Allied Health Professional case studies: Speech and Language Therapist

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Help Kids Talk – a community-wide initiative that aims to give every child the best start in life by prioritising speech, language and communication development

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Description

Help Kids Talk is a project within Early Intervention Lisburn (EIL) which is led by the Resurgam Community Development Trust (lead partners are the South Eastern Health and Social Care Trust (SEHSCT) Speech and Language Therapy Team and Early Intervention Lisburn).

The Help Kids Talk vision is that "everyone will work together to help kids talk".

The project is a community-wide initiative and aims to ensure everyone who has any responsibility for a child prioritises speech, language and communication development whether you are a parent, grandparent, childminder or work in an organisation that provides services for children.

By prioritising early intervention and speech, language and communication, there will be a positive impact across all areas of a child's life including: educational attainment, mental health and wellbeing, social relationships and employability later in life.

Context

Help Kids Talk aims to give every child the best chance in life by prioritising speech, language and communication development.

The purpose of Help Kids Talk is to:

- help children and young people to be the best they can be
- make it everyone's responsibility
- make a difference together

Main priorities are:

- Highlighting options of support
- Working together

- Learning for all
- Improving the quality of services

Help Kids Talk was co-designed following the extensive research report 'the Best for Every Child' (Courtney, 2012) which highlighted the issues children and young people faced growing up in Lisburn. At that time, 74% of young people were leaving the post primary sector (excluding Wallace and Friends) without 5+ GCSEs (including English and Maths). In 2013, a prevalence study carried out by the SEHSCT Speech and Language Therapy team indicated that 32% of children entering primary one in 9 schools in Lisburn had a mild to severe speech, language, and communication problem, of which, 74% were boys from disadvantaged areas (Jordan & Coulter, 2016).

Method

There are 4 main strands to Help Kids Talk:

1. 12 key messages were developed to support speech, language and communication. The 'message of the month' is circulated via email and social media as guidance to parents, caregivers and those working with children.

2. Basic Awareness Training was developed and is delivered on a monthly basis online. This aims to raise awareness of the importance of speech, language and communication for everyone who has any responsibility for a child. In the Basic Awareness, the 12 key messages are linked with Kate Cairns Associates five to thrive building blocks to highlight the connection between infant mental health, brain development and communication development. Further training is in the process of being co-designed and co-produced.

3. The ICAN (Speech and Language UK) programme, 'Early Talk Boost' is available in 11 playgroups and nurseries in Lisburn. It improves children's attention and listening and their understanding of words and sentences. It also improves speaking and communication.

4. The ICAN programme, 'Talk Boost' is available in 14 primary schools in Lisburn. It can boost children's ability in conversations, sentences, storytelling and social interaction by an average of 9 - 18 months.

Help Kids Talk is a partnership led jointly by the SEHSCT Speech and Language Therapy team and Early Intervention Lisburn. It is based on the successful 'Stoke Speaks Out' model of delivery which was set up in Stoke-on-Trent to help the high number of children with speech difficulties, by training parents, carers and families. After a seven year journey, the project was officially launched in March 2020. It is currently funded by Lisburn and Castlereagh City Council.

The steering group is comprised of representatives from community, voluntary, statutory and private sectors including: Public Health Agency, SEHSCT, Northern Ireland Childminding Association, Libraries Northern Ireland, Barnardo's, Sure Start and staff from the local schools and nurseries.

There are connections with parents and carers through 37 partners (early years' settings, playgroups, nurseries, and primary schools), social media, training, and a parent representative group.

Throughout the planning, implementation and development of Help Kids Talk, there has been a strong emphasis on co-design and co-production. The steering group and the parent representative group members have provided valuable insight and experience to inform the decision-making

process. This co-production has strengthened the project and ensures we are achieving our overall vision of everyone working together to provide better outcomes for our children and young people.

The project collates data on:

- social media engagement and growth – this is collated on a monthly basis through Twitter, Instagram and Facebook analytics so we can measure what posts are relevant for our audience and measure the reach of the project through social media platforms
- number of people attending Basic Awareness training and the difference it has made – this is collated using a registration form, a training database and an online survey
- number of children and number of settings who have completed targeted programmes (Early Talk Boost and Talk Boost) and the difference it has made – this is collated through an ICAN and Help Kids Talk report at the end of every academic year

Measuring outcomes at population level for early intervention is difficult however there is a commitment from partners across all sectors to provide sustainable support to ensure our children and young people have the best chance in life.

Outcomes

Social media

Help Kids Talk has over 3000 followers across Twitter, Instagram and Facebook (**79% increase** since August 2020)

Social media feedback:

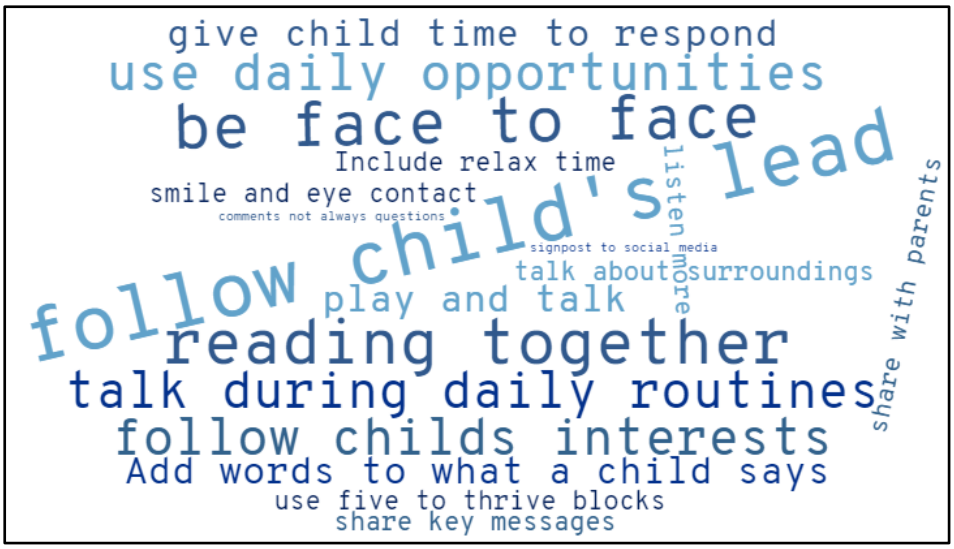
- *"I love reading all the insta posts as at 16mths my son was literally saying nothing so I felt myself reading all your posts about speech and development and was able to relate to a lot of them…he is now stringing sentences together*!"

Basic Awareness Training

725 individuals have attended Basic Awareness training since January 2020. Before training, **48%** participants rated themselves as mostly confident/confident supporting speech, language, and communication, this figure rose to **80%** after training.

Feedback following Basic Awareness training:

- *"I cannot thank you enough for creating that course last night. You were so engaging and everything I learned I have been implementing already at home and in playgroup"*
- *"I can now show these slides to hubby to show him I haven't completely lost it when I sing about her nappy as we change it"*
- *"This presentation highlights the importance of constant chat with wee ones and encourages everyone to develop talking skills"*

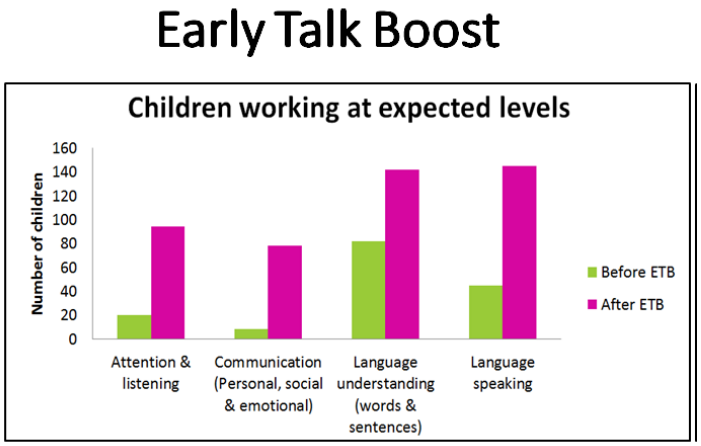


Word cloud showing strategies participants will use to support speech, language and communication skills following Basic Awareness.

