



**Nottingham and  
Nottinghamshire**  
Integrated Care Board

# **Speech, Language and Communication Needs Services for Children and Young People**

## **Engagement Report**

**May 2024**

**Nottingham and Nottinghamshire  
Integrated Care Board**

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## **2 Glossary of terms, abbreviations and acronyms**

### **ASD**

Autistic Spectrum Disorder

### **CCYPS**

Community Children and Young People's Services

### **CPD**

Continued Professional Development

### **EHP**

Education Health and Care Plan

### **GP**

General Practitioner

### **Home Talk**

Home Talk is for children aged 22 months to 2 years 6 months who are not yet using many words but can listen, follow instructions and play with adults.

### **ICB**

Integrated Care Board

### **Little Talkers**

Small group sessions with singing, play and helpful strategies to support your child on their next steps to talking.

### **NHT**

Nottinghamshire Healthcare NHS Foundation Trust

### **NICE guidelines**

National Institute for Clinical Excellence (NICE) guidelines are evidence-based recommendations for health and care in England and Wales.

### **Peep**

Peep Learning Together Programme is an evidenced based intervention providing comprehensive child development activities and information that trained practitioners can share with families.

### **SALT/SaLT**

Speech and Language Therapy Team

### **SENCo**

Special Educational Needs Coordinator

### **SEND**

Special Educational Needs and Disability

### **SLCN**

Speech Language and Communications Needs. This covers a wide range of communication difficulties in children and young people, for example, issues with speaking smoothly, making sounds and words, putting sentences together, understanding what others say and using language in social situations.

**Speech Language and Communication Needs (SLCN) Services**

Include a wide range of support that can be delivered in hospitals, schools or community settings.

**SLT/SLTs**

Speech and Language Therapy Team/Service

**Tiny Steps to Talking**

Tiny Steps to Talking (TSTT) is a group for children aged 12 to 23 months and their parents and carers.

### 3 Executive Summary

#### 3.1 Background

Nottingham City Council Public Health, Nottinghamshire County Council Public Health and NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) all have a statutory duty to commission Speech, Language and Communication Services (SLCN) for children and young people.

There are a variety of services offered across Nottingham and Nottinghamshire:

- Nottingham and Nottinghamshire ICB commission specialist speech, language, and communication services, offered to all children and young people (0-19 years) with high level SLCN.
- As part of its “Best Start” Strategy Nottinghamshire County Council have developed a robust early years pathway that supports children under 5 with SLCN.
- Though similar services are offered within four wards of the Nottingham City Council area, this is not offered across the whole of Nottingham.

This has led to the service offer being varied across Nottingham and Nottinghamshire and the potential for gaps in what is offered and inequity of offer to the local population.

The aim of the engagement activities was to gather the views and listen to the experiences of both citizens and professionals in relation to SLCN services for children and young people.

The ICB Engagement Team heard from a total of 235 parents/carers and professionals including Speech and Language Therapists and professionals who refer into Speech and Language Therapy (SLT) services. Feedback was gathered via a survey, telephone interviews, online focus groups and community groups. The engagement activities ran from 22 November 2023 and concluded on 19 December 2023.

#### 3.2 Key findings

- Families and professionals talked about the benefits of working collaboratively, especially between SLT services and schools, and how this would enhance communication between professionals and make services more accessible to children.
- Professionals referring into SLT services, particularly school staff, can play a key role in supporting children and young people to access SLT services and supporting them with their SLCN at school.
- Families and professionals both agreed that providing more support in schools would be beneficial to the child or young person.
- Referring professionals expressed that the opt-in process which allows families to contact the SLT service for more support after the initial set of sessions was confusing, preventing some families from engaging with it.
- Families believed that when they were discharged, it was the end of SLCN support and were not clear that they could request further support from the SLT team (opt-in).

- There was a strong preference to increase the number of appointments, and to increase the number of face to face appointments.
- Professionals were concerned that staff shortages could be impacting the quality of SLT services.
- Both families and professionals stressed the importance in the child or young person receiving timely intervention. The majority of responses perceived the waiting times at different stages of the process to be too long.

### **3.3 Next steps**

The recommendations from this report will be utilised to support how speech, language and communication needs services for children and young people in Nottingham and Nottinghamshire are improved and how they are designed in the future.

## 4 Conclusions and recommendations

**Conclusion 1:** Integration, collaboration and communication between SLT services and schools is key in successful delivery of SLCN support.

**Recommendation 1:** SLT services, mainstream schools, SEND schools, children centres, and the wider SLCN support providers to continue to work together in supporting children and young people. To build upon working closely with schools in relation to accessing the services and the continuity of support offered to children and young people through supporting families with the referral process and understanding the system of opting-in, follow up and discharge.

**Recommendation 2:** Alongside visits to schools, explore opportunities where schools can benefit from SLT team expertise to support children and families.

**Conclusion 2:** Families are unclear of the processes involved in SLCN services. There is particular confusion regarding following up with SLT services.

**Recommendation 3:** Explore the support families need to understand the follow up process and how to request further support. Currently, this responsibility sits with families to find out further information and reach out and initiate further sessions. Not all families appear to be clear on the process.

**Conclusion 3:** The number and location of appointments play important roles in the quality of the support provided.

**Recommendation 4:** Enhance the accessibility to SLT services by reviewing the number of appointments provided and the methods through which these appointments are delivered, acknowledging that face to face is preferred by both families and professionals.

**Conclusion 4:** The current workforce provision and shortage in staff may negatively impact on the support provided to children and young people.

**Recommendation 5:** Consider workforce planning in future service design.

**Conclusion 5:** The waiting times were found to be too long by professionals referring into services and families.

**Recommendation 6:** Consider how families can be supported to “wait well”, including signposting to resources and keeping parents informed of the expected waiting times.

## 5 Context

### 5.1 Introduction

Various stakeholders are involved in supporting children and young people with their SLCN. This includes SLT therapists, mainstream schools, SEND schools, families and other professionals who work in the wider SLCN support services.

Speech, Language and Communication Needs Services (SLCN) in Nottingham and Nottinghamshire are delivered by Nottinghamshire Healthcare Foundation Trust. However, due to variance in commissioning arrangements, the services offered are not consistent or equitable across localities or age groups.

Local Authorities commission services that support children aged five and under who have identified speech, language and communication needs, and Nottingham and Nottinghamshire ICB commission specialist services to support children and young people (0-19) with high level speech, language and communication needs. There is little support commissioned for children and young people with low-level needs over the age of five in Nottingham and Nottinghamshire.

Nottingham City Council, Nottinghamshire County Council and NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) all commission SLCN for children and young people.

Every child, regardless of circumstance should be able to develop and thrive. There is increasing concern about the numbers of children starting school with poor speech, language and communication skills, with unacceptable differences in outcomes in different areas of the county. Inequalities in early language development are recognisable in the second year of life and have an impact by the time children enter school. Delayed language development can have severe and long-lasting impact on a child and young person's life, with increased prevalence of speech, language and communication needs being identified in young people with mental health issues, and in young offenders<sup>1</sup>.

Following system-wide scoping and the recent special educational needs and disability (SEND) inspections<sup>2</sup> in Nottinghamshire County, it is apparent that current service models may not best support the needs of the local population and that there is a requirement for these to be delivered in an alternative manner.

### 5.2 Engagement aims and objectives

The overall objective and aims of the engagement activities was to gain a better understanding of the experiences of those accessing and delivering the SLCN services to help shape and refresh the current service model. The remainder of this section describes the specific aims of engaging with the three stakeholder groups.

