NHS
North West

North West Review of Speech, Language and Communication Needs 2010

Cheshire & Merseyside Child Health Development Programme
Skills for Health

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Dr. Ann Hoskins, Director of Children, Young People and Maternity at NHS NW commissioned this report.

We would like to thank our partners in the Regional Implementation Group for their invaluable advice and guidance to project team throughout 2010.

In addition, our thanks go to our many colleagues from health and local authorities who contributed to the study through their enthusiastic participation in workshops, interviews and surveys.

FOREWORD

"This report is important in setting out the present position, and future challenges, for Speech, Language and Communication Needs services in the North West.

The North West Strategic Health Authority commissioned this report in response to the Bercow Report, and in recognition of the importance of this service to enhancing the future life chances of children and young people. The report gives a useful baseline of services across the North West. More importantly, it also identifies the key elements needed to improve services; many of these have been identified from good practice in the North West. A self - evaluation tool has been developed, and now needs to be tested. Services also face considerable challenges in overcoming the barriers to improvement.

Therefore, the next phase of the work will be to offer local services the opportunity to participate in the testing of the new tool, and in a peer review process. Teams from across each of the three constituent areas within the North West will be invited to local improvement days, to hear the results of the report, share good practice, and support local services to solve local challenges.

It will be important, through the next few years of organisational change, that the commissioners and providers of SLCN services try to ensure that the key elements for successful service development and delivery, outlined below, are used both during the transition period, and in the future, new system.

I congratulate the Project Team on this important piece of work, and recommend to all services that they take this opportunity to further improve local service delivery in a way that sustains the improvements through the challenging times ahead.

Dr. Ann Hoskins
Director of Children, Young People, and Maternity,
NHW North West

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EXECUTIVE SUMMARY and RECOMMENDATIONS

Background to the Review

1. This report contains the findings and outcomes from the review of speech, language and communication provision in the North West. The aim of the review was to track progress in implementing the recommendations from the national Better Communication Action Plan (2008) and provide a valuable opportunity for commissioners, managers and practitioners to review and benchmark the quality of their provision for children with speech, language and communication needs (SLCN) in a multi-agency forum. The review was commissioned and funded by the NHS NW and undertaken by the Cheshire and Mersey Child Health Development Programme. The terms of reference and methods for the project can be found in Appendix 3.

2. Twenty four Children's Trusts and their associated PCTs and health organisations were invited to participate in the review, with a total of twenty-three volunteering to take part. Each Trust provided information about their strategic planning and practical management of SLCN through an interview, a survey, a practitioner workshop and a data review. The review team developed a consistent method and framework to audit progress in the North West. In addition, each Children's Trust was invited to submit details of innovative practice using a specially designed template based on the four themes of quality, innovation, prevention and productivity (NHS QIPP framework).

Current State of Services for SLCN

3. Planning and delivery of SLCN services across the North West is patchy and is not always informed by robust commissioning. There are many different partners and organisations driving the agenda. Considerable organisational change continues across the region in response to ongoing restructuring and to take account of possible re-configurations in relation to the new government's plans. This has led to a great degree of uncertainty in the workforce and widespread concerns about the ability of local partners to continue to provide adequate SLCN services.

4. The review identified a number of key enablers that contributed to the positive development of provision for children with SLCN. The critical factors reported by both strategic leads and practitioners are entirely consistent with the findings from the national Bercow Review. The enablers focus on positive relationships between health and local authority partners, and between practitioners and their respective strategic leads. Clear processes that enable review of services and include feedback from parents are associated with improving provision.

5. There were many examples of practitioners and managers showing great commitment and imagination in developing services that are responsive to parents and children. However, we also identified a number of barriers that are creating ongoing frustration, many requiring solutions at the organisational level.

6. Children's Trusts reported the benefit of commissioners and providers working collaboratively but only a small proportion were successful in achieving a full multi-agency partnership for strategic planning that was clearly linked to service delivery. Improvement is needed in planning for the whole continuum of need with many areas acknowledging that provision was patchy. There were notable gaps for specific client groups, such as young people with additional needs.

7. All areas were struggling with effectively capturing and reporting outcomes of developments and intervention, with a strong indication that trusts were anxious to find measures that accurately reported the success of services.

8. Our exploration of workforce issues identified notable practice in developing the capability of children's practitioners and families generally in understanding and supporting children with SLCN. The evidence collected showed a significant absence in joint workforce planning between health and local authorities and little strategic planning for developing workforce skills in relation to SLCN.

Key Findings

The following findings from the Review are organised using the themes from the Bercow Review and relate to the key points in Chapter 2.

Early identification and intervention

9. The characteristics of successful services for children with SLCN did not depend on the kind of models of delivery, but rather on a whole systems understanding of the pathway for SLCN which was associated with a clear strategic plan linking each element of provision

10. Services that placed promotion and prevention at the heart of their planning were able to demonstrate better management of SLCN in the early years

11. Early identification was associated with active partnerships between early years practitioners based on training and development in health visiting, children centre services and nursery education

13. Investment in children's services was linked to innovative practice, partnership and capacity and capability building for the wider children's workforce

14. It was noticeable that there was limited provision for children of secondary age and SLCN practitioners were concerned that they were unable to provide additional support for the post 16 group where there is evidence of significant unmet SLCN need.

15. Opt-in systems, where parents phone in to make appointments for first assessments by speech and language therapists, have been successfully used with pro-active and flexible options to enable vulnerable families to access support

Continuum of services

16. Strong leadership with expertise in providing for children with SLCN was associated with services that planned across the continuum. This included clear responsibilities for clinical leads who participated as equal partners in the review and planning of provision. Only 22% of partnerships had identified an SLCN lead and 21% did not have a strategic lead for SLCN.

17. Professional leadership was associated with a comprehensive understanding of the continuum of need. Such leadership supported multi-agency partnerships and encouraged well developed provision for children and families based on a whole systems approach

18. Planning, monitoring and evaluating provision by commissioner-provider services ensured a more measured approach to meeting the needs. Service providers referred to a process of review and revision to ensure improvement

19. In most areas, the Joint Strategic Needs Assessment was not used to plan services and was regarded as too broad, with little detail to provide the basis for planning. Only 21% of services had any form of joint assessment for SLCN

Joint working

20. Effective partnership between strategic and practitioner level of services was associated with clear direction across the continuum of provision

21. Significant gaps in partnerships across organisations at different levels were commonly reported as creating a barrier for improvement

22. The involvement of children and families as partners in developing services was very limited. 69% of providers had feedback from service users but there was little evidence of this used in developing services

23. Strategic leads consistently raised the challenge of aligning processes between local authority and health as a serious issue

24. Few areas had an identified ‘Communication Champion’

Variability and lack of equity

25. The greatest variability in provision for SLCN existed where strategic and operational leadership showed weak joint planning

26. Workplace learning and support contributed to the development of joint practice although there were difficulties in provision of training to the private, independent and voluntary sectors

27. Work based support is needed to ensure implementation of training

28. Current health information systems do not provide meaningful measures for planning provision. They are focused on activity collection which fails to capture overall multiagency provision for SLCN and information systems are not robust enough to inform commissioning

29. There is a lack of compatibility between information systems used by agencies: this creates inefficiencies in planning and provision for SLCN.

Accountability and delivery

30. A number of strategic leads cited regular reconfigurations of organisations and partnerships as a barrier to progress in implementing Better Communication
31. SLCN services are being reduced due to budget cuts leading to increased waiting times for SLT, services being decommissioned and training programmes for colleagues no longer being delivered

32. Joint planning and multiagency delivery of SLCN services across the North West is patchy and is not always linked to clear commissioning

33. Organisations that used a model of action groups for decision-making, based on audit and review, were able to demonstrate progress in implementing Better Communication. Where systems were in place that linked strategic plans with clear service delivery, provision was better organised

Developing skilled practitioners

34. There is significant variation in workforce capacity across the North West that is disproportionate to the reported needs

35. Capability building is essential for all children's practitioners to develop skills and confidence in managing children with SLCN. This needs to be planned and resourced as a key part of the work of the SLT services

36. Training and development must include work based learning and build confidence in practitioners to promote speech, language and communication independently, implementing programmes of support and identifying significant needs that require referral to speech and language therapy.

37. There are new areas for workforce development that relate to emerging priorities such as working with young offenders and enabling all partners to actively participate in delivering support.

Recommendations

These recommendations are based on examples of good practice, which we have come across somewhere in the North West. Some of these examples are to be found in Chapter 3; some on **www.cyp1.org.uk**. Any further 'sign-posting' can be provided by the Programme, on request.

Successful service development and delivery has the following elements in place:

1. SLCN as a demonstrable priority in planning, to reflect the fact that it represents between 10% and 30% of SEN in the primary years, according to statementing data.
2. A "whole systems" approach to SLCN, linked to a clear strategic plan that encompasses all elements of provision across the agencies
3. A strategic plan based on a continuum of need, using robust data; and feedback from children and families
4. Strong and knowledgeable strategic leadership in speech and language therapy services, to implement strategic plans, and manage change.
5. An SLCN Champion, together with named leads for SLCN throughout the range of settings, such as early years services, children centres, and schools
6. An agreed joint minimum data set, and a system of collecting and reviewing appropriate data collaboratively
7. The use of accurate and relevant information for the commissioning and provision of services for SLCN
8. The use of feedback from service users, and their families, in designing and commissioning SLCN services
9. The full engagement of practitioners with implementing strategy, and evaluating improvements
10. The embedding, in provision, of: the promotion of speech, language and communication skills; and a commitment to prevention
11. A recognition of particular gaps in provision, and the need to commission services to fill these gaps, especially the needs of: young offenders; and secondary aged children
12. Opt-in systems, which are known to improve efficiency, and to increase choice, whilst taking care to support vulnerable families
13. A regular programme of training and work-based support for practitioners, building on the good joint practice in Children's Centres
14. Consideration of the use of ELKLAN, or an equivalent approach, to improve confidence and knowledge of practitioners
15. Joint workforce planning, to improve the skills of all children's practitioners and combat recruitment difficulties
16. The prioritisation of the needs of the private, voluntary and independent sector providers, when developing training and support for practitioners

CHAPTER 1 INTRODUCTION

The Northwest Review of Speech, Language and Communication Needs (the Review) aimed to track the progress that Local Authority and Health Partnerships had made in implementing the recommendations from Better Communication (2008). Accordingly, the results have been summarised as key findings above and then presented using the themes from the Bercow Review (2008).

Twenty-three out of the twenty-four PCTs in the North West volunteered to participate in the regional review, and the remaining area is keen to be involved in subsequent phases.

The review team developed a comprehensive method for gathering information from commissioners, providers and practitioners. This allowed the identification of consistent themes across the region. It is clear from their feedback (Appendix 4) that organisations benefited from the process of multi-agency review. A threefold approach was developed to gather both quantitative and qualitative data:

1. Provider survey collecting data on leadership, models of service and staffing

2. Interview with strategic leads for providers and commissioners of multiagency children's service

3. Practitioner workshop reviewing continuum of provision for children with SLCN through pathway/journey mapping

Participants responded positively to the opportunity to review services.130 evaluations were completed at the practitioner workshop, indicating that the workshop had been useful in enabling practitioners to reflect on successes and challenges jointly.

Very useful: 60%

Useful: 38%

Neutral: 2%

This method is recommended for organisations to use as part of their own or peer review for the Year of Communication 2011.

