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NHS Nottingham and Nottinghamshire Clinical Commissioning Group

Nottingham City Council

Nottingham City Health and Wellbeing Board

Date: Wednesday 27 January 2021

Time: 1:30pm

Place: To be held remotely via Zoom and live-streamed to: https://www.youtube.com/user/NottCityCouncil

Governance Officer: Adrian Mann **Direct Dial:** 0115 8764468

The Nottingham City Health and Wellbeing Board is a partnership body that brings together key local leaders to improve the health and wellbeing of the population of Nottingham and reduce health inequalities.

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Councillors, co-optees, colleagues and other participants must declare all disclosable pecuniary and other interests relating to any items of business to be discussed at the meeting. If you need any advice on declaring an interest in an item on the agenda, please contact the Governance Officer shown above before the day of the meeting, if possible.

Any recording or reporting on this meeting should take place in accordance with the Council's policy on recording and reporting on public meetings, which is available at: https://www.nottinghamcity.gov.uk/your-council/about-the-council/council-meetings-decisions/recording-reporting-on-public-meetings.

Health and Wellbeing Board
Membership

Voting Members	
Nottingham City Council's Portfolio Holder with a remit covering Health	Councillor Eunice Campbell-Clark (Chair) Portfolio Holder for Health, HR and Equalities
Nottingham City Council's Portfolio Holder with a remit covering Children's Services	Councillor Cheryl Barnard Portfolio Holder for Children and Young People
Two further Nottingham City Councillors	Councillor Adele Williams Portfolio Holder for Adult Care and Local Transport
	Vacant
Four representatives of the NHS Nottingham and Nottinghamshire Clinical Commissioning Group	Dr Hugh Porter (Vice Chair)
	Dr Manik Arora
	Michelle Tilling City Locality Director
	Vacant
Corporate Director for People (Children and Adults), Nottingham City Council	Catherine Underwood
Director of Adult Social Care, Nottingham City Council	*Vacant*
Director of Public Health, Nottingham City Council	Alison Challenger
Representative of the Healthwatch Nottingham and Nottinghamshire Board	Sarah Collis Chair
Representative of NHS England	Diane Gamble Deputy Director of Strategic Transformation – North Midlands
Non-Voting Members	
Representative of the Nottingham University Hospitals NHS Trust	Tim Guyler Director of Integration
Representative of the Nottinghamshire Healthcare NHS Foundation Trust	Julie Hankin Executive Medical Director
Representative of the Nottingham CityCare Partnership	Lyn Bacon Chief Executive
Representative of Nottingham City Homes	Richard Holland Assistant Director of Housing Operations
Representative of Nottinghamshire Police	Superintendent Mathew Healey Area Command for the City
Representative of the Department for Work	Viki Dyer

and Pensions	District Operations Leader
Representative of Nottingham Universities	Andy Winter Director of Campus Life, University of Nottingham
Representative of Nottinghamshire Fire and Rescue Service	Craig Parkin Deputy Chief Fire Officer
Up to two individuals representing the interests of the Third Sector	Leslie McDonald Executive Director, Nottingham Counselling Centre
	Jules Sebelin Deputy Chief Executive, Nottingham Community Voluntary Services
Chief Executive, Nottingham City Council	Mel Barrett

Nottingham City Council
Health and Wellbeing Board

Minutes of the meeting held remotely via Zoom and live-streamed on YouTube on Wednesday 25 November 2020 from 1:31pm to 3:27pm

Voting Membership

Present	Absent
Councillor Eunice Campbell-Clark (Chair)	Michelle Tilling
Dr Hugh Porter (Vice Chair)	
Dr Manik Arora	
Councillor Cheryl Barnard	
Alison Challenger	
Sarah Collis	
Catherine Underwood	
Councillor Adele Williams	

Non-Voting Membership

Present	Absent
Lyn Bacon	Mel Barrett
Viki Dyer	Tim Guyler
Leslie McDonald	Julie Hankin
Craig Parkin	Superintendent Mathew Healey
Jules Sebelin	Richard Holland
Andy Winter	

Colleagues, partners and others in attendance:

Adrian Mann	-	Governance Officer, Nottingham City Council
Claire Novak	-	Insight Specialist - Public Health, Nottingham City Council
Chris Wallbanks	-	Strategic Commissioning Manager, Nottingham City Council

14 Changes to Membership

The Board noted that Jules Sebelin has replaced Jane Todd as a representative of the Third Sector.

15 Apologies for Absence

Mel Barrett
Tim Guyler
Superintendent Mathew Healey
Michelle Tilling

16 Declarations of Interests

In the interests of transparency, Dr Hugh Porter stated that, in relation to item 22, he is a member of the Nottingham University Hospitals NHS Trust, which is a commissioning provider.

17 Minutes

The minutes of the meeting held on 30 September 2020 were confirmed as a true record and signed by the Chair.

18 Minutes of the Commissioning Sub-Committee

The Board noted the draft minutes of the meeting of its Commissioning Sub-Committee, held on 30 September 2020.

19 Coronavirus Update

Alison Challenger, Director of Public Health at Nottingham City Council, provided an update on the local impacts of and response to the Coronavirus pandemic. The following points were discussed:

(a) the situation in Nottingham is improving, with 695 Coronavirus cases in the last seven days, as at 20 November (which equates to a rate of 208.8 cases per 100,000 people). This is down from 266.4 cases per 100,000 people in the previous 7 days and 353.0 per 100,000 at the start of the current lockdown period, and the peak of just over 1,300 cases per 100,000 people registered at the start of October. As such, Nottingham's rate of infection is now below the national average, and is continuing to decline. The infection rates are broadly similar in all adult age groups, and rates remain lowest among under 11s – though there has been a small spike of cases amongst children at secondary school. The way in which positive Coronavirus test results are recorded has changed, with cases now identified against where a person actually lives, rather than where the a person's GP surgery is located;

(b) the data relating to Coronavirus cases is improving steadily and the latest information on infection rates across Nottingham and Nottinghamshire is now publically available on a new interactive dashboard on both the City and County Council's websites, which has been created through a long development process. This dashboard is updated daily, to provide the latest reliable information. Currently, the data can be broken down by age and gender, and further fields of relevant information are always being sought for inclusion. Some information is available on ethnicity, and this will be added to the dashboard. Work is also underway to produce a summary version of the full dashboard;

(c) the national lockdown will be lifted as planned at the end of 1 December 2020. The Government has announced that, as part of their Winter Plan, there will be a return to a three-tier system where the tiers will differ slightly from their pre-lockdown definitions, and they have been 'strengthened' to achieve a more effective decrease in the number of infections, in accordance with scientific advice. Areas will be allocated to tiers based on the latest local data, including infection rates, current trends, the percentage of positive tests, and the current and projected pressures at local hospitals;

(d) it is expected that Nottingham will be allocated a tier rating on Thursday 26 November. There will be exceptions to the standing tier restrictions for a five-day period at Christmas, where three households will be able to meet in a bubble. A

given household may be a member of one three-household bubble, only. Shops (including non-essential retail), personal care services, gyms and places of worship may open, if they have Coronavirus-secure arrangements in place;

(e) measures are being developed for the escalation and de-escalation of the Coronavirus response position as required, and the infection trends in communities and local healthcare systems are being reviewed. Public Health's Coronavirus-related workload is still very high as, even though community transmission of the virus is reducing, there are still outbreaks occurring in some areas. Groups are in place to monitor cases in schools, universities and care homes;

(f) 'Pillar 2' symptomatic testing for the virus is working well, with good accessibility and a quick turn-around for results. There is a great deal of new activity in relation to asymptomatic testing using lateral flow devices, which can provide a result within around 30 minutes, without a need for lab processing – though any positive result is sent to a lab for confirmation. Currently, 10,000 tests have been allocated to each Local Authority Director of Public Health, with further weekly allocations to be made in proportion to the size of the population served by the Authority;

(g) a range of national pilot schemes are in progress, and local opportunities for the deployment of the tests are being explored, including the identification of the areas of greatest benefit and need. It is intended for these tests to be used for all students returning home for the holidays, in addition to other priority groups. The tests will also be made available for targeted groups of need within communities. However, the logistics of distributing the tests to the right areas are complex, so the required planning activity is being progressed rapidly to ensure that a testing programme is ready to go, and the greatest benefit from the available tests can be achieved. Specific staff training is required for these tests to be carried out effectively, and planning is underway to establish what staff will do the testing, where, and how;

(h) in order to plan who constitutes the priority groups for testing, Public Health is working with the wide range of organisations represented in the Local Recovery Forum, and with the County Council. The major stakeholders are being consulted throughout, with advice sought widely from across the area partnerships, to inform an effective Control Plan identifying the most vulnerable people and the greatest workforce pressures, where testing would do the most good. For example, particular attention is needed on how to reach home care workers effectively, to combat asymptomatic spreading of the virus in that context;

(i) the Board considered that how the decision is made on what priority groups are targeted for testing is vitally important, along with what processes are put in place to ensure that hidden and difficult to each vulnerable groups are accounted for. The Board requested that an update on how the testing programme is performing is brought to its next meeting;

(j) if a person returns a negative result in a test, that means simply that the person does not have Coronavirus at the point of testing – it does not mean that they will not have the virus in the future. As such, strong communications are required to make it clear in the public perception what the test is, and what the results mean;

(k) local virus contact tracing activity is now well embedded, and the Council is now able to follow up with doorstep visits where attempts to reach somebody by phone are not successful. The progress towards a vaccine is encouraging, and the NHS is preparing to roll out a vaccination programme when the vaccine has been approved by the regulatory bodies. However, Coronavirus still presents a significant risk, with infection rates remaining above the target level. The NHS is under pressure, and it is likely that it will take a few weeks for the number of Coronavirus patients within it to reduce. The Christmas bubble system is an attempt to enable families to meet together during that period, but it is likely that it will result in a following increase in infection rates, so it is vital do to everything possible to seek to reduce the transmission of the virus.

The Board noted the update, and requested that a report on the performance of the upcoming testing programme is brought to its next meeting.

20 Health and Wellbeing Strategy Update

Alison Challenger, Director of Public Health at Nottingham City Council, provided an update on the progress of the refresh of the Nottingham City Joint Health and Wellbeing Strategy. The following points were discussed:

(a) work is continuing on the development of the priorities of the new Health and Wellbeing Strategy, working in partnership with the Nottingham City Integrated Care Partnership. However, due to the ongoing Coronavirus pandemic, it is unlikely that it will be possible to produce a new strategy document until early 2021.

The Board noted the update.