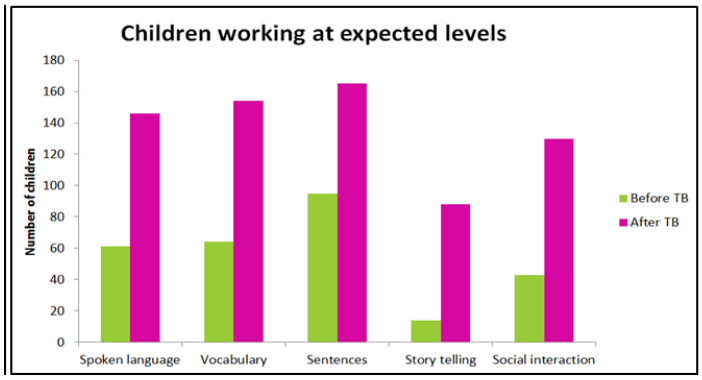
Targeted programmes

Just under **400 children** have received targeted support to support their speech, language, and communication. The graphs* below show the impact this has made for those children (*based on 203 children who have completed Early Talkboost and 179 children who have completed Talkboost from September 2016 to July 2021; this includes some pilot work pre-launch).

Help Kids Talk partners are supported to embed speech, language and communication support into their core work. In doing this, we create sustainable support for children's communication development. The link between infant mental health and speech, language and communication is a priority within the project. Creating better opportunities for bonding, attachment and communication leads to long term positive impacts for children's mental health and wellbeing.



Talk Boost



Investment in the provision of training and resources to our partners ensures children receive intervention as early as possible and reduces potential future education or healthcare costs. For example, a child in one of our local nurseries was identified as a candidate for special educational needs (SEN) provision. His speech, language and communication skills were supported by nursery staff, he completed Early Talk Boost and was given a place in a mainstream primary school. In primary school, he continued to receive support for his speech, language and communication and completed Talkboost. As a result, the child has remained within mainstream education and has not required a place within SEN provision.

Key learning points

Help Kids Talk developed a bottom-up approach by bringing together partners from across community, voluntary, statutory and private sectors to collectively plan and make shared decisions to improve outcomes for children and young people.

This partnership-working has moved organisations from working in silos to working together and will provide long-lasting benefits to those living within our local communities.

Sustainability has been a driving force right from the beginning of the project and all training and support provided is looked at through the implementation within core provision.

Further aims have been identified, eg the development of a project like Help Kids Talk to help and support all children in need including ethnic minorities and children with a disability such as autism, learning difficulties.

References and useful links

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https://ican.org.uk/shop/talk-boost-ks1-intervention-pack/

http://www.facebook.com/helpkidstalk/

http://twitter.com/HelpKidsTalkNI

The development of Chatting Time Series (including Changing time is Chatting Time and Anytime is Chatting Time) – a suite of resources that support parents to interact with their babies and young children throughout the day

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Description

There are two sets of resources:

1. Changing Time is Changing Time is designed for antenatal parents and parents of babies:

    - Video 1 Changing time is Chatting Time – how to smile, talk, laugh and sing with your baby
    - Video 2 Your Words Work Wonders – Tips for Chatting with Your Baby
    - Parent information session containing information about baby brain development, how to smile, talk, laugh and sing with your baby throughout the day and why this makes a difference to their brain
    - Parent information session in 6 bite size 3-4 minute videos
    - Parent leaflet with Changing Time songs and QR code for the videos

2. Anytime is Chatting Time is designed for parents of children from around 12 months to 3 years:

    - Video 1 Anytime is Chatting Time – how to smile, talk, laugh, sing and share stories with your child
    - Video 2 Your Words Work Wonders – Tips for Chatting with Your Child
    - Parent information session containing information about baby brain development, how to smile, talk, laugh, sing and share stories with your child throughout the day and why this makes a difference to their brain
    - Parent information session in 6 bite size 3-4 minute videos
    - Parent leaflet with Anytime song and QR code for the videos

Chatting Time resources are used in all Sure Starts in Belfast Health and Social Care Trust (BHSCT) area (and now regionally across NI) to increase parents' understanding about how their baby's brain develops and their role in this. They also give parents practical advice on how to increase interaction with their child throughout the day.

The resources mentioned can be accessed at:

https://view.pagetiger.com/chatting-time-resource-guide/v1

Context

One of Sure Start's overarching objectives is to improve language skills of children in Sure Start areas and so help end the intergenerational cycle of language deprivation. In Sure Starts in BHSCT area, around 70% of children entering the Developmental Programme for 2-3 year olds have delays in speech, language and communication. The role of the Sure Start SLT is to improve the language skills of children living in Sure Start areas by increasing the relevant knowledge and skills of those most proximal to the child i.e. parents, Sure Start staff, and members of the community. To be most effective, this capacity building needs to begin antenatally. Working with antenatal parents and parents of young babies were new areas of work to some in the newly recruited (late 2016) team of Sure Start SLTs.

The need was therefore identified for a set of resources that:

1. supported SLTs to begin work with antenatal parents and parents of babies
2. Provided user friendly tools for Sure Start SLTs and Practitioners to give consistent messages to parents (of children antenatal to 3 years) in an accessible and helpful way
3. Gave information about brain development and the importance of talking to your baby in a way that was easy to understand and easy to communicate to others
4. Packaged information in a simple accessible way
5. Supported parents to interact with their children in ways that promote emotional security and the development of language

Method

Changing Time is Chatting Time (CTCT) was first developed by the BHSCT Sure Start SLT team in 2017 to support Sure Start SLTs as they moved into a new area of work with antenatal parents and parents of babies. It provided Sure Start SLTs and other Sure Start staff with a tool that enabled giving consistent health promotion messages in a clear and concise way. CTCT increases parents' understanding of why talking to their child is so important. The resources also give them simple concrete guidance on how to do this as well as tools (songs) and modelling (videos). Early outcomes from staff and parents (see below) indicated that CTCT was supporting staff to give information to parents and supporting parents to interact differently. Therefore in 2018 the need was identified to develop a similar resource for parents of slightly older children 12-36 months. At this time, we had the opportunity to be involved in a co-design project with a group of parents from East Belfast Sure Start in partnership with Save the Children. This gave us the opportunity to:

a) Get parents' help in revising CTCT

b) Get parents' insights and guidance in developing a new resource which became Anytime is Chatting Time (ATCT)

The parents in the East Belfast Group had valuable insights into what is helpful for parents and what isn't helpful, so it was important that this group of parents had a role in the revision of CTCT and the development of ATCT. They were able to advise on what is helpful to them in their understanding of brain development and what would support them in developing 'serve and return interactions' and 'contingent talk' (Matthews et al, 2016)[1] which are identified in research as critical factors in language development.

