

Haringey Speech, Language and Communication Workshop
Wednesday 12th July 2017

Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis (undertaken by attendees during the workshop)

What are the STRENGTHS of speech, language and communication in Haringey?

- ❖ Wealth of knowledge and expertise of staff in Haringey including the clinical specialisms of staff.
- ❖ High standards from therapy staff
- ❖ Passionate teams
- ❖ Therapy staff are approachable and personable with sense of humour
- ❖ Responsive services which are responsive to feedback.
- ❖ Supportive services with individual therapists providing over and above what is expected
- ❖ Services who know the child well and are valued by the community
- ❖ Parents praise the quality of service and are appreciative when care received (negative feedback tends to be due to lack of service)
- ❖ Joint working with other services e.g. language support team and other teams (hearing impairment, EY inclusion).
- ❖ Inter borough working.
- ❖ Innovative models in Haringey e.g. Verve – under 5s video parent observation and feedback. Parent engagement ideas for interaction & coaching and Small talk ECAT – ID concerns – training practitioners, Language groups.
- ❖ Positive model used – emphasises what parents are doing well, encourage self-reflection. ‘Parent as teacher’ and this empowers parents.
- ❖ Parents’ workshops/training.
- ❖ Advice Line – also accessible to Private, voluntary and Independent Sector (PVI)s. Help while waiting for assessment was strength.
- ❖ Feedback to Nurseries and other early years’ settings is helpful.
- ❖ State nurseries have access to SLT at school. Progress seen. Support is there, questions, named therapist. Build relationships with children & families seen quickly – prevention early references.
- ❖ Training for educational staff and professionals. Schools also now more confident about accessing the service.
- ❖ There have been improvements in the quality of assessments

What are the WEAKNESSES of speech, language and communication in Haringey?

- ❖ Long waiting list times- for initial assessment and therapy with significant gaps between stages, especially in early years. Long waits can also have negative impact on relationships between families & therapists.
- ❖ Parental and School/Teacher understanding of scope and role of speech therapy – It is seen as a medical model but it is not just about 1:1- it is about collaboration – how do we communicate this?
- ❖ Few opportunities for parents to be part of their child's sessions in schools
- ❖ Lack of consistent therapy feedback to parents, carers and schools in a timely manner e.g. objectives, process, progress, reports, follow-up – targets, what parents can do to support.
- ❖ Lack of signposting – Parents do not always know what is developmentally 'normal' and when to be concerned. Cultural factors come into play here too. Where do parents access good, reliable information if they are worried about their child and where can they find information about how to help their child whilst they are waiting for therapy?
- ❖ Lack of Early Intervention through Children's Centres that also supports upskilling of early years staff.
- ❖ General lack of transparency about pathways, SLT service objectives and access to clinical specialists.
- ❖ Applying the right level of support for a child or young person, as written in the Education Health and Care Plan (EHCP). Need as rather than not what the budget allows (diagnosis, assessments, provision). Some parents and schools feel Children and Young People are discharged too early.
- ❖ Inconsistent provision based on clear guidelines e.g. Therapy strategies not always consistently integrated all day. Lack of 1:1 support for children and young people (due to resources). Early years children have to go to the service rather than the service come to them.
- ❖ No provision in key stage 2 or beyond for assessment & therapy.
- ❖ SLT not available in Private, Voluntary and Independent Sector (PVI) settings. More training required for practitioners in PVIs.
- ❖ Lots of service changes in short timescales has led to a service which feels 'reactive.'
- ❖ Absence of therapists on the ground - 2 year gap at The Brook – due to maternity leave.
- ❖ DNA rates (Did Not attend at appointments). This may link to embarrassment re. behaviour
- ❖ Recruitment and retention issues. Posts must be approved before recruitment takes place. Therapists leave Haringey for Islington/Camden due to London weighting, as they receive more pay for working in these boroughs. There is a perceived lack of consistency and high turnover of therapy staff.
- ❖ Lack of appropriate IT hardware (tablets, iPads) for therapists to do their job efficiently and effectively – lots of wasted clinical time.

What are the OPPORTUNITIES in speech, language and communication in Haringey?