"Heartening to see how much joined up working takes place as a matter of course"

"It was an interesting process that allowed colleagues to reflect on what is happening"

"It was reassuring to see support from LA and Commissioners, inspiring us to share practice"

CHAPTER 2 FINDINGS FROM THE REVIEW

2.1. Early Identification and Intervention

Key Points

The characteristics of successful services for children with SLCN did not depend on the kind of models of delivery, but rather on a whole systems understanding of the pathway for SLCN which was associated with a clear strategic plan linking each element of provision

Services that placed promotion and prevention at the heart of their planning were able to demonstrate better management of SLCN in the early years

Early identification was associated with active partnerships between early years practitioners based on training and development in health visiting, children centre services and nursery education

Investment in children's services was linked to innovative practice, partnership and capacity and capability building for the wider children's workforce

It was noticeable that there was limited provision for children of secondary age and SLCN practitioners were concerned that they were unable to provide additional support for the post 16 group where there is evidence of significant unmet SLCN need.

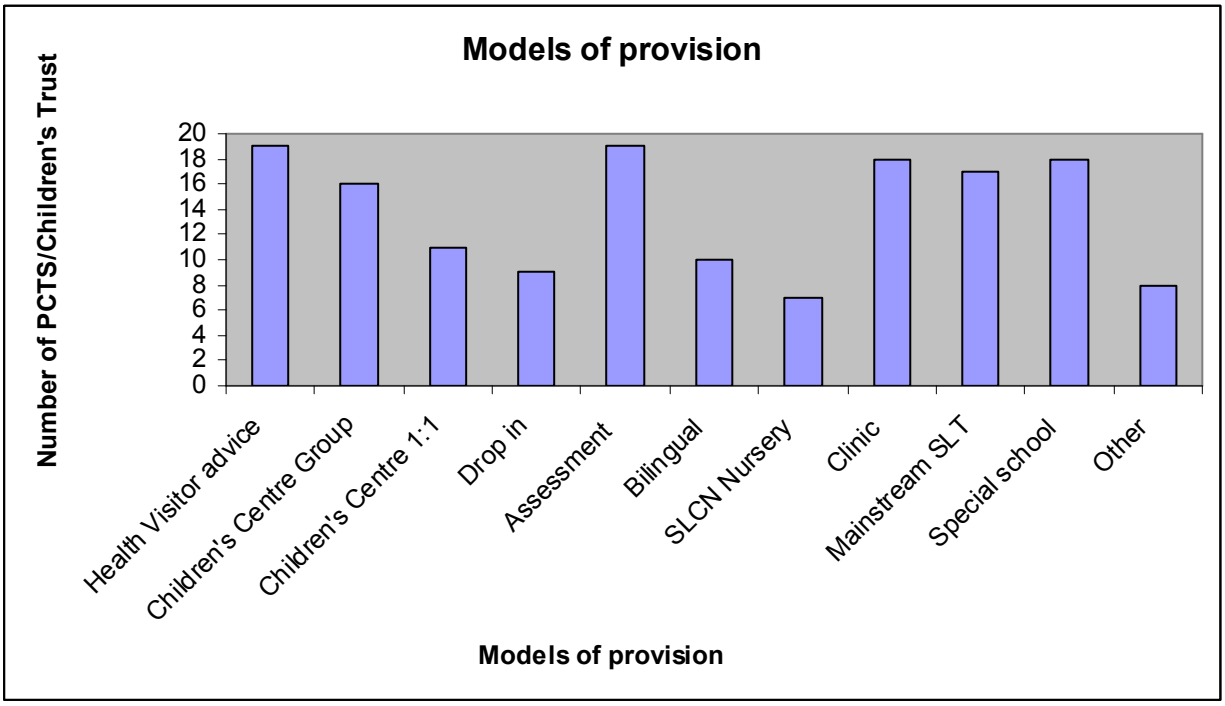
Opt-in systems for first assessments by speech and language therapists have been successfully used with pro-active and flexible options to enable vulnerable families to access support

Models of provision **(see Figure 1 on next page)**

The characteristics of successful services did not seem to depend on the kind of models of delivery but more on a whole systems understanding of the pathway for SLCN associated with a clear strategic plan linking each element of provision. Services who could describe the whole system were characterised by positive leadership involved in reviewing and planning provision by commissioners and partnerships.

Teams described services as evolving but often articulated guiding principles such as "capability building" linked to training programmes and "reducing the impact" of SLCN by enabling children and their supporters to manage needs effectively. A whole systems approach to managing SLCN was associated with clear responsibilities for managing needs and explicit steps in accessing support from children's practitioners at different stages of concern. Frustration was expressed by interviewees where 'pockets' of development existed.

Figure 1: Models of service delivery



Provision for older children

It was noticeable that there was limited provision for children of secondary age in most areas. Practitioners were concerned that they were unable to provide additional support for youth offending services.

Prioritising language and communication promotion

Services that placed promotion and prevention at the heart of their planning were able to demonstrate better management of SLCN in the early years. In addition, they described applying lessons learnt from improving early years provision to the whole continuum.

Many services reported that children's centre workers were confident in supporting language and communication development through a wide range of activities. However, there is a need to focus on developing and maintaining confidence and being able to apply skills more widely without recourse to further specialist advice from speech and language therapists. This applied to every sector from early years through to youth services.

> "We've got named leads for SLCN in all of our Children's Centres taking the lead for helping children to be 'school ready' when they enter primary school"
>
> **Practitioner**

Training and development in identifying and supporting SLCN in the early years (see Figure 2 on next page)

Early identification of SLCN was associated with active partnerships between early years practitioners based on training and development in health visiting and children centre services. This was always linked to a programme of training in recognising and supporting SLCN and identifying the optimal point for referral for a detailed speech, language and communication assessment. A number of services successfully used specifically designed referral forms alongside CAF (Common Assessment Form) to ensure that referrals were appropriate and contained adequate information.

Figure 2: Providers' perception of access to training for children's practitioners

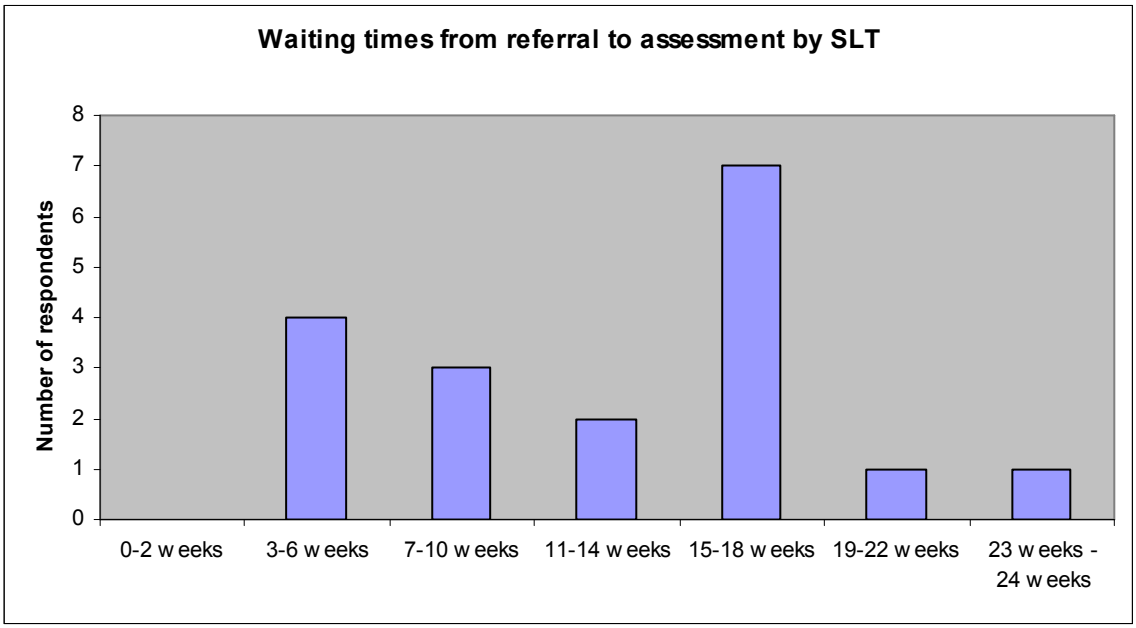
"There's a continual tension between those who need direct intervention and the training to equip colleagues"

Professional Lead for SLT

Health targets (see Figure 3 on next page)

Recent health targets addressing waiting times and 'did not attend' rates have improved the speed of access for initial assessments by speech and language therapists. Most services were reporting waiting times within a range of 15-18 weeks with a number reporting minimal waits and 'walk-in' arrangements. However, several organisations reported that the focus on cutting waiting times had resulted in long 'waiting for treatment' lists.

Figure 3: Waiting times for first assessment by speech and language therapists



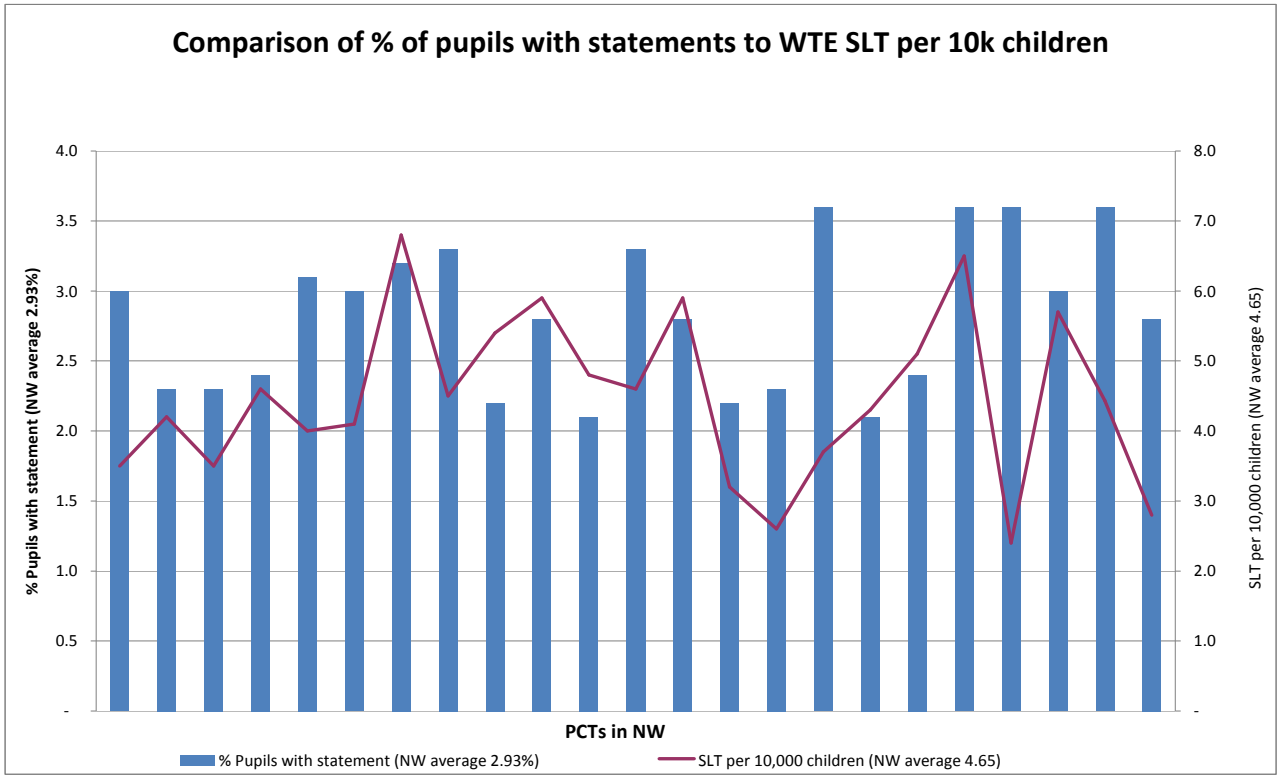
The data suggests that the indicators for an effective service are complex and that the use of demand management measures alone do not represent the quality of a provision. There appeared to be no correlation between average waiting time of those services that returned data and the demand for speech language and communication needs. Some organisations had above average demand as indicated by SLCN as a primary need for SEN (20.59%) whilst having below average waiting times (13.1 weeks).