21 Nottingham City Integrated Care Partnership Update

Dr Hugh Porter, Clinical Director of the Nottingham City Integrated Care Partnership (ICP), presented a report on the current position of the ICP and its main priorities. The following points were discussed:

(a) the ICP has now been in operation for one year. This represents the start of a journey, and there is still a long way to go. However, the Coronavirus pandemic has created a sharp focus on certain areas where work is required. To begin at an achievable scale, the ICP has five priorities focused on improving the health and wellbeing outcomes of citizens: supporting people who face severe multiple disadvantages (SMD) to live longer and healthier lives; preparing children and young people to leave care and live independently; supporting those who smoke to quit, and reducing the number of people at risk of smoking; increasing the number of people receiving flu vaccinations; and reducing inequalities in health outcomes in Black, Asian and Minority Ethnic communities;

(b) a cohort model is being applied to these citizen-orientated priorities, rather than the prior disease-orientated methodology, to ensure that the overall approach to health is much more holistic and works for Nottingham's particular city context and specific challenges, and the ICP is developing a new operational culture to

support this. A large amount of data is available to assist strategic planning in the round, and a major aim is to focus on proactive prevention, rather than simply reaction – achieving greater financial stability and improved performance;

(c) the new model is starting to show good results, and it is extremely important for the ICP to use the funding that it is allocated as sustainably as possible, to secure the best outcomes for citizens with the resources available. As such, it is vital to ensure that all projects are of the right scale, and drive efficiencies. The Coronavirus pandemic has accelerated the ICP agenda, and a great deal of work is underway to support citizens both in an out of Coronavirus. Detailed work is taking place on vaccination programmes, for when a vaccine is available;

(d) the ICP has a broad spectrum of representation and partners, giving it both strength and depth. The Programme Steering Group (PSG), with representation from a broad range of partners across the city, oversees the ICP programmes and focuses on work that impacts on health and wellbeing outcomes. An Executive Team, made up of the chief executives and directors from each of the partner organisations, supports the PSG and oversees the development of the ICP and the Primary Care Networks (PCNs). Each ICP programme has an Executive Sponsor from the Executive Team. The Partnership Forum, comprising mainly non-executive and elected members from each of the partner organisations, oversees the development of the ICP and provides constructive challenge on areas of focus and decision-making. It is planned that, as the ICP develops, the Forum will become a formal ICP Board;

(e) in terms of addressing SMD, the ICP has been focusing support for rough sleepers through a multi-disciplinary team, including mental health services, and is seeking to alleviate some of the issues through the development of sustainable accommodation. Pathways to sustainable accommodation are also being implemented for young people leaving care, in addition to the provision of emotional wellbeing support, and transition support into adult mental health services. Significant work is being carried out to ensure positive destinations of education, training and employment for these young people;

(f) initiatives are also in place to encourage pregnant women, children and the under 65s with respiratory problems to have flu vaccinations. These vaccinations are readily available to these target groups, but strong communications are needed to address any anxieties about the safety of the vaccination – which can often be raised by pregnant women concerned for their unborn child. There are also strong opportunities to grow the smoking cessation programme and apply the learning arising from it to other schemes, to develop more aligned approaches in other potential programme areas;

(g) there is a huge amount of work taking place with the PCNs for the local delivery of care. This model represents a substantial change in the way in which primary care is delivered, and it has been embraced strongly during the Coronavirus pandemic. The PCNs are working hard to know their communities and provide integrated care delivery, and address health inequalities, at a neighbourhood level. To make integrated care successful, care providers need to work together closely and fully understand each other's organisations;

(h) new resources are being made available to PCNs, so it is important to use these to achieve the best possible outcomes for communities. Current PCN-level projects include the establishment of social prescribing, with a focus on addressing the wider determinants of health. However, as part of the resourcing of this, a focus is required on the resilience of the voluntary sector, which picks up the referrals made by social prescribers – so work is required to ensure that the sector has the capacity and support to do so effectively. Currently, there is a significant pot of money available to resource social prescribing and a bidding process is underway, and work is being carried out to establish an NHS charitable funding channel to support resilience in the voluntary sector.

The Board noted the report, and hoped that the ICP would continue to develop strong partnership working across the city, to deliver care and address health inequalities at the neighbourhood level.

22 Commissioning Intentions 2020/2021

Chris Wallbanks, Strategic Commissioning Manager at Nottingham City Council, presented a report on the Council's Commissioning Intentions for 2020/21, and the collaborative approach that has been undertaken in developing and delivering the Commissioning Plan. The following points were discussed:

(a) the Commissioning Intentions would normally have been brought to the Board in May or June, but were delayed due to the Coronavirus pandemic. The intentions as set out in the report reflect the work of the Commissioning Team with the Council and wider partners, but does not necessarily reflect all of the commissioning work carried out by the Council as a whole. A collaborative approach has been taken to planning and developing the intentions, and collaboration will be increased for future planning, to explore joint commissioning as much as possible. Most of the reviews have been done collaboratively, and the report details the large projects with the local Clinical Commissioning Group and other jointly-funded initiatives, to identify the key aspects of commissioning for 2020/21;

(b) ultimately, the Board needs to consider the role that it will play in the future commissioning of services through a collaborative approach, to ensure that commissioning is carried out in a joined-up way, rather than independently by each individual organisation;

(c) currently, the commissioning intentions are reported annually, but work is needed to consider the development of collaborative commissioning planning for a number of years ahead, such as across a three-year timeframe, to achieve a real difference and better health outcomes for citizens. System-level commissioning focused on the areas of best potential for integration is needed (such as children, home care and discharge from hospital), with a strategic approach to vulnerable cohorts that is clear on the intended outcomes;

(d) indications of progress in co-production and design are needed to show how commissioning planning is live to the needs of communities, as part of a collaborative approach to commissioning involving both service users and stakeholders. It is important for commissioners to work with the voluntary sector,

to ensure that funding reaches the smaller community providers. Investment in a vibrant community sector is vital, and careful consideration is needed as to how commissioners achieve effective engagement at this level and ensure that proper resilience in the sector is supported. Work is also needed to consider how individual voluntary organisations coordinate within their sector to achieve a holistic approach and engage with commissioners in a collective way;

(e) it is important to have a strong focus on prevention and healthy lives, so there is a need to approach citizens and organisations within the city to establish what kind of environment they want Nottingham to be in the future, to inform what co-production can be carried out across the wider city to get the right commissioned services to achieve this outcome;

(f) as such, principles and a strategy are being developed for co-commissioning in the future, with a written plan to be produced every year. A main principle is to procure from local providers wherever possible, and to seek to support the smaller community providers.

The Board noted the report.

23 Joint Strategic Needs Assessment: Evidence Summary

Claire Novak, Insight Specialist (Public Health) at Nottingham City Council, presented a report to summarise the six chapters of the Joint Strategic Needs Assessment (JSNA) published during 2019 to 2020. The following points were discussed:

(a) the Evidence Summary presents an overview of the health and wellbeing needs in Nottingham through summaries of the six JSNA chapters published during the 2019/20 financial year, being Pregnancy; Air Quality and Health; Demography; Smoking and Tobacco Control; Severe Multiple Disadvantage (which has received a great deal of positive attention); and Housing, Excess Winter Deaths and Cold-Related Harm. This year, it has not been possible to produce as many chapters as intended, due to the Coronavirus pandemic. However, work is also underway to streamline the chapter production process and improve how the chapters are presented;

(b) the JSNA is a large resource, with over 50 chapters – though the JSNA Steering Group is starting a process to see if some of this content can be rationalised. The chapters are refreshed regularly, to ensure that the data within the JSNA is kept current and less than three years old. The information within the JSNA is important for the development of commissioning and integration plans, going forward. The Steering Group's primary aim is to ensure that the JSNA is fit for purpose and focuses on the right issues;

(c) the JSNA is delivered primarily by the Council's Public Health team, though most of the chapters are produced in partnership with other related organisations. In the context of the wider determinants of health, such as air quality improvement, it is important that a robust understanding of the cost and associated benefits of the initiatives is set out, to show how better health benefits the wider economy;

(d) the upcoming Crime and Drugs Partnership (CDP) plan is in its consultation stage with a wide range of partners across the City and County, and JSNA data is being shared to support this plan. The CDP also nominates members to share evidence, data and recommendations for related JSNA chapters. It is important that all partners link up effectively to progress the collective agenda, and the Fire and Rescue Service is particularly eager to work with other organisations in this area;

(e) the Board suggested that, going forward, the long-term impacts of Coronavirus on mental health need to be investigated through the JSNA. It will also be important to consider how pollution will be affected by population increase; the effective safeguarding of children and older people; and addressing homelessness and substance misuse. It is vital for stakeholders to collaborate and focus on the primary areas of need to achieve clear outcomes for communities over the next few years.

The Board noted the report, and requested that an update is provided to its March meeting on the proposed future approach to new JSNA chapters.

24 Board Member Updates

Catherine Underwood, Corporate Director for People at Nottingham City Council, presented a report on the current position and activities of Children's and Adults' Services. The following points were discussed:

(a) due to the Coronavirus pandemic and current lockdown position, the Ofsted inspection of all key Children's Services expected in November will be rescheduled to take place in early 2021;

(b) the Healthwatch Nottingham and Nottinghamshire annual general meeting will take place by video conference on Wednesday 9 December, and joining details are available on the Healthwatch website. The conference aims to showcase Healthwatch's work taking place across the whole health and care system, and the attendance of Board members and their organisations would be very welcome.

The Board noted the report, and the updates from members.

25 Work Plan

The Chair presented the Board's proposed work plan for the 2020/21 municipal year. If members have any comments or suggestions for future items to be considered by the Board, these can be forwarded to Nottingham City Council's Director for Public Health. Issues that can be presented by multiple Board members are particularly welcome.

The Board noted the Work Plan.

26 Future Meeting Dates

Resolved to meet on the following dates:

- **Wednesday 27 January 2021 at 1:30pm**
- **Wednesday 24 March 2021 at 1:30pm**

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Health and Wellbeing Board
27 January 2021

	Report for Resolution
Title:	Working Together to Achieve Carbon Neutral Nottingham 2028
Lead Board Member(s):	Alison Challenger, Director of Public Health
Author and contact details for further information:	Chris Common, Energy Projects Team chris.common@nottinghamcity.gov.uk
Brief summary:	This briefing paper introduces the response of the Council to climate change and the impact this is having and will have on public health and wellbeing. The scale and pace of change needed to reduce the city's carbon emissions to net zero by 2028 will require all health and social care sector partners to play their part and work collaboratively with the Council to achieve this. The Council's Head of Energy Services leads the Council's efforts on climate change and carbon neutrality, and will attend the meeting of the Board to provide more detail on this and discuss the importance of engaging effectively with health partners to work collaboratively to tackle this threat.

Recommendation to the Health and Wellbeing Board:

(1) the Board and its partner members, in discussion with the Climate Change Team in the Council's Energy Services, consider how the city's ambition of carbon neutral by 2028 can be achieved, and the particular opportunities across the health and care sector towards this;

(2) a representative of the Board attends future quarterly Carbon Neutral Nottingham 2028 Board meetings, which are chaired by the Council's Deputy Leader and Portfolio Holder for Energy, Environment and Democratic Services.

