CYPIC National Conference $15^{\text {th }}$ November 2022

## Breakout session on Improving Children's Speech Language \& Communication

## REPORT ON PARTICIPANT RESPONSES

## Session description

"We know how important it is for wellbeing, education and future life chances that children are supported to develop their speech, language and communication to their full potential. For some children, the COVID-19 pandemic has made this harder. There is loads of evidence of what works to support children's development - is this being applied reliably in your area? How can you help put the evidence into action reliably and consistently? We are working to build a shared change theory. In this session, you will have the opportunity to contribute to this developing change theory and explore how you can apply it in your area."

## Session outline

We started with an icebreaker where people did a simple exercise where communication was required but they weren't allowed to speak. Debby Wason from PHS then outlined the data, why SLCN is now a public health issue and needs a whole system response. The draft change theory that we have been developing over the last year was introduced and people were asked for feedback on this. Janey Allen and Louise Steel from East Ayrshire talked about the work they have been doing and this was illustrated by this video showing improvement in 2 ELC settings: Vimeo. Throughout the session participants were asked to reflect on aspects of the Quality Improvement Journey and what they could to do differently and share their responses.

A recording of the session is available to watch here: CYPIC National Conference 2022 - Improving Children's Speech, Language and Communication.mp4 on Vimeo

Theory of Change - Early Language Development
This is what was shared at the conference - we are still updating the content and language

|  | Staff are skilled in using questions / questioning with children |
| :---: | :---: |
|  | Staff interaction supports active listening and building confidence in independent speaking through play |
|  | Additional support when needed is accessible for parents and staff |
|  | Activities promoting phonological awareness happen daily |
|  | Interactions allow individuals to focus on improving children's vocabulary daily |
|  | Communication with parents supports understanding of key messaging and repetition at home |
|  | Adults provide opportunities for turn taking |
|  | Resources are organised clearly for stage-appropriate access |
|  | Staff understand what experiences and resources provide a language rich environment |
|  | Space is organised to maximise opportunities for interactions |
|  | Noise is managed and considered in the planning of play activity and space |
|  | Learning spaces provide resources and opportunities for sensory development |
|  | Routines and expected behaviours are clear to children in the playroom |
|  | Reading and rhyme activities are planned |
|  | Daily routines support reading and rhyme in small groups and one to one when necessary |
|  | Phonological activities are repeated at home (daily?) |
|  | Agencies collaborate on needs identification and planning |
|  | Staff have the knowledge and confidence to develop early language and communication |
|  | Staff track and monitor core language skills and use the data to act |

Thank you to everyone who participated in the session, and in particular to the 65 people who shared their reflections with the national team

Responses by Sector


## Responses came from a wide range of professionals

Number of reponses by role - Health


Number of responses by role ELC / Education


## A sense of purpose..

## Top 4 Reasons for attendance

$30 \%$ To meet the needs of families so that children reach their potential
29\% To improve SLC outcomes for children
$13 \%$ Our data is telling us this is a priority (ELC and P2)
13\% To learn / develop my knowledge

## Understanding barriers

## Top 5 reasons stopping people from taking work forward

35\% Time (across all sectors)
17\% Staffing Levels (across all sectors)
14\% Funding (across all sectors)
14 \% Competing Priorities (across all sectors)
13\% Resources (largely health respondents)
Other reasons to note: Needs to be more focus, leadership capacity, SILO working

Gaps identified in relation to draft
Darker shading＝more responses theory of change

Staff are skilled in using questions／questioning with children
Staff interaction supports active listening and building confidence in
$5 \%$ of respondents
independent speaking through play
Additional support when needed is accessible for parents and staff
Learning
All children in
ELC experience
language rich
environments
daily which
improve their
talking and
listening


Darker shading－more respon

Staff track and monitor core language skills and use the data to act


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## Other 'Gaps' raised by multiple respondents that are not specifically mentioned in the draft Theory of Change

- Working with Non English speaking families
- Managing waiting lists (delay necessary support )
- Lots of new and inexperienced staff (all ELC respondents)
- Knowing what interventions to use
- Ability to work earlier in the system (e.g toddler groups)
- Current qualifications do not have enough focus on this

Darker shading $=$ more responses to draft theory of change

Staff are skilled in using questions / questioning with children


## Other 'Strengths' raised by multiple respondents that are not specifically mentioned in the draft Theory of Change

- Established relationships with families (all ELC and Education respondents)
- Being able to identify concerns
- Strong working relationships between services
- Fostering community relationships (all ELC respondents)
- Translating knowledge into practice
- Delivering high quality CLPL in relation to SLC
- Use of QI to drive improvements


## People recognising need to involve and engage others, but responses depend on their context

- 22\% mentioned involving parents and carers, and $14 \%$ mentioned engaging parents and carers
- Wish to involve FNP, Social Work, Infant Mental Health Colleagues, Midwives, Broader AHPs, Psychology, Occupation Health, Local Community, National Policy Team, QI Leads (all groups that were not represented in the room as far as we know from responses submitted)
- Many responses were about broadening the people involved, more settings etc.
- Many people mentioned engaging their own team, locality and networks they belong to
- Engaging with children was raised by a small number within ELC
- Groups / Networks that hadn't be mentioned previously or may be of interest included Educational Psychologists, The Learning Exchange, Community Forums, Education Leaders, National Literacy Network, Local NIF Groups, Local Literacy Networks, FE Placement Providers


## Other points raised to be considered

- Lack of experience of and the need to develop QI knowledge and skills
- Data use and confidence with using data was noticeable in many different questions and responses from all sectors
- Lack of opportunity to connect and learn from each other (more events like this needed!)
- Involvement of FE / HE and the role of qualifications and training
- Are we using the right tools to assess (child health reviews) and are parents capable to do the assessment
- Reliability of data (ties in with above as well)
- Co-morbidity with other concerns