Investment (**see Figure 4 on next page**)

Recent investment in early years provision (e.g. Sure Start funding) was linked to developing the capacity and capability of practitioners in supporting SLCN. Where services have been designed around clear models of universal, targeted and specialist support in the early years, the focus has been on building capability and confidence across the children's workforce together with accessible advice for parents, families and practitioners.

When comparing the levels of investment in workforce capacity there is significant variation in the North West (figure 4). The numbers of speech and language therapists do not relate closely to the numbers of children with statements for special educational needs. There is also significant variation in waiting times for speech and language therapy. Due to the complexity of arrangements for SLCN and the unreliability of reported SEN, it has not been possible to identify direct links between speech and language therapy capacity, waiting times and statements for SEN.

Figure 4: Variation in availability of speech and language therapy relative to % of children with statements in the northwest



Universal, targeted and specialist

The use of the terms universal, targeted and specialist in defining SLCN created difficulties for practitioners, specifically about their role at the universal level. Speech and language therapists contributed to universal services through training programmes for all children's practitioners and advice about approaches to support SLCN. In addition, they described prioritising particular settings where the need was known to be greater. This was still regarded as part of their universal offer.

Opt in systems for referral to speech and language therapy

37% of respondents reported using an opt-in system that had reduced waiting times. However, this gave rise to concerns about take up of services, particularly in the case of vulnerable families. Some areas had worked hard to overcome this challenge through the partnership between the referrer and the speech and language therapy service and offering flexible options. The successful use of opt-in systems to improve efficiency and increase choice for parents needs to be introduced together with compensatory systems to avoid disadvantaging vulnerable families.

2.2. Continuum of services

Key Points
Strong leadership with expertise in providing for children with SLCN was associated with services that planned across the continuum. This included clear responsibilities for clinical leads who participated as equal partners in the review and planning of provision. Only 22% of trusts had identified an SLCN lead and 21% did not have a strategic lead for SLCN

Professional leadership was associated with a comprehensive understanding of the continuum of need. Such leadership supported multi-agency partnerships and encouraged well developed provision for children and families based on a whole systems approach

Planning, monitoring and evaluating provision by commissioner-provider services ensured a more measured approach to meeting the needs. Service providers referred to a process of review and revision to ensure improvement

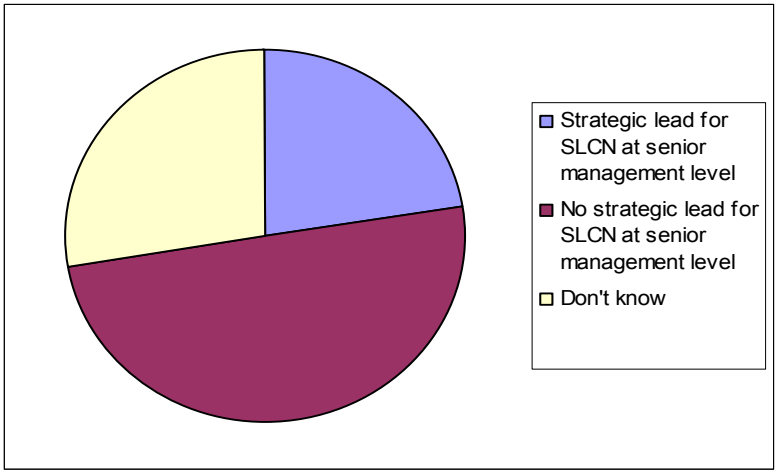
In most areas, the Joint Strategic Needs Assessment was not used to plan services and was regarded as too broad, with little detail to provide the basis for planning. Only 21% of services had any form of joint assessment for SLCN

Informed and involved leadership at all levels

Strong leadership with a good understanding of children with SLCN is associated with services that planned across the continuum. This included clear responsibilities for clinical leads who participated as equal partners in the review and planning of services.

Leadership for SLCN at a senior management level was limited with only 22% of organisations able to identify a lead at this level

Figure 5: Strategic leadership for SLCN at senior management level



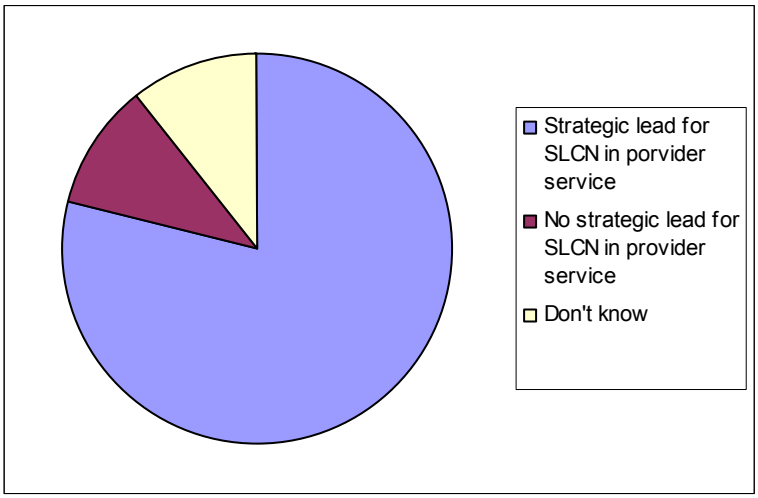
"We're in a strong position as we have a joint agenda from senior leadership down to practitioners"

Professional Lead

Professional leadership

Professional leadership is associated with a comprehensive understanding of the continuum of need and a well developed offer for children and families based on a whole systems approach. 21% of responses from the survey indicated either ‘don’t know’ or ‘no strategic lead for SLCN’ in provider services.

Figure 6 Strategic leadership for SLCN in Provider Services



Commissioner-provider partnership

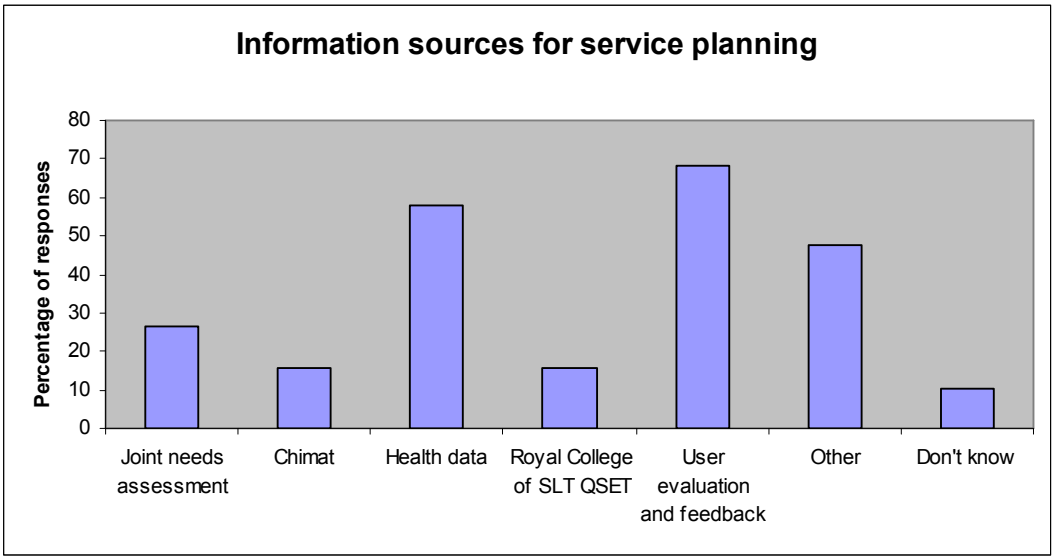
Planning, monitoring and evaluating provision by commissioner-provider services ensured a more measured approach to meeting the needs. Organisations that routinely used a process of review and revision were linked to progressive and innovative provision.

> “Bercow is being implemented through wider redesign of integrated services”
>
> **Commissioner**

Identifying need (see Figure 7 on next page)

The Joint Strategic Needs Assessment was not used to plan services and was regarded as too broad, with little detail to provide the basis for planning. Only 21% of services had any form of joint needs assessment for SLCN. A range of information was used to plan and monitor services, but standard data collection did not provide accurate or informative information for service planning. The theme of being ‘data rich and information poor’ was consistent across most visits. Clear service provision was linked to creative approaches to identifying need and monitoring provision.

Figure 7: Information used for planning services



Clearly articulated approaches to intervention

The use of clinical reasoning, such as Care Aims,[1] was positively evaluated as providing an excellent vehicle for planning and managing the continuum of provision for SLCN. This only took place where clear leadership was developing a whole service approach.

Responsive and flexible provision

Strong practitioner partnerships across continuum of need and age were a strong feature linked to the development of responsive and flexible provision.

[1] The Care Aims Model is a framework for managing workloads based on identifying impact and intended outcomes in planning intervention using systematic reflection **www.careaims.com**

2.3. Joint working

Key Points

Effective partnership between strategic and practitioner level of services was associated with clear direction across the continuum of provision

Significant gaps in partnerships across organisations at different levels were commonly reported as creating a barrier for improvement

The involvement of children and families as partners in developing services was very limited. 69% of providers had feedback from service users but there was little evidence of this used in developing services

Strategic leads consistently raised the challenge of aligning processes between local authority and Health as a serious issue

Few areas had an identified 'Communication Champion'

Good working relationships and partnerships

The quality of relationships was a repeated theme throughout the interviews. Practitioners were often very positive about their working partnerships and described how much was achieved through relationships that had been fostered through joint working, and problem solving. The strategic leads acknowledged that good working relationships had been sustained despite the considerable challenge of organisational change.

> "We've got good working relationships between the local authority and health- it's to do with the importance of relationships and good will and the determination to have excellent provision"
>
> **Commissioner Lead**

Processes for reviewing and improving

Services for children with SLCN are making progress in implementing recommendations from Better Communication where there are expectations and processes for reviewing and revising provision. A number of services commented that improvements had been initiated before the national review, with local reviews that anticipated the national recommendations.

Aligning local authority and health processes

The challenge of aligning processes between local authority and health was a serious issue that was consistently raised by strategic leads, for example the running of financial years starting at different points in education and health. One commissioner explained that this required constant tenacity to overcome.

Significant gaps in partnerships

In some areas, there were significant gaps in partnerships at different levels in the organisation that clearly prevented progress in reviewing and planning services. Partnership arrangements were often missing between the following:

- Local authority and health provider
- Commissioner and provider
- Education services and Children's Trusts
- Strategic and practitioner levels of the organisation

> "We have a lot of good isolated practice but there's a lack of forward planning and we always have to meet other people's targets"
>
> **Provider Lead**

Children and families as partners

Whilst many services (69%) used user feedback to inform service development, very few interviewees gave examples of children and families directly contributing to service planning.

