed concern that around half of children starting school do so with inadequate language skills.

Stakeholder engagement

Formal consultation on the service redesign included strategic partners and parent-led organisations. The joint commissioner led a second phase service review based on achievements/identified gaps and an options appraisal. The outcome of this review has led to a three-year investment plan. A number of regular consultations with parents and schools take place through coffee mornings, drop-in sessions, network meetings, special educational needs coordinator conferences and head teacher strategy meetings.

Outcomes

We are actively resourcing and evaluating outcomes of the targeted provision. Table one shows the outcomes of service redesign. The national school census data has shown a year-on-year increase in the number of children identified with speech, language and communication needs. These are the second most common type of primary SEN need at School Action Plus and for those with a Statement of SEN. In Enfield, the number of referrals has fallen (figure one) suggesting the success of our early identification and targeted intervention strategy.

Next steps

- Joint partnership with the health visiting service to ensure all children at two to two-and-a-half years of age check have a language and communication screening assessment as part of the Healthy Child Programme.
- Early years practitioners will be skilled to manage children who would benefit from targeted interventions prior to assessing the need for an SLT referral.
- To have a particular focus on vulnerable families – those who fail to attend/miss appointments have multiple risks factors and are unable to engage with traditional models of provision.

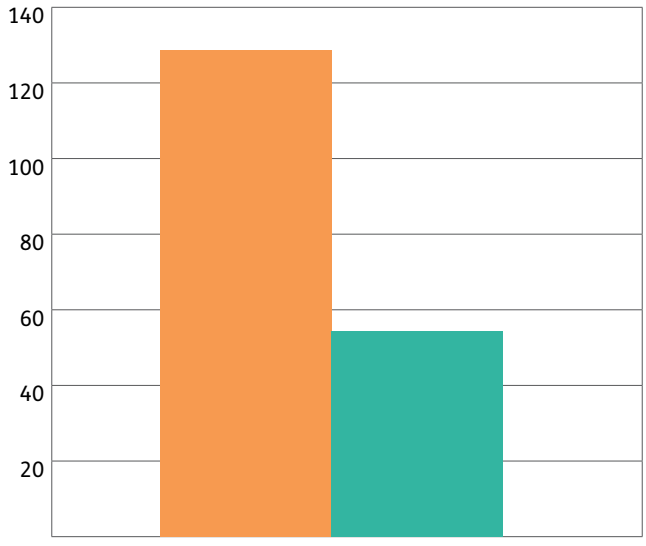
Our partnership with schools is continuing to develop. Our partnership with parents and designing SLCN outcome measures shared across agencies, are the focus for the coming year.

Helen Tanyan and Judy Sleat
Enfield Community Services
Email: helen.tanyan@enfield.nhs.uk

Table one: The outcome of service redesign

Delivery	Impact
Drop In	
First point of access	Children presenting between 18 months to two years rather than three year + with the traditional model
Attendance rate	25% increase in attendance compared to 40% DNA with previous model
TalkActivity	
SLCN measures for the eight children attending a 12-week group	Between 50% - 75% improvement
Parental confidence rating	75% - 100% on all measures – all parents commented on reduction in behavioural challenges
Feedback from staff learning journals	47% are able to generalise skills/ strategies from TalkActivity to other environments and share practice with others. 47% are confident in changing the delivery of Play and Stay to incorporate communication goals and their implementation
Schools	
Number of schools using screening tools from a total of 65 primary schools	Up from 14 to 52
Number of speech, language and communication interventions set up with the support of the speech and language therapist in primary schools at Wave 2	Foundation/Key Stage 1= 54 Key Stage 2 = 71
Number of schools with speech and language leads	45/65 primary schools. This has been a steady increase over the past five years

Figure one: Speech and language referrals to the mainstream service



Source:RiO Data System

Referrals received 1 Dec 2007 to Mar 2008
Referrals received 1 Dec 2010 to Mar 2011

Redesigning early years services to better support children, families and practitioners in Ealing

Background

Ealing is one of the largest boroughs in London and consists of four clearly defined localities. It has a highly diverse population that includes:

- A young and growing population: between 2001 and 2011 there has been a 26.9% increase in 0-4 year olds.
- A high level of ethnic diversity (79% of pupils classified as being of minority ethnic origin compared with 21% nationally).
- More than half of all pupils do not speak English as their first language (compared with 13% nationally).
- A high level of socio-economic deprivation.