#### 5.2.1 Families (parents/carers)

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<sup>1</sup> [Best start in speech, language and communication: Guidance to support local commissioners and service leads \(publishing.service.gov.uk\)](#)

<sup>2</sup> [50216722 \(ofsted.gov.uk\)](#)



We wanted to hear from parents and carers accessing SLCN services (referred to as families in this report) to understand:

- What worked well and where improvements could be made.
- Where services should be delivered.
- How success of the service could be measured.
- To understand what would support children and young people who experience SLCN to successfully find the right support.

### **5.2.2 Health professionals**

We wanted to hear from GPs and health professionals referring into Speech and Language Therapy (SLT) services, wider SLCN support and SLT Therapists to understand:

- What was working well and what could be improved.
- What should be measured to know if the service(s) are successful or not.
- How easy it is to navigate the referral pathway and, for those referring into SLT services, how simple is it to understand and access the services that children under their care need.

### **5.2.3 Educational settings staff (schools & nurseries):**

We wanted to hear from teachers, teaching assistants, head teachers and special educational needs staff to understand:

- In terms of the referral pathway, what is working well and what could be improved.
- Whether there were any gaps in services and what would best support schools to support children with SLCN.
- Where services would be best delivered.

Educational settings including nurseries and all schools will be referred to as “schools” in this report.

## **5.3 Our approach**

To ensure meaningful and accessible engagement with the families and professionals, we:

- Identified and used different ways of engagement including online, in person, and over the phone.
- Offered online focus group sessions at times to suit families and professionals.
- Worked closely with colleagues from SLCN services while planning this engagement activity to ensure that our approach was suitable. The survey was developed with representatives from provider organisations and the engagement activities were widely circulated by SLT and SLCN support services.
- Made translated versions of the survey available on request.

## **6 Methods**

The engagement activities ran from 22 November 2023 and concluded on 19 December 2023.

A range of different engagement methods were used to listen and understand the views of professionals who either provide or refer into SLT services, and families of children and young people with SLCN.

Two separate online surveys were created, one to engage with families and another for professionals; those who work in Speech and Language Therapy services (SLT) and also who refer into SLT services (see Appendix 1 and 2). The survey was available online, and could be requested in hard copies, large print, and alternative versions and formats.

Online focus groups were held over Microsoft Teams, with separate sessions taking place for professionals including those who refer and provide SLT services and one for parents and carers of children and young people with SLCN needs. A visit was made to the Peep Learning Together groups to gather views from parents and carers.

In total, 235 individuals took part in the engagement activities. Of them, 220 people responded to the surveys (104 respondents were families and 116 were professionals), 1 shared their views via a telephone interview, 12 individuals attended online focus groups and 2 people shared feedback at a community group.

There were 104 respondents to the parents and carers survey. Of those, 68 respondents told us that within the last four years, their child/young person had accessed SLCN services (66%). Of those 68 respondents, 32 were currently receiving support (47%) and 36 were no longer receiving support (53%). Based on this, these 68 respondents' views were analysed. The other 36 families (53%) were given the opportunity to tell us why they couldn't access support.

All written notes taken during the telephone interview, online focus groups, community group visit, and qualitative responses from the survey were thematically analysed. Quantitative data was analysed to produce descriptive statistics.

## **7 Survey demographics: families**

In total, 104 people responded to the families survey. The majority were female (78%; n = 53), heterosexual (63%; n = 43), and white – English, Welsh, Scottish, Northern Irish or British (68%; n = 46). There were small amounts across a range of other races/ethnicities, (19%; n = 12). Most of the respondents aged between 25 – 54 years old (77%; n = 53). 35-44 (32%; n = 22), 25-34 (26%; n = 18) or 45-54 (19%; n = 13).

Further demographic information can be found in Appendix 3.

## **8 Profile of respondents: professionals**

In total, 116 professionals responded to the survey. Of those, 16 were SLT team members, and 100 were professionals who refer into SLT services, particularly from staff in educational settings.

Of the 16 SLT team members, 14 were SLT Therapists whilst two were Home Talk Workers

Of the 100 referring professionals, 25% were SENCo professionals (n = 25) and 24% were Early Years Practitioners (n = 24) (see Figure 1). The majority of referring professionals worked in Nottinghamshire County (83%; n = 83), 5% worked in Nottingham City (n = 5) and 7% worked in both the City and County (n = 7).

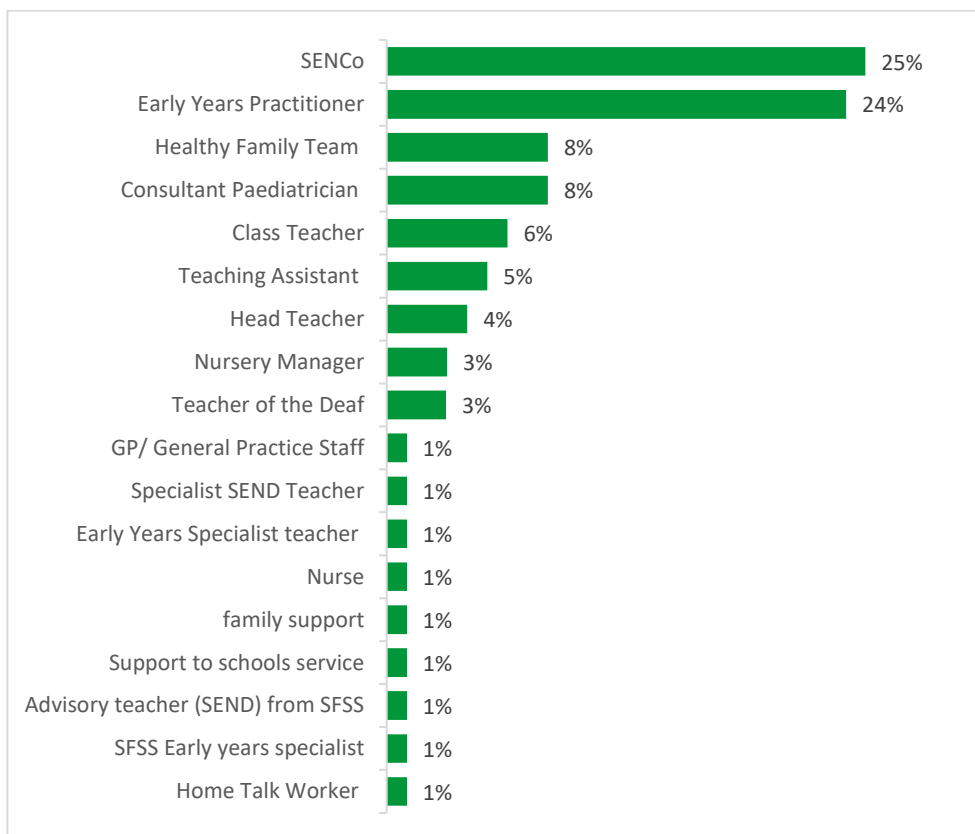


Figure 1. % of professionals referring into SLT services by role (n = 100)