The result of this collaboration with parents was the completion of the suite of resources outlined above – some changes were made to CTCT and ATCT was developed using insights from the parents as our guide. The parents had the opportunity to appraise the changes to CTCT and the new ATCT resource and make further changes before it was completed.

Outcomes

Aim 1 – to support SLTs to begin work with antenatal parents.

Before CTCT, Sure Start SLTs were involved in working with antenatal parents in 2 out of 9 Sure Starts.

Currently Sure Start SLTs are involved in working with antenatal parents in 9 out of 9 Sure Starts.

86% of SLTs reported increased confidence in sharing information about brain development with parents. The one SLT who did not report increased confidence had already significant experience in this area e.g. was a Solihull trainer.

Aim 2 - Provide user friendly tools for Sure Start SLTs and Practitioners to give consistent messages to parents (of children antenatal to 3 years) in an accessible and helpful way.

Aim 3 - Give information about brain development and the importance of talking to your baby in a way that was easy to understand and easy to communicate to others.

Aim 4 - Package information in a simple accessible way.

These aims were not evaluated separately. Rather, the outcomes can be inferred because:

- CTCT is now used in all 38 Sure Start across Northern Ireland
- Use of ATCT is currently being introduced across all 38 Sure Starts in Northern Ireland
- Following the introduction of CTCT, Practitioners (SLTs and other Sure Start Practitioners) reported giving information about brain development and early interaction more frequently
- Parent outcomes for CTCT and ATCT (below) report behaviour change

Aim 5 – Support parents to interact with their children in ways that promote emotional security and the development of language.

Parent outcomes are being gathered in 3 ways (as per Royal College of Speech and Language Therapists (RCSLT) Framework: Measuring Outcomes outside individualised care June 2021)[2].

a) Quantity of information shared
b) Parent report of behaviour change as captured by parent questionnaire
c) Individual examples of change as captured by staff observations and parent stories

Quantitative data is difficult to obtain due to the nature of the service area and the subjectivity but our qualitative data from our parent feedback shows behaviour change in those parents who responded to questionnaires (see b) below):

a) Quantity of information shared:
    - CTCT video views – 2712
    - Your words work wonders (baby) video views – 736
    - ATCT video views – 2542

- Your words work wonders (toddler) – 668
- CTCT information embedded into work of all 38 Sure Starts
- Bite size videos shared via YouTube or WhatsApp in all Belfast Sure Starts (CTCT with antenatal parents and parents of babies; ATCT with parents of children in Developmental Programme for 2-3 Year Olds ie approx. 300 parents per year)
- Chatting time Staff Resource Guide on Page Tiger – 421 visits spread consistently since it was first published indicating that it is still being used

b) Parent report of behaviour change (from questionnaire responses 'what would you tell another parent?'):
CTCT – ***"understanding the upper brain and lower brain. So concentrating on keeping the baby calm. talking also in sing song way which definitely catches his attention more now". "calmer babies engage more. lots of communication can be done by singing and talking to them in a sing song way. they will pay more attention and start engaging with coos and this will help further in developing their speech"***
"Singing and talking more to my baby and she smiles and makes noises back"
ATCT – what would you tell another parent?
"How something quite simple like singing while driving, can help engage your child"
"That its surprising how much I told my child what he liked and (when I follow his lead) ***he actually has his own point of view and his own likes"***
"Give them one on one time and properly listen and have conversations about them and their interests and it will pay off 10 fold"

c) Examples of change reported by others: CTCT
Midwife fed back that some parents have talked about how the changing time songs 'really work'- they help 'calm down' the baby and make changing time more enjoyable.
Family Support Worker reports 'I have noted a change in parents with whom I have completed CTCT with the feedback being they are all singing to their babies now and some reading to their babies. It started conversations with parents where they said 'I didn't know you could read to a small baby 'which lead to a book talk and information on books etc. Mums reported that they have put the songs on the wall beside the nappy changer to aid them.'
Family Support Worker reports 'At Infant Massage, one Mum said that she has been singing the "Change your nappy, here we go" song to her wriggly six month old when changing him. He loves it and said it also really calms her down and it is less of a battle for both of them! At the end of the session we all sang it as we dressed our babies and nearly everyone joined in (without the handout), so they must be singing it at home'.

Key learning points

- Parents are most likely to do something if it makes it easier to get through the day (insight given by East Belfast parents in co-design group). Singing songs makes nappy changing easier and so parents do it. There are also some parent reports of transferring this behavior to other stressful situations.
- Giving the information in a conversational way (using the illustrations from the parent session folder) rather than 'giving a talk' engages parents better. Information is best received when delivered by someone the parents have a trusted relationship with.

- Parents are very interested in brain development and how they can influence this in a positive way (see an example above about a parent comment re upper brain and lower brain) but they want tools to help them do this. This has resulted in further co-productions and the development of the Sure Start Chat with Me books.
- Bite size videos were introduced during lockdown and were positively received by parents who reported doing things differently as a result (see ATCT behavior change comments above). Staff found it easier to open up discussions with parents when the parents had already watched the Bite Sized videos.
- As a result of this feedback from staff and parents, Chatting Time training for staff was developed by the Sure Start SLTs and a working group of Family Support Workers. Chatting Time training is developed to help Sure Start staff explore how to embed the key messages from Chatting time into all areas of work with parents rather than just delivering a parent information session. Example of Family Support Worker feedback
  "We are thinking about parent/child relationships, more specifically the connection using ATCT language. We are developing processes within our planning to help embed this language into our programme as a way of using a shared language to discuss attachment and bonding"

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2. Royal College of Speech and Language Therapists RCSLT (2021). Measuring outcomes outside individualised care. Available at:

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Clinical outcomes of patients referred to Speech & Language Therapy with Chronic Cough (CC)

Alison Little, Senior Specialist Speech and Language Therapist

Background

The involvement of speech and language therapists (SLT's) in the management of chronic cough (CC) is evolving and SLT's with skills in voice disorders are increasingly seen as integral to the respiratory multi-disciplinary team (MDT). At Frimley Park Hospital there have been increasing SLT referrals from the Respiratory Team for people with CC.

CC impacts on quality of life and can cause embarrassment and avoidance which can lead to increased absence from work, social isolation and relationship breakdown (Raj and Birring, 2007). These factors can impact on employment due to interference with job performance and/or prolonged periods of sick leave. CC can also impact on mental wellbeing and is associated with urinary incontinence, voice problems, vomiting and disturbed sleep due to coughing which leads to fatigue, irritability and depression (French et al, 1998).
In terms of service impact:

- 40% of respiratory referrals are for Chronic Cough (Schappert et al, 2006). This is of great significance to healthcare and economic costs. Morice et al (2006) suggest that the cost to the UK economy is 979 million.
- 40% of referrals are unresponsive to standard treatment (Prater, 2006) and Respiratory Consultants are often at a loss to know what to offer to alleviate symptoms.

There is emerging evidence for SLT intervention for CC (Vertigan et al, 2006; Gibson et al, 2009). Research has also shown that combined SLT and Physiotherapy interventions achieve a 41% reduction in cough frequency (Chamberlin- Mitchel et al, 2016).

Aim

The aim of undertaking this evaluation was to determine whether SLT therapy yields beneficial outcomes for patients referred with chronic cough.

Methodology

The SLTs providing treatment were all specialist voice therapists with some training in management of cough/upper airways disorders. The patients were either referred from the respiratory team or from the Ear Nose and Throat team (ENT) with a specific problem of CC.