Contribution to Joint Health and Wellbeing Strategy:	
Health and Wellbeing Strategy aims and outcomes	**Summary of contribution to the Strategy**
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	Mitigating climate change presents unrivalled opportunities for improving public health. The policies that are being implemented to reduce CO2 and other
Aim: To reduce inequalities in health by	

targeting the neighbourhoods with the lowest levels of healthy life expectancy	greenhouse gas emissions will also bring about substantial reductions in heart disease, cancer, obesity, diabetes, road deaths and injuries, and air pollution. Also evidence shows that marginalised, deprived and vulnerable groups and communities often face the worst consequences of climate change.
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health
The overall contribution to improving public health is reflected in numerous actions such as improving air quality, reducing fuel poverty, warmer and better housing, dietary choices, access to open spaces and nature, etc.

Background papers: Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.	None

Working Together to Achieve Carbon Neutral Nottingham 2028

Purpose

This briefing paper introduces the response of the Council to climate change and the impact this is having and will have on public health and wellbeing. The scale and pace of change needed to reduce the city's carbon emissions to net zero by 2028 will require all health and social care sector partners to play their part and work collaboratively with the Council to achieve this.

The Council's Head of Energy Services leads the Council's efforts on climate change and carbon neutrality, and will attend the meeting of the Board to provide more detail on this and discuss the importance of engaging effectively with health partners to work collaboratively to tackle this threat.

Background

Average global temperature has increased at the fastest rate in recorded history and the trend is accelerating. Rising temperatures caused principally from humans burning fossils fuels releasing CO_2 into the atmosphere are now altering the global climate resulting in longer and hotter heat waves, more frequent droughts, heavier rainfall and more powerful storms and hurricanes. This poses an immense threat to our livelihoods with substantial risks to health, social well-being, economies and the natural environment. The Lancet Countdown (2015) regarded climate change as the greatest threat to human health in the 21st Century.

Mitigating climate change presents unrivalled opportunities for improving public health. The policies that are being implemented to reduce CO_2 and other greenhouse gas emissions will also bring about substantial reductions in heart disease, cancer, obesity, diabetes, road deaths and injuries, and air pollution. Also evidence shows that marginalised, deprived and vulnerable groups and communities often face the worst consequences of climate change.

Nottingham has reduced city wide CO_2 emissions by over 43% since 2005. However, the city still emitted 1.17 million tonnes of CO_2 in 2017, enough to drive the average car 6 billion miles in a year. Now, Nottingham must go further and faster to reduce emissions and lower its carbon footprint to play it's part in preventing a dangerously warmer world. So in January 2020, the Council declared a Climate and Ecological Emergency, followed by publishing a Carbon Neutral Charter, which is partnership agreement to achieve net zero by 2028 and jointly tackle climate change across the city. In March 2020, it published a Carbon Neutral Nottingham 2028 Action Plan. The contribution to improving public health is reflected in numerous actions such as improving air quality, reducing fuel poverty, warmer and better housing, dietary choices, access to open spaces and nature, etc.

The Council cannot achieve this ambition on its own. The carbon emissions from the Council's direct activities alone only constitutes around 4% of the city's overall carbon footprint. Therefore, it is imperative that all organisations, businesses, residents and visitors in the city need to play their part. With the potential severe impact on health from climate change, the understanding, involvement and

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contribution of the sector is crucial. The Council has been recognised nationally for its work on climate change and is already leading and working on multiple levels with other city partners, such as the city's universities, to support and develop a wide range of mitigating actions and strategies.

Extending and adopting 'system thinking' is necessary to more effectively embrace the whole range of health sector partners so all can work together to achieve this shared ambition of achieving carbon neutrality. To this end, the Council is looking to work with, support and advise health partners to help collectively deliver the city's ambition.

Recommendations

1. The Board and its partner members, in discussion with the Climate Change Team in the Council's Energy Services, consider how the city's ambition of carbon neutral by 2028 can be achieved, and the particular opportunities across the health and care sector towards this.

2. A representative of the Board attends future quarterly Carbon Neutral Nottingham 2028 Board meetings, which are chaired by the Council's Deputy Leader and Portfolio Holder for Energy, Environment and Democratic Services.

Health and Wellbeing Board
27 January 2021

	Report for Resolution
Title:	A summary of the work linked to the creation of a Speech, Language and Communication Strategy for Nottingham City
Lead Board Member(s):	Councillor Cheryl Barnard
Author and contact details for further information:	Kathryn Bouchlaghem / Katherine Crossley Early Years Team, Children and Adults kathryn.bouchlaghem@nottinghamcity.gov.uk katherine.crossley@nottinghamcity.gov.uk
Brief summary:	To provide an update to Board members on the Early Outcomes Fund work around the development of a strategy and supporting pathway in relation to speech, language and communication, and to agree future governance and accountability for this work.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

(1) agree to oversee the development and delivery of this strategy, taking on its overall ownership and providing necessary engagement, governance and accountability, including supporting the development of a Task and Finish Group for joint commissioning;

(2) consider the draft strategy, which is intended to be presented to the March meeting of the Board, and to consider expanding the age range of this work to develop a 0-25 years Joint Strategy for speech, language and communication across all agencies.

Contribution to Joint Health and Wellbeing Strategy:	
Health and Wellbeing Strategy aims and outcomes	**Summary of contribution to the Strategy**
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	The impact of a person not developing sound speech, language and communication skills in early life are far-reaching and significant, affecting school attainment, relationships, employment prospects and lifestyle choices. This work contributes to almost each element of the Board's aims and outcomes, but
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy	

lifestyles	specifically, increasing healthy life expectancy, reducing inequalities in health by neighbourhood and in supporting children and adults in Nottingham to adopt and maintain healthy lifestyles. The Early Outcomes Fund work identifies need by ward and seeks to target resources to areas and communities who most need it through joint commissioning and shared oversight.
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health
From an early age, children who cannot communicate as well as their friends struggle with attachment and attainment and, by the time they are five years old, they are less engaged at school and one-and-a-half times more likely to have mental health problems in later life. Children with undiagnosed speech, language and communication needs are more likely to be excluded from school and struggle to form relationships with their peers. Supporting children to achieve good speech, language and communication before they turn five is fundamental to support their mental health. However, addressing poor speech, language and communication across all age brackets should be prioritised and will have significant mental health advantages.

Background papers:	• 'Early Outcomes Fund – A summary of the work linked to the creation of a Speech, Language and Communication Strategy for Nottingham City' • 'Talking About A Generation', by The Communication Trust and Better Communication CIC (February 2017) • 'Identification and Intervention for Speech, Language and Communication in the Early Years: A Summary of the Early Outcomes Fund Project in Leicester, Derby and Nottingham cities' (March 2020)

Early Outcomes Fund – A summary of the work linked to the creation of a Speech, Language and Communication Strategy for Nottingham City

Context and background

- A local Needs Analysis has evidenced children and young people of Nottingham are not developing speech, language and communication (SLC) to the best of their potential, which impacts on their attachment, attainment, leisure, mental health, well-being, later employment and life chances.

- Through Department for Education funding under the Early Outcomes Fund, Nottingham City Council Children's Services has been involved in ground-breaking work, in partnership with Leicester and Derby City Councils and the Better Communication CIC.

- In 2019, Nottingham took part in the Local Government Associations' Early Years Peer Challenge programme, which focussed on SLC. This work presents the opportunity for real strategic change, to make that significant difference to children and families.

- Alongside this paper are 2 further documents to provide context and background for this work:
    - 'Talking About A Generation' was published by The Communication Trust and Better Communication CIC in February 2017 and explores the development of SLC skills in children, especially those who struggle to communicate. It also examines the impact of SLC needs on **health and wellbeing**, educational progress and employability beyond school.
    - 'Identification and Intervention for Speech, Language and Communication in the Early Years: A Summary of the Early Outcomes Fund Project in Leicester, Derby and Nottingham Cities' was published by Better Communication CIC in March 2020 as an overview of work to date.

Vision

- To develop a **city-wide, shared strategy**, based on outcomes across the whole system and **joint commissioning** of all areas of the system that relate to SLC development for children and young people. Joint commissioning of SLT and other parts of SLC offer is crucial to this work and the outcomes can only be achieved through engagement with partners.

- For this strategy and change programme to focus on **measurable impact**, not input, and to be jointly owned and delivered by all partners and for the leadership of delivering these integrated services to be based on the understanding of need rather than demand, with the tailoring of equity of outcome rather than equality of input.

- For there to be a **clear offer** which empowers families and professionals to navigate the best support to access the best offer to meet the needs of children and their families.

- To develop a **dashboard of impact measures** bringing together impact data across the whole system, informing ongoing joint commissioning of services and leading to improved outcomes for individuals, settings and cohorts.

- For SLC to be **embedded as a key issue** across all agendas, supported by a clear understanding of funding and commissioning arrangements, informed by subject experts who are ambitious for change for children and young people in Nottingham City and their life chances.

Timescale

➢ January – April 2021	Strategy development overseen by the Health and Wellbeing Board
➢ March 2021	Launch of SLCN pathway to support the delivery of the Strategy
➢ April 2021 – March 2022	Establish joint commissioning strategic group with a view to jointly commissioned SLT and other SLC support services

Requirements of the Health and Wellbeing Board

- To support a Task and Finish Group for joint commissioning, with the Board having oversight of development, delivery and overall ownership of the strategy, providing necessary engagement in relation to involvement from key commissioners, governance and accountability.

- To consider expanding the age range of this work to develop a 0-25 years joint strategy for SLC across all agencies.

- To consider the draft strategy aiming to be presented to the Board in March 2021.

- To maintain oversight of the strategy during the embedding process.

The Communication Trust
Every child understood

Talking About a Generation

CURRENT POLICY, EVIDENCE AND PRACTICE FOR SPEECH, LANGUAGE AND COMMUNICATION

MARIE GASCOIGNE AND JEAN GROSS
BETTER COMMUNICATION CIC

Contents

Foreword

A few words from The Communication Trust

As The Communication Trust reaches its tenth anniversary, we are delighted to have been able to work with an incredible team of experts, academics and practitioners to produce this crucially important report. Special thanks go to the authors Marie Gascoigne, from Better Communication CIC, and Jean Gross CBE, for ensuring this report captures the progress made and sets out clear, practical recommendations which we will now work tirelessly to put into practice.

The policy and practice landscape around speech, language and communication has shifted significantly. We commissioned this report - Talking About a Generation – to research, respond to and influence the changes taking place across education, health and related sectors. We have set out why communication matters in the 21st century, the scale of the problem and the staggering impact it has on children and young people's life chances. Despite the excellent work that has been done, too often speech, language and communication is not prioritised highly enough and we know that practice is hugely variable. The good news is that there is some excellent work out there and compelling evidence about the difference it can make - there is much that can be built upon to support children and young people more effectively across phases.

