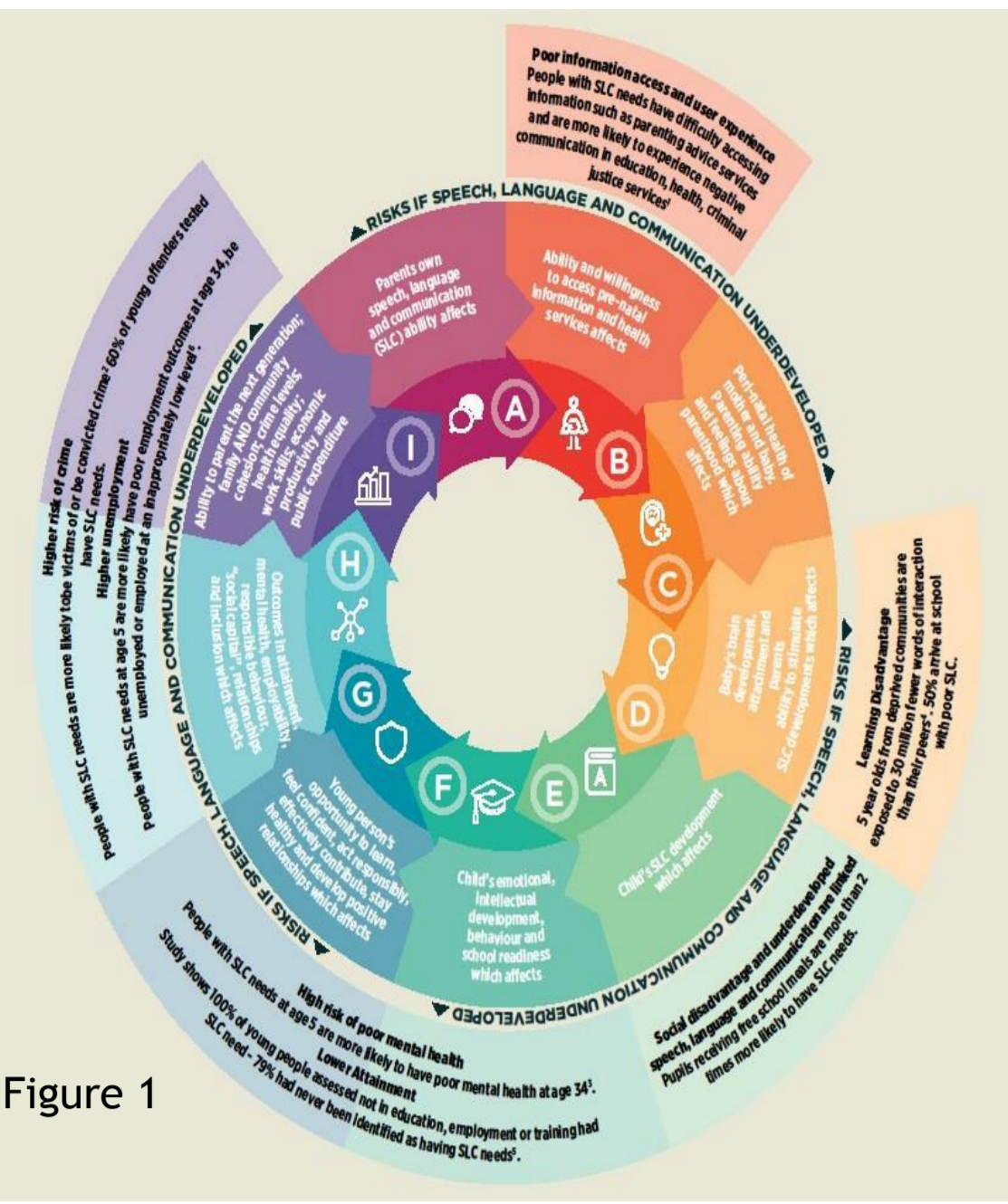


Breaking the Intergenerational Cycle

of Speech, Language and Communication Needs for Children at 27months



Overview

Speech language and communication needs (SLCN) are identified as the greatest developmental concern affecting children at 27 months of age across South Lanarkshire. The consequences reach into the classroom, justice system, mental health services and work place. Language underpins all learning, without it children struggle to express emotions, develop a sense of personal identity, learn, become literate and connect

with the world around them. If SLCN's are allowed to persist, the outcome for children and future generations is damaging. We have the potential to break this cycle but intervention needs to be early and in partnership with parents and carers (Figure1)