The growing young population had led to an increasing number of children being referred to speech and language therapy services. Together with an increase in the complexity of these referrals, the service was struggling to meet the needs of these children and their families. The aim for the re-designed service was to support children, families and the early years workforce by offering integrated universal, targeted, and specialist provision consistently across the Borough to:

- Improve early identification and referral to speech and language therapy services.
- Increase attendance and improve access to therapy through more local provision of services and active engagement with hard-to-reach families.
- Provide support and advice for families and practitioners in developing a communication-rich environment.
- Develop and support the skills of the workforce to support high-quality provision across Ealing.
- Reduce waiting times and provide clearer outcomes for targeted and specialist support.
- Improve partnership working between the primary care trust (PCT) and local authority.

Process

The Early Years Service was redesigned in consultation with management and therapists. An external facilitator with experience of speech and language therapy service redesign supported senior staff to help explore the current service model and understand the barriers to being more effective. Learning from other services was also key and the idea for the 'Play and Talk' sessions (below) was based on learning from the Hackney 'Talking-Walk-ins'. Meetings took place with senior managers across the PCT and local authority to explain the proposed service delivery model and its benefits. A marketing campaign was launched to ensure all health and education professionals were informed.

The nine Play and Talk assessment sessions, which are held at children's centres across the borough each month, are central to the model. Parents are invited to attend the session most local to them, but are able to attend any other session if it is more convenient. Two SLTs and an assistant lead each session and a number of children are invited.

The session is also available as a drop-in for any parent or professional who is concerned about a child's speech, language or communication development. Following a Play and Talk session, the family is offered advice and practical recommendations to support their child's needs. They also receive a written summary. Children and families are signposted to targeted and specialist provisions as needed.

Language development is promoted in the wider community through support for professionals and families in educational settings and at existing groups in children's centres, health promotion events, and through Ealing's key messages (developed by Southwark Speech and Language Therapy Department):

- **Keep Your Language Alive** – enabling parents to feel confident in talking with their children in their strongest language(s).
- **Watch Less Talk More** – raising awareness of the impact of TV on children's language and communication skills and promoting responsible TV-watching, in homes and settings.
- **Sing and Rhyme Anytime** – raising awareness of why songs and rhymes stimulate children's speech, language and literacy development.
- **Talk and Play Everyday and Toys for Talking** – two messages which are concerned with promoting parent-child interaction and language-learning through play opportunities in the home.

Ealing piloted I CAN's 0-3 Early Talk training and this has been embedded into the universal offer and linked to the key messages campaign, which has been promoted as part of the local response to the National Year of Communication.

Evidence base

The evidence reviewed to shape the service included:

- The Bercow Review (2008) and Better Communication Action Plan (2008).
- Every Child A Talker – local and national data (2009-2010).
- Early Years Foundation Stage curriculum.
- Supporting children with SLCN within integrated children's services (Gascoigne, 2006).
- All interventions offered to families are also supported by the therapeutic evidence base.

Stakeholder engagement

A multi-professional early years steering group influenced and helped to facilitate these changes. An audit was carried out to evaluate parent/carer views of the Play and Talk sessions and to adapt the sessions as appropriate. Results from the audit were positive:

- 98% found the information sent to them clear and helpful.
- 96% felt the location of the Play and Talk was convenient and easy to find using the map provided.
- All were greeted and made to feel welcome and agreed that the therapist was friendly and helpful.
- All parents felt their child was comfortable at the session, playing with the toys in the room.
- In all cases, the therapist explained to the parent/carer what would happen next for their child.