Strategic and practitioner partnership

Effective partnership between strategic and practitioner level of services was associated with clear direction across the continuum of provision. The involvement of senior management in supporting service improvement for children was very variable but very few Children's Trusts had a Communication Champion at a senior level. Where this role had been assigned, it was often in a nominal capacity which failed to be involved in supporting service provision.

> "A Communication Champion was appointed but it didn't function"
>
> **Commissioner**

Organisation size

The smaller organisations reported the ease with which partnerships were developed and this was linked to positive approaches to service improvement. Interviewees explained that issues could be discussed and solutions trialled more successfully when partners encountered one another routinely.

2.4. Variability and Lack of Equity

Key Points

The greatest variability in provision for SLCN existed where strategic and operational leadership showed weak joint planning

Workplace learning and support contributed to the development of joint practice although there were difficulties in provision of training to the private, independent and voluntary sectors

Work based support is needed to ensure implementation of training

Current health information systems do not provide meaningful measures for planning provision. They are focused on activity collection which fails to capture overall multiagency provision for SLCN and information systems are not robust enough to inform commissioning

There is a lack of compatibility between information systems used by agencies which creates inefficiencies in planning and provision for SLCN

Weak joint planning

The greatest variability in provision for SLCN existed where strategic and operational leadership showed weak joint planning. In these situations, decisions were made reactively in response to specific demands, with difficulties patched up and failing to address core issues. Organisations that had commissioned small isolated services could not demonstrate how this contributed to the continuum or provide assurances that appropriate governance arrangements were in place. Three organisations reported using independent providers.

"We have no cohesive strategic view"
Provider

Programmes of work place learning and support from speech and language therapists

Training was a core element of the speech and language therapists' role, but was viewed as a competing demand on their time, reducing the time available for direct intervention. In addition, several services commented on the importance of work-based support to enable children's practitioners to manage SLCN independently. Practitioners reported that the ELKLAN[2] programme was evaluated well by colleagues, improving confidence as well as competence and knowledge. It is viewed as complementing more usual programmes such as Every Child a Talker (ECAT) and the Inclusion Development Programme (IDP).

[2] 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.

Difficulties achieving a consistent programme of training for the voluntary and independent sector

A number of organisations commented on the difficulties of providing training and development for the private, voluntary and independent sector, with limited release of staff and staff turnover cited as barriers. As we move towards 2011 Year of Communication, and national government drives the “Big Society” agenda, the need to engage more fully with this sector becomes of greater importance. Building capability within the children’s workforce in the voluntary, independent, and private sectors remains a key priority.

Information systems

Current health information systems are focused on activity collection, which fails to capture the overall multiagency provision for SLCN. The Lorenzo system is used to collect health activity information. This system is not flexible or robust enough to provide health outcome data so some areas are running locally developed in-house information systems alongside Lorenzo to provide more meaningful intelligence to inform planning and commissioning. Similarly, the local authority data collection is not being used to inform multi-agency provision. Many interviewees expressed frustration with the poor data collection and reporting, the lack of alignment of systems and the need for meaningful measures. In addition, staff groups found it hard to access information from different data bases used by partner services.

2.5. Accountability and Delivery

Key Points

A number of strategic leads cited regular reconfigurations of organisations and partnerships as a barrier to progress in implementing Better Communication

SLCN services are being reduced due to budget cuts leading to increased waiting times for SLT, services being decommissioned and training programmes for colleagues no longer being delivered

Joint planning and multiagency delivery of SLCN services across the North West is patchy and is not always linked to clear commissioning

Organisations that used a model of action groups for decision-making, based on audit and review, were able to demonstrate progress in implementing Better Communication. Where systems were in place that linked strategic plans with clear service delivery, provision was better organised

Children's Trusts arrangements

There are no fully established Children's Trusts in the NW with a formal pooled budget and joined processes for planning and delivery of SLCN. Whilst Children's Trust Boards are established, arrangements for service planning and delivery are less clear. A number of strategic leads cited regular reconfiguration of Children's Trusts (CTs) as a barrier to progress in implementing Better Communication.

Arrangements for joint commissioning and multiagency provision

Arrangements are in the early stages of development with different locally determined approaches. Joint planning and multiagency delivery of SLCN services across the North West is patchy and is not always informed by robust commissioning. There are many different partners and organisations driving the agenda. Considerable organisational change continues across many of the partner agencies. Local government re-organisation and merging of PCTs is now being followed by restructuring of PCT provider services, the possible reconfiguration of children's trusts and the new government's plans to transfer commissioning to GP Consortia and NHS Commissioning Board with the fading out of PCTs (Equity and Excellence: Liberating the NHS DH 2010). The challenge is to jointly manage the change agenda and prioritise service developments and cuts in line with local and national imperatives, whist maintaining the quality of the current services.

> "You can only be so lean-we're now beginning to identify risks"
>
> **Commissioner**

Decision making forums

Organisations that used a model of action groups for decision making, based on audit and review, were able to demonstrate progress in implementing Better Communication.

> "We are looking at what quality measures we can use based on the whole system-we can see that now we sit together"
>
> **Commissioner**

Reductions in services resulting from budget cuts

The regional review collated data on changes that had taken place to provision for SLCN since the beginning of 2010. Some Trusts were reporting the loss of SLT posts, as a result of cost-improvements and reduced funding for Sure Start-related services. One area reported the loss of 2 WTE posts.

The impacts of these reductions were:

- Increasing waiting times (one Trust reported that a waiting time of 5-8 weeks had become 36 weeks)
- Reducing services, specifically in: special schools; secondary provision; and early years
- Removing training for carers and colleagues

Cross boundary issues

A specific issue in particular areas related to cross boundary arrangements causing difficulties in provision. There was a lack of agreement around funding and responsibility for children accessing services outside their GP registered area. This then affected access to services for the registered population.

Developing skilled practitioners

Key Points

There is significant variation in workforce capacity across the North West that is disproportionate to the reported needs

Capability building is essential for all children's practitioners to develop skills and confidence in managing children with SLCN. This needs to be planned and resourced as a key part of the work of the SLT services

Training and development must include work based learning and build confidence in practitioners to promote speech, language and communication independently, implementing programmes of support and identifying significant needs that require referral to speech and language therapy.

There are new areas for workforce development that relate to emerging priorities such as working with young offenders and enabling all partners to actively participate in delivering therapy

Joint workforce planning

Very few Children's Trusts had successfully established a process of joint workforce planning for any element of children's services. Where plans had been agreed there were questions raised about using the plan to improve services. There appeared to be three reasons for this:

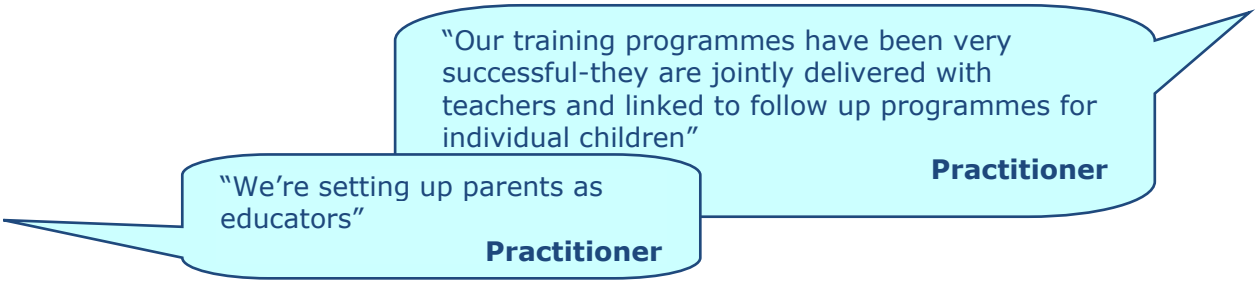
- There was the overarching problem of poor alignment of planning processes generally between health and the local authority
- Specific workforce development for SLCN was not a key priority within the wider organisation for health or the local authority
- There were difficulties associated with different workforce guidance and tools for health and local authority services with the Children's Workforce Development Council (CWDC) focusing on general skills for the children's workforce

Workforce development: capability building

Many areas in the North West have embraced the challenge of building a capability in the children's workforce in managing SLCN, often initiated through practitioner partnerships rather than in response to a strategic plan. This was linked to innovative models of support, flexible service delivery and long established partnerships between practitioners.

However, issues of concern were identified as:

- Lack of a clear plan to ensure all children's practitioners accessed additional training and development on SLCN. The introduction of a comprehensive programme such as ELKLAN was linked with examples of full roll out of training to include wider groups of staff such as practitioners working with secondary age children
- Gaps in targeting the full range of children's practitioners
- SLT and teachers delivered training programmes as an additional responsibility and could not guarantee maintaining this when service pressures developed
- Some settings were harder to support through a training and development model due to difficulties with releasing staff and turnover of practitioners. This related specifically to the voluntary, private and independent sectors in the early years
- Practitioners demonstrated different levels of confidence in managing SLCN independently following training. However, training that included work based learning and some ongoing access to guidance from the SLCN trained practitioners were evaluated most positively



Recruitment

Recruitment and retention of SLTs was an issue for 22% of the respondents with this rising to 33% for recruiting specialists, this despite the fact that 60% of new graduates are unable to acquire jobs in the North West and University Output in the North West has been maintained at between 95-98 per year.

A number of services have been extending the roles and responsibilities of assistants to enable them to deliver ongoing intervention in the community.

Regional Picture

Participation in regional review of SLCN was excellent. 23 PCTs/Children's Trusts participated in the review whilst 1 did not participate.

Table 1: Participation in North West Review

Ashton Leigh Wigan	Yes
Blackburn with Darwen	Yes
Blackpool	Yes
Bolton	Yes
Bury	Yes
Central and Eastern Cheshire	Yes
Central Lancashire	Yes
Cumbria	Partial
East Lancashire	Yes
Halton and St.Helens	Yes
Heywood Middleton and Rochdale	Yes
Knowsley	Yes
Liverpool	Yes
Manchester	Yes
North Lancashire	Yes
Oldham	Yes
Salford	Yes
Sefton	Yes
Stockport	Yes
Tameside and Glossop	Yes
Trafford	Yes
Warrington	Yes
Western Cheshire	No, but commitment to future phases
Wirral	Yes

[For Western Cheshire, the timing was not appropriate or helpful, but they are fully committed to involvement in the subsequent phases of work].