Data from ISD Discovery in 2016/17 provided a clear South Lanarkshire picture of the size of the problem with 27% of children within the Scottish Index of Multiple Deprivation (SIMD) quintile 1 identified as having a SLCN in comparison with those in SIMD quintile 5 (14.3%), a 12.7% gap .Carlisle is a rural town in Clydesdale Locality and baseline data from the health visiting (HV) team identified 22% of children with a SLCN at 27 months.

Theory of change 'Providing an evidence based, parent led, early intervention bundle can improve the outcomes for children identified with a speech, language and communication concern'

The project links to the NHS Scotland 2020 vision as it focuses on prevention, anticipatory care, supported intervention and coproduction for parenting and early years

Methodology

Developed a Project Aim -20% reduction in the number of children identified at 27 months with a SLCN requiring specialist intervention by April 2018 (baseline at implementation 39.2%)

Diagnostic Mapping: Identified the Problems

- Variation in the content and delivery of information provided by HVs to families
- HV recall and review timescales varied between 4-35 weeks
- Inconsistency of recording 'future actions' by health visitors
- Lack of detail and quality information provided on 'request for assistance' to SLT lengthening the vetting process and delaying access to the service
- The current SLCN resource distributed to parents/carers provided child developmental guidance as opposed to supporting targeted intervention
- Variation in staff knowledge and confidence in the area of SLCN

Working across two systems and services, we created a local improvement team of Speech, Language Therapists and Health Visitors and built capacity and capability in using Quality Improvement approaches in practice.

Within the diagnostic phase several Quality Improvement tools helped the team to understand the size of the problem with process mapping, training needs analysis to identify gaps in knowledge and confidence. Including the Model for Improvement and iterative PLAN DO STUDY ACT tests.

Change Package

The SLCN bundle included :

- Learning Session for staff -linked to NES HV National SLC Resource (Figure 3)
- Early intervention goal setting tool 'SPEECH' (Figure 4)
- Guidance to support accurate recording of assessment outcome
- Child Review standard < 12 weeks
- SLC pathway
- Request for Assistance Exemplar



Authors : Michele Scott, Karen Kershaw, Elizabeth Millar, Lucy Scott, Sandra Ferrie Sandra MacInnes and Vivian Boxall(IA)