Key learning

- **Take time to understand your current service, identify the barriers to efficient and effective service delivery.**
- **Learn from other services' experiences.**
- **Have a strategic plan for change and engage with key people at all levels.**

Outcomes

Table One: Outcomes of Ealing Speech and Language Therapy Early Years Service redesign

	Universal	Targeted	Specialist
Children	Children's SLCN identified as early as possible through more knowledgeable early years workforce and increasing parents' awareness.	Reduced waiting times for assessment. All children now seen within six weeks of referral. Increased range of targeted groups offered across the borough. All groups evidence based and outcomes recorded.	Clear pathways and packages of care for children needing this level of support.
Early years workforce	Early years staff at or working towards enhanced level of Speech, Language and Communication Framework (SLCF). More than 150 professionals have been trained on the I CAN 0-3 Early Talk programme.	Strong communication environments supporting children's communication. 20 early years settings have been accredited at the supportive level by I CAN.	A small number of settings maintaining or working towards specialist level of SLCF.
Families	All parents can now access accurate, clear, timely key messages for promoting their child's SLC. Increased parents' awareness of when to seek support for their child if needed through key messages campaign. Parent workshops held across the borough. Awareness promoting events including stalls at children's centres and local community. Parents can access information via Grid for Learning and the Ealing NHS websites.	Attendance rates have increased. Flexible, local appointments, together with close working with children's centre and voluntary staff have increased support for those traditionally hard to reach families.	Access to and understanding of specialist provision.

Next steps

- To develop more universal and health promotion services across Ealing.
- To develop more collaborative working with the local authority.
- To continue to develop new pathways and packages of care for children with social communication difficulties and dysfluency.

Karen Benedyk
Children's SLT Manager
Ealing Community Services
Email: karen.benedyk@nhs.net

A continuum of provision in Bolton

Background

Bolton has high levels of social deprivation and over a quarter of children have English as an additional language. The speech and language therapy service is large; there are just under 35 whole-time equivalent therapists funded by the NHS, the local authority, schools, private education establishments and the youth offending team. In addition, the local authority has an inclusion support teaching service and a specialist educational psychologist with dedicated time for speech, language and communication needs (SLCN).

There are primary and a secondary additionally-resourced mainstream provisions for SLCN, as well as for autism, and a special school providing outreach. The local authority and primary care trust commission services jointly, with aligned budgets.

The speech and language therapy team recently moved into the management of an acute trust. A review of the service specification at this point helpfully recognised and formalised the role of speech and language therapists (SLTs) at universal, targeted and specialist level. Care pathways include prevention and facilitation as well as assessment, consultation and advice, and short/long-term intervention.

The specification defines the role of the speech and language therapy service to 'lead and facilitate a "whole systems" approach to meeting the SLCN and dysphagia needs of the children and young people within Bolton'. This is achieved by working collaboratively with a range of partners, including: the early years quality improvement, midwifery, health visiting, special schools outreach teaching, school quality improvements, NHS Bolton local authority commissioning, and youth offending teams.