Comparing Children's Trusts and PCTs using key data from ChiMat and DCSF

(see Table 2 on next page)

A note of caution: This table provides an at-a-glance summary of the capacity and demands across the region. It cannot capture the reasons for local variation. The figures used for this analysis are based on those available on ChiMat and have not been verified by the regional study. The following points need to be considered when reading the data:

- Accuracy of the figures reported for SLTs in each provider service (ChiMat)
- Consistency of criteria used by schools to identify SLCN(DCSF figures)
- Recent changes to staffing due to vacancy freezes/cuts are not represented
- The provision of SLT to Children's Trust areas can be complicated, in terms of which Provider Service provides the specialist input. Figures for Lancashire and Cheshire have been particularly difficult to analyse and are presented at the end of the table

Table 2: Comparing data from Different Agencies

Children's Trust Area	Population of school age children (2009)[3]	Index of Multiple Deprivation Rank 2007 LA Summaries	% with SLCN as primary needs for SEN	% pupils with statements	SLT WTE[4]	SLT per 10,000 of the school population
Ashton Leigh Wigan	45611	80th	12.4	3.0	15.9	3.5
Blackburn with Darwen (Hyndburn & Ribble Valley)	27787 (19949) 47737	17th	28.6	2.3	20.1[5]	4.2
Blackpool	20922	12th	16	2.3	See N Lancs	
Bolton	48062	65th	13.3	2.4	22.3	4.6
Bury	30033	136th	17.4	3.1	12	4
Cumbria	76,069		23.1	3.0	31.5	4.1
Halton	18307	30th	30.9	3.2	12.6	6.8
Knowsley	22805	5th	9.7	3.3	18.9	4.5
Liverpool	70029	1st	20.2	2.2	38	5.4
Manchester	71624	4th	15.5	2.8	42.3	5.9
Oldham	41387	42nd	20.9	2.1	19.74	4.8
Rochdale	33527	35th	22.1	3.3	15.4	4.6
Salford	33604	24th	27.6	2.8	20	5.9
Sefton	44742	107th	17.3	2,2	14.5	3.2
St.Helens Commissioned from Knowsley	26804		18.7	2.3	7	2.6
Stockport	43149	190th	17.3	3.6	16	3.7
Tameside	34981	47th	14.9	2.1	15.2	4.3
Trafford	38390	178th	19.3	2.4	19.6	5.1
Warrington	31191	202nd	20.7	3.6	20.4	6.5
Wirral	51519	95th	14.1	3.6	12.2	2.4
Cheshire LA			28.5	3.0		
East Cheshire	48800				24.5	5
West Cheshire	46600				29.7	6.4
Lancashire LA	171495		22.6	3.6		
Central Lancashire	78900 children 0-14 years				32.7	4.1
East Lancashire	35374[6]				20.2	5.7
North Lancashire (includes Blackpool)	49600 children 0-14 years (with Blackpool 70522)				25	3.5

Please note that the figures for Lancashire Central and North Lancashire are not based on school age population, but children age 0-14 years from the Lancashire Profile

[3] School population, and SEN obtained from DCSF 2009
[4] ChiMat April 2009

[6] Figures for school age population provided by East Lancashire PCT

CHAPTER 3 SHARING PRACTICE FROM THE NORTH WEST

The review of provision for children with SLCN in the northwest has identified many innovative developments. Four examples are presented below but for the full range go to **www.cyp1.org.uk**.

The review analysed the areas where development has been taking place in the northwest. A comparison with the themes from the original Bercow Review shows that development is following the recommendations of Better Communication. However, an analysis of the submissions also shows that a relatively small proportion of organisations were identifying notable practice and that those who submitted examples generally submitted more than one.

Figure 8: Summary of submissions for best practice

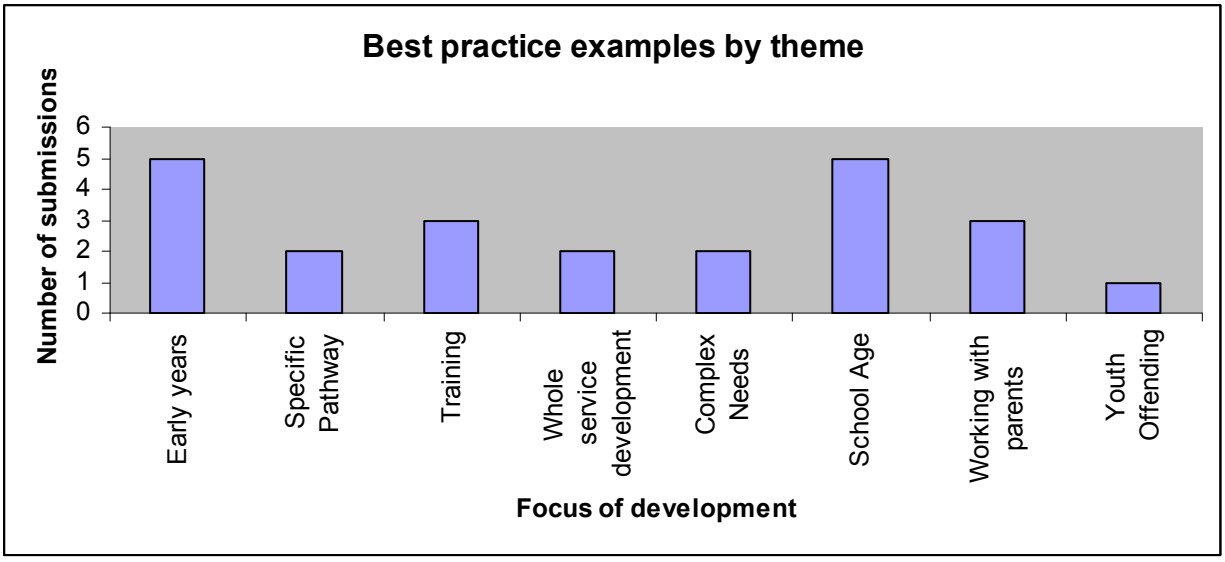
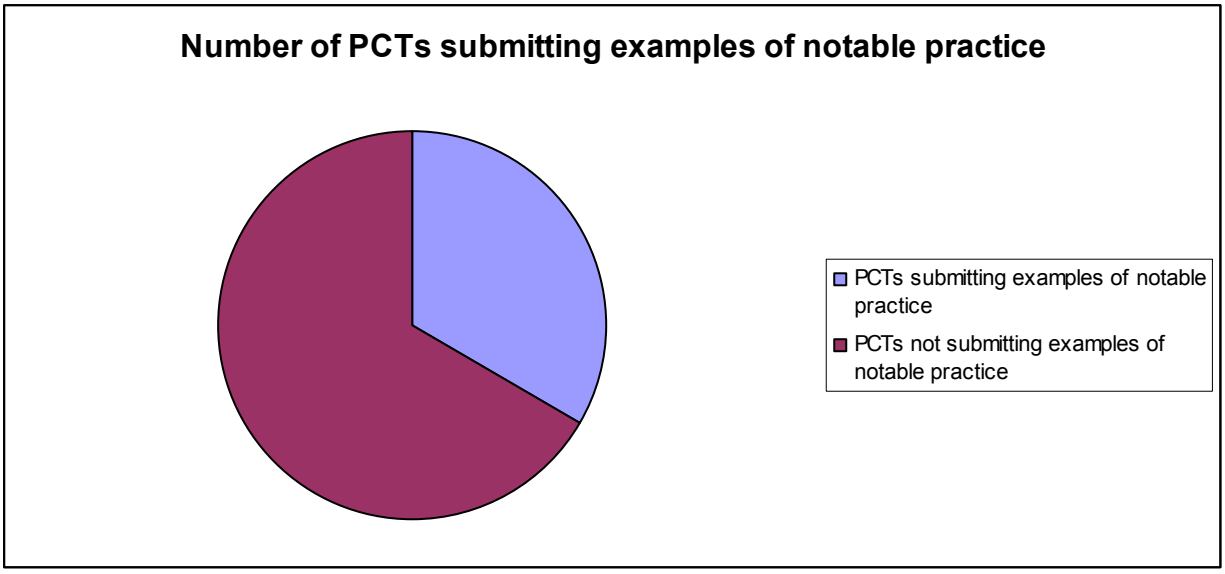


Figure 9: Comparing the number of PCTs submitting examples of notable practice with those PCT that did not



Stockport Single Pathway for Autism

Innovation
'Doing things differently, and doing different things, to create a step change in performance'

Single pathway for assessment and diagnosis of autism

Needs identified from service users

Benchmarked existing service using national audit for autism

Agreed to ring fence time for autism from service managers based on current workload

Standard procedures before referral ensures families are supported from the point at which concerns are raised

Improved Prevention

Training for all children's practitioners

Pre-referral tool prevented partial and unhelpful diagnoses, as well as providing early support

Co-occurring difficulties identified and supported

Achieving Productivity

Virtual team set up

Using existing specialists

Economies of scale as practitioners work together

Identifying specific roles for practitioners reduced duplication

Increased referrals managed with a reduced waiting time for assessment

Developing Partnerships

Planned by wide group of stakeholders

'Consensus' pathway developed

Parents involved in planning training

Jointly developed permission forms

Multi-agency planning group provides monitoring role through audit

Quality achieved

- Coordinated use of resources
- One point of entry for all children for assessment
- Standard pre-referral screening tool for all practitioners to use
- Training provided better awareness of autism for the children's workforce
- Children's practitioner skills developed in preparing families for referral
- Based on national standards/guidance
- Reduced duplication of practice
- Waiting times for assessment reduced from 2 years to 4 months despite increase in referrals

Local Parents become trained speech and language assistants Halton

Innovation
'Doing things differently, and doing different things, to create a step change in performance'

Local parents as SLT Assistants

Parent courses were provided at Sure Start Centres to develop parent skills in managing SLC. At the same time, information was given relating to SLTA recruitment to encourage applications form parents

SLTAs jointly developed specific skill set required for working with SLCN linked to in house training programme

Assistants provided specialist support in home and family settings for children with SLCN within their own local community

Improved Prevention
Increased involvement in existing parents groups at Sure Start Centres to promote good communication from birth

Achieving Productivity
Unqualified SLTA gain new skills and qualifications(up to NVQ L3)

Staff are retained and have opportunity to develop skills and careers

Flexible working arrangements fit with school and employees' needs

Increased capacity has ensured
- More timely intervention
- More direct intervention and support
- Releases SLT time for most effective use

Developing Partnerships
Better partnership with parents achieved

Reporting to LA has maintained focus of service development

Jointly delivered parent programmes

SLTA are based in Children's Centres

Quality achieved
- No clinic provision- all support provided in the family home, child's educational setting or Children's Centre
- No review of cases-aims are agreed with the family and child discharged when these are achieved with easy re-referral to the service and no waiting times
- Parents trained to advanced practitioner level and able to work independently delivering specialist interventions with supervision
- Model of remote supervision from SLT developed
- Training, development and supervision enabled SLTAs to become confident to work independently, evaluating progress and adapting plans
- Reduction of DNA as SLT accessible to more families through home/setting visits, using local knowledge

Designing a secondary age service
Oldham

Innovation
'Doing things differently and doing different things, to create a step change in performance'

Designing new service for secondary age children

Development based on clinical reasoning assessing risk and impact of SLCN and agreeing clearly defined outcomes for intervention (Malcomess Care Aims)

Training programme for school staff is central element of service design

All school staff able to gain skills in supporting children with SLCN through training

Clear role for school staff at pre-referral stage

Intervention focuses on children building skills in managing own SLCN

Improved Prevention

Triage clinics to determine needs

Pre referral support built into service reduces need for referrals to SLT service

Flexibility built into service to support vulnerable families who may have difficulty accessing support

Achieving Productivity

Improved "through-put" through use of effective goal setting and discharge

Complaints eradicated

Large number of staff accessing training

Reduced waiting list time

Developing Partnerships
Joint funded (Local authority) SLT posts

Managing expectation by using agreed and clear goals from outset of intervention

Sharing progress and ongoing evaluation with service users and providers to develop service

Jointly developed pathways for some specific clients groups

Quality achieved

- **Care aims principles supporting model of service delivery**
- **Developing primary to secondary transitions group**
- **Delivery of ELKLAN 11-16 yrs, with accreditation**
- **Improved data collection to evaluate service effectiveness**
- **Improved understanding of SLCN needs to benefit all young people**
- **Positive reports from service user evaluation**

Walk-in assessment service for early years
Trafford

Innovation

'Doing things differently, and doing different things, to create a step change in performance'

Walk in SLT assessment at local children's centre "play and stay" session.