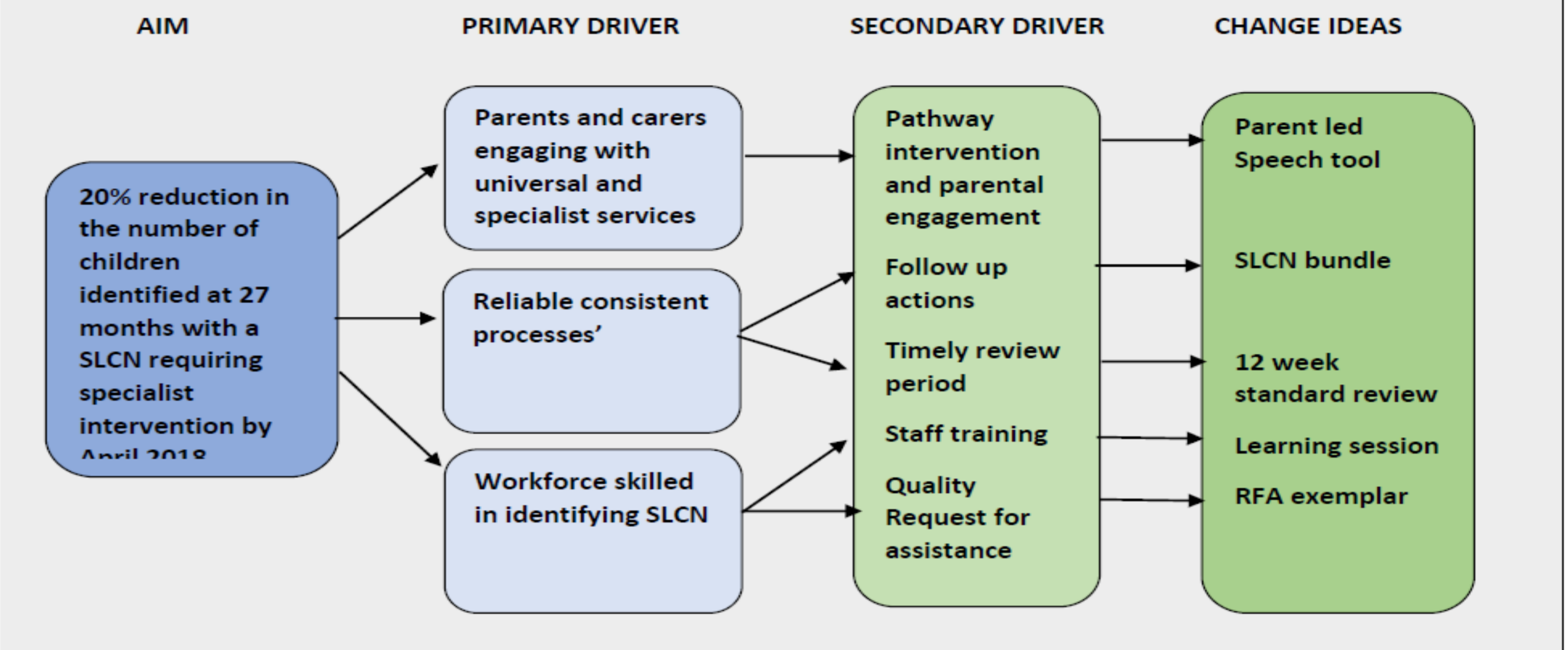
Acknowledgment :To Jean Cowie title and Joanne Gibson NES for their co working in the learning resource

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Further information contact: Sandra.MacInnes@lanarkshire.scot.nhs.uk or vivian.boxall@southlanarkshire.gov.uk