All patients had a long-standing cough that had not benefitted significantly from any other treatment to date. This was either a 'stand-alone' problem or occasionally in addition to other voice or breathing problems. All sessions were one-to-one and face to face.

Data was collected at initial assessment and end of treatment. This included the Leicester Cough Questionnaire (LCQ), as this has good repeatability and has a set threshold where a change in score of 2.56 is highlighted as significant. The L.C.Q. (Fowler, 2016) also records patient's perceptions of their cough and its impact on their lives.

The Reflux Symptom Index (RSI) was also used to determine whether gastro oesophageal reflux was likely to be a significant contributory factor in CC. The LCQ questions include:
Sleep- In the last 24 hrs has your cough disturbed your sleep?
Well-being- In the last 24hrs has your cough interfered with the overall enjoyment of life?
Employment- Has your cough interfered with your job or other daily tasks?
Mental Health- Has your cough made you feel anxious?

Therapy input techniques were patient-specific and included reflux management advice, identification of irritants, laryngeal de-constriction techniques, relaxation/mindfulness training and cough inhibition techniques.

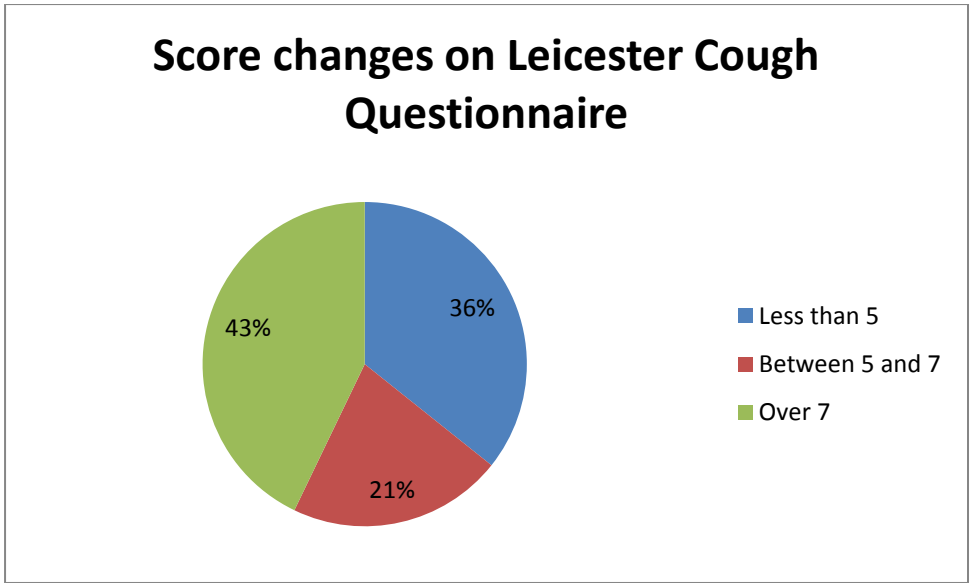
Results
A total of 14 patients completed therapy for CC during a 9-month period.

The L.C.Q. outcomes were as follows:

The L.C.Q. has a set threshold where a change in score of 2.56 or more is considered significant. All patients treated showed a change of more than 2.56 on the LCQ, indicating a significant improvement in their cough. Sixty-four percent showed a change of more than 5 which is very significant (See fig.1). The average score change was 6.13.

The number of sessions required to achieve this varied from 1 to 6 (average = 3). Two patients only required one session for assessment and advice before discharge.
The pie chart (fig 1) below shows how all patients benefitted significantly from therapy and very high percentages of patients benefitted well above the significance level. Therapy therefore appeared to have a significant impact on quality of life for these patients.

Fig.1



RSI Outcomes

Patients who scored highly on the RSI at initial assessment were typically given dietary/lifestyle advice for reflux as well as advice to use an alginate (such as 'Gaviscon Advance'). Alginates have been shown to decrease the number of reflux events by forming a raft on top of the stomach contents and therefore offering a supplemental mechanism of action to acid suppression (Reimer et al, 2016). 50% of patient scores reduced to within the normal level. The remaining 50% did not reach 'normal' levels but showed at least a 9 point reduction in score, which is significant. It is therefore likely that therapy had a beneficial effect on reducing CC and the cycle of irritation.

Patients also commented:

'I am so much less worried about my cough now I understand it. My cough is linked to reflux and my reflux is worse when I get stressed. I understand that I can manage my cough best by using stress control strategies.'

'Now my cough is under control I am more positive more able to stand up for myself and less likely to be a victim'

'The therapist has provided me with exercises, tools and tips to help me get my coughing under control and hopefully keep it that way! She has made a huge difference to my work and home life – I am very grateful to her, and so is my husband!'

Learning points:

For some patients only one or two sessions were necessary therefore going forward an initial cough 'group session' giving information and advice will be offered at the start of therapy as this may be sufficient for some patients. This would be also be more cost effective. Anyone requiring further input will then be offered individual sessions**.**

Conclusions

Many of the patients referred had complained of CC for a number of years with no previous treatment options being helpful to alleviate symptoms. The outcomes achieved with SLT techniques supports the literature and represents a genuine and cost-effective treatment option for these patients going forward. The service has now been made available across the Trust and therapy usually starts with a group session which is currently done virtually.

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Communication first: people experiencing street homelessness

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Description

Change Communication provides speech and language therapy to people experiencing homelessness.

In March 2020 Jake (pseudonym) was accommodated via the Everyone In programme. This programme aimed to protect rough sleepers from the coronavirus pandemic by providing emergency accommodation and support. A charitable trust seeking to address isolation amongst people experiencing homelessness during the pandemic funded Change Communication to support people accommodated by the Everyone In programme. Jake's keyworker in the emergency accommodation contacted Change Communication to request help with Jake's communication difficulties. The Speech and Language Therapist (SLT) worked with Jake to identify the communication issues and used the findings to support other organisations to understand the extent and impact of these needs.

Context

Change Communication helps people experiencing homelessness, and the organisations that support them, talk, listen and achieve their goals. These goals may include working together on housing resettlement plans, understanding rights and responsibilities or being able to express needs clearly.

There is very little understanding within the homelessness sector of how communication skills develop, may be different or damaged during the life course and how they can be supported. However, people who are homeless are more likely to have communication needs than the general population (Andrews and Botting, 2020). Communication difficulties are a barrier to accessing healthcare with experts by experience stating services need to provide enough time to really listen, show patience and support meaningful participation in healthcare encounters (Luchenski et al, 2018). One third of homeless deaths are from causes that are amenable to treatment (Aldridge et al, 2019). Change Communication therefore aims to identify and support communication needs so that health inequalities are reduced amongst people experiencing homelessness. This includes highlighting the legal right to accessible communication from publicly funded health and social care services under the Accessible Information Standard.

Method

Project engagement

Change Communication introduced their work and provided communication awareness training to services taking part in the Everyone In programme. This facilitated appropriate referrals from support workers and helped support workers encourage clients to attend appointments. All clients and many support staff were unaware of the role of an SLT and so the SLT explained the service using relevant information, e.g. if a client had a brain injury the SLT outlined how this may affect communication.

Project flexibility

The SLT met clients in their emergency accommodation to complete assessments. This in-reach face to face model was welcomed by clients and support staff because it was easier for clients to attend appointments and less time consuming for staff. For the SLT it also provided a COVID risk assessed confidential space with staff support in case of any queries or difficulties.