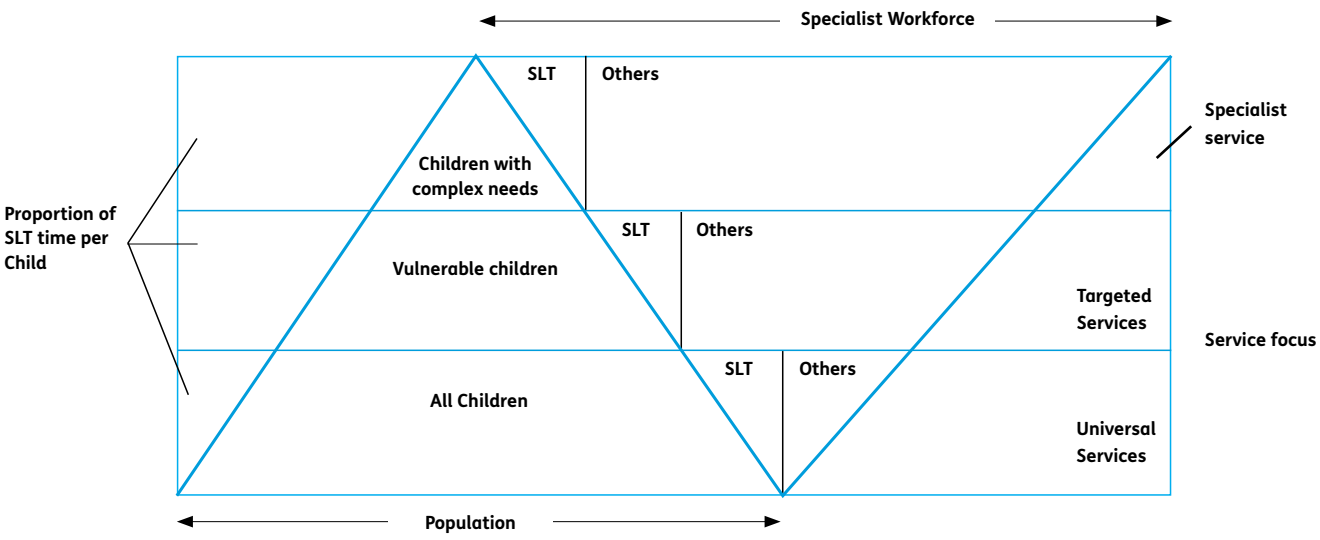
Key learning

- The key to effective working is for speech and language therapy service specifications to specify a 'whole systems' approach to speech, language and communication needs.
- This can be achieved when a wide range of partners come together and agree that communication is 'everybody's business'.
- Cost effectiveness means ensuring services are delivered by the 'right person, at the right time'.

Stakeholder engagement

Together with parents, these partners came together for a day of consultation. Using the Workforce deployment pyramid (figure one) as a tool to prompt discussion, they came to an agreement that communication was 'everybody's business'.

Figure one: Workforce deployment pyramid for integrated children's services (Gascoigne, 2006)



Ways of working: early years

Speech and language therapists and education staff work closely together. Taking Every Child a Talker as an example: the consultant post is shared between an SLT and a member of the inclusion support teaching service. Together they provide a well-regarded model of accredited training (Elklan) to practitioners, help settings audit their environment, develop their work with parents, and model a small-group programme called 'Nursery Narrative'.

The Healthy Child Programme operates effectively to support the early identification of need. Health visitors and midwives are wherever possible co-located with children's centres. A timeline has been developed, showing the Healthy Child Programme points of contact with a family from the antenatal period onwards. Children's centres receive information on every new birth in the area and for each child note whether the family accessed services at each contact point on the timeline. Where there are gaps, this will be discussed at the children's centre multi-agency 'resource panel'. The appropriate professional will be identified to make contact with the family.

Speech and language therapists have provided a rolling programme of training for health visitors, and a screening tool for use at the two-and-a-half year development checks. An SLT works across all the children's centres and provides training to staff, such as family support workers, so they can work with individual parents or groups of parents on how to support children's language development.

The local authority used the principles of Every Child a Talker in their pilot of 15 hours daycare provision for two-year-olds in socially deprived areas. Children were screened using the Healthy Child Programme checklist and their settings were supported with targeted training in speech and language.

Ways of working

For school-age children, SLTs and inclusion support teachers provide training for staff and direct intervention where children need this. There are no gaps in provision; all age groups including secondary are served, and in addition the local authority and PCT currently fund an SLT to work with the youth offending team. The inclusion service has developed a small-group intervention for secondary pupils modelled on the successful primary 'Talking Partners' programme.