Figure 2 Driver Diagram



Outcomes and Results

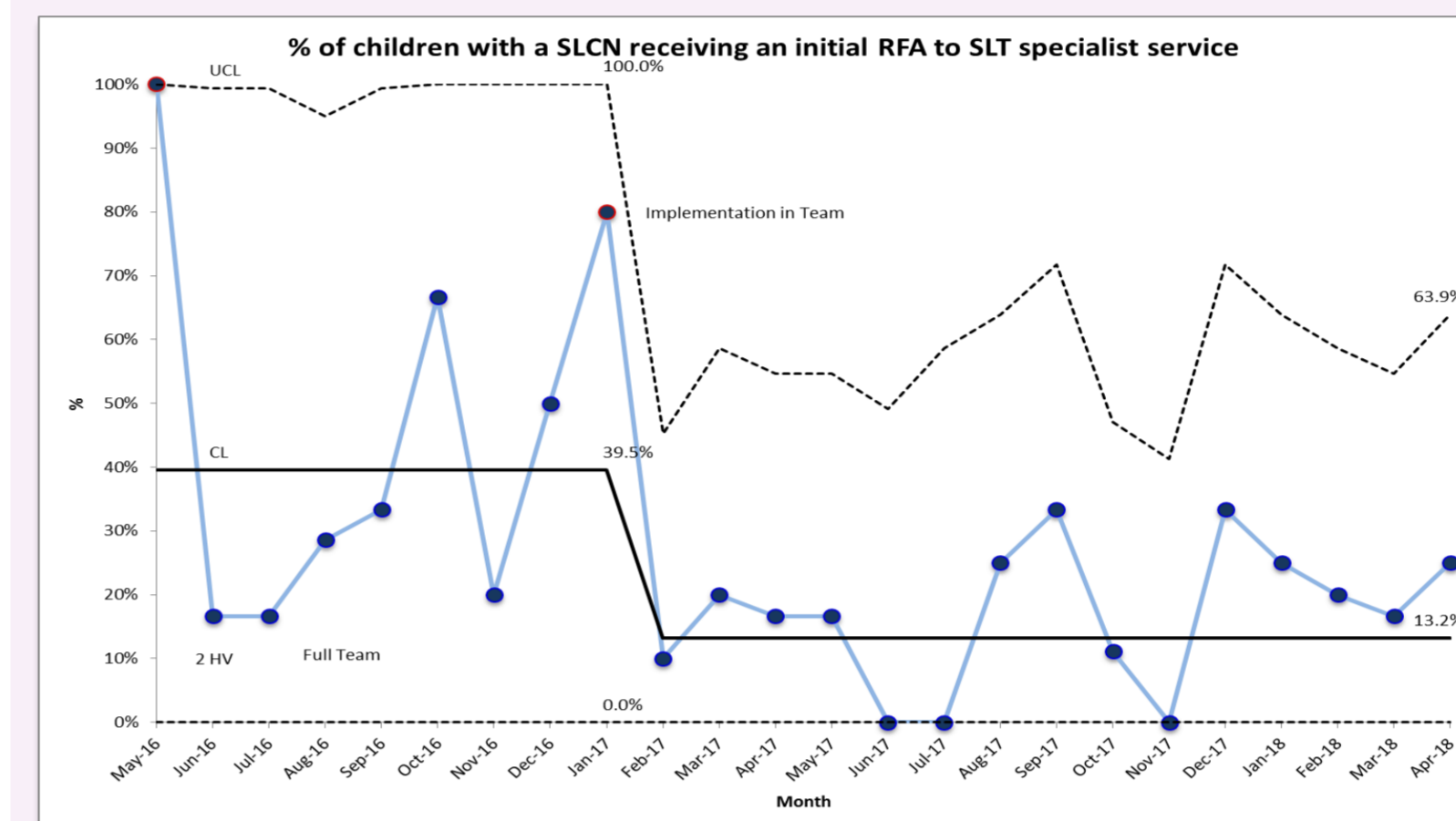


Chart 1 Source: Case Management tool

Chart 2 The percentage reliability of children receiving the intervention (107 children in total) increased to 94.4 % as the process became embedded within practice.

