



Community Planning Aberdeen

Progress Report	Project End Report 4.4: Reduce the number of children starting Primary 1 in Aberdeen city with an identified speech delay by 5% by August 2023
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Governance Group	CPA Board – 19 April 2023

Purpose of the Report

This report presents the results of the LOIP Improvement Project Aim 4.4 which aimed to reduce the number of children starting Primary 1 in Aberdeen City with an identified speech delay by 5% by August 2023 and seeks approval to end the project.

Summary of Key Information

1 BACKGROUND

- 1.1 Following the Covid-19 pandemic, concerns were raised that a growing number of children were identified either by entering education or by the Health Visiting service as having speech and language delays. The restrictions imposed by the pandemic prevented social and family interactions which have had a significant impact on the development of young children.

2 IMPROVEMENT PROJECT AIM

- 2.1 Against this background, in February 2022 the CPA Board approved the Project Charter for the initiation of an improvement project which aimed to reduce the number of children starting Primary 1 in Aberdeen City with an identified speech delay by 5% by August 2023.
- 2.2 This aim was identified given the concerns around the number of children being highlighted as having speech and language delays when entering education at Primary 1 level.

3 WHAT CHANGES DID WE MAKE?

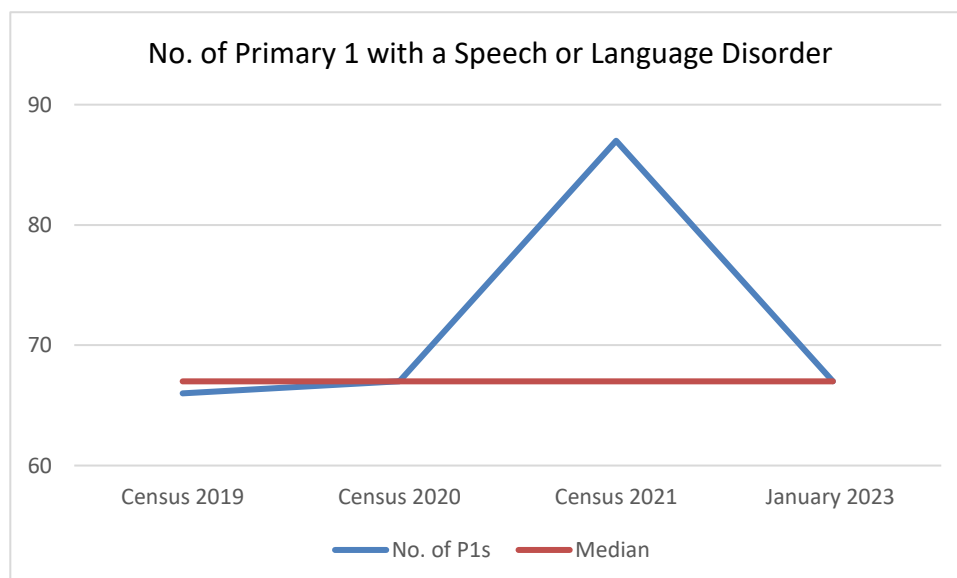
- 3.1 A Project Charter Group was formed with representation from Homestart, Aberdeen Libraries, Scottish Childminding, City Health Visiting Service, City Community Nursery Nursing, all Parents as Early Education Partners (Peep) and the Speech and Language Team (SALT).

The project focused on testing the following changes:

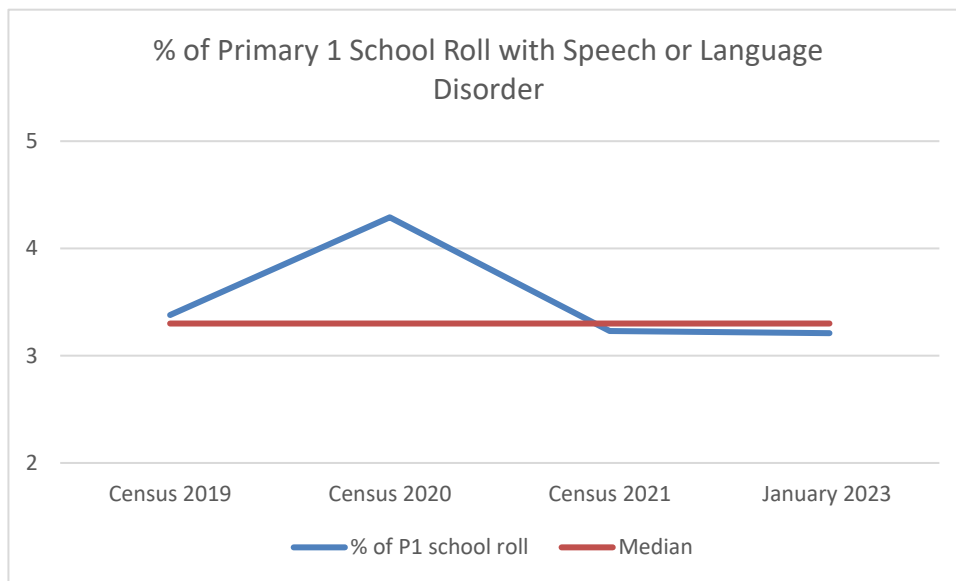
- 1 Expanding the Nursery Nurse role to include supporting those identified at Health Visitor developmental review for further intervention.
- 2 Developing multiagency & parent resources to provide a consistent, single source of confident early intervention information & signposting to speech & language development support.
- 3 Training for Health Visitors (HV), Community Nursery Nurses (CNN) around universal services early intervention
- 4 Training for Community Childminding (CC) services to upskill and improve confidence in detection and supporting - We looked at the Community Childminders who provide a service to large numbers of pre-school children, often some of these children come via the Eligible 2's programme and may have varying degrees of social issues etc. We quickly identified there was a training need for this cohort of staff who felt they could be far more influential in identifying possible speech delays with the correct training and support.
- 5 Building on the partnership between health and (early) education though the Links Nursery and Hub, by ensuring speech and language therapy are integrated into planning for children who are facing adversity to ensure their speech and language needs are identified and supported at the earliest opportunity. We tested weekly children's meeting held within the Links Nursery and Hub to promote information sharing and multiagency working, with Speech and Language Therapy, Health Visitor, Centre Manager and Excellence and Equity Practitioners all represented.

4 HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

- 4.1 Yes, data from SEEMiS, the school management information system, as at January 2023 shows a 23% decrease since 2021 in the number of primary 1 pupils with a speech or language disorder. However, it is recognised that this is early evidence and it is thought too early to draw firm conclusions.

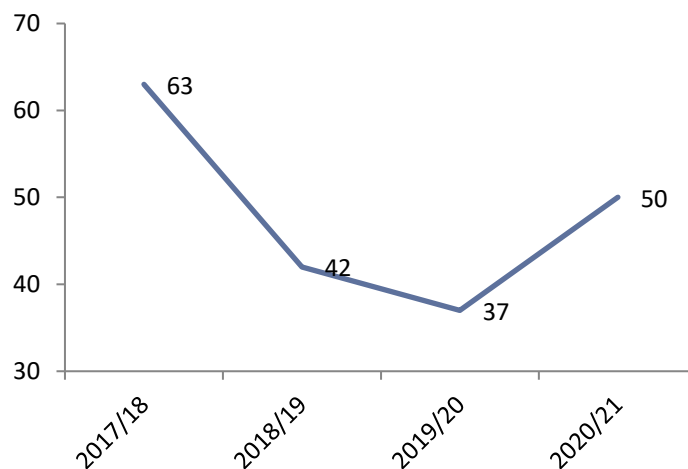


4.2 However, in terms of primary 1 school roll the % as a January 2023 compared to 2021 shows that this has remained at the same level as shown in the chart below.