Project delivery

Both informal observation and formal standardised assessments were used over one to six appointments as needed. Clients could attend with another person or support organisation if they wished. At times the SLT provided telephone advice or attended appointments at the request of services to facilitate communication about complex matters, e.g. during health assessments.

Outcomes

Jake attended four appointments with Change Communication. These appointments included assessment, reviewing results with Jake, providing Jake and support staff with strategies to increase effective communication, and a case closure meeting. Prior to accessing the emergency accommodation Jake had missed five appointments with a non-healthcare service because he had not understood what was happening in the meeting and did not feel he could ask questions.

A Care Act assessment was supported by the SLT following a request from the assessing Social Worker who recognised their duty under the Accessible Information Standard. This led to a fully informed assessment which identified a range of care needs.

Jake was referred to a wellbeing service. This service changed their usual method of introduction to the client following advice from the SLT. Usually a telephone call would be made in the first instance, but this deprives the client and staff of visual communication cues. Instead video was used to facilitate first contact and Jake immediately agreed to meet the service. Making these communication adaptations reduced inequity of access to the wellbeing service.

Jake has remained accommodated after an extensive period of street homelessness. Crisis (2021) state that preventing homelessness saves £9250 per person per year. Additionally, quality of life benefits were experienced by several clients in contact with the SLT service. Comments included meeting the SLT as “getting my day off to a good start”, being “encouraged” to hear positive things about their communication and feeling “charismatic” for a change.

The SLT clinical report outlined Jake's strengths and these findings were not consistent with a query over an alternative condition suggested by other organisations. This helped organisations focus on appropriate assessment, management and treatment. For the first time Jake was able to talk about his communication needs and how they made him feel. Whilst Jake still experienced difficult emotions about his communication, he had a better understanding of the situation and a range of support strategies that he utilised in multiple appointments with different services.

Key learning points

What worked well?

The provision of assessment, coaching and therapy with an SLT was of benefit to both Jake and the services supporting him.

What would you have done differently?

Appointments with the SLT were requested and provided on an ad hoc basis during this project. The SLT would now provide a regular weekly session on site so that relationships with staff and clients could be informally developed. Where this has been tried with other services it has led to better understanding of the role of SLTs, more inter-disciplinary working and connections with local NHS allied health services.

What future plans do you have?

Jake had no health diagnosis that would have allowed access to NHS SLT services under current criteria in the local area. Change Communication is contacting NHS SLTs and commissioners to explore how the speech language and communication needs of people who are homeless can be better identified and met by the NHS which, in turn, will support reductions in homelessness and health inequalities.

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Dysphagia Friendly Care Homes: Improving the early identification and management of eating, drinking and swallowing disorders (dysphagia) in 12 North Derbyshire care homes

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Introduction

Care Home support is one of the key values of the strategic plans of the Clinical Commissioning Groups (CCGs) and the National Health Service (NHS). Care Home residents are recognised as one of the most vulnerable groups of service users in terms of health care needs with an estimated 3000 care home residents in Derbyshire having dysphagia (disorders of eating, drinking and swallowing). This project aimed to deliver and evaluate training to all care home staff in 12 selected care homes. The training was designed to increase awareness, knowledge and understanding of dysphagia and how to help.

Background

Poorly managed dysphagia can result in:

- Chest infections and aspiration pneumonia
- Reduced well-being, malnutrition and dehydration
- Morbidity and death with poor end of life care
- Increased dependency and avoidable interventions e.g. General Practitioner (GP) visits, pharmaceutical interventions and admissions to hospital

Timely identification of the symptoms of dysphagia, efficient integrated team work and good care planning are essential in effective management.

Dysphagia is managed by Speech and Language Therapists (SLTs) who have specialised competencies in the assessment and management of eating, drinking and swallowing disorders. SLTs are highly specialised practitioners and demand for Speech and Language Therapy (SLT) services for dysphagia and communication in community and acute hospital settings is high and continuing to grow as demonstrated by increases in referrals to SLT.

The SLT service in Derbyshire Community Health Services NHS Foundation Trust (DCHS) is commissioned to provide a community based service to adults with acquired neurological conditions across the county. The majority of clients are seen within their home setting due to the nature of their health needs. Local hospital in-patients also receive SLT input from our service.

The Adult Community SLT Team in Derbyshire is receiving increasing numbers of referrals to its services year on year, receiving almost 1000 more referrals in the period April 2015 to March 2016 than only 2 years previously.

'Every £1 invested in low intensity SLT is estimated to generate £2.3 in health care costs savings through avoided cases of chest infections. The economic analysis is likely to underestimate the benefits of SLT which go beyond reduction in chest infections e.g. improved quality of life, avoidance of malnutrition and death. Inclusion of these benefits is likely to increase the net benefit' (Royal College of Speech & Language Therapists Matrix evidence, 2010).

In 2012, funding provided by The Health Foundation, enabled the SLT service to run a short-term enhanced model of service delivery (SHINE project) focussing on joint working between SLT specialist staff and Nurses with enhanced skills.

A 50% reduction in hospital admissions was achieved in the pilot area in Derbyshire during the project. 'It is reasonable to estimate that a Care Home could reduce dysphagia related hospital admissions by 1-3 per year where Nurses complete training and fulfil the role as described.' (SHINE Report, 2012).

In order to provide a sound basis for a larger scale roll out of this model, this pilot project took place in 12 North Derbyshire Care Homes, as detailed below.

Method

An SLT led this pilot project (0.4 whole time equivalent (wte) for 1 month to set up the project, 0.6 wte for 3 months to deliver the training and 0.4 wte for 6 months to provide ongoing support into the Care Homes and analyse the data and report on the outcomes of the project). The project ran from the beginning of May 2016 to the end of February 2017. The Basic Dysphagia Awareness Training session was around 2 and half hours long and was open to all staff in the Care Home who have any involvement with making or serving food and drinks. This included Care Staff, Nurses, Managers, Kitchen Staff, Activity Staff and anyone else working in the Care Home identified as appropriate by the Care Home Manager. All attendees received a pack of handouts to make notes on and to keep for future reference. All attendees completed a pre and post-training questionnaire in order to identify and demonstrate learning from the session. The session followed a set format but was informal and welcoming, encouraging questions and contributions as it went along in order for the session to be relevant to the needs of each group of staff. There were theory and practical sessions on dysphagia itself, oral care, the normal swallow, choking and aspiration risk, thickened drinks, modified diets, successful ways to feed people and case study problem solving.

The learning outcomes were as follows:

- How to identify swallowing difficulties and how to help
- How to prepare appetising food and drink
- How to assist people to eat and drink as safely as possible, and
- How helping people to eat well impacts on health and wellbeing

Following the Basic Dysphagia Awareness session, Nurses who attended the training session and who agreed to go on to become Dysphagia Nurse Champions were given some assignments to complete prior to a tutorial in the Care Home setting a few weeks later. The assignments included a questionnaire measuring how confident the Nurses feel in developing and maintaining good practice within the Care Home team in supporting people with eating and drinking difficulties, Mealtime

Swallowing Observation Checklists to complete, a Care Planning assignment and a Dining Room Observation task. In the tutorial, the assignments were reviewed and further discussion took place around ways to promote good practice within their Care Home. Further resources and information were also given to support them in their role of identifying and supporting basic dysphagia management for all residents, taking a lead role in collaboration with the Speech and Language Therapy Team and promoting good eating and drinking environments. This information could be used to support the Nurses' revalidation process.

Care Homes where at least 60% of the staff attended the Basic Dysphagia Awareness session, and at least 2 Nurses achieved Dysphagia Nurse Champion status, were then eligible to be certified as 'Dysphagia Friendly Settings'.