- ❖ A whole borough approach to speech, language and communication led by council, CCG and involving all service providers. Explore 2018 being the year of language and communication in Haringey.
- ❖ Focus on early intervention and prevention. More services in early years by utilising existing early years staff and existing groups such as stay and plays in children centres. Train Children Centre stay & play staff to support SLT and help parents. Special sessions – Families focus with some therapy support on a less frequent but still regular basis.
- ❖ Training for Practitioners to understand children's needs more deeply to improve practice – small talk for all settings.
- ❖ Upskill early years staff to recognise autism/speech delay symptoms/markers.
- ❖ Make better use of voluntary sector e.g. Bridge and Markfield.
- ❖ Easy access to information by using Haringey local offer and Whittington Health website, both of which are being revamped.
- ❖ Utilising the new universal health visiting model as part of Healthy Child Programme effectively. New universal 1 and 2 year checks provide lots of opportunities for early intervention and prevention- 'making every contact count'.
- ❖ Need to think about how to improve consistency of services and available information across the whole borough so parents and practitioners understand what is available. This includes multi-disciplinary joint working such as links between dietetics and SLT.
- ❖ Explore simplifying the referral process e.g. GPs often have to make three referrals to three different services within the same provider if worried about speech/delay and possible autism.
- ❖ Parent training and workshops which allow parents to be informed and support them with decision making. Knowing how to help their child 'Parents as experts'.
- ❖ Improved transparency about how the service works including the helpline. Making advice readily available as this is not necessarily widely known about.
- ❖ Utilising this review and the process of the Whittington Health 'community block contract' disaggregation to ensure the right level of resource goes to the main service provider to support reduced waiting times and improved quality.
- ❖ Specification for the service to be updated and so this provides opportunity to work to amend the current model.
- ❖ The Haringey and Islington Wellbeing Partnership presents an opportunity for the main provider and commissioners to work together much more closely to redesign the service. This work should be embedded within the Children and Young People's workstream.
- ❖ Service to explore developing a communications strategy for schools and families to address some of the concerns around transparency and lack of feedback on targets, how parents can support their child.
- ❖ Use the review process to map best practice elsewhere including communication and engagement with schools and families
- ❖ Using IT- is there a possibility of online feedback from parents?
- ❖ Verve – to be accessed by Practitioners used in settings.

What are the THREATS to speech, language and communication in Haringey?

- ❖ Recruitment and retention of staff- High turnover, differential pay of staff in Haringey (lower pay than in Camden and Islington).
- ❖ Budget cuts to the services and decreasing funds in the commissioning budgets
- ❖ Budgetary cuts to Schools which means schools are not able to purchase as much support as they may have done previously.
- ❖ Schools reduce Teaching Assistants. Only used for really severe cases
- ❖ Lack of consistent support to all Haringey population e.g. Somali and Turkish communities.
- ❖ Increased pressure on Teachers and TAs and schools generally.
- ❖ Lack of clarity in Education, Health and Care Plans (EHCPs)
- ❖ Lack of provisions for children without an EHCP
- ❖ Inadequate service offered due to less staff in KS2 – Language support team greatly reduced too.
- ❖ Support available to CYP with Dyslexia in schools
- ❖ Supply teachers are not always aware of children's needs – not passing on concerns.
- ❖ Supply teacher's input not recognised – procedures for this are required
- ❖ Shortage of specialists
- ❖ Increasing threshold criteria – decreases access to the service.
- ❖ Not having a strategic approach to the distribution of resources (knee-jerk reaction as opposed to developing a strategy) e.g. lack of strategic cover for long-term absences.
- ❖ Parents – wellbeing/health
- ❖ Lack of parental understanding of appropriate language development and effect that that use of IT has on child's development (e.g. SLT suggest lists of websites – more training needs to be provided).
- ❖ Rise in children with specific needs due to use of IT. Lack of stimulation rather than good use of IT to support development

If I could change one thing what would I change.....

- ❖ Waiting times for assessment and therapy especially in early years. CYP should be assessed faster.
- ❖ Increase staff numbers to address increase in caseloads.
- ❖ To create a more responsive, needs focused service.
- ❖ Proactive rather than reactive engagement with families and schools and between commissioners and providers
- ❖ Holistic and individualized services
- ❖ Continuity in services
- ❖ Increased emphasis on early intervention and prevention
- ❖ Leaner referral process (single point of access?)
- ❖ More help for parents to support their child earlier including increased information readily available
- ❖ Up skilling health visiting and early years staff with skills to support parents whilst they wait to be seen.
- ❖ Individual programmes rather than whole class.
- ❖ Reduce caseload number for mainstream settings
- ❖ More specialist speech therapy for deaf children in mainstream schools.
- ❖ Greater support re. pre-referral for parents & settings.
- ❖ Therapy in early years setting as well as clinic.
- ❖ For them to offer consultation service for complex cases dealt with by the language and autism support team (severe behaviour cases).
- ❖ More flexibility in how staff are involved in individual cases.
- ❖ More straight forward route to SLT and access to in KS2-4 without an EHC.
- ❖ Service to the older children with autism around social communication.
- ❖ SLT access to PVI's not just children centre's with increased SLT training for SLT workers.
- ❖ Better communication with service clients (we have a lot of angry parents whose questions we can't answer).
- ❖ Families to be satisfied with service.
- ❖ Courses for people with Aphasia. Training the trainers. Changing attitudes.
- ❖ Speech therapist to be based permanently in children' centre on a full-time basis. Working with the nursery, outreach and community.
- ❖ Closer links with children's centres to provide early intervention. Upskill parents, train staff to build on from 1-2 year old checks.
- ❖ Regular visits of SLT in school settings. Not just every other half term.

- ❖ Individualised service. No consistency, communication or carry over. No info to parents. Higher level therapists needed.
- ❖ Access to training for education staff.
- ❖ Ensure we keep/increase specialist resources e.g. language, resources, AAC.
- ❖ Availability of resources in other community languages.
- ❖ Access to appropriate hardware (ipads/laptops).
- ❖ Involving parents in groups and research.