Stoke Speaks Out
A multiagency approach
to tackling the high incidence of speech/language and communication needs across a whole community

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Stoke On Trent

- Ave birth rate 5800
- Population= 270,000
- 2\textsuperscript{nd} most deprived area in the West Midlands
- 16\textsuperscript{th} Most deprived in UK
- Over 100 language spoken
- High level of residents with either no/very few qualifications below national average
- Rate of claiming any benefit is more than 25% higher than the national average
- 700+ children in care
Speech and Language need

• Sure Start local programmes=opportunity to conduct prevalence study across Stoke on Trent (2000)
• Standardised assessments carried out by SLT team identified pockets of low language ability as well as general population deficit
• Whole population deficit- 64% of children significantly delayed with language skills
• Highlighted lack of early identification and culturally accepted norms
• Some specific ‘SLI’ identified but majority delayed- all lumped together
• High referral rate to core speech/language therapy service- often only once struggling at school
What is the cost of not intervening?

Cost to the Nation Report (ICAN)

Average cost of reactive services based on 16 year old James (Audit Commission 1997) equates to £250,000 (2014) assuming James entered school with a communication and language delay which could have been resolved prior to entry to school
Communication as a public health issue

- The size of a child’s vocabulary age 5 years is the strongest predictor of academic success (Biemiller 2008)
- Socially disadvantaged children much more likely to be identified as having SLCN (Better Communication Research programme)
- Communication skills are necessary for school readiness (Marmot review 2010)
- Mental health issues- 40% of 7 to 14 yr olds referred to child psychiatric services have a language impairment
- Poor job opportunities-More than 8/10 long-term unemployed young men have been found to have speech, language and communication needs
- Only 6% of young people with speech, language and communication needs get 5 good GCSEs including English and Maths
- Over 60% young offenders present with a SLCN

The impact of SLCN feeds through into adulthood and impacts on literacy, mental health, employment and parenting (Adams et al 2012)
Tackling the root of the problem

Specific speech/language problems (8-10%)  
Specialist input required

Children with delayed language in line with general developmental delay and/or poor stimulation  
Targeted support required

Children at risk of delay (due to insecure attachment, inconsistent parenting model or lack of opportunities)  
Universal Public Health messaging/support required

Supported by core SLT service
Why is early intervention important?

- At birth the brain is not finished
- The core brain is ‘hard wired’ but the cortex is incomplete
- How the brain is ‘wired up’ is dependant on the experiences the child receives and the response the child gets
- The majority of this wiring takes place in the first 3 years of life
- This will influence future behaviour and learning
Impact of Trauma, Abuse & Neglect

Effect of extreme deprivation

Healthy Child  Neglected Child

Enrichment Changes the Structure of the Brain

Impoverished Neuron

Enriched Neuron
Targets

• To increase the number of children reaching age related milestones in speaking and listening by age 2 and 3 years

• To narrow the attainment gap between the lowest performing 20% and the median by the end of EYFS

Measured through 3 yearly prevalence study, EYFS scores, child development tool data, annual parental questionnaire
Process

• Building engagement
• Raising awareness
• Building relationships
• Training - written and delivered ‘multi-agency’
• Developing shared solutions
• Developing shared resources and processes
• Ensuring strategic sign up and keeping strategy makers informed
• Keeping SLCN on everyone’s agenda
Developing a whole systems pathway from prevention to intervention

- Shared key messages
- Key touch points eg ante-natal/health checks/nursery/school
- Shared tools for identification: staged pathway/child development tracking tool
- Improving quality of provision
- Introducing quality early intervention (Tiny Talkers)
- Community support through communication ambassadors and communication champions
- High quality and consistent resources/provision
Stoke-on-Trent Early Years
Child Development Tool
PRIME Areas

Name of Child: ____________________________ Date of entry:____________________

Sessions attended: ________________________________________________________

Date of birth: ____________________________ NHS number: ___________________

Use a highlighter to indicate skills the child has acquired. Make sure you note down the date of each colour used.
Dates of completion (highlight each date with the colour used)