Parents and children can attend any assessment without a pre-arranged appointment

Assessments take place at children's centres

Initial assessment concludes with clear decision about follow up and future needs. Options are

- Advice and discharge
- Language groups/ speech groups
- Referral for specialist assessment

Improved Prevention

Access to early advice for concerned parents

Early identification of children with complex needs not previously identified

Achieving Productivity

No waiting times for first assessment

No Did Not Attend

Assessments are brief and efficient with clear follow up options available

Increased numbers of children seen in each session

Developing Partnerships

Joint working with children's centre and multi agency partners, signposting to other support initiatives

Health Visitors able to direct concerned parents to early specialist assessment for SLCN

Faster referral on to other services if needed

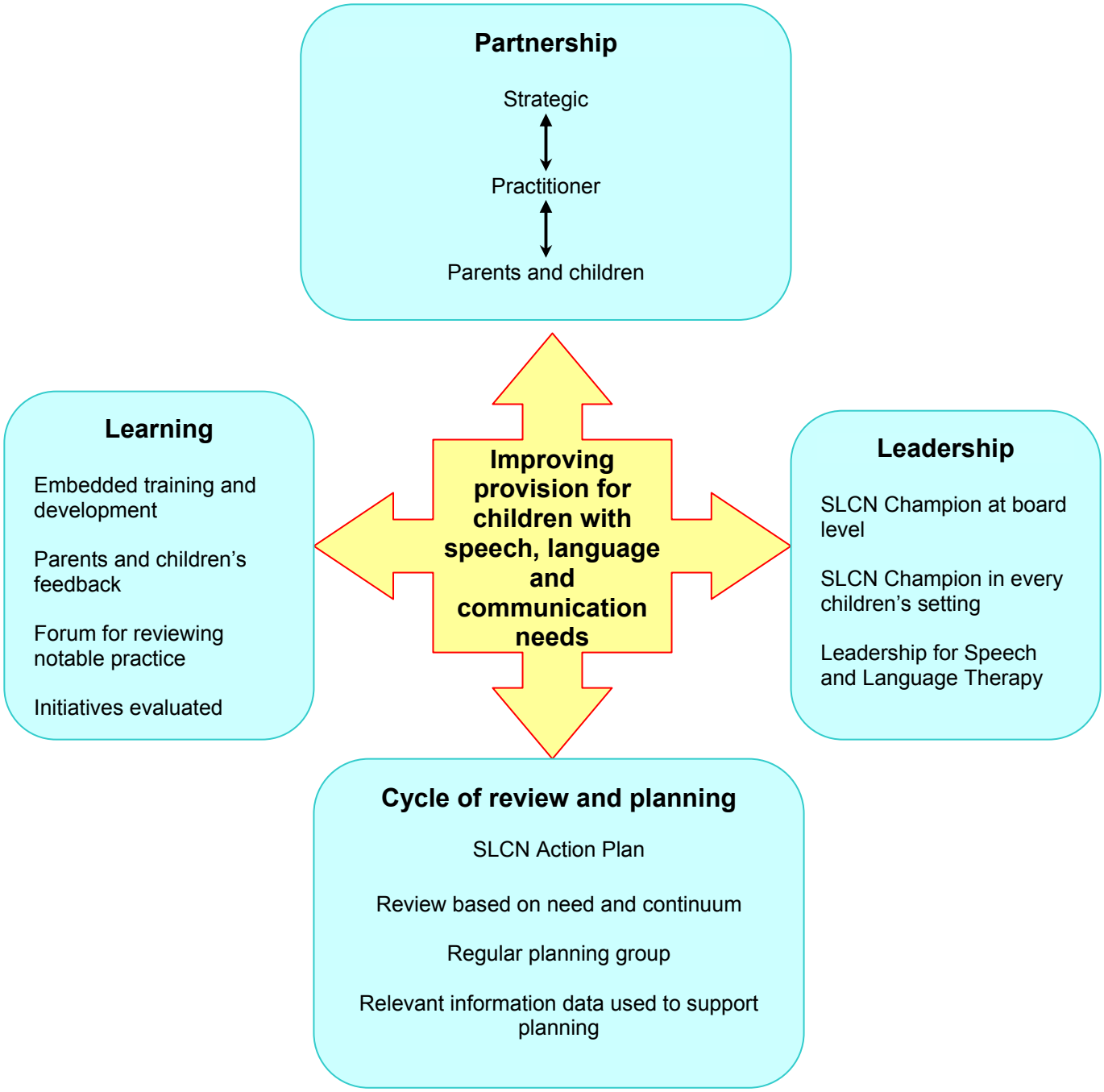
Quality achieved

- No anxious period of waiting from referral to assessment
- Therapists work in one location allowing cross checking for more complex cases
- Service users praise the speed and expertise that the children receive
- Families have choice of times and venues
- Child friendly settings, with access to other children's activities
- Earlier identification of and support from services for preschool children identified with complex needs

CHAPTER 4 ENABLERS AND BARRIERS

4.1. The key enablers for excellent services for children with SLCN

From our review of speech, language and communication provision in the NW, we identified four themes that are associated with services that are progressing in implementing the recommendations from Better Communication. These are summarised in the diagram below



Enablers - The most important, single, enabler is the presence of constructive and active working relationships at every level (both within every organisation, and also between organisations).
Other significant enablers are summarised in the table below using the four themes identified from the review. The table also includes practice examples to exemplify each enabler.

	Enablers	Practice examples from the NW
Partnership	Involving parents in understanding SLCN, in the decision making and agreeing expectations from the beginning. Whole system improvements: commissioners and providers working to the same priorities, mutual problem solving The 'Statementing' process being conducted in a spirit of partnership with families	• The introduction of clear clinical reasoning and Care Aims ensures that parents are jointly agree goals and have clear expectations • Assistants recruited from local parents • Whole service developed using consistent priorities and standards, based on national guidance • Joint agreement of goals and shared understanding of expectations with families which then informs Statementing advice
Review and planning	A 'whole systems' improvement strategy for children with SLCN, with effective leadership, and specific prioritisation, across all children's services, under the umbrella of a strong Children's Trust. Processes and systems for decision-making, which are joined-up, agreed, clearly defined, and mutually understood at all levels of all partner agencies: i.e. clear, integrated pathways Knowledgeable, whole-system commissioning, using data and 'intelligent' analysis Meaningful measures of quality and outcomes used alongside typical activity measures, to monitor services Process of regular review and revision that informs developments	• SLCN included in Children & Young People Plan • SLCN Action Group part of Children's Trust Planning Groups, with reporting arrangements to Children's Trust Board • Agreement for specific referral form for Speech and Language Therapy, to complement Common Assessment Framework (CAF), ensures appropriate referral • Development of specific pathways agreed by multi-agency group and including parent/child contribution (e.g. selective mutism pathway, ASD pathway) • "Care aims" used to monitor provision for children with SLCN, using specifically designed system to capture outcomes and record impact

Leadership	Professional leadership from Speech and Language Therapy represented at strategic level Investment in children's services explicitly linked to developments in innovative practice and partnerships Leadership: communication champions at senior and practice level	• Professional leadership initiates review and re-design of services and encourages roll out of successful approaches • Speech and Language Therapy Manager overseeing the development of provision across the continuum including transition into adult services based on clear standards for all • Jointly funded posts are effective in supporting SLCN • Model of communication champions in all settings to disseminate training into Early Years settings and schools
Learning	Use of sound, evidence-based models e.g. Team Around the Child (TAC), Care Aims Building capacity: flexible, imaginative and innovative skill mixing, development of new roles, using the whole workforce, and using the skills of parent carers Workforce development, which facilitates learning in the workplace and enable children's practitioners to apply their skills with confidence Use of a structured training programme that promotes work based learning The training of the wider workforce by Speech and Language Therapists as part of joint training initiatives	• Joint practice working with children with SLCN as a key means of developing staff • ELKLAN training programme provides both knowledge and practical learning • Training children's centre practitioners to integrate language development activities into wide variety of groups (e.g. ECAT) • Training for schools/teaching assistants to integrate advice for SLCN across the curriculum, to promote communication friendly environment • Speech and language therapists' contribution to higher education training programmes & involvement in newly qualified teacher programme

4.2. Barriers to excellent services for children with SLCN

Barriers
1. SLCN not identified as a priority, and no Communication Champion at a strategic level 2. Fragmented commissioning, preventing a coherent, "whole system" approach; and with the introduction of Academies giving rise to further concerns 3. Different contracting systems between agencies, preventing alignment in the planning and delivery of services 4. Lack of representation of Speech and Language Therapy services at strategic levels across agencies 5. Statutory work relating to safeguarding, and the needs of looked after children is a priority and often squeezes out other developments 6. Challenges in sustaining short-term initiatives such as Sure Start, where there is still reliance on grant funding 7. Withdrawal of screening tests by Health Visitors, resulting in increased numbers of late referrals to Speech and Language Therapy 8. Lack of cross-border/boundary agreements 9. Difficulty in recruiting to specialist posts (Band 7) 10. The constant mobility of some families in some areas creates difficulties in providing ongoing support for children 11. Over specificity of recommendations in statements, giving rise to false expectations and unnecessary intervention, tribunals often set the priorities, leading to a disproportionate focus on specific cases.

CHAPTER 5 GUIDANCE FOR COMMISSIONERS, PROVIDERS, AND PRACTITIONERS

Sustaining progress

It would be good practice to develop a network, owned by members to provide a forum for sharing practice and knowledge and sustain progress in implementing Better Communication. This should be linked to the Year of Communication 2011.