We want to see speech, language and communication at the heart of policy change and service design across a range of agendas including the home environment, early years settings, schools, further education and the youth justice system. This report acts as a route map for The Communication Trust, our consortium and the whole speech, language and communication sector – we look forward to working with you to make the recommendations a reality.

DIRECTOR
The Communication Trust

'This report acts as a route map for The Communication Trust, our consortium and the whole speech, language and communication sector.'

Executive summary

***Talking About a Generation* explores the development of speech, language and communication skills in children and young people, and especially those who struggle to communicate.**

It reviews recent developments in policy and practice affecting these children and young people, examining the impact of speech, language and communication needs (SLCN) on health and wellbeing, educational progress and employability beyond school. It presents case studies from around the country that show solutions to some of the challenges identified. Finally, the report makes recommendations to government, local authorities, commissioners and providers of health services, schools and settings.

The report is structured around four key themes:

- **The missing children: issues of identification and access to provision**
- **Social disadvantage and speech, language and communication: impact on social mobility**
- **Ready for school, good progress at school**
- **Beyond school: further education and employment**

The missing children:
Issues of identification and access to provision

What we found

- There is a major mismatch between the known prevalence of SLCN and the numbers of children actually being identified and supported
- Failing to identify children has a profound impact on their life outcomes
- Tools and systems that allow for effective early identification are available but not used consistently

Recommendations

- Government should address inequalities in access to the Healthy Child Programme review of children's development at age two, and maintain communication and language as a prime area of assessment in any future baseline assessment on school entry
- Joint inspections by Ofsted and the Care Quality Commission should include a judgement on whether children and young people's SLCN are being effectively identified in the local area
- In developing their Education, Health and Care needs assessments, local areas should compare the incidence of SLCN in schools (SEN Pupil Level Annual School Census data or PLASC survey) with the research-based expected prevalence figures in this report, and develop plans to tackle under identification
- Schools should similarly compare the incidence of SLCN in their setting with the expected prevalence figures, and develop plans to tackle under-identification using the range of tools now available to them
- Those commissioning and providing speech and language therapy services must acknowledge the importance of training the wider workforce in the identification of children at risk of SLCN in order to make onward referral

Social disadvantage and speech, language and communication:
Impact on social mobility

What we found

- Children who experience persistent disadvantage are significantly less likely to develop the language needed for learning than those who never experience disadvantage
- Good language skills are crucial to social mobility
- It is entirely possible to break the link between language difficulties and disadvantage, with the right support at home, in early education and in school

Recommendations

- Government's review of the work of children's centres should include a focus on supporting the development of early language and communication skills in children under two
- Government should ensure that speech, language and communication skills are a key plank in government's new strategy for opportunity areas
- Government should develop a thematic focus for the annual Pupil Premium Awards, with work to develop speaking and listening skills in disadvantaged children and young people as the first theme
- Local Authorities and Clinical Commissioning Groups should jointly commission coherent community-wide strategies designed to tackle the language gap in children's early years, and differentiate commissioned provision for SLCN to take account of local patterns and pockets of disadvantage

Ready for school, good progress at school

What we found

- Good speech, language and communication skills are essential for doing well at school, but this is not being recognised or acted upon widely
- There is good evidence that language interventions directly improve school attainment
- There is a high degree of variability in the support provided for children with SLCN within the school system

Recommendations

- Government should include mandatory input on developing all children and young people's speech, language and communication skills in initial teacher training requirements
- Government should ask Ofsted to re-instate the teaching of communication skills in its framework for inspection
- In its continued evaluation of the implementation of the SEND reforms, government should monitor the extent to which local offers include a clear description of the provision schools should make for SLCN from their delegated budgets
- Government should reinforce the expectation on Clinical Commissioning Groups to jointly commission provision for children and young people with SLCN across the age range
- Local Area Inspections should specifically seek evidence of effective joint commissioning arrangements for therapy services including speech and language therapy
- Schools should use the opportunities for collaboration presented by new structures (such as multi-academy trusts) to develop consistent work on SLC across groups of schools and across the age range, and to commission enhanced services to meet their children's needs at universal and targeted levels

Beyond school:
further education and employment

What we found

- The demands of the workplace rely increasingly on good communication skills
- Without these skills young people are significantly less likely to be employed and more likely to experience mental health problems and enter the criminal justice system
- There are examples of effective 'beyond school' provision for young people with SLCN, but they are isolated and need to be built on

Recommendations

- Government should ensure that curriculum and accountability frameworks focus on oracy in secondary schools and FE to ensure functional skills preparation for employment
- Government should fund a programme to develop universal resources focused on the 16+ context
- Local areas should specifically and jointly commission for the 19-25 age range for those with SEND including SLCN
- Speech and language therapy services should actively take up opportunities to provide enhanced services to settings, schools and FE colleges, to Youth Offending Teams and to support those with SLCN using Access to Work funding to enter the workplace

***Talking About a Generation* identifies the key areas that continue to impact on the life chances of children and young people growing up in a world where good speech, language and communication skills are increasingly vital for life.**

These young people need prompt, concerted action from national and local government, and from schools, colleges and employers, if they are to have the opportunities they deserve. This report has made recommendations for such action. The case for change is clear - we cannot afford to let down another generation.

Talking About a Generation:

The importance of speech, language and communication from early years to employment

This report is about the development of speech, language and communication skills for children and young people and especially those who struggle to communicate. *Talking About a Generation* comes three years after The Communication Trust's previous report *A Generation Adrift*[1]. Since then much has changed in the national frameworks that affect speech, language and communication needs (SLCN), and there have been significant developments in the evidence base.

Talking About a Generation examines these changes and presents an overview of current policy and practice. It examines the impact of work to develop speech, language and communication skills across the country, linking policy, evidence and practice. It considers the challenges faced by children, young people and their families where there are difficulties in acquiring and using these crucial skills. The report highlights the impact on these children and young people for learning, interacting and participating: at home, at school, in further education and into the work place.

The evidence about what works to best support children and young people with SLCN is increasing. The importance of getting the strategy and systems right, as well as the direct approaches with children, is also becoming clear. These areas are addressed in this report, including new analysis of Early Foundation Stage Profile (EYFSP) and Special Educational Needs and Disability (SEND) data. Case studies are used to illustrate key points throughout the document. Finally, the report sets out ambitions for improvement and makes recommendations for action by government, local authorities and their health partners, schools, and providers of support for children and young people with SLCN.

The report is structured around four key themes:

- **The missing children: issues of identification and access to provision**
- **Social disadvantage and speech, language and communication: impact on social mobility**
- **Ready for school, good progress at school**
- **Beyond school: further education and employment**

A word on definitions – who are we talking about?

We are talking about all children and young people who find it difficult to develop the speech, language and communication skills they need for life: for socialising, for learning, for well-being and good mental health and to increase opportunities for employment and participation.

There are many reasons why children and young people may struggle to develop these core skills and different parts of the education, health and social care systems identify these differently.

The term 'speech, language and communication need' or SLCN, has been used widely by speech and language therapists for over a decade as a collective term to describe all children and young people with needs in this area. Within this broad definition have been included children and young people who might have a specific description such as 'specific language impairment', speech sound difficulties, stammering, as well as those with skills that are delayed or part of a wider profile of special educational needs or disability (SEND). The term SLCN is also used to identify needs within different populations of children and young people where evidence of an association between social disadvantage and developing speech and language skills has been found. The response to meeting these needs has been a tiered approach with a universal offer, targeted and specialist interventions.

In education, the term SLCN is used to describe any child who needs educational provision to meet their speech and language needs that is 'additional to and different from' that made for all children and young people. This will include all relevant provision as part of the Local Offer in a given area as well as the support available when a child or young person is supported through School Support or with an Education, Health and Care Plan (EHCP). In this context, SLCN is a specific category of need within the SEND system.

In 2016, an international study, initiated in the UK but involving experts from all over the world, set in process a further shift in terminology, with the term 'developmental language disorder' being agreed as the best way of describing those speech, language and communication difficulties at the more significant end of the continuum[2]. This new definition replaces the term 'specific language impairment' and focuses on describing the profile needs of children who struggle significantly with speech, language and communication skills and less on ruling out possible factors that might have contributed to these needs such as difficulties with non-verbal ability, or lack of opportunity for developing language skills. These children and young people's needs can be met through a range of support, some within the SEND system and some through the SLCN support system or both.

It is important to understand that these two ways of describing children and their needs do not simply overlay. There are many more children and young people with SLCN as identified by speech and language therapists than will be recognised by the SEND system and there will be children and young people with Education, Health and Care Plans who would not be considered to have the most significant speech, language and communication needs.

Speech, language and communication skills for the 21st century

Language is our tool for thinking and learning. It is through communication that we build relationships and resolve conflicts.

Language and communication skills are vital to the economy. Employers are increasingly concerned about a disconnect between the skills of young people entering the workforce and the demands on them to demonstrate good communication and interaction skills[3]. It is estimated that current pupils within the education system will enter a job market where 65% of the job roles have yet to be invented but will increasingly rely on 'soft' skills including the ability to communicate effectively[4]. It is a high priority area.

And yet a recent State of Education survey[5] of more than 1,100 senior primary school staff found 80% of teachers were worried about children having poor social skills or speech and language problems on starting school. In another poll[6], 80% of teachers said they were spending extra time helping children learn basic communication skills. More than 75% voiced concerns that despite their best classroom efforts these children may never catch up. The same number said the problem was affecting their schools' results, and that poor language development is causing problems for classroom management.

The policy landscape

The policy landscape for speech, language and communication is complex and rapidly changing.

We have assessed this landscape as it impacts on the development of speech, language and communication for all children and young people, and for those who need additional help. Figure 2 on page 12 shows the relevant legislation, policy guidance and SLCN specific initiatives and how they relate to the four key themes of the report. We have identified factors in the policy landscape which are enabling for these children and young people and also some that are perhaps hindering progress. We will revisit these in each of the four sections of this report.

Impact on life chances

Long term studies have found that early speech, language and communication difficulties predict a wide range of negative outcomes.

We know that good vocabulary at 16-24 months, predicts good reading accuracy and comprehension five years later[7]. Children who struggle with language at five are six times less likely to reach the expected standard in English at age 11 than children who have had good language skills at five, and ten times less likely to achieve the expected level in maths[8]. Children with poor vocabulary at age five are more than twice as likely to be unemployed at age 34 as children with good vocabulary (but similar non-verbal ability).