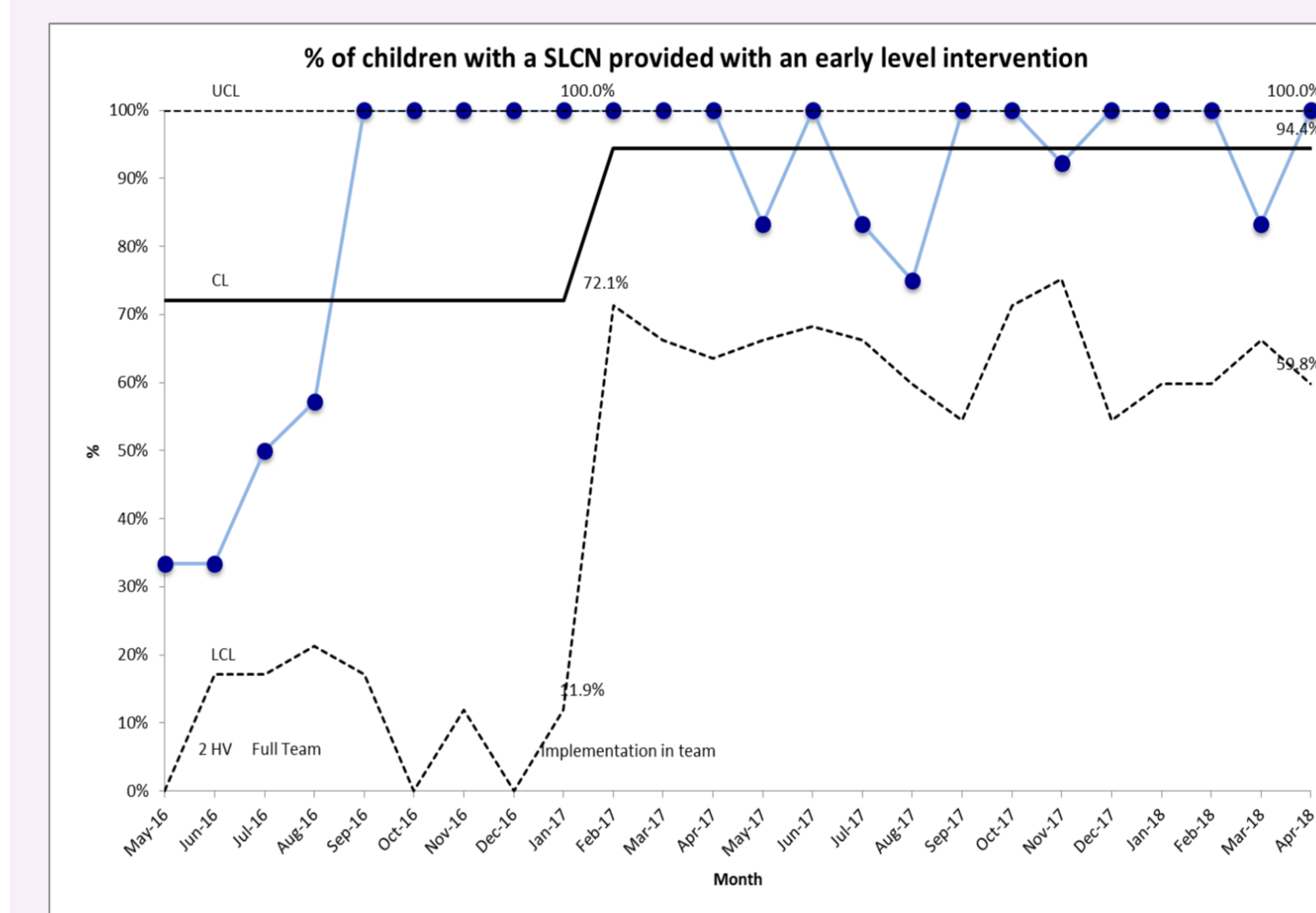


Chart 2 Source: Case Management Tool

Chart 3 Outcome Measure The baseline data illustrates that 39.5% of children were referred to specialist services. However following the intervention this reduced to 13.2 % (in a cohort of 579 children) a 26.3% reduction - achieving our aim.

Chart 3 The run chart shows that the process for a review within 12 weeks evidences improvement and has seen a 28.5% increase in reliability since implementation