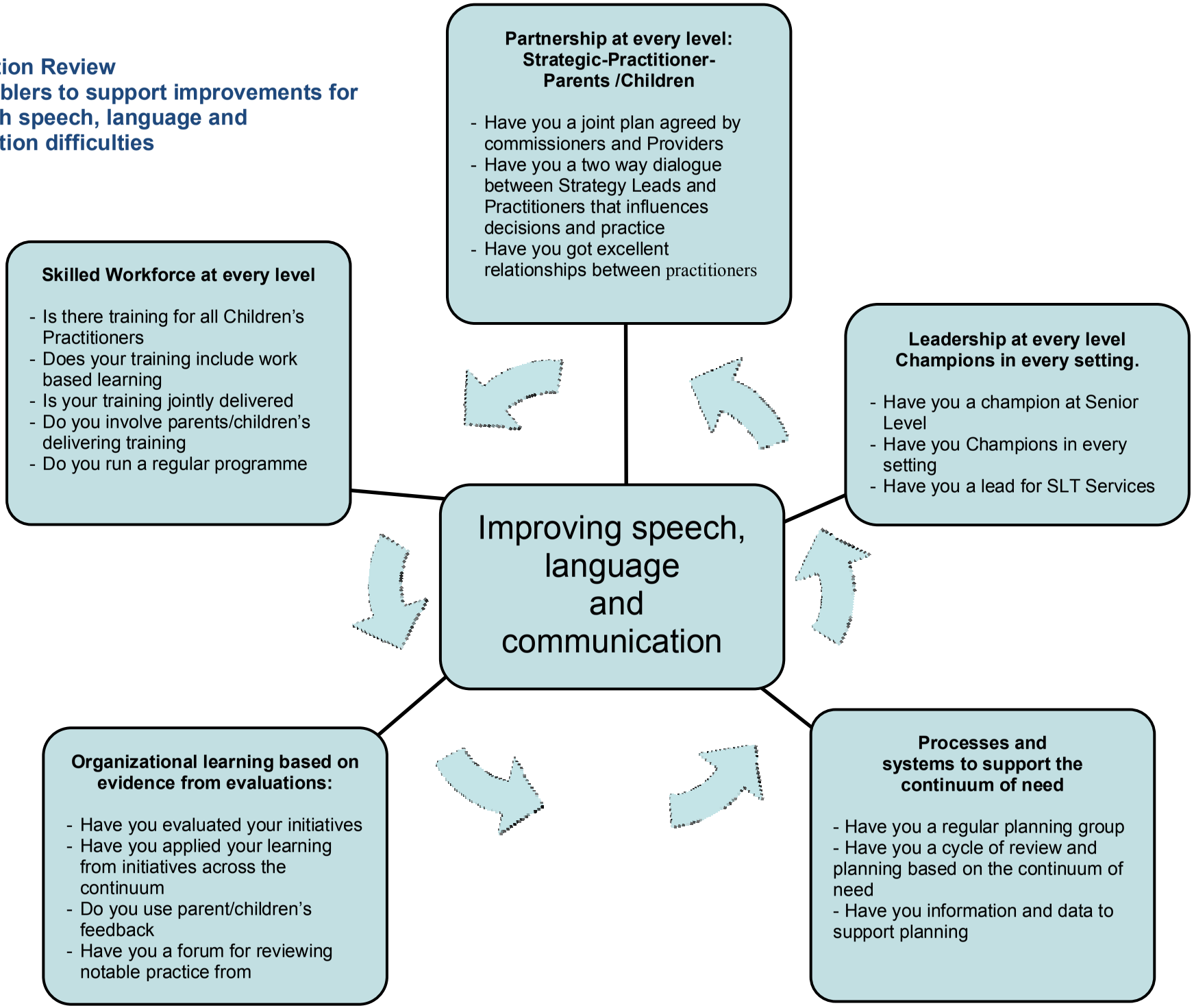
Such a network would have

- clear goals
- promoted by professions
- inclusive and multi-agency
- adaptable to changing needs of client group and practitioners

Self-evaluation using review tool

The Child Health Development Programme has developed a set of statements based on the findings of the review to benchmark provision. These form the basis of a peer review process enabling organisations to identify points for action. These can be used by the strategic and practitioner partnerships in Children's Services through a self evaluation process that is then enhanced by a peer review. Commissioners, Communication Champions and providers should participate in the self evaluation and peer review. Repeating a peer review after 12 months will provide an opportunity to track progress and discuss issues. The peer review tool is shown on the following pages:

Self Evaluation Review
Use the enablers to support improvements for children with speech, language and communication difficulties



Self Evaluation Tool

The key findings from the Better Communication NW Review have been used to develop the following questions to benchmark your provision.

Partnership Statement **There are effective partnership arrangements** ▸ **between practitioners and children/parents** ▸ **between strategic leads and practitioners** ▸ **between strategic leads in different agencies**			
	Progress	**Evidence**	**Next steps**
How are you involving children and families in developing services			
How are you aligning processes between agencies What areas remain issues and how are you addressing these			
How do you maintain SLCN provision whilst you are managing the change agenda			
How is the change agenda being managed			
How are promotion and prevention incorporated into provision at ▸ Early Years ▸ Primary ▸ Secondary			

Self Evaluation Tool (continued)

Leadership statement **There is clear leadership for SLCN throughout the continuum of provision**			
	Progress	**Evidence**	**Next steps**
How is the overall oversight of the continuum of provision for SLCN achieved			
How is the continuum of SLCN needs represented at senior level			
Who takes the professional lead for SLCN			
How do commissioners influence provision and how do practitioners influence strategic planning/commissioning decisions			
How is the expertise and understanding of clinical leads used to develop the continuum of provision			
Is there any clarity about what investment is available to build capacity and capability			
How is the importance of SLCN encouraged in all settings for children			

Self Evaluation Tool (continued)

Review and planning delivery statement **There is a cycle of review and planning delivery of provision for children with SLCN**			
	Progress	**Evidence**	**Next steps**
Show how parents and children are involved in planning and reviewing provision			
Show how there is a whole system understanding of the pathway for SLCN associated with clear strategic planning			
What strategic and operational links exist between leaders in various agencies and their teams and how does this work			
Show how joint commissioning shapes your planning and multi-agency delivery			
Show how your strategic plans have been designed with your partnership			
Which agencies do you plan with; are these the right ones and how are you addressing gaps			
Show how strategic plans have been linked with clear delivery plans			
How effective are the action groups that audit and review provision			
How do you ensure that provision is equitable across all agencies			
How do you measure the impact of provision and multi-agency practice			
How do you take account of workforce capacity in relation to ongoing need			

Learning statement **Learning from delivery in one setting is applied to other settings** **There is a regular programme of training and up-skilling for all children's practitioners**			
	Progress	**Evidence**	**Next steps**
How is learning from one setting/initiative applied to other areas of provision			
How do you plan for developing workforce skills in supporting SLCN across the continuum			
How are you supporting your workforce in relation to providing for emerging priorities			
How do you build capability in supporting SLCN in children's practitioners			
What workplace learning is in place to aid the development of practice			

APPENDIX 1: Comparing Children's Trust/PCT Partnerships in key areas identified through regional review

	Participation in regional review	Commissioning	SLCN Lead at senior level	SLCN Action Plan	Whole system planning	Waiting times in weeks	SLT Professional Lead
1.	Yes	Joint Commissioner	No	No	No	15-18	Yes
2.	Yes	Health commissioner	No	No	No	3-6	Yes
3.	No data						
4.	Yes	Joint Commissioner	No	Yes		11-14	No
5.	Yes	Shared commissioning	No	No	Yes	11-14	No
6.	Yes	Yes	No	No	Yes	15-18	Yes
7.	Yes	Joint Commissioner	Yes	Yes	Yes	23-26	Yes
8.	Yes	Joint Commissioner	Yes	No	Yes	Over 23	Yes
9.	Yes	Health Commissioner	No	No	Yes	7-10	Yes
10.	Yes	Health Commissioner	DK	No	Yes	7-10	Yes
11.	Yes	Yes	No	No	No	No data	No
12.	Yes	Health Commissioner	Yes	No	No	15-18	Yes
13.	Yes	Health Commissioner	Yes	Yes	Yes	Over 24	Yes
14.	Yes	Joint Commissioner	No	Yes	Yes	15-18	Yes
15.	Yes	Health Commissioner	Yes	No	Yes	N/A	Yes
16.	Yes	Health Commissioner	DK	Yes	Yes	3-6	Yes
17.	Yes	No	Yes	No	No	No data	Yes
18.	No data						
19.	Yes	Health Commissioner	No	Yes	Yes	15-18	No
20.	Yes	No	No	Yes	No	7-10	Yes
21.	Yes	Joint Commissioner	No	Yes	Yes	3-6	Yes
22.	Yes	Joint Commissioner	Yes	No	No	No data	No
23.	Yes	Joint Commissioner	No	No	Yes	3-6	Yes
24.	Yes	Joint Commissioner	Yes	No	Yes	19-22	Yes

APPENDIX 2

Current Context

Equity and Excellence Liberating the NHS

The new Government's health agenda, as set out in the July 2010 White Paper, stresses the importance it places on partnership working:

"The Department of Health will continue to work closely with the Department for Education on services for children, to ensure that changes in this White Paper support local health, education and social care services to work together for children and families."

Achieving Equity and Excellence for Children

The new Government's consultation document on the future of children's services accompanies the above White Paper.

The document emphasises: listening to children and parents; focussing on outcomes; and local autonomy within clear accountability structures.

The Bercow Review (2008)

John Bercow MP was invited to lead a review in relation to speech, language and communication needs (SLCN) and to produce a report for the Secretaries of State for Health and for Children Schools and Families, arising from the Children's Plan 2007.

The key themes in the Bercow Review Report were identified through extensive consultation with service users and providers, and clearly resonate with the issues that Children's Trusts are addressing as part of the Every Child Matters agenda.

Section 4 (below) sets out our findings against the four key themes/headings of the Bercow Report.

Better Communication Action Plan (2008)

Following publication of the Bercow Report, the Government developed an action plan to address the 40 recommendations, many for Government Departments, but some for implementation locally, through partnership arrangements.

The Department of Children Schools and Families [DCSF] Letter to All Directors of Children's Services

In a letter dated 17th December 2008, Directors of Children's Services were tasked with implementing these recommendations, with a focus on establishing a continuum of services designed around the needs of the family and delivered in a coordinated way across agencies. With the establishing of Children's Trusts, much of the emphasis had been on cross-agency leadership. For example, each Children's Trust had been required to have a nominated lead on their board for Speech, Language and Communications.

Speech, Language and Communications Needs

One of the greatest challenges for meeting the needs of SLCN is the range of need across the client group and the great variability in models of intervention.

Children with speech, language and communication needs (SLCN) are a significant concern for families and educators, with a prevalence of 7% of 5 year olds and as much as 50% in socio-economic deprived population (Bercow 2008). These needs do not represent a single disability that can be easily recognised and treated but are present across the range of disabilities, as well as existing as a discreet developmental difficulty in the context of adequate skills in other developmental areas. SLCN therefore presents a considerable challenge for service commissioners and providers.

APPENDIX 3

Terms of reference and methods

In order to support the work of partnerships in the North West the NHS NW established a Regional Implementation Group in 2009. This Group provided the guidance on the development of the regional review.

The aims of the review were:

- To develop an understanding of the planning and provision for SLCN and implementation of the Better Communication Action Plan in Children's trusts across the north west region

- To improve the understanding and use of information on the need for speech, language and communication assistance and the services available to address that need so that commissioning and provision is based on sound evidence

- To identify good and innovative practice in supporting children and young people with speech, language and communication needs

- To identify the issues related to capacity and skills of the children's workforce required to meet SLCN on a regional basis

Scope of the review

The scope of the review was:

- To reflect the practical reality of the experience of children and families, commissioners and service providers

- To create a strong position for Children's Trusts and PCTs to prepare for the National Year of Speech, Language and Communication in 2011/12

- To review process and recommendations will support improvement and progress, even within the context of the sharp tightening of public finances over the next four years.

- To will include the 0 – 18 age range, with particular attention to the gaps that are becoming evident in the 11 – 18 years.

- To link with other SLCN work-streams at national and regional levels

Review deliverables

- An analysis, and commentary, on the main speech, language and communications service deficits across the region

- A tested method for gathering data and information about provision

- Establishing of a regional “reference resource”, to assist commissioners and providers in the future, based explicitly on, and prioritised around, evidenced, and successful examples of:

  ~ Quality improvement
  ~ Innovation
  ~ Productivity
  ~ Prevention
  ~ Integration

- Recommendations in relation to workforce development, concentrating on those initiatives that will require regional-level solution to ensure that the right skills and capacity are developed to deliver the services and agreed outcomes.