They are also one and a half times more likely to have mental health difficulties, even after taking account of a range of other factors that might have played a part (mother's educational level, overcrowding, low birth weight, parent a poor reader and so on).[9]

Figure 3 on page 14 shows the negative impact of poor early speech and language on life chances as a child grows up, along with examples of interventions that can help reduce this long-term impact.

THE MISSING CHILDREN:
IDENTIFICATION & ACCESS

HELPING

- Healthy Child Programme Two Year Review
- Early Years Foundation Stage Profile at age five
- Public Health transition to Local Authorities

HINDERING

- Issues with recruitment of health visitors
- Poor access in some areas to two year review
- No assessment of speech, language and communication after five within the curriculum

SOCIAL DISADVANTAGE & SLCN:
IMPACT ON SOCIAL MOBILITY

HELPING

- A Better Start: Big Lottery Fund projects
- Free early education for disadvantaged two year olds
- Pupil Premium and Early Years Pupil Premium

HINDERING

- Poor take up of free early education for two year olds
- Poorer quality early years provision in parts of the sector in disadvantaged areas
- Pupil Premium not always used effectively

READY FOR SCHOOL, GOOD PROGRESS AT SCHOOL

HELPING

- SEND reforms focus on children & families, better classroom teaching and joint working across health and education and joint working/commissioning across health and education

HINDERING

- Implementation of SEND reforms against a background of austerity
- Lack of clear guidance on Clinical Commissioning Group accountability for SLCN

BEYOND SCHOOL:
FURTHER EDUCATION AND EMPLOYABILITY

HELPING

- Ofsted inspection framework for further education and skills makes some reference to communication skills

HINDERING

- SLC is not built into functional skills qualification & communication skills not a focus in FE
- Lack of funding for post-school provision

REPORT THEMES

FIGURE 2: THE POLICY CONTEXT

LEGISLATIVE AND POLICY CONTEXT

Early Years Curriculum: Communication and Language ELG 1-3

Ofsted Inspection Framework 2015

Better Communication Action Plan, 2008- 2010

The Healthy Child Programme

The National Year of Communication, 2011

2015 National Curriculum

SEND Code of Practice 0-25, 2015

NHS Five Year Forward View

Education Act, 2011

Bercow Review, 2008

Early Years Foundation Stage Profile

Education & Adoption Act, 2016

Early Language Development Programme

Joint Commissioning between LAs and CCGs of key provision

Health Act, 2012

Children & Families Act, 2014

Every Child a Talker

The Local Offer

Free EYs places for disadvantaged two year olds

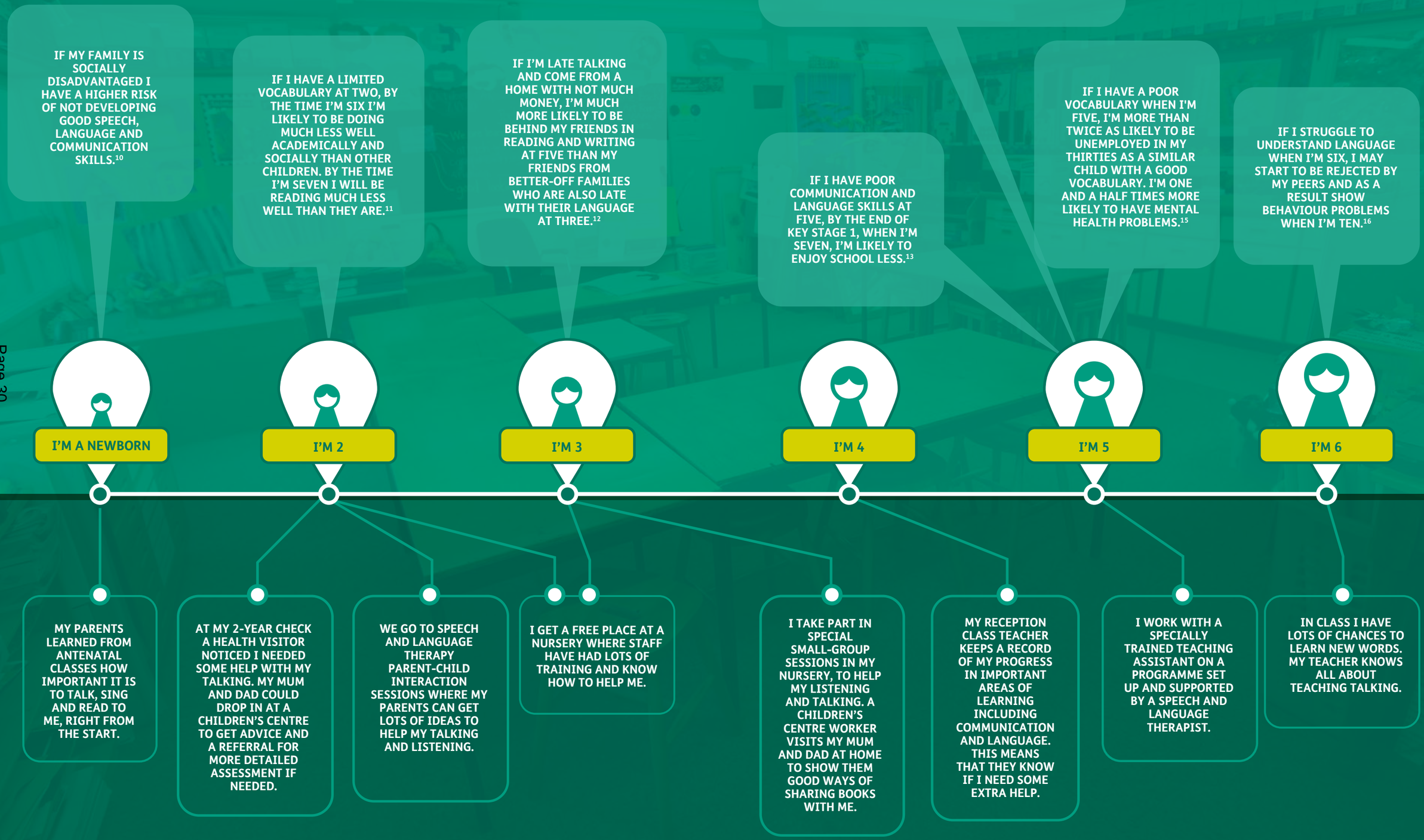
Better Communication Research Programme, 2012

Healthy Child Integrated Review

A Better Start

Ofsted/CQC Joint Inspections of Local Areas

FIGURE 3: IMPACT ON LIFE CHANCES OF POOR EARLY LANGUAGE AND COMMUNICATION AND PROTECTIVE FACTORS THAT CAN HELP



The missing children:

issues of identification and access to provision

Analysis for this report shows that whatever the definition of SLCN, there is evidence of under identification across health and education services. Children's needs are being missed, and the consequences for individuals and for society are profound.

HELPING

- Healthy Child Programme 2 Year Review
- Early Years Foundation Stage Profile at age 5
- Public Health transition to Local Authorities
- Schools directly commissioning training and specialist support for identification of pupils

HINDERING

- Issues with recruitment of health visitors
- Poor access in some areas to two year review
- No assessment of speech, language and communication after five within the curriculum
- Inconsistency of school commissioning and provision nationally

Research tells us that up to **50% OF CHILDREN STARTING SCHOOL IN THE MOST DISADVANTAGED AREAS WILL HAVE SPEECH, LANGUAGE AND COMMUNICATION NEEDS**[17] that should be recognised by schools and will benefit from targeted support in addition to good universal provision. Some of these children will go on to be identified with more significant and long-lasting SLCN. That's half of every reception class in the most disadvantaged areas.

Research tells us that **7.6% OF CHILDREN IN THE EARLY PRIMARY YEARS WILL HAVE A DEVELOPMENTAL LANGUAGE DISORDER NOT LINKED TO FACTORS SUCH AS GENERAL LEARNING DIFFICULTIES, CEREBRAL PALSY OR HEARING IMPAIRMENT.**[18]

THAT IS 2 CHILDREN IN EVERY CLASS OF THIRTY.

This means that developmental language disorder is far more common than other childhood conditions that are more familiar to the general public, such as autism and dyslexia.

Analysis of the SEND data tells us that **ONLY 2.6% OF CHILDREN ARE IDENTIFIED BY THE SEND SYSTEM** (School Support as well as for an Education, Health and Care Plan) as having SLCN as a primary need. In a review of thirty speech and language therapy caseloads, the average percentage of children known to speech and language therapy is just under **4% OF THEIR LOCAL POPULATION, OF WHICH APPROXIMATELY HALF ARE SCHOOL AGE.**[19]

Whatever the measure, research tells us that these children and young people are in our Early Years and school systems, and yet they are not being identified. Where are the missing children?

> **'Developmental language disorder is probably the most common childhood condition you have never heard of'**
>
> NORBURY, 2016

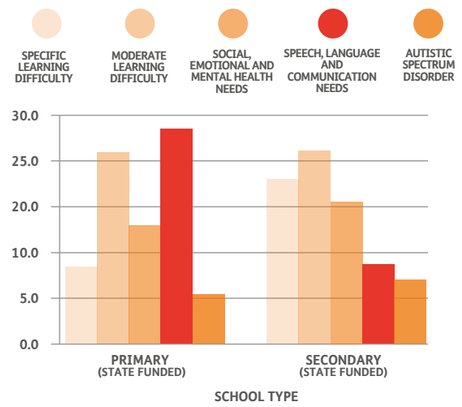
The most recent contribution to the prevalence evidence base comes from a population-based study in Surrey[20]. The SCALES study found that 7.6 % of children starting in mainstream reception classrooms (two children in every class of 30) have difficulties with speech, language and communication that impact on their ability to learn and which are not linked to factors such as general learning difficulties, cerebral palsy or hearing impairment[21].

This study took place in one of the least disadvantaged areas in England. However, there is evidence that in areas of disadvantage the prevalence of speech, language and communication needs is significantly greater. For example, a study of primary age children from one of the most socially deprived neighbourhoods in Scotland found that nearly 40% of children had delayed language development, with 10% having severe difficulties[22]. In a cluster of schools in a highly disadvantaged part of Manchester, 50% of the nursery sample had significant difficulties, scoring at a level where they would be deemed in need of extra support. This picture continued across the age range into secondary level where 50% of thirteen year olds were assessed as having severe language difficulties, meeting criteria for the then Statements of SEN[23].

How many children are currently being identified?

SLCN is the most reported category of SEND in primary schools at 28% of all children and young people reported by schools to have additional needs.

FIGURE 4: PERCENTAGE (%) OF ALL CHILDREN AND YOUNG PEOPLE WITH SEND BY CATEGORY



In 2016, 2.6% of all pupils in England were identified as having SLCN as their main special educational need, an increase on previous years.