Key to cost effectiveness is the involvement of the right person at the right time – to bring complementary skills together while avoiding duplication of effort. Integrated pathways have been developed, for example, for autism and selective mutism, with clearly defined roles for SLTs, child and adolescent mental health services staff and specialist teachers. The SLT team has a skill mix, with assistant practitioners who take generic therapy roles across SLT, OT and physiotherapy. Another assistant specialises in supporting the use of signing (Signalong).

Evidence base

The outcomes of Every Child a Talker (see below) led the local authority and PCT to continue to commission the programme after central government funding ceased. All early years settings (including clusters of childminders) will be asked to identify a communication champion to receive training and lead improvements in their setting. The local authority has funded a newly-created post of communication coordinator to lead the communication champion programme. The speech and language therapy service committed to a 0.5 whole-time equivalent therapist to work collaboratively with the communication coordinator.

Another example of the use of evidence is the SLTs' role in supporting those in most frequent contact with the child, so they can provide intensive interventions within a 'team around the child' approach. People do not 'refer' to the speech and language therapy service. Instead, they 'request' SLT involvement to enhance what they are already doing to support the child, rather than handing over responsibility. Following the request, SLTs may simply provide consultation and advice, or provide evidence-based, time-limited packages. All interventions run alongside work undertaken by the relevant partner (midwives and health visitors, early years staff, and staff in mainstream and special schools, with support from SLTs) to improve the child's communication environment.

Outcomes

Settings involved in the Every Child a Talker programme made an 18 percentage point improvement in children's personal, social and emotional development at age five, and a 12 percentage point improvement in communication, language and literacy skills, between 2009 and 2010 – well ahead of national improvements.

Approximately 1,200 children were involved in the programme in 2009-2010. Among these children there was over that one-year period a:

- 15 percentage point reduction in children delayed in listening and attention.
- 18 percentage point reduction in children delayed in understanding language.
- 22 percentage point reduction in children delayed in speech sounds and talk.
- 26 percentage point reduction in children delayed in social skills.

The use of administration time to contact parents to establish what is the best time and place for an SLT to meet with them and their child, following a request for SLT involvement, has led to a drop in DNA rates from 16 to 6%.

Next steps

Partners are now developing an early years communication strategy as part of a revised early years educational improvement strategy. Building on the early years success, the speech and language therapy service is now working with the school quality improvement team to develop communication champions in school settings. Their role will be to support classroom teaching ('Wave 1') and small group ('Wave 2') interventions. The health visiting and midwifery teams will also have their own communication champions.

Ashley Mason
Email: ashley.mason@bolton.nhs.uk

Resources and useful links

Early identification/screening

Speech Link Multimedia Ltd.

Speech Link and Language Link encourage high-quality support for children with speech and language problems. Teachers can identify children whom they can help within schools and those with more complex difficulties who need intensive speech and language therapy time as a priority.
Visit: www.speechlink.info

WellComm - GL Assessment

WellComm is a complete speech and language toolkit that can be used by all Early Years practitioners, not just speech and language specialists.
Visit: www.gl-assessment.co.uk/wellcomm

Targeted and specialist interventions

Education Works

Education Works provides training and resources to support targeted language intervention programmes in schools. Interventions include Talking Partners and Nurturing Talk.
Visit: www.educationworks.org.uk

We are also working with Bolton's Ladywood Outreach Service to make their Secondary Talk small-group intervention programme available nationally.
Visit: http://tinyurl.com/cfmgq3z

Blacksheep Press

Black Sheep Press publishes a range of intervention programmes and resources, such as the widely-used narrative intervention materials. Our aim is to save you preparation time by providing effective materials that are fun for children to use and provide value for money.
Visit: www.blacksheeppress.co.uk

Speechmark

Speechmark publish high-quality, practical resources for teachers, health professionals and parents, including the ELCISS targeted intervention programmes, which focus on developing narrative skills and vocabulary in secondary schools.
Visit: www.speechmark.net