## 9 Findings

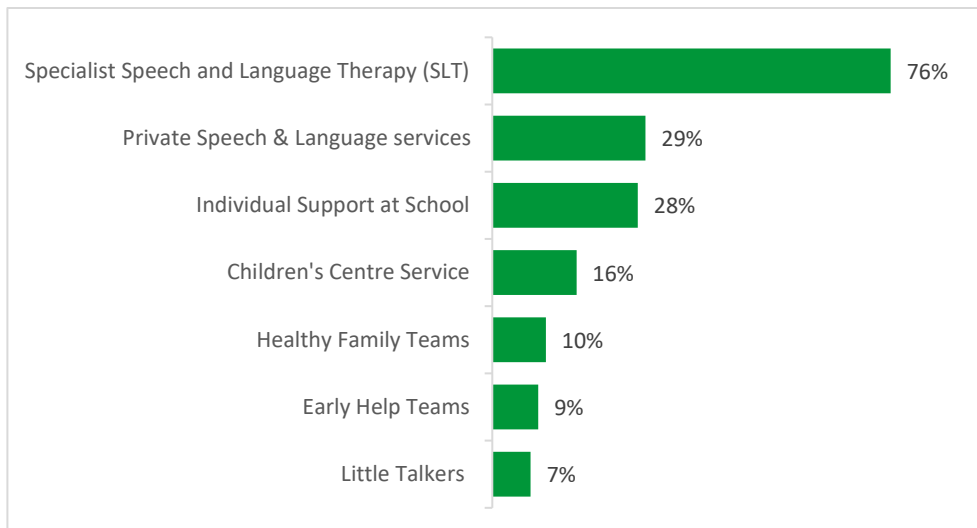
This section presents the analysis from the responses received as part of the engagement activity, including the survey, telephone interview, online focus groups, and community group visit. The statistics presented in this report are related to the quantitative data collected in the survey. We also conducted a thematic analysis to the qualitative data collected through all methods of engagement to identify the emerging themes which are presented below.

### 9.1 Accessing SLCN services

#### 9.1.1 Feedback from families

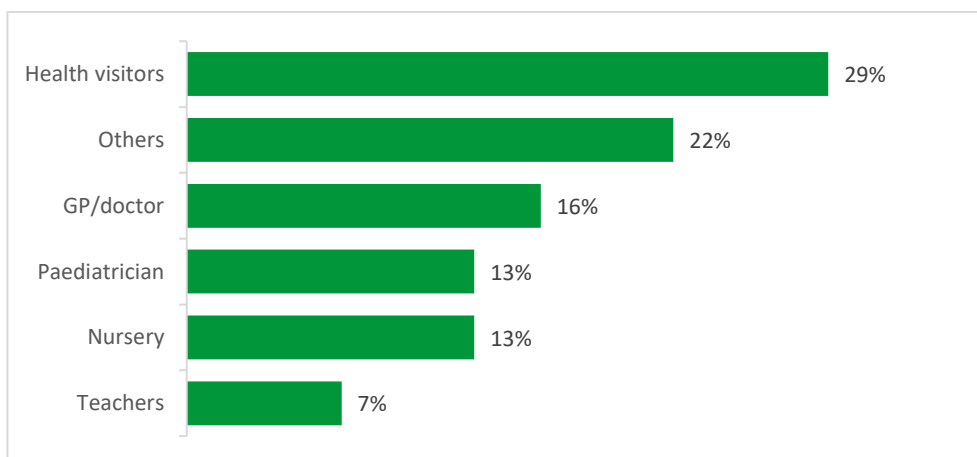
76% (n = 52) said that their child was aged five and under when they first accessed their SLCN service.

76% (n = 52) of families said that their children had used specialist SLT services within the past four years (Figure 2). Other services most frequently accessed were private speech and language services 29% (n = 20), individual support at school 28% (n = 19) and children's centre service 16% (n = 11).



**Figure 2. % of responses - services accessed in the last 4 years (n = 68, multiple options could be chosen)**

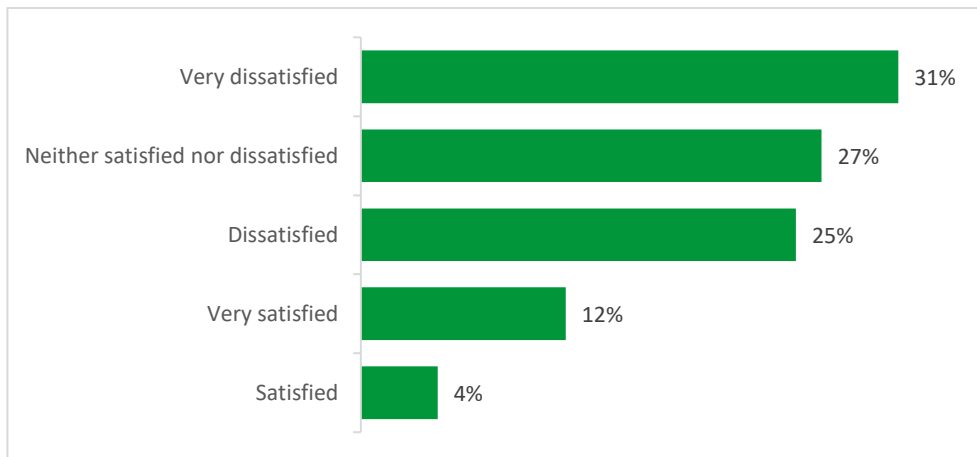
32% (n = 22) of respondents said that it was easy or very easy to get a referral into the SLCN service compared with 43% (n = 29) who said that it was difficult or very difficult. 25% (n = 17) said it was neither easy nor difficult.



**Figure 3. % of responses professionals whom families spoke to first (n = 66)**

The first person that families spoke to about their child's SLCN needs varied, with the main service being health visitors 29% (n = 20), GP/doctor 16% (n = 11), paediatricians 13% (n = 8), nursery 13% (n = 9) and teachers 7% (n = 5) (see Figure 3).

Figure 3 shows how satisfied families were with the waiting times. 16% (n = 11) families said they were satisfied or very satisfied with their child's waiting time for SLCN services. 56% (n = 38) respondents said they were dissatisfied or very dissatisfied.



**Figure 4. % of responses - families' satisfaction with the waiting time (n = 67)**

Comments were received from families about the experience of waiting times which includes waiting for the initial assessment, waits following appointment cancellations and for the first treatment session. Families stated that the current waiting time of 12+ weeks and up to a year, and in some instances even more, is too long:

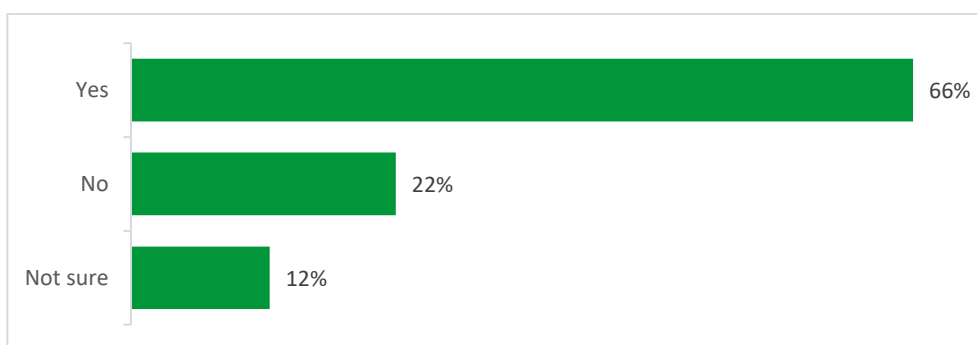
“I am disappointed in the wait and the amount of support. You wait so long for someone to see the kids twice a year?”

### 9.1.2 Feedback from professionals

Although families can refer into SLT services, professionals such as paediatricians, teachers, SLT staff, GP’s and health visitors were the main referrers. We wanted to understand how clear professionals are on how to make referrals to SLT services.