Teachers need considerable training and support to identify SLCN accurately. In a study in Manchester teachers were found to be missing around half of children's SLCN. The researchers have termed this 'norm-shifting', where due to the large numbers with SLCN in their school or setting, practitioners come to consider as above average children whose communication skills are actually average in terms of national age related expectations[24].

Information taken from speech and language therapy services in 30 areas drawn from across the country, show that typically between 2.3% - 4.7% of the local child and young person population will have been referred to the speech and language therapy service[25]. These will include children and young people who have SLCN that are not directly related to SEN, such as stammering, and also pre-school children , so the numbers of school age children with SEND that are known to these specialist services are even lower.

Even when children are initially identified by the SEND system as having SLCN, they are often 're-categorised' by schools as they grow older. The Better Communication Research Programme found that of those children identified at School Action Plus with SLCN at Key Stage 2, 17% were re-categorised with another type of SEN (mostly moderate learning difficulty or specific learning difficulty) when they moved to secondary school, and 59% moved to a lower level of need by the end of Key Stage 3[26].

The long-term impact of under-identification and lack of support for speech, language and communication needs is significant. Research shows that high numbers of young people with mental health needs or behaviour difficulties have SLCN that have been missed earlier on in their lives[27, 28].

Under-identification is an issue for the justice system also. A study found that two thirds of young offenders have speech, language and communication difficulties, but in only 5% of cases were they identified before the offending began[29].

What's happening on the ground

Effective, timely identification of SLCN need not be difficult. A good range of online and paper based tools for systematic screening for SLCN of every age group from 6 months to secondary is now available from the voluntary sector and commercial organisations.

The health visitor check of development for every two-and-a-half-year-old is a key opportunity for identifying children who may need additional help, or whose families would value advice on developing early language and communication skills. However, in some parts of the country, as few as one in four children have had this crucial check with their health visitor[30].

Some areas are using tools to screen whole cohorts of children and young people, to decide which need referring for specialist assessment, which can be supported by the school's own systems and which are of no specific concern. But examples like this are not common, and a recent workforce survey found that 59% of respondents reported having little or no initial training in identifying (and supporting) children with SLCN[31].

CASE STUDY

Primary schools in Barking and Dagenham use a commercially available online tool to screen their intake for SLCN. Before it was introduced, teachers were often unclear about children's needs – not referring children for help, for example, in case the issue was simply that English was not their first language. The screening tool allowed them to quickly identify children who needed specialist help and children for whom they could put in place the school-based strategies suggested by the programme.

CASE STUDY

The Leys Primary and Nursery School in Hertfordshire have put in place year group by year group learning outcomes for spoken language to define and monitor progression within the National Curriculum Programme of Study. All children's progress is now tracked against this framework, which means that staff can quickly identify children needing extra help and put in place targeted intervention programmes.

'What's good for here might just be normal somewhere else" A primary school teacher involved in the '*Talk of the Town*' project'.

AN EVALUATION OF THE COMMUNICATION TRUST'S '*TALK OF THE TOWN*' PROJECT, 2011-12

There are key professionals within the wider workforce who must be able to identify children and young people at risk of SLCN in order to make appropriate referrals. The Health Visitor role is pivotal to early identification and specific training for Health Visitors is essential. Early years practitioners and teachers are also key to identification. Tools such as the Speech, Language and Communication Framework (SLCF)[32] are accessible and effective in helping individuals and teams assess their competences and access information about appropriate training. The Communication Trust Progression Tools provide accessible checklists based on developmental norms[33].

Alongside this the specialist speech and language therapist and specialist teacher workforce need to be appropriately funded to provide the necessary training and support to the wider workforce. Without this whole system approach, the cycle of under-identification is sure to continue.

What needs to happen

To reduce numbers of children whose SLCN are not identified:

- Government should address inequalities in access to the Healthy Child Programme review of children's progress at age two, and maintain communication and language as a prime area in any future baseline assessment on school entry
- Joint inspections by Ofsted and the Care Quality Commission should include a judgement on whether children and young people's SLCN are being effectively identified in the local area
- In developing their Education, Health and Care needs assessments, local areas should compare the incidence of SLCN in schools with the research-based expected prevalence figures in this report, and develop plans to tackle under identification
- Schools should compare the incidence of SLCN in their setting (SEN PLASC survey) with the research-based expected prevalence figures in this report, and develop plans to tackle under identification using the range of tools now available to them
- The importance of training for the wider workforce in the identification of children at risk of SLCN in order to make onward referral must be acknowledged by those commissioning and providing speech and language therapy services

Social disadvantage and speech, language and communication:

impact on social mobility

Three quarters of children who experience persistent poverty throughout their early years start school without the language skills they need for learning[34]

HELPING

- A Better Start Lottery funded projects
- Free early education for disadvantaged 2 year olds
- Pupil Premium and Early Years Pupil Premium

HINDERING

- Poor take up of free early education for 2 year olds
- Poorer quality early years provision in parts of the sector in disadvantaged areas
- Pupil Premium not always used effectively

Language difficulties are a defining factor in disadvantage. By the age of five, **75% OF CHILDREN WHO EXPERIENCED POVERTY** persistently throughout the early years are below the average in language development, **COMPARED TO 35% WHO NEVER EXPERIENCED POVERTY[35].**

In school-aged children the likelihood of being identified as having SLCN is **2.3 TIMES GREATER** for children eligible for free school meals (FSM) and living in areas of disadvantage[36].

'When we look at studies of whole populations, we see a clear 'social gradient' for language, with children from the most disadvantaged groups having lower language skills than those in the least disadvantaged groups.... If we look at the longer-term impact of language delay, all studies appear to tell the same story – namely, that those from the most disadvantaged backgrounds are the least likely to catch up'

LAW ET AL, 2013

At the start of life

The disadvantage gap opens early. Studies of the UK cohort of children born at the millennium have found that at the age of three children in the lowest income group have language skills on average 17 months behind children in the highest income group. At age five, the gap is 19 months. The gap in language is very much larger than gaps in other cognitive skills, and larger than in other developed countries[37,38]. In addition, children from disadvantaged backgrounds who do well in vocabulary tests at age three are more likely to fall behind by the age of five than their wealthier classmates[39].

At the end of the Early Years Foundation Stage

Analysis of the Early Years Foundation Stage Profile (EYFSP) data for England shows some notable trends.
The percentage of children reaching the expected level of development on all 17 Early Learning Goals (ELG) and disadvantage measured using the Income Deprivation Affecting Children Index (IDACI) were compared. Children in Local Authorities with the highest levels of disadvantage consistently do less well in all the areas of learning but the most significantly affected are Understanding, Speaking and Reading.

FIGURE 5: SHOWING THE RELATIONSHIP BETWEEN SOCIAL DISADVANTAGE AND LANGUAGE SCORES IN THE MILLENNIUM COHORT STUDY IN ENGLAND[40]

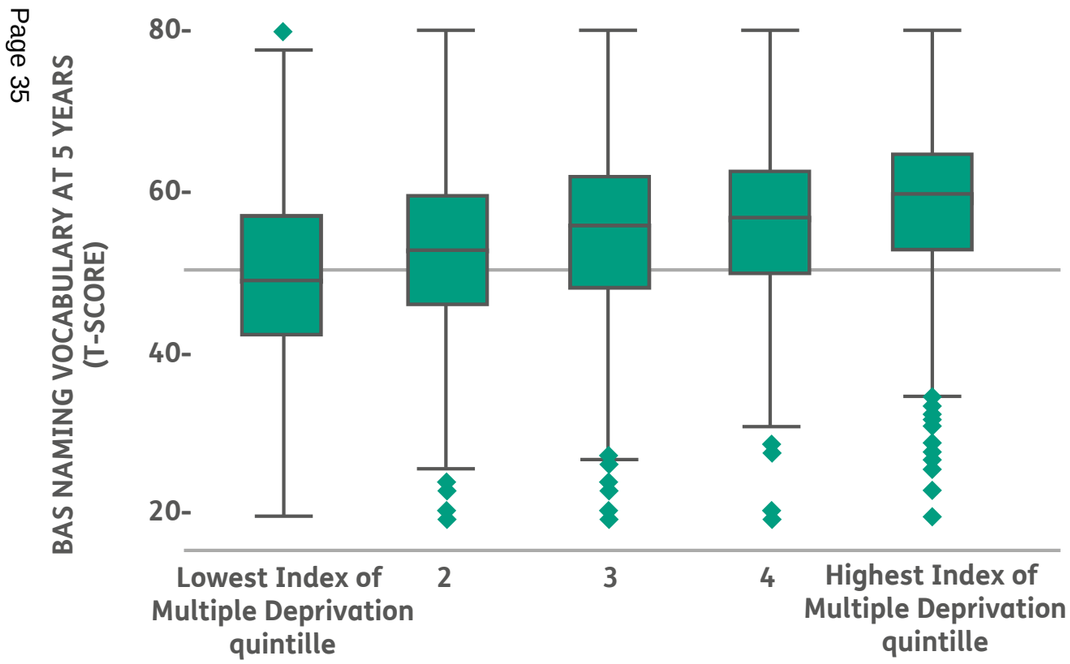
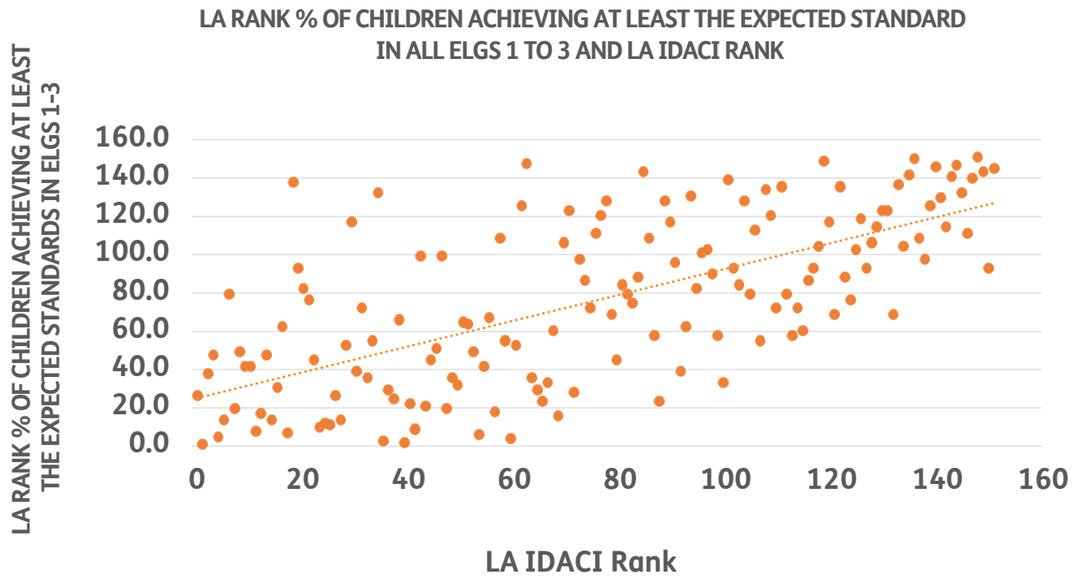


Figure 6, below, illustrates this direct relationship using the data for the three Communication and Language ELGs (1-3): the more disadvantaged (low IDACI) the lower the percentage of children achieving the expected level of development.