- A regional network to support the development of provision

Method

The review was conducted in two phases with an initial testing of the methods involving four pilot sites. A further twenty sites were invited to participate in the full review enabling the collection of the following data:

- Detailed provider data on service provision using an on-line survey, to map the level of service provision, using existing information, collected as part of routine monitoring of services. The questionnaire was based on the Bercow questionnaire, the QSET data, and the JSNA

- Data on service provision from CHIMAT, and other relevant sources

- Guided interview with each partnership:

  ~ Key issues of joint planning, commissioning and monitoring
  ~ Completing a matrix of information from the self evaluation and data search
  ~ Compiling a log of issues and gaps in information availability/quality

- A practitioner workshop with colleagues from universal, targeted and specialist services, using the child’s journey for identifying current processes and practitioners, and for revealing associated skills or service gaps

APPENDIX 4

Evaluation of practitioner workshops

Participants in the practitioner workshops commented on the benefits of the process of examining the pathway for children with SLCN in their area. The following charts indicate:

- the issues raised by the workshops
- how the workshop had prompted participants to work differently
- suggested improvements for the workshop format

Figure 10: Workshop participant's comments on the issues raised in the workshop

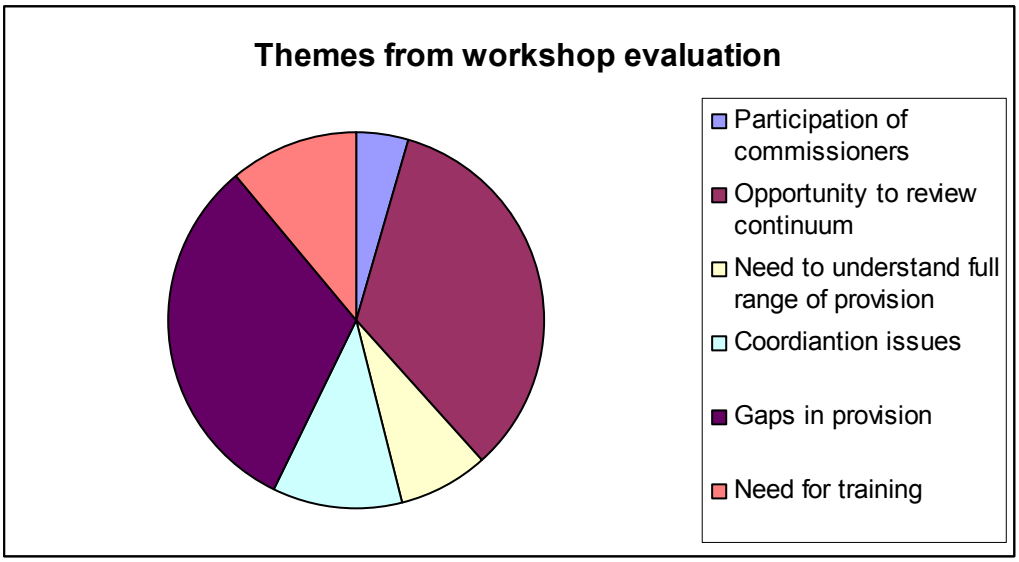


Figure 11: Priority areas for improvement/change following the workshops

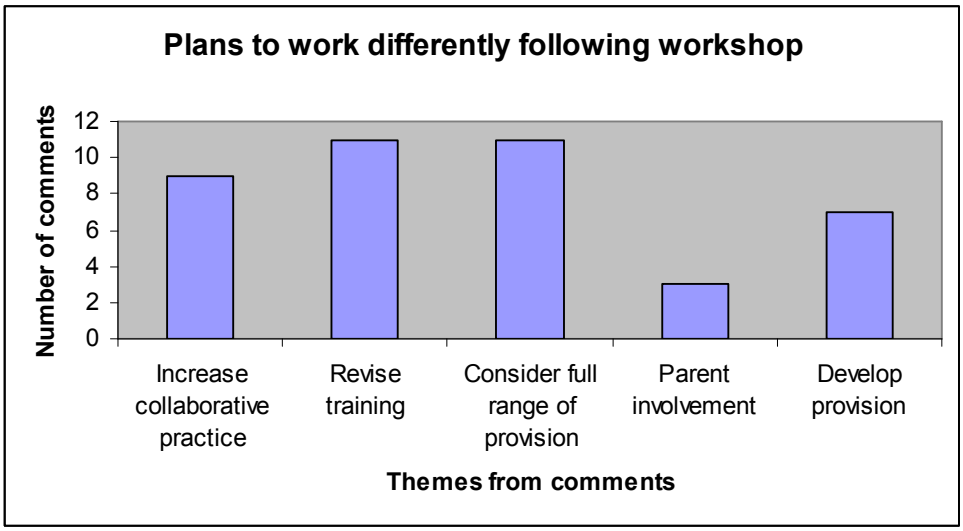
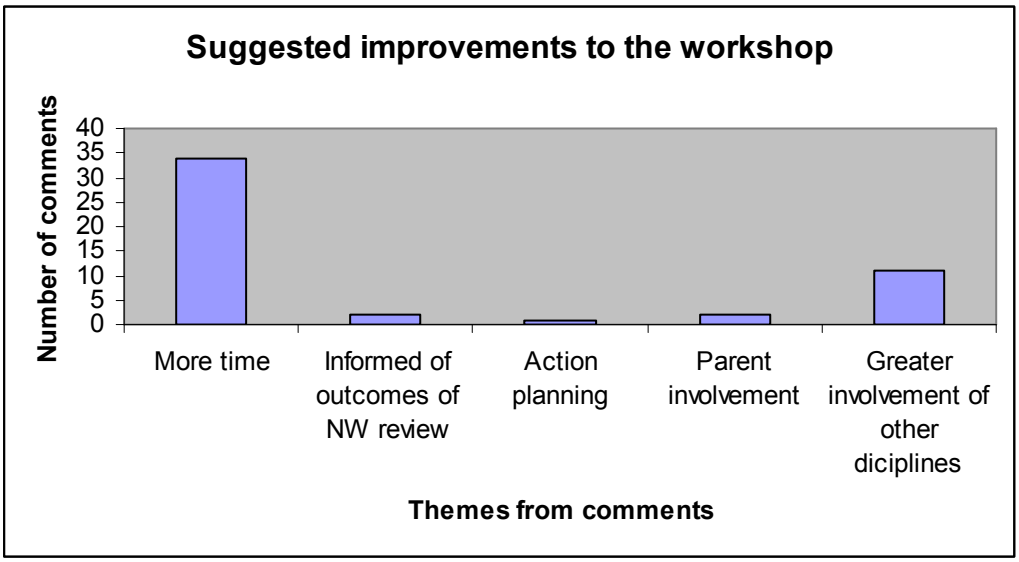


Figure 12: Suggested improvements for future workshops



APPENDIX 5

Glossary

Action groups
A forum for planning, implementing and monitoring changes to provision

CAF (Common Assessment Framework)
A standardised approach to assessing children's additional needs and deciding how these should be met. Assessment includes an evaluation of the child's strengths and needs, parent/carer needs and environmental factors. It is intended to be used by any practitioner working with children and should facilitate integrated working between agencies

Capability building
Learning and development ensures that practitioners have the right skills to achieve the best outcomes for the people they are working with. Capability building is a systematic approach to learning and development and is central to the success of any organisation.

Care Aims
The Malcomess Care Aims model supports clinical reasoning and decision making by focusing on the reduction of the impact of a clinical need and identifying the intended outcome of intervention for the patient/user

Children's centre services
Children's centres are service hubs where children under five years old and their families can receive seamless integrated services and information. They offer permanent universal provision across the country, ensuring that every child gets the best start in life.

Children's Trust
The partnership arrangements set up between all organisations involved in delivering care and support for children and young people. Each area has taken responsibility for designing their own Children's Trust to reflect the needs of the local population.
A Trust Board is responsible for the partnership arrangements with all partners working to a Children and Young People's Plan. Arrangements range form full integration of teams and budgets through to shared arrangements for specific elements of children's services.

Commissioning
Commissioning is the process of deciding how to allocate the resources for the population in an equitable and effective way. Partnerships between the local authority and health should commission children's services. The commissioning process includes evaluating the outcomes that children and young people achieve and monitoring the quality of services.

Communication Champion
A named person to coordinate and improve provision for children with SLCN. A communication champion could be assigned to a specific setting, organisation or have a national role. Currently England has a Communication Champion to lead the National Year 2011.

Continuum of provision
Coordinated provision to support children and families across the age and needs spectrum. Bercow describes the importance of the continuum for SLCN being broad and varied, providing support at universal, supportive, targeted and specialist level.

Demand management measures
Understanding the demand for health care and the processes fro predicting future demand and planning services to meet the demand

ECAT (Every Child a Talker)
A national programme designed to improve children's achievement in early language, increase practitioners' skills in promoting language development and enable parents to support language and communication. The programme includes a wealth of resources to guide adults in choosing enjoyable activities that promote language learning.

ELKLAN
Provides accredited training programmes for parents, health and education practitioners for children age 2-16 years. The training is designed and delivered by specialists and accreditation is through the open College Network.

IDP (Inclusion Development Programme)
Resources and training provided for schools to increase the confidence and expertise of practitioners in supporting children with additional needs in mainstream settings.

Information systems
Accurate, up to date patient/user data capturing basic information and outcomes from intervention. Data must be confidential, but accessible by appropriate people

Joint Strategic Needs Assessment
Identification of current and future health and well being needs of a population together with commissioning priorities and plans to reduce health inequalities based on partnership and evidence of effectiveness

Lorenzo
Clinical software recording patient data and episodes of care in the health system

Models of delivery
The way services are designed to meet specific needs. The design may be dictated by external factors such as accommodation or availability of staff, or by tradition rather than the best arrangements for service users

Opt-in system
Parents and carers are expected to contact the health service following a referral to agree to attending an appointment and arrange a convenient time to attend

Promotion and prevention
Promoting language and communication development through education of parents and carers and the children's workforce plays a critical role in preventing speech, language and communication needs developing. 'Prevention' is often the aim of intervention and can be the priority at any point in managing SLCN

Professional leadership
Clearly identified leadership roles in specialist speech and language therapy services that ensure there are understandable lines of accountability and management of clinical services. The professional leadership team must include clinical expertise in children's SLCN and practitioners must be registered with the Health Professions Council in order to maintain clinical standards.

QIPPI (we have added the second "I")
A framework to support cost-effective service development in the NHS.

- **Q**uality: clinically effective, personal and safe
- **I**nnovation: doing things differently, and doing different things, to create a step change in performance
- **P**revention: preventing the need for intervention through enabling people to manage their own health and well being: right information, choices, early support
- **P**roductivity: improving efficient use of resources
- **I**ntegration: partnership working; better planning; better co-ordination of services; shared goals; and reduced duplication

Speech language and communication needs
Speech, language and communication are essential for every child's learning and inclusion in society. Delayed development is a difficulty for many young children and a significant proportion of children will have ongoing and significant needs that requires support.

Sure Start
Sure Start is the Government's programme to deliver the best start in life for every child by bringing together early education, childcare, health and family support.

Sure Start covers a wide range of programmes, both universal and those targeted on particular local areas or disadvantaged groups within England.

Universal, targeted and specialist
Universal: services provided to all children.

Targeted- services provided for particular groups of children and young people and their families, embedded within universal settings wherever possible.

Specialist - services provided for children and young people with specialist, acute, complex or very high level needs who would otherwise be at great risk of poor outcomes. They will often be provided alongside universal services but may, in some exceptional circumstances, be a replacement for universal services

Workforce planning
A system used for planning the workforce to deliver services. Good workforce planning aims to ensure that the workforce is skilled and competent for their roles. Workforce planning is carried out at strategic and operational levels. Within multi-agency children's services, the workforce planning has to be undertaken jointly between agencies.

APPENDIX 6

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