Figure 5 shows whether professionals who refer into SLT services had received information about specialist Speech and Language Therapy services and how to make a referral.

Two-thirds (66%, n = 62) of the professionals who refer into SLT services had received information about specialist SLT services and how to make a referral. However, 22% (n = 21) said they had not. 12% (n = 11) of the professionals who refer into SLT services were not sure.

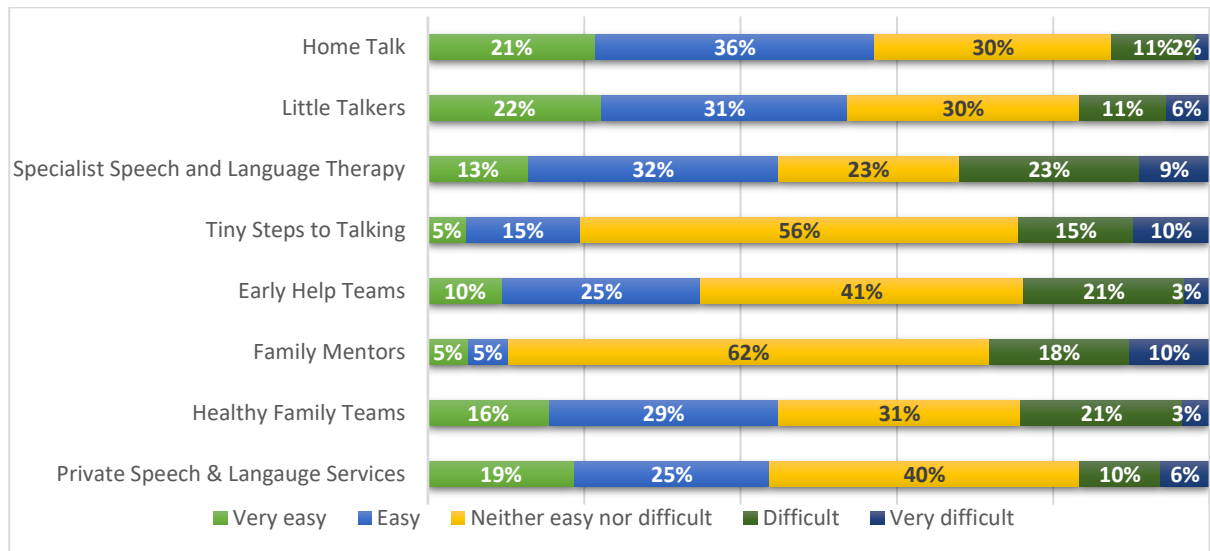


**Figure 5. % of professionals referring into SLT service who received information about SLT services and how to make a referral (n = 94)**

We wanted to understand how clear professionals referring into SLT services are on the process. 79% (n = 75) of the professionals who responded to this question said that they

were clear on how to make a referral to SLT services. 8% said no they were not clear (n = 8), and 13% were not sure (n = 12).

Figure 6 shows how easy professionals found making a referral to a number of SLCN services.



**Figure 6. % of responses - how easy is it to make a referral broken into different SLCN services (n = 100, multiple options could be chosen)**

The waiting time to access SLT services was considered by many professionals to be one of the major challenges facing children and young people.

### 9.1.3 Barriers to access

Professionals cited various factors that could lead to inequalities in accessing support services, including acceptance criteria, waiting times, and inconsistent service provision across Nottingham and Nottinghamshire. Additionally, barriers such as language, navigating the system, online appointments and financial constraints increase inequalities.

“Children not meeting the referral criteria but there is no other service to support them.”

“...Lack of provision due to capacity for therapeutic support for those with ASD who can talk, out of line with NICE guidance.”

“Parents and families who speak other languages or do not have good written English skills do not understand the opt in letter we send and do not then opt in for the service...”

Families reported a variety of reasons why children and young people were unable to access the SLT service, including declined referrals with unclear explanations and children and young people not meeting service criteria.

## 9.2 Experience of SLCN services

### 9.2.1 Satisfaction with the service

26% (n = 17) of parents and carers agreed or strongly agreed that they were satisfied with the SLCN service provided with 64% (n = 42) who disagreed or strongly disagreed that they were satisfied with the service provided (see Figure 7).

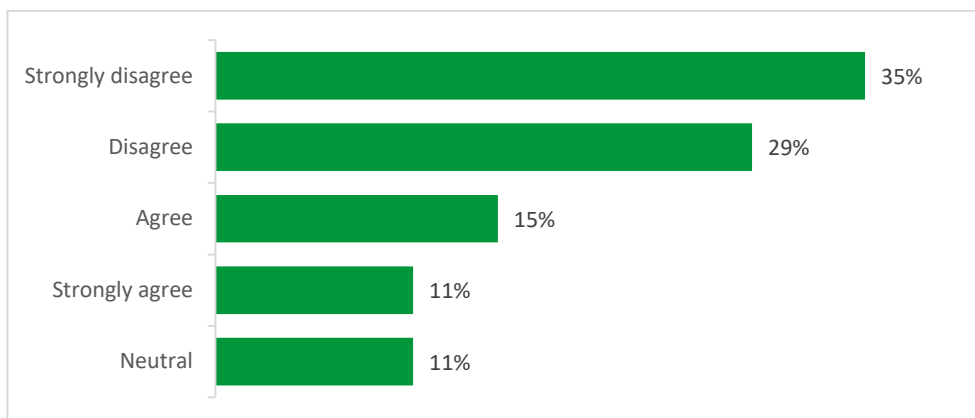


Figure 7. % of responses - to what extent do you agree or disagree with "I am satisfied with the service provided" (n = 66)

## 9.2.2 Appointments

Both families and professional referring into SLT felt that face to face appointments were deemed to be the best way to assess a child's needs and were preferred over video appointments. However, there was a view that the number of appointments were not sufficient and more time with the therapist would be beneficial:

"Need more than once a school term in school or more than once every 9 months at home very unhappy."

"....2 sessions over the computer did nothing but cause me disappointment and frustration."

## 9.2.3 Involving families in the treatment plan

40% (n = 26) of families agreed or strongly agreed that they were involved in the treatment plan. However, the rest of the families (58%; n = 40) either didn't feel involved in the treatment plan or had a neutral position regarding that.

38% (n = 25) of families said that the treatment plan was clearly explained to them. The rest of the families either didn't agree that the treatment plan was clearly explained or have a neutral position regarding that.

Families' opinions of whether they felt listened to and understood by the professionals varied. 37% (n = 24) agreed or strongly agreed that they were listened to or understood by professionals, whilst 32% (n = 21) disagreed or strongly disagreed. 32% (n = 21) respondents had neutral opinions as to whether they felt listened to and understood by the professionals.

70% (n = 46) of families disagreed or strongly disagreed that their child received the right number of sessions to meet their needs, with 56% (n = 37) of the overall responses being 'strongly disagree'. 20% (n = 13) agreed or strongly agreed that their child received the right number of sessions to meet their needs.

51% (n = 33) of parents and carers told us they are not happy with how the service providers communicate and engage with them and 34%; (n = 22) commented that they were happy.

#### **9.2.4 Enabling support for children and young people**

Training for professionals and families in supporting children and young people was highlighted. School staff appreciated direct training and support from SLT therapists, along with access to resources. Families also valued guidance on supporting their children at home.

“Works well when SLT give clear personal targets and communication plan to home and school setting that they understand based on modelled activities and explanations from SLT. Accompanying resources, such as speech sound picture cards or language games are really helpful for settings ...”