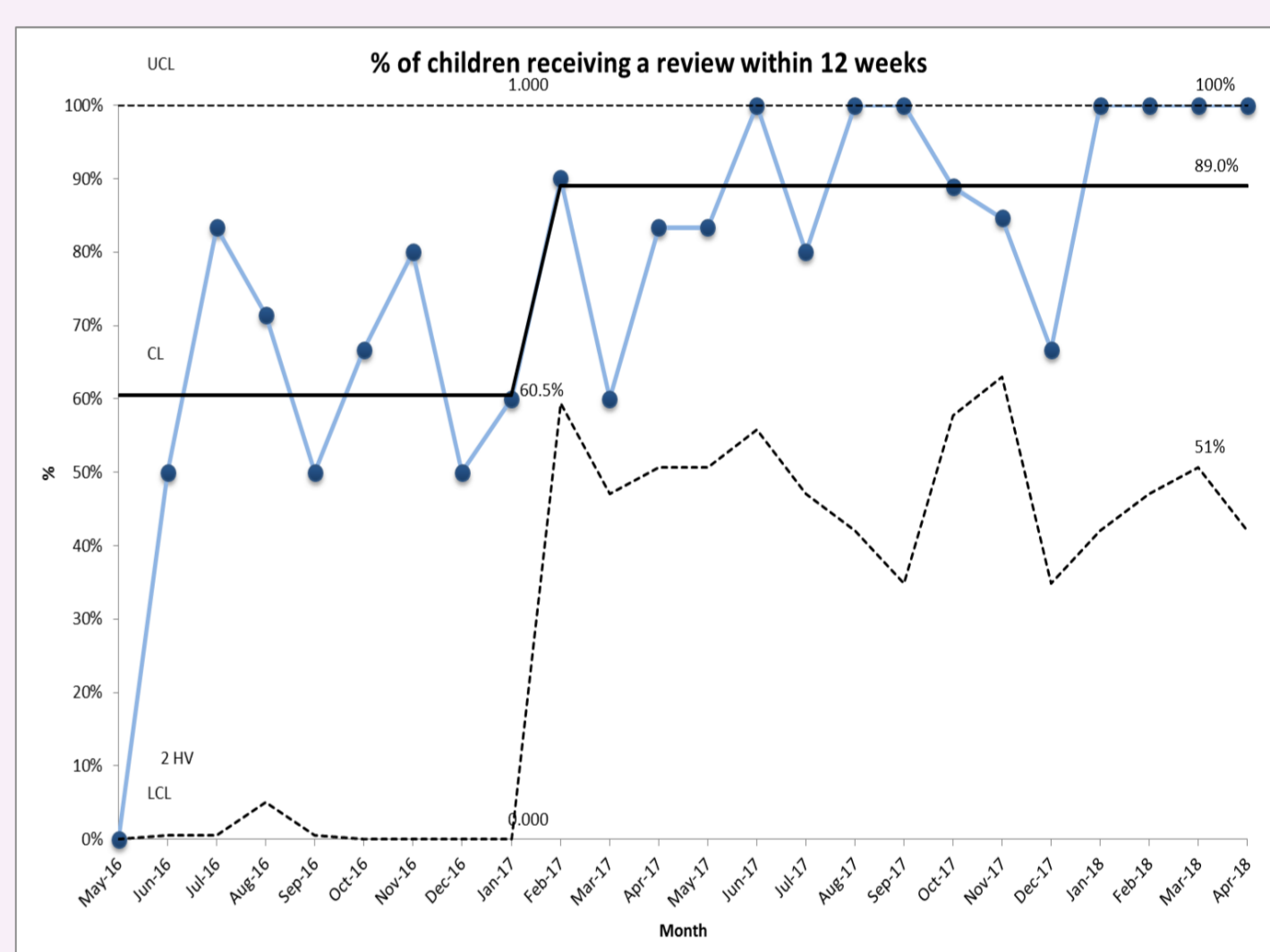


Chart 3 Source: Case Management Tool

Key Learning and Conclusions

Learning and development within the HV workforce was integral to the outcome and informed the development of a NES national Speech Language & Communication e-learning resource for health visitors across Scotland

The SLC bundle has proven to be effective in supporting HV staff to provide first level intervention for children with a SLCN

The service improvement pathway will ensure a robust infrastructure is made available for health visitors to support national universal pathway practice.

Parents reported they are more aware of children's age and stage of development and how they can support their child's SLC skills, demonstrating an effective co-production. Speech and Language Therapy reported an improvement in the quality of almost all the RFA. approach

Short review period allowed rapid feedback and review on impact and outcome of intervention

Scale and Spread

The improvement work is now moving to spread and scale across South Lanarkshire Health and Social Care Partnership. Early planning with North HSCP is in place to support pan Lanarkshire spread .The improvement project has also been shared across both local and national child health platforms