4.3 In terms of the changes tested, the project focused on early intervention and ways to increase identification at the earliest opportunity that a child had a speech concern. Data at the 4-5 years preschool review in 2020/21 identified a 35% increase in detection of SAL concern and this is a positive outcome of the early recognition, improved skill and appropriate action both targeted and universal implemented through the change ideas. With children being identified at the earliest opportunity and through collaborative working between health and education, it has enabled health and education to work together to identify and provided targeted support to children 1 and through the joint working we can see the impact of the support in the reduction above although it is thought early to draw firm conclusions.

Number of Children with an identified speech concern at 4-5 year



The impact of the changes we tested are as follows:

- 1 Expand the Nursery Nurse role to include supporting those identified at Health Visitor developmental review for further intervention.
- 4.4 In preparing for the testing of the changes it became apparent very early on that accessing SALT Referral number baseline data was going to be challenging as there was no easy way for this to be produced by SALT Service. However, as a result of the project this challenge has now been overcome and moving forward referral data will be reportable from the MORSE system which is the electronic record system used by Health Visiting (primary referrers). Initial Health Visitor referral data for the 12 month period from August 2021, ie P1 school entry, to August 2022 reports 392 Health Visitor referrals made to SALT.

- 2 Develop multiagency & parent resources to provide a consistent, single source of confident early intervention information & signposting to speech & language development support.
- 4.5 This resource has to date been utilised in conjunction with the training sessions that have taken place ie the Community Nursery Nurses and the Community Childminders. Planning around wider distribution is underway, work around the possibility of devising a 'thinglink' for use by services and parents/carers is being explored. Those who have utilised the resource have said:

"Wide variety available for both professionals and families."

"Accessibility is good through mobile links and printable posters/leaflets."

The resources identify development norms and outline every day tasks/activities which would support early intervention in speech, language and communication delays."

"Resources for professionals offer information on the difference between speech delay and speech disorders, how to implement social stories, song signifiers and visuals."

"There's printable visual aids which professional and parents can access when required."

"At the training were shown a variety of links relating to supporting families with children who have additional support needs."

"Most resources are in English and discussions took place around accessing the information in different languages."

"Some great, meaningful YouTube videos that show the infants perspective, included impact on parental screen use."

3 Training for Health Visitors, Community Nursery Nurses around universal services early intervention to upskill and improve confidence in detection and supporting

4.6 Training sessions were compiled by NHS-G SALT and delivered by one of the Lead Therapists. Uptake of places was excellent with the first two sessions being instantly fully booked – current position is that 68 / 120 childminders (57%) have undertaken the training – further courses will be run to accommodate the remainder who wish to participate. A similar training session took place for Community Nursery Nurse x5 with 100% attendance (x5) post session questionnaires are being collected. The key resources mentioned above were introduced & utilised at all training sessions.

4.7 Both groups, Childminders and Community Nursery Nurses were asked to complete a pre-training questionnaire and a post training questionnaire so that measurement of improvement could be attained. We are still collecting the post training questionnaires but early indicators show there has been a significant increase in the confidence of this cohort of staff who now feel better equipped to identify speech delays and also have a clear pathway of support via the City Health Visiting Service.

4.8 Post CC training feedback in response to one of the questions included the following comments:

Has the training course helped you deal with some of your difficulties identifying speech and language delays in young children?

“I feel a lot more confident now since having the training”

“Overall things are a lot clearer now”

“Yes – very much so”

“Much clearer now and I feel more confident”

“Yes – most definitely, I feel better equipped to know what I should be looking for and what I then need to do”

4 Building on the partnership between health and (early) education through the Links Nursery and Hub, by ensuring speech and language therapy are integrated into planning for children who are facing adversity to ensure their speech and language needs are identified and supported at the earliest opportunity – weekly meetings

4.9 This has provided a targeted approach to supporting children & families including more specialist SALT input, inclusive weekly meetings ensure that SALT is considered at the heart of all planning. Through these meetings 5 children have been referred for SALT support between January and June 2022.