“Parents receiving more ongoing support from SALT, including parent workshops...”

Families reported various activities introduced by SLT therapists. These activities included exercises, singing, videos, books, Makaton, communication tools and online courses. Devices and games were also modelled and explained to families to practice at home.

Although some found these beneficial, other families did not find the techniques helpful, either due to the low number of sessions received, or the type of activity not suiting the child or not developing their communication skills. The strategies were described by some families as basic and obvious.

#### **9.2.5 Impact of the service**

When families were asked if they were provided with any training to support their child/young person with their speech, language and communication needs at home, 49% (n = 33) said they had not received training to support their child at home and 44% (n = 30) confirmed they had received training.

There was an equal number of people who noticed an improvement in their child’s speech, language and communication skills, compared to those who noticed no improvement at all (41%; n = 27). 18% (n = 12) of respondents were not sure if their child showed signs of improvement.

In some instances, families found that sessions were not meeting the child or young persons’ needs. Therefore, the decision to pay for private speech and language therapy was made.

“The hands off as opposed to intensive does not work. We have had no choice but to buy in private case who has been doing weekly sessions and the improvement is great.”

We asked professionals what success looks like. A high proportion of the responses were around seeing positive outcomes and progress in children and young people’s speech, language and communication skills.

“Success is when a child improves in their verbal and non-verbal communication skills. Parents and teachers can communicate with the child affectively. Child can ask for support when required.”

#### **9.2.6 Discharge from the service and ongoing support**



Families expressed a lack of understanding of the treatment pathway and when children and young people were discharged, families felt it was the end of access to support and were not always aware how the system worked. Some families felt their child's needs were not met by the service and there was a lack of understanding as to why children were not put on a more intensive programme when they appeared to not be making progress:

“Awful. No understanding of my child's needs. No regular checks to see if teachers needed help or what progress or lack of progress was being made.”

### **9.3 Challenges and improvements**

#### **9.3.1 Care Model: Opt-in, discharge, continuity of support and follow up**

One of the main challenges in accessing SLT services is related to the current model of care which relies heavily on the families to initiate contact, understand how the system works and opt-in on a regular basis. Professionals described navigating this episodic care model as confusing for some families, leading to disconnection with the service and higher risks of health inequalities for some children and young people.

“Children with parents who are unable to negotiate the referral, opt-in, patient-initiated follow up system currently do not have access to SLT services..., these children will never be seen as it is quicker and easier to run services for families who will engage with the current system...”

Another issue facing children and young people is that they get prematurely discharged from the service due to lack of communication from the family and/or missing appointments, disrupting treatment.

“Children may be assessed by SALT, advice given and then discharged with parents being told to re contact the service when they need more support... Often the parents don't understand that they can re refer themselves to SALT and they don't have support with communication / language development...”

Families also found the process of contacting the SLT team for a review following an initial round of support unhelpful, preferring proactive contact from the team instead. Their experiences of services were described as “poor”, “inadequate”, “frustrating” and “ineffective” regarding assessment processes. Families also felt that treatment ended prematurely, with the term “discharged” causing confusion and feelings of abandonment.

#### **9.3.2 Workforce**

Professionals talked about the importance of providing training to staff, staff availability, and shortage in the workforce resulting in increased waiting lists. Among these responses, several people suggested recruiting additional staff to assist the SLT therapists.

Some families experienced interruptions in therapy due to staff illness and no replacements then provided. There were some positive comments from families about the support received from the therapists which was found to be helpful, informative and supportive with staff being described as “amazing”, “excellent”, “brilliant”, “reassuring” and “helpful”. Positive comments were made around the support given to the child, and it was clear the families would benefit from more guidance from staff on how to best support their child's needs.

Families' comments stated that therapists were approachable, knowledgeable, and professional. Providing support by the same therapist consistently was important and helpful, particularly when the therapist practiced the exercises together with the family.

"We have met some amazing staff who have worked hard to support my son. Thank you."

### **9.3.3 Early intervention**

When families were asked what could improve the experience of accessing SLCN services, receiving support earlier to prevent the condition worsening would have made a big difference to the progress of the child or young person.

The professionals stressed the significance of supporting children and young people at the earliest signs of SLCN and spoke about the benefit of targeted and early intervention to children and young people and the importance of continuing support. However, they also highlighted the gaps in the current offer and made suggestions to improve it. Examples of targeted and early intervention stated by professionals are HomeTalk, Tiny Steps to Talking, PEEP, Let's Play and Little Talkers.

In addition to the targeted and tailored support, some professionals talked about the benefit of providing general/universal support to children and young people and help with improving their speech and communications skills.

### **9.3.4 Communication**

Both families and professionals highlighted the need to improve communication within SLT Services, between different SLT services and schools, and the communication with families.

A few positive comments from professionals were received about the current communication model between SLT services and schools, and the experience of using Language Leads Network and WELL COM.

"Language Lead networks work well to share updated information with Language Leads from education, and to provided networking and CPD for them."

Many of the professionals' responses talked about the need to improve communication between SLT services and schools to facilitate knowledge sharing. Concerns were raised about families' difficulty in understanding communications from services, attributed to different terminologies used across different services.

Many school staff members expressed feeling excluded from the communication cycle between SLT services and families citing instances where communication gaps hindered their ability to support children and young people accessing services. School staff expressed that the current model of communication limits their ability to support children and young people with accessing SLT services:

"...Often families do not know if their child is still open to SaLT. Often advice shared with families does not then make its way to schools. It would be very useful if the Service could talk directly to schools rather than just to families..."

Families also expressed uncertainty about service provision details and would like to see improved communication between schools and SLT services, where schools can freely contact the services in relation to any concerns or questions, they have work jointly to support the child and young person.

### **9.3.5 Collaboration between sectors**

The importance and benefit of having a collaborative approach to working and the need to enhance this way of working was described by professionals. It was believed that this would result in better communication, smoother transition for service users and a more streamlined way to share resources and knowledge.

Families would also welcome SLT team and schools working in a more joined up way to provide a holistic service with all interested parties involved and updated.

“We all work well together as a Team and children transfer between specialist support packages as needed.”

“When SLT are involved, they provide helpful and clear guidance for schools to use in direct work and adaptations in class.”

### **9.3.6 Support in schools**

The provision of more SLT services within schools was highlighted, supported by both professionals and families for its efficiency and effectiveness. For example, when professionals were asked what is currently working well, many responses talked about the positive outcomes of in-school support such as making it easier for school staff to receive training and instructions from the therapists and ask questions.

“Therapists who are working with the child and family come into school to observe/work with the child and offer support to staff within school. Therapists are happy for you to have their contact details should you need to contact them for support or advice.”