Professional bodies

The Royal College of Speech and Language Therapists

The RCSLT is the professional body for speech and language therapists in the UK; providing leadership and setting professional standards. We facilitate and promote research in the field of speech and language therapy, promote better education and training of speech and language therapists and provide information for our members and the public about speech and language therapy.
Visit: www.rcslt.org

Workforce development

The Communication Trust

The Communication Trust is a not-for-profit coalition aiming to improve outcomes for children with speech, language and communication needs (SLCN). The Communication Trust is funded by the Department for Education and other funders, and was founded by BT, Afasic, the Council for Disabled Children and I CAN. The Trust is made up of a small core team with over 40 voluntary and community groups who form the Trust Communication Consortium.

In addition, the Trust is supported by an advisory panel made up of a number of representatives of the children's workforce, including the Royal College of Speech and Language Therapists. The purpose of The Communication Trust is to highlight the importance of speech, language and communication across the children's workforce, and to enable practitioners to access the best training and expertise to support the communication needs of all children.

Visit: www.thecommunicationtrust.org.uk

Elklan

Elklan offers accredited courses for those working throughout pre-school, primary and secondary education in mainstream and specialist settings as well as parents and carers. Accreditation is through Open College Network.
Visit: www.elklan.co.uk

Language for learning

Language for Learning is a Worcestershire joint health and education non-profit making project. It provides courses and resources for staff from Early Years to secondary level and training and materials for trainers to deliver these courses within their own authorities.
Visit: www.languageforlearning.co.uk

Better Communication CIC

Better Communication is a Community Interest Company, a not-for-profit organisation formed to support the implementation of change in the commissioning and provision of services for children and young people with SLCN.
Visit: www.bettercommunication.org.uk

Charities

I CAN

We are the children's communication charity. I CAN's mission is to ensure that no child who struggles to communicate is left out or left behind.
Visit: www.ican.org.uk

Afasic

Afasic was founded in 1968 as a parent-led organisation to help children and young people with speech and language impairments and their families. We provide information and training for parents – and professionals – and produce a range of publications. Members meet in local groups in many areas of the UK.
Visit: www.afasicengland.org.uk

Information resources

Hello publications

Being able to communicate is vital for all children, so they can make friends, do well at school and live life to the full. But more than a million children have some form of communication difficulty that limits their true potential. It is easy to help children learn and improve their communication skills and *Hello* is here to help.
Visit: www.thecommunicationtrust.org.uk/resources

Office of the Communication Champion

Jean Gross was the government's Communication Champion for England between January 2010 and December 2011. During that time she visited over 100 local authorities and a selection of case studies can be found on the Communication Council website, along with Jean's final report published in January 2012.
Visit: www.thecommunicationcouncil.org

NHS Institute for Innovation and Improvement

We are facilitators of change for improvement, working alongside the frontline of the NHS.
Visit: www.institute.nhs.uk

Worcestershire SLCN pathway

The online tool provides pathways at a whole school or setting level and an individual child level. There is practical guidance, information and an extensive range of downloadable tools to help to identify and support children and young people.
Visit: www.worcestershire.gov.uk/slcnpathway

Research

Better Communication Research Programme

The Better Communications Research Programme is part of the government's response to the Bercow Review of provision for children and young people with speech, language and communication needs, published in July 2008.
Visit: www.warwick.ac.uk/go/bettercommunication

First interim report: http://tinyurl.com/72e8rek
Second interim report: http://tinyurl.com/6sw5tea

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Whole Systems Mapping: www.hello.org.uk/media/2590/slcn_tool2_whole-system-mapping.pdf

User involvement: www.hello.org.uk/media/2593/slcn_tool3_user-involvement1.pdf

Workforce: www.hello.org.uk/media/2596/slcn_tool4_workforce-planning.pdf

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