Outcomes

There are 9 outcomes described below:

1. **SLT referral rates from the pilot Care Homes were measured, both 6 months prior to the project and 6 months after.**

A reduction in referral rate from the 12 pilot Care Homes was identified, see Table 1.

Table 1

Total referrals Dec 2015 - May 2016	Total referrals Sept 2016 - Feb 2017
64	59

2. **SLT activity in the pilot Care Homes was measured**

Data shows an increase in SLT activity in the 12 Care Homes in the pilot project. Overall contact time (both face to face and telephone contact) increased even though the referral rate reduced, see Table 2. It is suggested that there are less referrals but perhaps that the referrals are more complex, therefore taking more time to manage. This demonstrates a better use of specialist services and although the activity has remained high this may continue to reduce as the Care Home staff who have been trained embed their skills and need less support from the SLT team.

Table 2

	Dec 2015 - May 2016	Sept 2016 – Feb 2017
Pt face to face contacts	**49**	**66**
Pt face to face duration (minutes)	**2790**	**3796**
Phone contacts	**17**	**26**
Phone contact duration (minutes)	**197**	**223**
Total contact count	**71**	**90**
Total contact duration (minutes)	**3047**	**4157**

3. **The number of Dysphagia Nurse Champions per Care Home was measured, see Table 3.**

4. **The number of staff in the targeted Care Homes that were offered and accessed the Basic Dysphagia Awareness training was measured, see Table 3.**

Table 3

Care Home	Number of staff who attended a Basic Dysphagia Awareness session (and percentage of appropriate staff in that Care Home who attended)	Number of Dysphagia Nurse Champions	Certified as a Dysphagia Friendly Setting (requires at least 60% attendance and 2 Dysphagia Nurse Champions)
A	32 (97%)	2	Yes
B	37 (67%)	2	Yes
C	40 (67%)	2	Yes
D	38 (61%)	1	No
E	33 (60%)	4	Yes
F	17 (57%)	2	No
G	19 (54%)	1	No
H	16 (59%)	1	No
I	15 (45%)	0	No
J	23 (46%)	2	No
K	9 (26%)	0	No
L	9 (20%)	0	No
Total	288 (55%)	17	4

5. **Feedback from the targeted Care Homes via structured questionnaire on the impact of the training, including likely outcomes for patients if trained staff had not been available, was collected.**

5 impact questionnaires were returned from Managers of Care Homes that have completed the training. All identified a positive impact following the training on residents, staff, environments and routines in the Care Homes.

The comments are as follows:

'Some residents have gained weight and residents remain in the dining room for longer'

'Staff have a greater understanding of food consistencies and viscosity of fluids'

'Less waste is noted in the kitchen on return of the trolley'

‘Further emphasis appears to be placed on mealtimes than previously.’

‘Our routines and systems have been changed in the Care Home to ensure the high numbers of residents who need assistance are given this. More staff are involved in discussions at handovers, staff are thinking about solutions to concerns raised and making positive suggestions therefore improving the patient experience. Staff have increased confidence.’

‘More adapted cutlery is being offered to our residents by staff. Staff are more positive about the subject and have been heard discussing the training and reflecting on their practice.’

‘In general, staff seem to be more confident in their own abilities and judgement at mealtimes.’

‘Staff have a greater understanding of thickening fluids and they are reporting problems as soon as they are noticed i.e. coughing when eating etc.’

‘There is better utilisation of space in the Care Home, with more able residents eating together in a different dining area meaning that they are eating more and it’s a much more relaxed environment for them.’

‘We are going to try a breakfast café and buffet style teatime to increase residents’ independence and choice.’

‘Staff are using the correct terms for the different diets instead of calling everything just ‘normal’ or ‘soft’.’

‘One of our residents needed syringe feeding before the training, but now with careful observation they can use a nosey cup successfully.’

‘We aren’t having to refer to the Speech and Language Therapy Team nearly as much as we are much more skilled now.’

Also, there have already been enquiries from another 5 Care Homes who would like the training based on feedback from those already involved in the pilot project.

6. **Structured observation of the mealtime environment and patient safety in the targeted Care Homes pre and post training was completed, and feedback from local SLTs working in the targeted care homes was collected.**

Mealtime observations have been completed in all 12 Care Homes.

In those Care Homes who took up the offer of the Dysphagia Nurse Champion training any issues were discussed and addressed in the tutorials.

Post-training mealtime observations were completed in the 4 Care Homes which were certified as Dysphagia Friendly Settings. All these observations demonstrated positive change and evidence that the issues had been addressed by the Dysphagia Nurse Champions.

There was feedback from local SLTs that referrals from the well engaged Care Homes in the pilot project were more appropriate and informative following the training, as follows:

‘The staff nurse I worked with there yesterday was very clear on how to document decisions regarding feeding and issues around capacity.’

‘I saw a person jointly with the Dysphagia Nurse Champion in the Care Home. She was excellent in identifying the cause for concern regarding the patient's swallowing, and was impressive when giving feedback to the relatives. She demonstrated a good knowledge base and a real commitment and enthusiasm with regard to nutrition and swallowing. Her level of care was fantastic. She talked

about the dysphagia training that she and the care home have had and she truly was a Dysphagia Champion!'

'Staff are more clued up and can have informed conversations with me about eating and drinking issues. It's very pleasing.'

'At a review both the key worker/carer and the chef took time to speak to me to clarify exactly what the resident could have and how they could modify foods appropriately in order to ensure the resident could have tastes/foods she enjoys, to encourage better and more varied intake. Also, after I had recommended pre-mashed diet for a gentleman, two members of care staff came to the office where I was updating the record in order to clarify how foods should be prepared for this diet. I feel both these examples indicate a positive response from staff to the training they have received and demonstrate an awareness of the importance of following recommendations and promoting good nutritional intake.'

There was however also feedback from local SLTs that showed the need for further training and input in the poorly engaged Care Homes, as follows:

'Staff there gave her lumpy porridge (not puree) and didn't stick to my advice about staying with her when she is eating "because she's fine."'

'The lady was on thickened fluids but declined them gradually and was on normal fluids when I went to review her communication. They did this without any liaison with SLT.'

7. **Pre and post training questionnaires including how staff would identify someone at risk of aspiration/swallowing difficulties and measuring confidence with supporting dysphagia were collected.**

Feedback was obtained following every Basic Dysphagia Awareness session from all the participants on the course.

All staff valued the training and found it useful and comments received were as follows:

'This training should be mandatory, it's excellent.'

'I think every person in care should have dysphagia training as it's an important part of the job.'

'The course was very good; I learnt a lot I didn't already know'

Many participants on the course identified that they had not had this training before and did not previously feel skilled to care for people with dysphagia, despite this being such an important and significant part of their job, as the above comments demonstrate.

'Now I understand why it's so important to get the texture of the food right. I never knew any of this before.'

'I understand the proper stages of thickened fluids now.'

'It is good to know how the resident might feel and I will be more aware of this.'

'I really enjoyed the training. It was informative and interactive. I have certainly learnt some things regarding dysphagia and the best way to assist people.'

'Thank you, your advice and training was very helpful. I will watch for signs of people who struggle to eat and drink.'

Many staff commented that they now understood the importance of observation and communication within their teams, as the above comments demonstrate.

'I won't use straws so much, or spouted beakers. I will ensure the correct use of cups and that residents are in the correct position for feeding/assisting with meals.'

