A whole systems approach to improving outcomes through workforce and community transformation

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Need for change

- Local evidence of need
- National evidence
- Research evidence
Local evidence

- 2002 study: 64% children aged 3 years entering nursery in Stoke on Trent with significantly delayed language skills
National evidence

Bercow review themes

• communication is crucial
• early identification and intervention are essential
• a continuum of services designed around the family is needed
• joint working is critical
• the current system is characterised by high variability and a lack of equity

Cost to the Nation (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
Demand and capacity
Targeted or universal need to be addressed?

• Must add value to current service
• Will enable best outcomes for current service delivery and service users
• Needs to link seamlessly with specialist service
Specific speech/language problems (8-10%)

Specialist level input

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

Targeted level support

Children at risk of delay (due to insecure attachment, inconsistent parenting model or lack of opportunities)

Universal level: Public Health messaging/universal support

Tackling the root of the problem
Influencers and decision makers

• Sharing the evidence of need with commissioners, policy makers and local influencers
Local influencers and decision makers

- Director/Assistant Director of Children’s services
- Councillors
- Chair of City Council
- Heads of services
- PCT leads
- Public Health
- MPs
- Service deliverers
- Joint commissioning
- Third sector linked services
Change agents

• The people whose practice you need to influence to create the system change
Change agents

• Working with the same client group
• Change will enhance their practice and their outcomes
• Their involvement will also improve your outcomes and the client’s outcomes
• Share the problem
• Can offer solutions to the problem
Early years change agents

- Speech/language therapists
- Children’s centre staff
- Midwives
- Health Visitors
- Nurseries
- Schools and school staff
- Homestart and voluntary agencies
- Foster carers
- Clinical and educational psychology
- Early years intervention teams/ SEND/ EY advisors
- Library services
- City Music school
Getting change agents on board

• Making the problem ‘everybody’s business’
• Sharing information
• Getting everyone’s ideas
• Testing out ideas
• evaluating
5 Stages of Change

- Initiation
- Awareness
- Integration
- Standardization
- Compromise
- Dialogue
- Resistance
- Experience
- Testing
- Reality
Agreeing a method to create change

- May be universal eg training a wider workforce
- May be more targeted eg introducing a specific group provision in a school
- May require resources to support the change
Stoke Speaks Out method

• Raising Awareness
• Multi-agency training framework - getting this embedded onto core training and competencies
• Developing support materials
• Creating a staged approach from universal to targeted level
• Specialist level expects the lower levels to have been implemented
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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| 6 months | **Making Relationships** | • Copies facial expressions and mouth shapes  
• Delighted response to rough and tumble play | **Listening and attention**  
• Loves to look at everything  
• Moves head and eyes eagerly in every direction when something is interesting  
• Turns immediately to a familiar voice across the room  
• Listens to voice even if adult not in view  
• Turns towards the source of the sound | **Moving and Handling**  
• Rolls over from front to back, from back to front  
• Watches and explores hands and feet, e.g. when lying on back lifts legs into vertical position and grasps feet  
• Reaches out for, touches and begins to hold objects  
• Explores objects with mouth, often picking up an object and holding it to the mouth  
• Lying on back raises head up and moves arms up to be lifted  
• Sits with support  
• Bears weight on feet and bounces up and down actively  
**Health and self-care**  
• Opens mouth for spoon  |
|     | **Self Confidence and Self Awareness**  |                                                                                        |                               |
|     | **Managing Feelings and Behaviour**     |                                                                                        |                               |
|     | • Shows a range of emotions such as pleasure, fear and excitement. |                                                                                        |                               |
|     | **Understanding**                       |                                                                                        |                               |
|     | • Shows recognition of carer’s facial expressions such as happy or fearful by mirroring the expression |                                                                                        |                               |
|     | **Speaking**                            |                                                                                        |                               |
|     | • Vocalises tunefully to self and others  
• Laughs, chuckles and squeals in play  
• Screams with annoyance  
• Vocalising  
• Gurgles and coos |                                                                                        |                               |

**Notes**
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.

- **Is the Child’s development age appropriate?**
  - 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

  - Yes

  - **No**
    - Set regular reviews

- **Promote best practice**

  - Yes

  - **No**
    - Promote best practice

- **Is communication developing at the same rate as the rest of development?**

  - Yes

  - **No**

    - **Is best practice being used?**
      - Yes
      - **Can you meet the child’s needs?**
        - Yes
        - Promote best practice
        - **No**
          - Consider CAF procedure and for children 3+ refer to SEN code of practice

    - **No**
      - **Is child making expected progress?**
        - Yes
        - **Is there still likely to be significant difficulty with communication?**
          - Yes
          - Promote best practice
          - **No**
            - Refer on to specialist services

    - **Yes**
      - **No**
        - Refer on to specialist services
Example of the staged approach

- Workforce trained and given tools to identify and carry out low level support including shared public health messages
- Targeted provision introduced (e.g., Tiny Talkers/Talkboost)
- If targeted provision is not enough referral on to speech/language therapy – quality referrals which are triaged
- Risk need model applied
Predicted outcomes

• Agreeing what will change and how this will solve the shared problem
Stoke Speaks Out predicted outcomes

• To create a multiagency approach to addressing the high levels of language delay
• 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
• Increase the number of children whose slcn can be supported at a universal and targeted level
Evaluating the change

• How will you know you have made a difference?
Incidence of language delay City Wide
Incidence of language delay City Wide

- 2005: Start of Stoke Speaks Out project
- 2007: Significant funding cuts in Stoke Speaks out and Early years
Going through the process more than once

• Learning from previous cycle
• Fine tuning things that are working
• Ditching things that don’t work
• Adjusting to the new climate- eg new decision makers/new priorities/ new stakeholders/ new change agents
• Maintaining resilience!!!
Linking with the changing landscape

• Changes in funding streams
• Changes of national and local priorities
• Changes to services
Key learning points

• Speech/language therapy services can only reach a small part of the population with speech, language, communication and swallowing difficulties
• There is often a wider need at a universal and targeted level
• Speech/language therapists can support wider scale issues by engaging with the wider workforce
• Speech/language therapy training equips us with the skills to lead the process
Applying the system change model

- Evidence of need for change
- Universal or targeted need to be addressed
- Influencers and decision makers
- Change agents People/method
- Predicted outcomes
- Evaluating the change
Discussion

• Consider your own area of work
• What changes could support better outcomes for your client group at a universal or targeted level?
• Discuss who would be the key influencers and change agents
• Plan what outcomes you would hope to achieve
• How will you know it has worked?
Ideas into action

• On your sheets indicate any changes that you would like to take forward

• Document any support you may need from the RCSLT (evidence/ theory of change/Giving Voice support/ lobbying MPs)

• Document any whole systems changes you have already made- would you be happy for these to be included as case studies?
If you change nothing, nothing will change