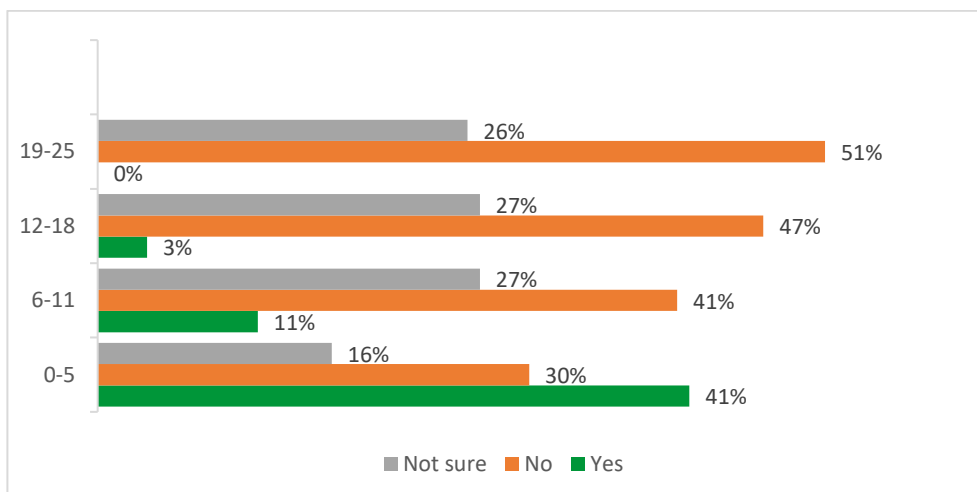
Families echoed this sentiment and felt that school staff needed more regular input from the SLT team to support children whilst they were in school. Below are some comments from families:

“They need to be in contact with schools more and schools need to be able to access the services themselves, especially when a problem is identified with the child.”

When asked, 62 of professionals (56%) said there were SLT services that would best be delivered in educational or community settings rather than clinics, and gave examples including Children’s Centre services, Early Years support and Home Talk. Furthermore, in-school support would make it easier for the SLT therapists to offer group support sessions for children and young people, and training sessions for families.

## **9.4 Awareness of other supportive services**

Both SLT team members and professionals referring to SLT services were asked if they were aware of additional support available outside of SLT (Figure 8)



**Figure 8. % of SLT team members and referring professionals aware of additional support available by age band (n = 116, multiple options can be chosen)**

There is more awareness of services for the younger age groups. 41% are aware of additional support outside of SLT services for 0-5 years olds (n = 48). However, this drops to 11% for 6 -11 year olds (n = 13), to 3% for 12-18 year olds (n = 4) and to 0% for 19-25 year olds. A notable proportion of respondents are not aware or sure of additional support outside of SLT services, specifically for children over 6 years old.

## 10 Next steps

The recommendations from this will be utilised to support how we improve our local speech, language and communication needs services in Nottingham and Nottinghamshire and how they are designed in the future.

## 11 Acknowledgements

We would like to thank all citizens community groups and professionals who engaged and spoke with us during this engagement activity.

## 12 Appendices

### 12.1 Appendix 1: Survey questions for parents and carers

#### Speech, Language and Communication Needs Survey for Parents and Carers

##### Introduction

NHS Nottingham and Nottinghamshire Integrated Care Board would like to understand the views and experiences of parents and carers with Speech, Language and Communication Needs (SLCN) services for children and young people. The findings of this survey will feed into any potential service re-design in the future. Your voice will help us to understand what it's really like to access SLCN services and improve the care that your child receives.

Please complete all sections of the survey that you feel are relevant to you. The survey will take around 7 minutes for you to complete.

##### About the Speech, Language and Communication Needs (SLCN) services

Nottingham City Public Health, Nottinghamshire County Council Public Health and NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) all have a statutory duty to commission Speech, Language and Communication Services (SLCN) for children and young people.

There are a variety of services offered across Nottingham and Nottinghamshire (excluding Bassetlaw):

- **Nottingham and Nottinghamshire ICB** commission specialist speech, language and communication services, offered to all children and young people (0-19 years) with high level SLCN.
- As part of their "Best Start" Strategy **Nottinghamshire County Council** have developed a robust early year's pathway that supports children under 5, with SLCN.
- Though similar services are offered within the 4 wards of **Nottingham City council** area, this is not offered across the whole patch.

The term Speech, Language, and Communication Needs (SLCN) covers a wide range of communication difficulties in children and young people. These can include issues with speaking smoothly, making sounds and words, putting sentences together, understanding what others say and using language in social situations.

##### Who are we?

NHS Nottingham & Nottinghamshire Integrated Care Board (ICB) is a statutory organisation that is responsible for planning, designing and buying healthcare services in Nottingham and Nottinghamshire.

##### Will my taking part be kept confidential?

This survey contains some questions where you can write freely. When providing responses to these, please do not write any information that may identify you (for example,

name or address). Your responses may be recorded but the data you provide will be anonymised, so we will not analyse or share any information that will make you identifiable. To read about our privacy notice visit <https://notts.icb.nhs.uk/privacy-policy/>

**This survey will close on 19 December 2023 at 23:59.** All information from the engagement activity will be collated and produced in a final report which will be available on our website here: <https://notts.icb.nhs.uk/get-involved/current-and-previous-engagement-consultations/>

Should you require a copy of the report to be sent to you please contact [nnicb.engagement.team@nhs.net](mailto:nnicb.engagement.team@nhs.net), or call 07818 584419 to request a copy, which we can send to you either via email or post.

As part of this engagement we are hosting focus groups to obtain feedback. **To register for the focus group on 13 December at 2pm click on the link below:**

<https://teams.microsoft.com/registration/sITDN7CF9Ueylge0jXdO4w,VwvLlxYvLkK-p2vfJ76yTg,XHWJVzje40-WI0Cvo7uh4g,DnMVdqZY3UGKHNSK-1EZYA,UQxN1NwKxEqm08MdAE--GQ,H2fSv5c6Fkq0axkW-zDwsg?mode=read&tenantId=37c354b2-85b0-47f5-b222-07b48d774ee3>

Section1: Experience on accessing SLCN services.

This section will ask you some questions to understand your experience of getting help, referrals and starting treatment.

The term Speech, Language, and Communication Needs (SLCN) covers a wide range of communication difficulties in children and young people. These can include issues with speaking smoothly, making sounds and words, putting sentences together, understanding what others say and using language in social situations.

SLCN services include a wide range of support that can be delivered in hospitals, schools or community settings.

There is a range of SLCN support and provision for children and families in Nottingham and Nottinghamshire

1. Within the last 4 years, has your child/child in your care accessed Speech, Language and Communication Needs (SLCN) services?
  - Yes
  - Yes, but they are no longer receiving support
  - No (if No end survey)
  - No but I tried to access support
  - Other, please state \_\_\_\_\_
  
2. How old was your child/child in your care when they first accessed the SLCN service?
  - 0-2 years
  - 3-5 years
  - 6-8 years
  - 9-12 years
  - 13-18 years

19-25 years

3. If your child/child in your care needed SLCN support but couldn't access, please tell us what prevented them from accessing support.

4. When seeking help for your child/child in your care, speech, language and communications needs who did you speak to first?

- GP,
- Health Visitor
- Teacher
- Social Worker,
- Friend and family,
- Child Minder
- Nursery
- Other)

5. Within the last 4 years, which SLCN services has your child/child in your accessed?  
Tick all that apply

- Home Talk
- Little Talkers
- Specialist Speech and Language Therapy
- Tiny Steps to Talking
- Children Centre Services
- Early Help Teams
- Family Mentors
- Healthy Family Teams
- Individual support at school
- Privates Speech and Language Services

6. On a scale of 1 to 5, how easy was it to get a referral to the speech and language service your child needed?

- Very easy
- Easy
- Neither easy nor difficult
- Difficult
- Very difficult

7. Please tell us about what worked well when accessing SLCN services and support.

8. Please tell us about what could have improved your experience of accessing SLCN services and support.
9. Once the referral had been made, how long was the waiting time to the first appointment with the SLCN service?
- Up to 1 month
  - 2-3 months
  - 4-6 month
  - 7-9 months
  - other
10. How satisfied were you with this waiting time? Very satisfied, Satisfied, neither satisfied nor dissatisfied, dissatisfied, very dissatisfied.
- Very Satisfied
  - Satisfied
  - Neither satisfied nor dissatisfied
  - Dissatisfied
  - Very dissatisfied
11. How many sessions did your child/child in your care receive?
12. Please provide any other comments about accessing SLCN services and support.