'I will not now give out lidded beakers to all residents.'

Of note was that many participants identified that they had not had this training before and did not previously feel skilled to care for people with dysphagia, despite this being such an important and significant part of their job. Contractually, Care Homes are required to ensure that staff have adequate knowledge and skills to meet the requirements of the job and this is of concern that many staff did not feel equipped to care for people with eating and drinking difficulties prior to the training.

Staff commented that they now understood the importance of observation and communication within their teams and their new knowledge would have a direct and positive impact on the care of their residents by reducing aspiration risk.

8. **Care plans were reviewed both pre and post training in the targeted care homes to see how many residents who needed them had an appropriate management plan in place for any swallowing difficulties/risks.**

An exploratory exercise was completed in all 12 Care Homes to look at the quality of care plans for eating and drinking difficulties.

The style of care plans varied widely between Care Homes.

Some Care Homes had thorough care planning processes and care plans were evidently regularly updated and their relevance ensured, others less so.

One of the poorly engaged Care Homes had two persons' care plans mixed up and in the same folder meaning that the information for neither person was accessible or available. The same Care Home used folders that were difficult to secure the care plan information into resulting in the care plans falling onto the floor each time the folders were pulled out of the drawer.

The Dysphagia Nurse Champions took on a key role in reviewing care planning within their Care Homes and again, in the well engaged Care Homes with trained Dysphagia Nurse Champions in place, at follow up visits the care plans were observed to be good.

9. **One case study collected to demonstrate a reduction in interventions i.e. avoided hospital admission, reduced GP visits.**

A case example was collected from one of the Care Homes involved in this pilot project, providing a good illustration of the financial cost of unmanaged dysphagia in the Care Home setting, as follows:

The resident has a diagnosis of dementia. The person has had 2 hospital admissions with aspiration pneumonia and 1 hospital admission following a choking episode. They spent 25 days in hospital in total. They also required 6 GP visits in the last 6 months due to chest infections, dehydration and poor oral intake.

With a hospital admission for pneumonia costing up to £7,846, this case example powerfully illustrates the potential cost of unmanaged dysphagia. Other healthcare costs would also have been

incurred, for example, GP and primary care visits and interventions, therefore well managed dysphagia represents a significant saving to CCGs.

Of note is that 15% of hospital admissions of people with dementia with dysphagia could be prevented by contributions from an SLT at an earlier point. (Taken from Inpatient Hospital Episode Statistics, Health and Social Care Information Centre, Public Health England, 2015).

This pilot project represents clear value for money by the potential to reduce costly interventions, e.g. hospital admissions, GP and primary care visits.

Recommendations

The success of the pilot project in the well engaged Care Homes was evident. Continued provision of the model was recommended.

The following was the proposed model for managing dysphagia in Derbyshire Care Homes:

Level 3
(Specialist SLT Service):
Patients with the most complex
needs access Specialist SLT assessment

Level 2 (Targeted Service):
Dysphagia Nurse Champions. Each Care Home has at least 2 Dysphagia Nurse Champions to link with SLT and jointly manage symptoms of dysphagia in the Care Home.

Level 1 (Universal Service)
Basic Dysphagia Awareness training for all Care Home staff with every Care Home having a link SLT.

Further details of recommendations were made as follows:

- **Training to be mandatory through contractual agreements, to ensure commitment from the Care Homes.**

  It is evident that the commitment and engagement of the Care Homes is essential for the model to work well. Using contracts to achieve this is recommended.

  When staff didn't arrive for the training as planned in one Care Home, the Manager commented 'Well, It's not mandatory, they don't have to come.'

One particularly poorly engaged Care Home in the pilot project resulted in wasting many hours of the project time available after cancelling 2 planned training sessions at the last minute. There had been concerns raised following the mealtime observation in this Care Home i.e. the failure of the Care Home to refer someone who was choking regularly to SLT, inadequate care planning and Carers showing disrespect to the residents they were feeding by yawning and talking to each other across the dining room. This Care Home, of all those involved in the pilot project needed the training the most, but despite this feedback and the concerns raised, they remained extremely poorly engaged. This not only represented wasted project time, but also placed their residents at significant risk.

- **A band 7 SLT overall lead with a band 5 link SLT in each area.**

This would allow true collaborative working between the Care Home setting and the SLT team.

It would also enable more follow up time to be spent post training and top up training sessions to be delivered as new staff start, for example. Twice a year top up training sessions were suggested.

Ongoing support and maintenance of Dysphagia Nurse Champion competence is also assured with this model via regular access to drop-in sessions with the SLT/Practitioner in the Care Home setting.

- **Care Home Managers to attend the training.**

  Those Care Homes where the Manager has attended the training have shown greater commitment and involvement with the project. It also allows improved continuity of skills and learning as the Manager is aware of the detail of the training that staff have received.

- **Kitchen staff to attend the training.**

  Again, where this has happened there has been greater team working and understanding between Care staff and Kitchen staff, leading to a better overall resident experience.

- **All Care Homes to complete the Mealtime Swallowing Observation Checklist (introduced as part of the training session) prior to making a referral to SLT.**

  This tool ensures that all steps have been taken to address the eating and drinking difficulties in the Care Home setting before an SLT referral is made (and therefore the referral may not be necessary on completion of this tool).

- **The training package is not just suitable for Nursing Homes, but also for Residential Homes using Senior Carers in the role of the Dysphagia Nurse Champion.**

  This has come from feedback from those well engaged Care Homes who also have Residential beds and were keen for their Senior Carers to take on a Champion role too. The title could be changed to 'Dysphagia Champion' rather than 'Dysphagia Nurse Champion'.

Summary and conclusions

'Eating, drinking and swallowing difficulties have potentially life-threatening consequences. They can result in choking, pneumonia, chest infections, dehydration, malnutrition and weight loss. They can also make taking medication more difficult. Swallowing difficulties can result in avoidable hospital admission and in some cases death. They can also lead to a poorer quality of life for the individual and their family. This may be due to embarrassment and lack of enjoyment of food, which can have profound social consequences. Early identification and management of dysphagia improves quality

of life and reduces the possibility of further medical complications and death. Improved nutrition and hydration have a positive impact on physical and mental wellbeing. In addition, there are also economic benefits and savings for the wider health economy, including those through avoided hospital admissions.' (Giving Voice, Royal College of Speech & Language Therapists).

This pilot project in 12 North Derbyshire Care Homes was successful in delivering the following outcomes and demonstrating the following impact:

- **An increase in the number of patients being jointly managed by SLTs and trained staff within Care Homes.** In the well engaged Care Homes there are now strong links with the SLT service to enable future cohesive working in the interests of improved resident experience.

- **Potential avoidance of a proportion of primary care interventions and hospital admissions for dysphagia related problems e.g. aspiration pneumonia.** Care Home Staff have increased awareness of dysphagia and swallowing problems are identified earlier and are dealt with appropriately therefore reducing unmanaged dysphagia which can result in avoidable 'crisis' hospital admissions.

- **An increase in the skill set of the Care Home workforce, enabling differentiation of patients in terms of the level of need and a more cost effective and clinically suitable care pathway.** This improves quality of resident care and experience.

Update

So far it has not been possible to secure funding for the continued roll out of this model and therefore this model has not been adopted in its entirety in Derbyshire care homes. We are able to continue to offer the training package to care homes but have to charge for this in order to be able to fund the Speech and Language Therapy time to deliver it. Outcomes and feedback continue to be excellent and we continue to promote the training package and its benefits.