5 HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

- 5.1 The changes tested to date have been embedded as business as usual. We will continue to review and develop further training. Given the impact of initial training with childminders this training will be rolled out across other cohorts of staff. The information from the pre and post training questionnaires will be used to hone and develop further training.
- 5.2 Speech and language therapists will continue to be active participants in the weekly pre school provision meetings.
- 5.3 The collaborative working between education and health has been key to the project and this will continue through Education and Health embedding the use of the Child Inclusion Research into Curriculum, Learning and Education' (CIRCLE) framework to help support early child development. It is a research-based approach to universal support for all children and young people as they emerge from the pandemic. Following the identification of a 'CIRCLE Lead' in each ELC, Primary and Secondary setting, professional networks are being established and benefitting from input from partner agencies such as NHS Grampian. The approaches advocated by the CIRCLE Framework are being utilised to support settings to implement flexible strategies of support. Implementation is led by the needs of the individual setting and their unique context, and designed to afford consistency across Aberdeen City whilst leaving school-level autonomy. Support for staff is available via CIRCLE Surgeries and bespoke Microsoft Teams (virtual) channels. These are providing valuable opportunities for sharing experiences, practice, and reflections as the impact of the CIRCLE Framework is monitored. This work will be on-going with impact regularly reviewed by the Children's Services Board over the lifetime of this Plan.
- 5.4 It is recognised that it is still too early to draw conclusions from the data and speech and language remains a priority within the revised Children's Services Plan 2023-2026. With the changes from this project having been embedded as business as usual and with the CIRCLE framework being implemented it is proposed that the impact of the implementation of the CIRCLE framework on speech and language skills be reviewed when the education census is completed again in September 2023 and at that time determine whether this area needs to be the focus of a further multi-agency improvement aim.

6 HOW WILL WE MONITOR THESE IMPROVEMENTS?

- 6.1 As a result of the project this challenge has now been overcome and moving forward referral data will be reportable from the MORSE system which is the electronic record system used by Health Visiting (primary referrers). Data will be taken from MORSE (as the primary referrers are Health Visitors) this will be reported on a year to year basis to identify whether the "pillars" put in place are having a positive impact on early recognition, intervention & support measures to address speech and language delay.

6.2 Should it be agreed that the project is ended, the data recorded will also continue to be monitored and reported to the Best Start in Life Sub Group of the Children's Services Board, as well as added to the Outcomes Framework/Improvement Programme Dashboard to ensure that performance continues.

6.3 The Children's Services Board will review the impact of the CIRCLE Framework on speech and language.

7 OPPORTUNITIES FOR SCALE UP AND SPREAD

7.1 The success of the training offered to one cohort of staff has given the group confidence that this can be replicated across other service areas thereby hopefully resulting in improved communication between services, networking between professionals and the use of the single point of access for shared resources.

Recommendations for Action

It is recommended that the CPA Board:

- i) Agree that testing is concluded and that this Improvement Project is brought to an end on the basis that (1) the aim has been achieved and the changes tested have been embedded and will continue across the community setting and that scaling up has begun with the start of a cohesive training programme put in place for other settings; and (2) that separate to the project Education was embedding the use of the CIRCLE framework and as such it was requested that the impact of this be monitored to ascertain if further work on early speech and language is required; and that within the Children's Services Plan 2023-26 it was proposed that the need for a multi-agency Improvement project would be reviewed in March 2024;
- ii) Note that the data set for the overall aim will continue to be reported via the improvement programme dashboard to ensure progress is monitored; and
- iii) Note the plans to scale up and spread the changes tested.

Opportunities and Risks

Key Opportunities

- Relationship building with services who work with children and families from a universal, targeted & opportunistic approach.
- Single point of access where existing accredited resources can be accessed and utilised
- Creation of a cohesive training programme

Risks

- SALT Service unable to accommodate increasing referral numbers.
- Lack of accurate data regarding referral rates from SALT Service

Consultation
Best Start in Life group. Project Charter Team Children's Services Board CPA Management Group

Background Papers
The following papers were used in the preparation of this report. LOIP & Project Charter 4.4

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