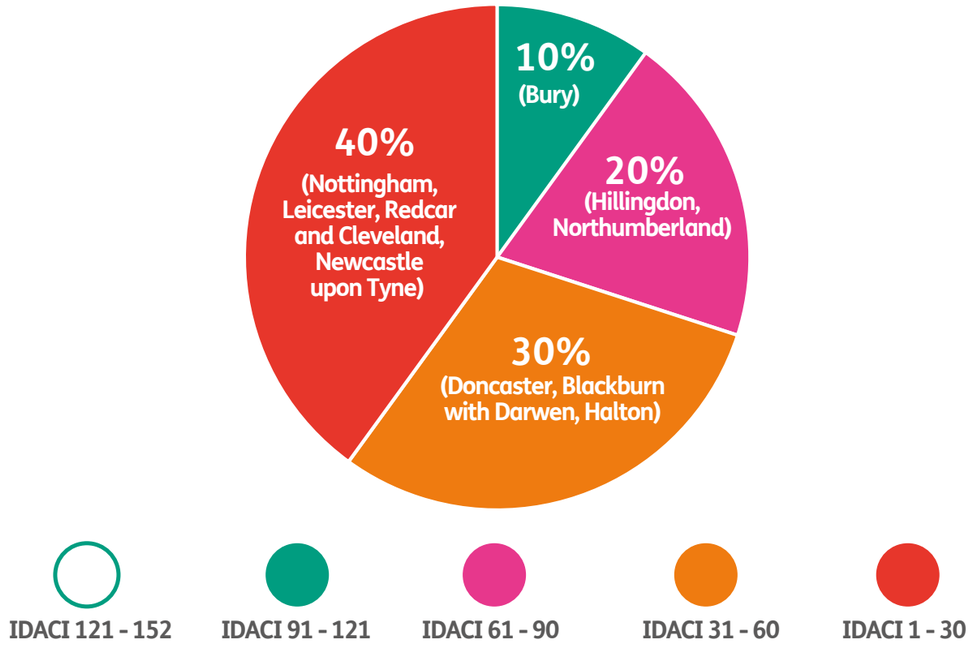
FIGURE 6: SHOWING THE RELATIONSHIP BETWEEN INCREASED DISADVANTAGE AND LOWER ACHIEVEMENT ON ELG 1-3



However, it is encouraging to see the improvements now taking place in some of these disadvantaged areas in England. Figure 7 below shows the ten local authorities with the greatest three-year improvement in the Communication and Language Area of Learning; seven of them are amongst the most disadvantaged.

FIGURE 7: SHOWING THE LAS IN ENGLAND WITH THE GREATEST IMPROVEMENT IN ELG 1-3 2014 - 2016

TOP 10 IMPROVING LA DISTRICTS ACHIEVING AT LEAST EXPECTED ACROSS ALL LEARNING GOALS IN COMMUNICATION AND LANGUAGE (ELG1 TO 3) BETWEEN 2014 AND 2016 SHOWN BY IDACI DEPRIVATION RANKING



At school

Poorer children who are behind in language when young are also less likely than their peers to catch up in school. Children living in poverty who experience language delay at the age of three are significantly more likely to be behind in literacy at the age of 11 than children in better-off families who experience language delay[41].

It seems that what happens in schools can compound the effects of early disadvantage. Teachers serving in economically advantaged schools, for example, explain words more often and are more likely to explain sophisticated words than teachers in economically disadvantaged schools[42].

Good language skills are a crucial factor in social mobility. Disadvantaged young people – like those at School 21 in the case study – need to be confident communicators if they are to access top universities and good jobs.

There is evidence, however, that this type of approach to social mobility is uncommon. A recent survey of 900 teachers across the UK found that, when compared to teachers in independent schools, teachers in state schools were less likely to feel that it was 'very important' to develop skills in oracy, less likely to report that their school had debating clubs, and more likely to report major barriers to initiating talk-based activities in class[43].

CASE STUDY

School 21, an all-age free school serving a disadvantaged area of London, operates on the principle that developing oracy skills is vital if its students are to get on in life. The skills are taught in dedicated curriculum time of one hour a week, but students also use oracy techniques in the classroom, every day, in every lesson. Together with Cambridge University, the school have developed a framework: http://www.educ.cam.ac.uk/research/projects/oracytoolkit/oracyskillsframework/ to describe pupil progress. Using this framework, academics tracked a sample of Year 7 students at School 21, and found they made exceptional progress when compared to students from control schools not using the oracy curriculum. Staff are sure, too, that the oracy focus was fundamental to the school's recent 'outstanding' Ofsted grading.

'When I take our students on the debating circuit ... they will largely be surrounded by children from independent [schools...]. I'm on a mission to make sure that children like ours in schools like ours have access to what is essentially the language of power.'

GEOFF BARTON, HEADTEACHER, KING EDWARD VI SCHOOL

What can we do?

Working with parents and families from the start

It is entirely possible to break the link between language difficulties and disadvantage. Research shows that the child's communication environment (the early ownership of books, trips to the library, attendance at pre-school, parents teaching a range of activities and the number of toys and books available) is a more important predictor of how a child's language will be at two and on school entry 'baseline' scores at four, than socio-economic background alone[44]. The right information and support for parents and families is therefore crucial in making sure all children have the best start in developing speech, language and communication skills.

Research in Scotland following a group of children from birth[45], has found that that early home learning activities improve vocabulary scores measured at age three, for all families regardless of home circumstance. This study also shows that language is most influenced by factors in the home environment as opposed to in pre-school education. This means that better pre-school provision is unlikely to be the only answer to narrowing the social disadvantage language gap.

'Any strategies for improving school readiness via the pre-school setting need to include, for more disadvantaged children, strategies which seek to influence the child's home environment and parenting experiences at the same time... to ensure that children's cognitive ability is maximised... such strategies should focus on the quality of the parent-child relationship and frequency of home learning activities'

GROWING UP IN SCOTLAND, 2011

Working with schools and settings

This is not to say that we cannot make a difference to disadvantage through provision in schools and pre-school settings. We can. For the example, evaluation of the pilot of government-funded provision for most disadvantaged two year olds found that attending a high-quality nursery made a significant difference to children's language skills[46]. We know too, that a high proportion of socially disadvantaged children can catch up with other children in language skills as a result of relatively brief small group interventions. Research into a group of Key Stage 1 children (ages five to seven) receiving one such intervention made on average 14-months progress on a test of vocabulary and language development after just ten weeks of twice weekly group help[47].

Working with commissioners of services

If the right provision is to be available to put in place evidence based support for children and families, commissioners from all parts of the public sector need to understand and act to ensure appropriate service provision. Schools and settings have the Pupil Premium to use to fund additional support and training to enable their staff to provide good universal and targeted support as well as enhancing the amount of support available from external specialists. Health commissioners (CCGs) and local authorities have a duty to commission jointly, using funding to increase impact and avoid duplication of effort. Most importantly they should be allocating resources, such as speech and language therapy, to follow need and not based on historical patterns of spending. There are a number of resources available to support effective commissioning for SLCN[48,49,50].

CASE STUDY

Marine Park Primary's nursery in South Tyneside serves one of the most disadvantaged areas of the country. Staff chose to spend a significant part of the Early Years Pupil Premium on supporting parent-child interaction in the home. They used the Making it REAL programme, in which staff are trained to make home visits to model interaction and book-sharing. Marine Park carried out two or three of these per child, involving a bilingual teaching assistant where English was not the language of the home. Data at children's entry to Reception has shown improvements in children's understanding of language, listening skills, social skills and vocabulary. More information at http://www.real-online.group.shef.ac.uk/index.html

There is evidence that community-wide strategies are particularly effective in narrowing the disadvantage gap.

Case studies from Nottinghamshire and Stoke on Trent illustrate effective community based work to improve speech, language and communication.

CASE STUDY

Nottinghamshire's 'Language for Life strategy' aims to ensure that developing children's communication is everyone's business, particularly in disadvantaged communities. The Council commission a team of speech and language therapists to manage a public health campaign with key messages for parents, to provide a continuum of professional development and support for early years practitioners and to support targeted interventions at home and in settings. The SLTs are based in Children's Centres and form part of an integrated team with Health Visitors, Family Nurse Partnership practitioners and children's centre staff.

Every early years setting is encouraged to identify a language lead who works towards a formal accreditation. This incorporates locally defined competencies as well as The Communication Trust's Level 3 award in Supporting Speech, Language and Communication.

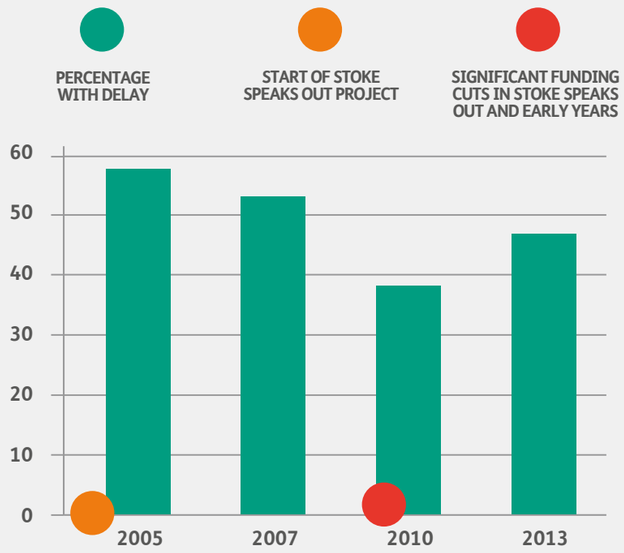
For schools, the resourceful SLT team have recently developed a traded service which offers a 'Talking to Learn' whole-school development programme.

The impact of all this work has been significant. Overall Communication and Language Scores on the Early Years Foundation Stage Profile have risen to above national levels, with the gap between disadvantaged children and their peers beginning to close. In schools involved in Talking to Learn, almost all children receiving the Pupil Premium now have age appropriate language skills compared to less than half at the beginning of the year.

CASE STUDY

Stoke Speaks Out is an award winning initiative developed to tackle a high incidence of language delay in Stoke-on-Trent. A dedicated team have created a 'buzz' about early speech, language and communication development across the city. They offer training and support for all practitioners working with children under seven years and their families, accreditation to schools and settings with a quality mark 'communication friendly' award, and support for 'communication ambassadors' - people living in local communities who have an interest in children's development and are willing to spread the word.