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Title: *'Chat with Me' book series: 3 books that support parents to share books and extend conversations with their 2-3 year olds in Sure Start Areas in Belfast*

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Description

The 3 books 'Chat with Me'; 'Chat with Me at Christmas'; Chat with Me about Preschool' provide tools that make it easier for parents to interact with their children and to share books together. They also give parents ideas about opportunities to chat with their child throughout the day.

They are designed around research findings that 'contingent talk'[1] and 'conversational turns'[2] are key ingredients in positive parent child interactions leading to improved language development and enhancing parent/child relationships*.

(*Sure Start operates in the top 25% most deprived ward areas in Northern Ireland. Research clearly identifies speech, language and communication need as being a risk to children living in areas of social deprivation and so Sure Start SLTs aim to support parents to provide language rich environments.)

Each double page spread has the same layout: the left page is a composite picture of the part of the day described by the 4 lines of text. These 4 lines can be read if desired. They can also be sung. The right page contains detail relating to the main picture, providing more opportunities for conversation. On the back of each book a QR code links to a YouTube video of the book and accompanying song (the words in the book). A second QR code links to a Parent/Staff Guide explaining how to use the book i.e. don't worry about reading the words; notice what your child is interested in and chat about that.

There are also 4 short videos (less than 2 minutes) that explain how to get the most from the books.

Context

One of Sure Start's overarching objectives is to improve language skills of children in Sure Start areas and so help end the intergenerational cycle of language deprivation. In Sure Starts in BHSCT area, around 70% of children entering the Developmental Programme for 2-3 Year Olds have delays in speech, language and communication. The role of the Sure Start SLT is to improve the language skills of children living in Sure Start areas by increasing the relevant knowledge and skills of those most proximal to the child i.e. parents, Sure Start staff, and members of the community.

Insights from parents in a previous coproduction highlighted factors that led to behaviour change i.e. the importance of a) giving parents tools to help them do things differently rather than just giving advice and b) giving something that makes it easier to get through the day. The books were developed to provide parents with a tool to

- Increase amount they share books with their children
- Increase parent/child conversation when sharing books together
- increase the variety of ways to extend the topic eg talking about the past of future
- Encourage parents to sing/make up songs with their children
- Provide ideas about things they could do with their children

They were also designed to provide a tool that supports staff in developing their skill to give children language they can learn from. This had been identified by the Sure Start SLT and Early Years staff as an area that staff find difficult, particularly for those who are already using sentences. Staff observations, reflections and progress monitoring data all suggested that it was more difficult for staff to extend the topic when children were already using sentences.

Method

Partnerships with an artist and a music therapist were established; the objectives were shared with these partners and the concept of a 'Chat with Me' book evolved. Sure Start parents of 2-3 year old children were contacted by trusted Sure Start staff and asked to share topics/activities that created the best conversations with their children. Parents' suggestions were grouped into themes to form the basis of the illustrations and text for the book. The lyrics/text were written by SLTs and Music Therapist in consultation with the artist who then created detailed illustrations with opportunities for conversation. Using research evidence[3], 9 ways were identified that adults can provide language children can learn from. Each illustration needed to provide clear opportunities for these types of responses. Information on these 9 types of responses formed the basis of the parent/staff guide and of staff training.

The Music Therapist composed a melody so the text in the book could also be sung, reinforcing key Sure Start messages to smile, talk, laugh and sing anytime. On the back of the book, 2 QR codes link to

- a YouTube video of the book being sung
- a Page Tiger Parent/Staff Guide.

A trusted staff member introduces the book to parents along with explanations of key principles

- You don't have to read the words
- Notice what your child is interested in and chat about that

Following evidence of behavior change, it was decided to create 2 more books: Chat with Me at Christmas and Chat with Me about Preschool (to support transitions). The working group for the preschool book included the original core group and also a parent, a Sure Start Early Learning Coordinator and a Nursery School Principal. This ensured the book covered the most important messages about supporting a child's transition to preschool.

Outcomes

Aim 1 – Increase amount parents share books with their children

Aim 2 - Increase parent/child conversation when sharing books together

Aim 3 - increase the variety of ways to extend the topic eg talking about the past of future

Aim 4 - Encourage parents to sing/make up songs with their children

Aim 5 - Provide ideas about things they could do with their children

Parent outcomes are being gathered in 3 ways (as per RCSLT Framework: Measuring Outcomes outside individualized care, June 2021)[4].

a) Quantity of information shared
Approx 500 children received a copy of each book in the 21/22 year in Belfast area. Every library in NI also has a copy of each book.
Views at Nov 2022
Chat with Me song video on YouTube – 705
Chat with Me Parent Guide – 527
Chat with Me at Christmas song on YouTube – 273
Chat with Me at Christmas Kitchen Disco – 322
Chat with Me about Preschool song on YouTube – 275
Chat with me about Preschool Parent guide – 222

b) Parent report of behaviour change as captured by parent questionnaire (***49 parents responded to the initial questionnaire. Further feedback was received from Parent feedback questionnaires following Parent Workshops or Parent Programmes)***
- 98% said they share books more often since receiving the book
- 98% said the books helped them to chat more when sharing books
- 98% said the books had given them ideas about things to do with their child
- 77% said they had used the Christmas Kitchen Disco to dance and sing with their child
- parent comments give evidence of behavior change eg 'when I read other books to my child now I just don't read the words, I ask him questions and tell him things that we see in the picture'; 'she never used to sit during a book and now we would read this nearly every night'.

c) Individual examples of change as captured by staff observations and parent stories – feedback from a Family Support Worker
"A Grandmother was given a Chat with Me book. She has poor literacy and would tend to steer clear of books because of this.
When she came back to parent and toddlers she said that she really liked the book, she expressed that she was less intimidated with the book due to the colourful pictures and how expressive/real the pictures were so she felt that she could read her grandchild the story using her own words. She also said that it has given her the confidence to read other books to her grandchild using the pictures"

Aim 6 – Provide a tool that supports staff in developing their skill to give children language they can learn from.

Work in this area was delayed due to the impact of Covid – SLT support to staff had to focus on 'back to basics' and supporting signposting for the many children presenting with speech, language and communication need who were not known to any service. In a few Sure Starts, SLTs were able to do

some work on this aim and observations indicated more intentional planning for language/conversations when planning activities.

Key learning points

- Parents are most likely to do something if they are not just told what to do, but given a tool to help them do it (insight given by East Belfast parents in previous codesign group). The books provide a tool to make it easier for parents to have a conversation with their child.
- Involving parents e.g. getting ideas for the scenes in the books, makes a difference. The parents know what their children are interested in.
- Parents engaged with the book when it was given by a trusted person e.g. Family Support Worker or Early Years Practitioner. Greatest behavior change seemed to occur when the book was integrated into a Parent/Child Programme rather than just handed out.
- Effective partnerships are crucial – the artist and Music Therapist were selected because they were known to have an interest in and deep understanding of this area of work. They were key to the whole development process rather than simply being given a 'brief' to work to.
- Resources like these books have added value when they are part of an overall strategy and link to other messages that parents have received e.g. 'Anytime is Chatting Time'; smile, talk, laugh, sing and share stories anytime.
- Parents need more specific support to make up songs with their child to help make tricky times easier and to enrich the language environment. A specific piece of work around this is now in progress.
- There is an appetite for these books. They have been purchased by Sure Starts across Northern Ireland and by many Nursery and Pre Schools. An Irish Language version has now been created and is used in all Irish medium Preschools in Belfast area.

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