## **Section2: Experience of the SCLN service.**

This section will ask you some questions to understand your experience with the services, what worked well, what could be improved and other aspects of the services.

13. How would you describe the support given by the staff within the SLCN services?
14. Were you provided with any training to support your child with their SLCN at home?
- Yes
  - No
  - Not sure can't remember
15. If you answered yes, please tell us what the training was and whether it was helpful?
16. Have you noticed any improvements in your child/child in your care speech and language skills since starting the service?
17. If you answered Yes, please tell us more about this improvement
18. To what extent do you agree or disagree with the following statement regarding SLCN services?



	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
I am satisfied with the service provided					
I was involved in treatment plan					
The treatment plan was clearly explained to me					
I felt listened to and understood by the professionals					
I am happy with how the service providers communicate and engage with me					
My child received the right number of sessions to meet their needs					

19. Please share any comments or feedback about SLCN services for children and young people.

**Equality and diversity monitoring questions**

We are committed to providing equal access to healthcare services to all members of the community. To achieve this, gathering the following information is essential and will help us ensure that we deliver the most effective and appropriate healthcare.

Responding to these questions is entirely voluntary and any information provided will remain anonymous.

Please note, the following questions are about the parents and carers completing the survey not children or young people accessing the SLCN service.

**20.** What is your post code?

**21.** Which of these, best describes your gender?

- Female
- Male
- Intersex
- Nonbinary
- Other \_\_\_\_\_
- Prefer not to say

**22.** Is your gender the same as the sex you were assigned at birth?

- Yes
- No
- Prefer not to say

**23.** Which of these, best describes your sexual orientation?

- Asexual
- Bisexual
- Gay
- Heterosexual/ Straight
- Lesbian/ Gay Woman
- Pansexual
- Other , please state \_\_\_\_\_
- Prefer not to say

**24.** Are you pregnant, on maternity leave or returning from maternity leave?

- Yes
- No
- Prefer not to say

**25.** Which of these, best describes your ethnicity?

- A White
- English, Welsh, Scottish, Northern Irish, or British
- Irish
- Gypsy or Irish Traveller
- Roma
- Any other white background, please state \_\_\_\_\_

**B Mixed or Multiple ethnic groups**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed or multiple background, please state \_\_\_\_\_

**C Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Chinese

Any other Asian background, please state \_\_\_\_\_

- Black, Black British, Caribbean or African Caribbean
- African background, please state \_\_\_\_\_
- Any other Black, Black British or Caribbean, write in
- E Other ethnic group
- Arab

Any other ethnic group, please state \_\_\_\_\_

- Which of these, best describes your religion or belief?
- No religion
- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Other religion, please state \_\_\_\_\_
- Prefer not to say

**26. Which age band do you fall into?**

- Under 16
- 16- 24
- 25 -34
- 35-44
- 45-54

- 55-64
- 65-74
- 75-84
- Over 85
- Prefer not to say

**Thank you for taking part in this survey. Your responses are important to us and they will be used to help shape the future of health care.**

## **12.2 Appendix 2: Survey questions for professionals who work in SLT services and also refer into SLT services.**

### **Invitation**

NHS Nottingham and Nottinghamshire Integrated Care Board would like to hear from education and healthcare professionals that work with children and young people who have speech, language and communication needs (SLCN). Your answers will help us to understand what is working well and what could be improved. The findings of this survey will feed into any potential service re-design in the future.

Please complete all sections of the survey that you feel are relevant to you. The survey will take around 6 minutes for you to complete.

### **Who are we?**

NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) is a statutory organisation that is responsible for planning, designing and buying healthcare services in Nottingham and Nottinghamshire.

### **About the Speech Language and Communication Needs services**

Nottingham City Public Health, Nottinghamshire County Council Public Health and NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) all have a statutory duty to commission Speech, Language and Communication Services (SLCN) for children and young people.

There are a variety of services offered across Nottingham and Nottinghamshire (excluding Bassetlaw):

- Nottingham and Nottinghamshire ICB commission specialist speech, language and communication services, offered to all children and young people (0-19 years) with high level SLCN.
- As part of their “Best Start” Strategy Nottinghamshire County Council have developed a robust early year’s pathway that supports children under 5, with SLCN.
- Though similar services are offered within the 4 wards of Nottingham City council area, this is not offered across the whole patch.

### **Terms used in this survey**

The term Speech, Language, and Communication Needs (SLCN) covers a wide range of communication difficulties in children and young people. These can include issues with speaking smoothly, making sounds and words, putting sentences together, understanding what others say and using language in social situations.

The term Speech and Language Therapy services (SLT) refers to specialist services that are delivered by the speech and language therapy team.

### **Will my taking part be kept confidential?**

This survey contains some questions where you can write freely. When providing responses to these, please do not write any information that may identify you (for example, name or address).

Your responses may be recorded but the data you provide will be anonymised, so we will not analyse or share any information that will make you identifiable. To read about our privacy notice visit <https://notts.icb.nhs.uk/privacy-policy/>

To request the survey in another language or format or if you require a hard copy, please contact the Engagement Team at: [nnicb-nn.engagement@nhs.net](mailto:nnicb-nn.engagement@nhs.net) or call or text 07385 360071. If texting or leaving a message, please provide your contact details and a member of the team will get back to you.

1. How are you responding to this survey?

- As a professional who refers into Speech and Language Therapy (SLT) services
- As a Speech and Language Therapy (SLT) Team Member

2. Please state your role

- Head Teacher
- Class Teacher
- Teaching Assistant
- Early Years Practitioner
- Healthy Family Team
- SENCo
- Consultant Paediatrician
- GP/General Practice Staff
- Social Worker
- Speech and Language Therapist
- Speech and Language Support Worker
- Admin Staff
- Service Lead/Manager
- Other \_\_\_\_\_

3. Where do you work?

- Nottingham City
- Nottinghamshire County

4. What is currently working well for SLCN services?

5. What improvements could be made to the current model for SLCN services?

6. If Applicable, what is currently working well for education settings that support children with SLCN?

7. If applicable, what would best support education settings to support children with SLCN?

8. Have you received information about specialist Speech and Language Therapy services (SLT) and how to make a referral? This could be via leaflet or online.

- Yes
- No
- Not sure

9. Are you clear on how to make a referral to SLT services?

Yes

No  
Not sure

10. For those that refer to any of the following services, how easy is it to make a referral?

Home Talk	Very Easy	Easy	Neither easy nor difficult	Difficult	Vey difficult
Little Talkers					
Specialist Speech and Language Therapy					
Tiny Steps to Talking					
Children Centre Services					
Early Help Teams					
Family Mentors					
Healthy Family Teams					
Privates Speech and Language Services					

11. If you are aware of any challenges facing children and young people to access SLCN services. Please state what these challenges are.

12. Outside of SLT services, are you aware of what additional support is available for children and young people with SLCN? Please answer for each age group.

	Yes	No	No Sure
0-5			
6-11			
12-18			
19-25			

13. If you selected yes to any of the options above, please tell us what this additional support is.

14. Do you think there are any specific SLT services that would be best delivered in educational or community settings rather than in clinics?