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<td>* Copies facial expressions and mouth shapes</td>
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<td>* Delighted response to rough and tumble play</td>
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<td>* Friendly with strangers but beginning to show some shyness or anxiety especially if carer is out of sight</td>
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<td>* Loves to look at everything</td>
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<td>* Moves head and eyes eagerly in every direction when something is interesting</td>
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<td>* Turns immediately to a familiar voice across the room</td>
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<td>* Listens to voice even if adult not in view</td>
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<td>* Turns towards the source of the sound</td>
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<td>* Shows recognition of carer’s facial expressions such as happy or fearful by mirroring the expression</td>
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<td>* Vocalises tunefully to self and others</td>
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<td>* Laughs, chuckles and squeals in play</td>
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<td>* Screams with annoyance</td>
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<td>* Gurgles and coos</td>
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<td>* Rolls over from front to back, from back to front.</td>
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<td>* Watches and explores hands and feet, e.g. when lying on back lifts legs into vertical position and grasps feet.</td>
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<td>* Reaches out for, touches and begins to hold objects.</td>
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<td>* Explores objects with mouth, often picking up an object and holding it to the mouth.</td>
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<td>* Lying on back raises head up and moves arms up to be lifted</td>
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<td>* Sits with support</td>
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<td>* Bears weight on feet and bounces up and down actively</td>
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<td>* Opens mouth for spoon.</td>
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Notes
Universal screening tool
Staged Pathway Toolkit
Staged Pathway for Communication

This pathway should be followed for all children where there is concern over communication development to inform whether referral on is necessary.

Gather evidence of developmental milestones / ask fact-finding questions. Involve others in your decision making - parents / carers / professionals. Include all areas of development including communication skills. Promote best practice.

Is the Child's development age appropriate?

- Yes: Promote best practice
  - Yes: Child making expected progress? (Follow SEND Code of Practice. Consider multi-agency assessment)
  - No: Refer on to speech and language therapy

- No: Communication developing at the same rate as the rest of development?
  - Yes: Can you meet the child's needs? (Promote best practice)
  - No: Is best practice being used?
    - Yes: Refer on to speech and language therapy
    - No: Promote best practice
Attachment and communication on all agendas

- City wide attachment training pathway
- Children’s Plan
- Part of JSNA data capture
- Main feature of school readiness programme (2016-19)
Engaging with parents and the community
Efficiency and productivity

• All referrals to core service now through one route
• Expectation that staged pathway has been followed
• All appropriate children should have been offered Tiny Talkers (targeted) provision first
• All generally delayed children offered the universal and targeted provision through school readiness
• All referrals triaged to ensure pathway has been applied
• Maximum waiting time **6 weeks** for first assessment
• Only children with ‘High risk/High Need’ taken on by core service (risk matrix)
• Repeat non attenders have ‘OLI’ service in setting
Incidence of language City Wide

- Start of Stoke Speaks Out project
- Significant funding cuts in Stoke Speaks out and Early years
Language scores from screen: City Wide 2016

Data from 4396 children aged 2-5 years in nursery and reception classes
Long term changes

- SSO training now on courses locally for midwifery, teacher training, paediatric nursing and childcare courses
- Mandatory part of induction for all Children’s centre staff
- SSOTP health visiting use the staged pathway guide to supplement the ASQ
- All children 2-5 years screened in settings/schools and data collected centrally
- SSO no longer a ‘project’ but a City strategy and part of Children’s plan/ EY strategy
- Referral pathway embedded
- Evidence base has led to new school readiness programme with £3 million investment from the City Council
Working together to deliver patient centred care

**What works?**
- Shared ownership
- Linking to key agendas
- Personal touch
- Relationships
- Accessibility
- Quality
- Evidence base
- Evaluation and data
- Working with ‘what’s there’
- Speech/language therapists have a unique set of skills to facilitate this process

**Barriers**
- Changes of staff/teams
- Council and NHS cuts and service re-design
- Moving goal posts
- Professional boundaries
- Funding cuts and vulnerability
- Short term planning- affects morale and progress
Key learning points

• Not a quick fix
• Data collection and evaluation is crucial at every stage
• Adapt to constant changes in other services - be aware of their pressures
• Clear leadership and lines of accountability are essential
• Secondments and fixed terms make the programme vulnerable - this needs to be substantive work
• Multi-agency teams bring their own challenges - working hours/supervision/shared understanding
• Always plan for reduced funding but seek opportunities
• Support the workforce to be independent
• Develop your own resilience!
Transferable practice: Everybody’s business

• Population level or wide scale issues - evidence base
• Sharing the problem and owning it
• Working together across agencies to identify solutions
• Strong leadership
• Linking in to all agendas - local and national
• Creating tools, training and resources to support the changes
• Sharing your successes!
Any questions?

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