Speech, Language and Communication
“Giving children the best possible start in life.”
A tool for health visitors.

Joanne Gibson, Project Lead, NES
Communication Trust Survey (2017)

- 21% of health visitors felt confident in their ability to support children’s speech language and communication (SLC) development.
- 44% received little or no training around SLC development in their initial training.
- 59% received little or no training / CPD around SLC development working as a health visitor.
Named Person Order 2016

Named Person required to have undertaken undergraduate, post-graduate or professional training in:

• child development

• assessing and profiling the speech, language and communication abilities and needs of children, young people and parents
SLC: Giving Children the best possible start in life

• On-line resource – accessible format
• Based on universal health visiting pathway and GIRFEC principles
• Interactive
• Evidence based
• Consistent national key messages
• Complements wider learning experiences
• Signposts to relevant learning opportunities and resources
• Evaluation framework
Early Intervention

Health Visitors and Family Nurses play a key role in prevention and early identification of Speech, Language and Communication Needs.

Skilled workforce better equipped to support children and families in therapeutic relationships.

Improved outcomes for parents and children.
Learning Outcomes

• Describe normal speech, language and communication development in children aged 0-5 years, recognise abnormal speech, language and communication development and when there is a speech, language and communication needs.

• Discuss factors impacting on the speech, language and communication development of children, their wellbeing and future outcomes and achievements.

• Recognise speech, language and communication difficulties in parents/carers, as well as children and young people.

• Discuss strategies to empower parents/carers to promote speech, language and communication development in children aged 0-5 years and to signpost to other services.

• Describe their own role, and that of others, in promoting speech, language and communication development in children aged 0-5 years.
Universal Health Visiting Pathway (Scotland)

Health Visitors' Home Visiting Pathway
Pre-Birth to Pre-School

- Pre-Birth: Antenatal Letter
- Ante-Natal Contact
- Home Visit 32 – 34 weeks
- 11 – 14 days: New Baby Home Visit
- 3 – 5 Weeks of Age: 2 Home Visits
- 6 – 8 Weeks of Age: Home Visit

6 Months
- Home Visit
- Review: GRIFFEC Assessment and confirmation of HPI

8 Months
- Home Visit

13 – 15 Months
- Home Visit – Developmental & Wellbeing Review

27 – 36 Months
- Home Visit – Developmental & Wellbeing Review

4 – 5 Years Prior to Starting School
- Home Visit – Developmental & Wellbeing Review

4 – 5½ Years
- Transfer from outgoing Named Person (Health Visitor) to incoming Named Person (e.g. Education)

Health Plan Indicator Definition:
An additional HPI indicates that the child (and/or their care) requires sustained (>3 months) additional input from professional services to help the child attain their health or development potential. Additional services may be required such as additional HV support, parenting support, enhanced early learning and childcare, specialist medical input, etc.

Images supplied by NHS Health Scotland
Project Timescales

Phase 1 – Development
Jan 17
- Evidence gathering
- Focus Groups

Phase 1 – Evaluation
Completed July 2017
- Content development
- Evaluation plan

Phase 2 – Development
September 2017
- Responding to feedback
- Further evidence gathering

Phase 2 – Delivery
2017-2018
- Launching
- Embedding
SLC: Giving Children the best possible start in life

Quality Education for a Healthier Scotland
Key Learning Points

- Collaborative approach
- Involve target group early on
- Ensure content is relevant
- Consider ease of access/navigation
- Consider overall appeal of resource
- National key messages
- Don’t reinvent the wheel!
- Evaluation/sustainability
References