- Yes
- No
- Not sure

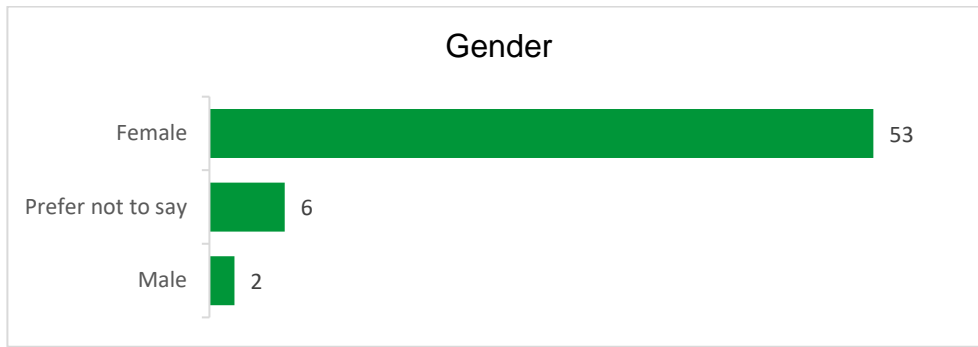
If you answered yes, please state which services.

15. What does success look like for SLCN service?

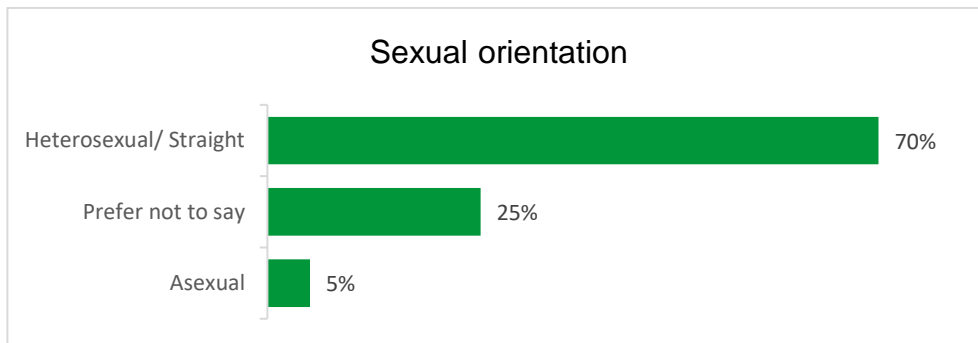
**Thank you for taking part in this survey. Your responses are important to us, and they will be used to help shape the future of health care.**



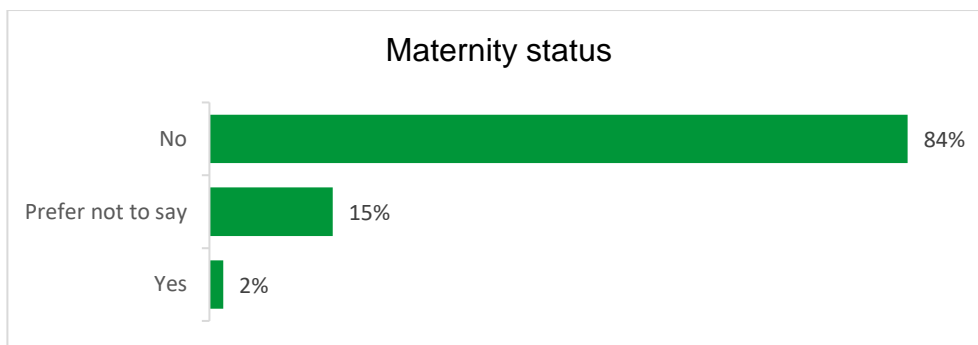
### 12.3 Appendix 3: Demographic profile of parent and carers survey respondents



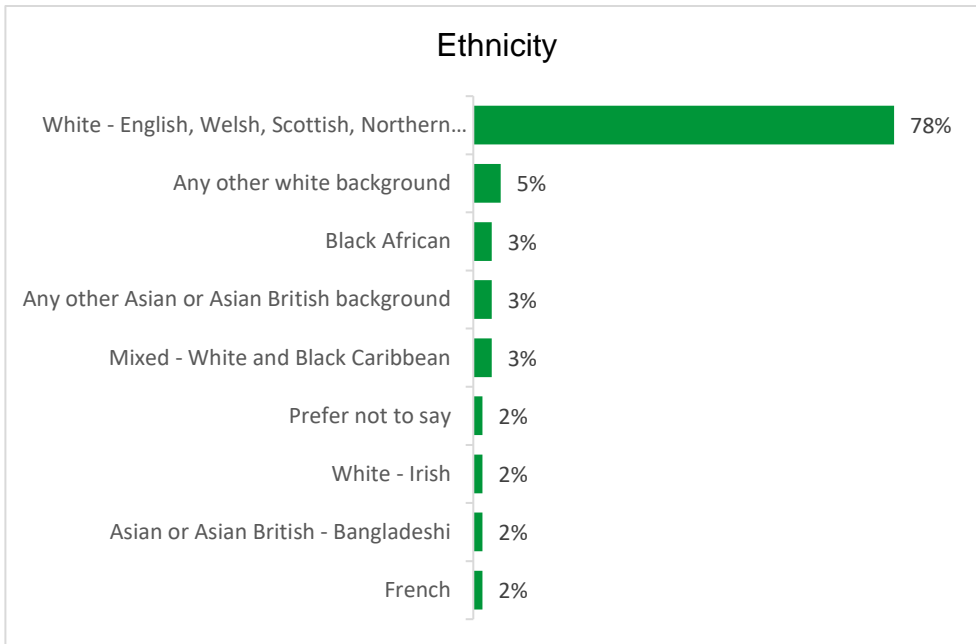
% of responses - gender of parents and carers (n = 61)



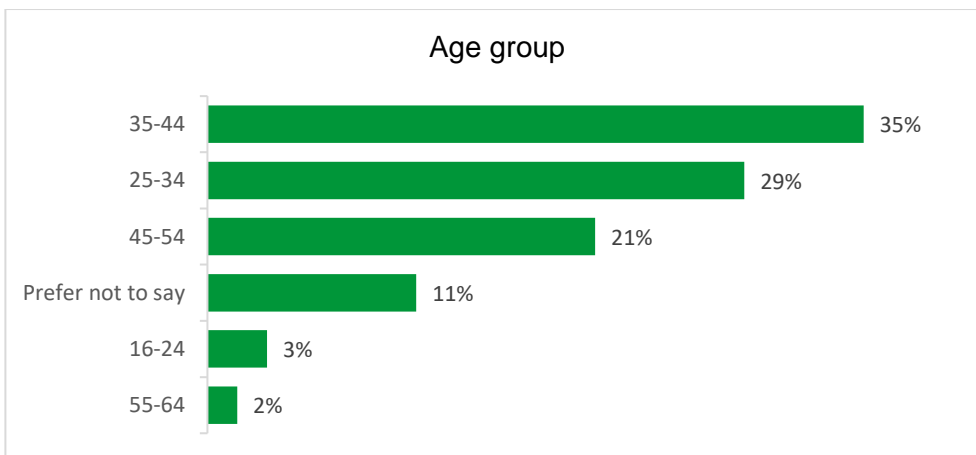
% of responses - sexual orientation of parents and carers (n = 61)



% of responses - Are you pregnant, on maternity leave or returning from maternity leave? (n = 61)



**% of responses - parents and carers ethnicity (n = 59)**



**% of responses - parents and carers age (n = 63)**