In 2004, when work began, 64% of children in the city started nursery with language delay. At the last survey in 2013 that figure was down to 46%. Success, however, has been dependent on continued investment, with a demonstrable rise in numbers with delay following funding cuts in 2010.



A study funded by the Royal College of Speech and Language Therapists (RCSLT) and Public Health England looked at the long term return on investment of the initiative. Stoke-on-Trent's school readiness data were compared with the average score of neighbouring cities with a similar profile on key social context metrics, and found to be significantly higher. The researchers found that every £1 invested in the programme could create £4.26 of savings by improving later educational achievement, reducing the likelihood of children being NEET (not in employment, education or training) and helping to prevent youth offending.

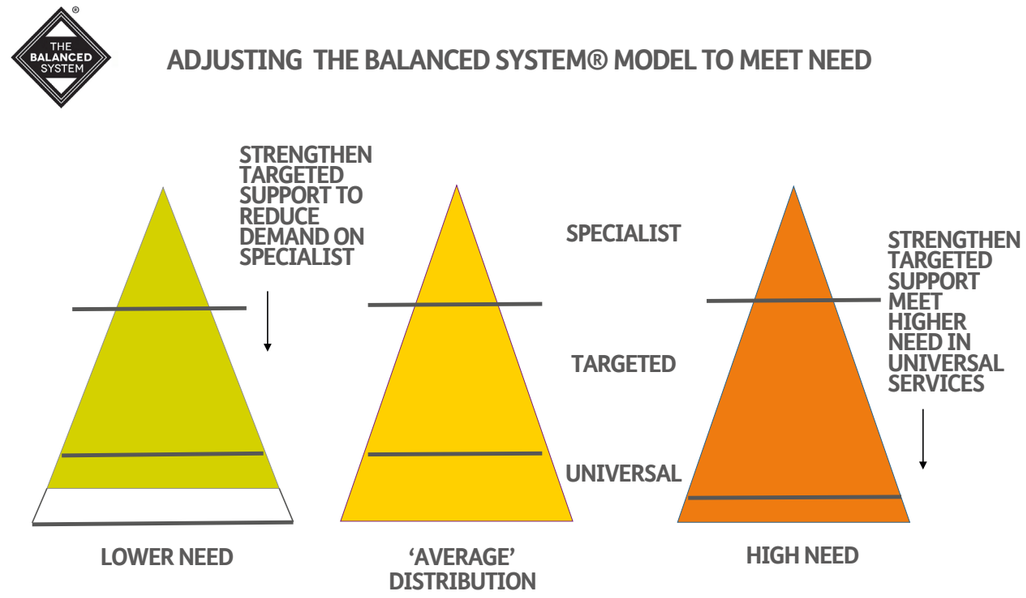
A report from the Education Endowment Foundation includes case studies illustrating joint commissioning in practice in five areas of relative social disadvantage[51]. These case studies highlight the need for a systematic approach to commissioning based on a robust needs analysis and then differentiated provision according to need, which may involve providing targeted interventions 'universally' in areas of significant need. They also identify enabling factors to achieving effective joint commissioning including local strategic champions for children and young people with SLCN.

What needs to happen

In order to reduce the disadvantage gap for speech, language and communication and improve social mobility

- Government's review of the work of children's centres should recommend a focus on developing early language and communication skills in children under two
- Government should ensure that speech, language and communication skills are a key plank in its new strategy for opportunity areas
- Government should develop a thematic focus for the annual Pupil Premium Awards, with work to develop speaking and listening skills in disadvantaged children and young people as the first theme
- Local Authorities and Clinical Commissioning Groups should jointly commission coherent community-wide strategies designed to tackle the language gap in children's early years, and differentiate commissioned provision for SLCN to take account of local patterns and pockets of disadvantage

FIGURE 8: FROM LAW ET AL, 2017 SHOWING THE COMMISSIONING RESPONSE TO NEEDS IN SOCIALLY DISADVANTAGED AREAS



Ready for school, good progress at school

Early language is THE most important factor in influencing literacy levels at age 11

HELPING

- SEND reforms focus on children & families, better classroom teaching and joint working/ commissioning across health and education
- Early Years curriculum, assessment and accountability frameworks make Communication & Language a prime area
- National Curriculum references spoken language
- Teacher training standards and core content refer to 'articulacy' and to SLCN
- New school structures promote innovation

HINDERING

- Implementation of SEND reforms against a background of austerity
- Lack of clear guidance on Clinical Commissioning Group accountability for SLCN
- Assessment of and accountability for Communication & Language limited to Early Years
- Speaking and listening is no longer discrete curriculum area with defined progression
- Initial teacher training lacks content on SLC
- Diversity of school structures challenges consistency of provision

'A common feature of the most successful schools in the survey was the attention they gave to developing speaking and listening'

REMOVING BARRIERS TO LITERACY, OFSTED, 2011

'The prioritisation of speech, language and communication was the cornerstone of leaders' work with disadvantaged children, especially funded two-year-olds.'

TEACHING AND PLAY IN THE EARLY YEARS – A BALANCING ACT? OFSTED, 2015

'Where inspectors saw links between oral language, reading and writing in lessons, standards at GCSE English Language were higher'

EXCELLENCE IN ENGLISH, OFSTED, 2011

Doing well at school is dependent on good spoken language skills. Ofsted have consistently noted the impact of work on language and communication in their national reports on high attainment and good learning.

How 'school ready' a child is at age four is strongly predicted by their vocabulary and ability to talk in short sentences at the age of two[52].

The most important predictor of reaching expected levels of English and maths at age seven is children's language skills at five. Similarly, early language emerges as the most important factor in influencing literacy levels at age eleven - more important than behaviour, peer relationships, emotional wellbeing, positive social interaction and attention[53].

At secondary level, vocabulary skills at 13 strongly predict GCSE results at 15 – in some subjects more strongly than socio-economic background[54].

Intervention to improve spoken language has been shown to make a difference to school readiness and school attainment. The Education Endowment Foundation found that pupils who participate in spoken language interventions make approximately five months' additional progress over a year[55].

One study, for example, found that nursery and Reception children who took part in an oral language intervention showed significantly better reading comprehension in Y1 than a control group[56]. In another, an intervention to boost oral language skills in ten year olds made more difference to reading comprehension than an intervention directly teaching reading comprehension skills[57].

In secondary pupils, a randomised controlled trial of a small-group speaking and listening intervention programme found a significant impact on reading comprehension[58]. And a three-year evaluation of ICAN's Secondary Talk whole school programme, which builds staff confidence in supporting language and communication in young people, found that students made more progress after schools had implemented the initiative, particularly in English[59].

There is also substantial evidence of impact on maths and science attainment of classroom programmes which involve pupils in discussing, arguing constructively and building on one another's ideas in small groups and as a class. Both CASE (Cognitive Acceleration in Science) and CAME (Cognitive Acceleration in Maths) as well as the 'Thinking Together' programme, have shown significant academic gains when compared to comparison groups not taking part[60,61].

The evidence described here demonstrates the benefit of a focus on spoken language skills as a key component of all learning and a key lever for raising attainment for all children and young people. The need to have excellent support for speech, language and communication skills in the educational system is even more crucial for children and young people with SLCN.

The SEND Code of Practice 0-25, arising from the Children and Families Act, 2014, recognises the importance of supporting SLCN as a specific area of SEN. The Code recognises need for joint commissioning across the health and local authority systems to ensure adequate support from a skilled wider workforce supported by specialists.

What can we do?

Working jointly across health and local authorities

Joint commissioning between health commissioners and Local Authorities is key to ensuring that support is in place for children with SLCN and other needs. To achieve 'school readiness' for children who might not otherwise get the necessary support, there needs to be a community based team of professionals working together. This means making sure that, as well as good early years provision, there are the right health professionals in place as part of locality teams including Health Visitors and Speech and Language Therapists. Public Health England have provided important guidance on this for local areas and supported recent work on cost benefit analysis of early language intervention[62].

Joint commissioning of provision to support children and young people through the school years is challenging but there are excellent examples across the country where a strategic approach is working. These include Buckinghamshire, Kent and Peterborough & Cambridgeshire who have carefully analysed the needs of their local population and developed joint specifications for speech and language therapy services and other specialist provision using the Balanced System® model[63]. As part of this work they can calculate what schools might need to commission in addition to the core provision.

Commissioning for those needing Alternative and Augmentative Communication (AAC) is another example of effective practice. There is a recognition that a multi-agency approach is required as well as links between national, regional and local services.

CASE STUDY

Joint commissioning to meet need

- **Kent County Council (KCC) and 7 CCGs have worked together to conduct a needs assessment and develop an integrated specification for supporting children and young people with SLCN in Kent.**
- **KCC has led the process on behalf of the joint commissioners and the strategy is overseen by the Health and Wellbeing Board**
- **The joint inspection framework has been seen as a key driver for the process**
- **Multiple providers of speech and language therapy will work collaboratively to a single joint specification along with specialist teachers and resourced provisions for SLCN**
- **KCC has funded 60 schools (10%) to undertake an accreditation using the same model as the county wide specification so that a core body of schools are working to the same principles as the specialists commissioned through the joint specification**
- **The Balanced System® Scheme for Schools helps schools to identify their gaps in support for SLC and to decide how best to use any extra commissioning to improve outcomes for children and young people**

CASE STUDY

'Augmentative and Alternative Communication' (AAC): an NHS commissioning success story

Some children and young people need hi-tech voice-output communication aids that enable them to 'speak'. Identifying the right type of aid requires specialised assessment. Those closest to these children and young people – at home and at school, at college or in the workplace – will also need training and support to get the best from the aid.

Historically, local disputes about whether education or health should fund the assessment, aids and support blocked provision for many children. This issue was resolved by the Department of Health's decision to include hi-tech AAC in the list of specialised health services which would be commissioned directly by NHS England at regional level in future. New funding was identified for eleven specialised centres across England.

The number of children and young people receiving communication aids and support has tripled since the new arrangements have been in place. Annually, around 700 children and young people are being assessed and supported, with training also provided to local AAC services. What has proved most helpful has been the imagination shown by NHS England in commissioning multi-agency teams that bridge health and education, and which work closely with local staff. The specialised services are held to account not just for the number of face to face contacts or aids provided, but also for the skills they are able to develop in the wider workforce.

Unfortunately, the good practice in these examples is not universal. A recent survey by the Royal College of Speech and Language Therapists suggests that less than half of areas are currently implementing joint commissioning[64]. In some areas, CCGs are interpreting the SEND Code of Practice 0-25 as a driver to refocus commissioning of speech and language therapy on just the most specialist provision or just pre-school children. For those at secondary age who need specific help with speech, language and communication the evidence suggests that only one in ten children with SLCN have access to a speech and language therapist[65]. There are significant risks to workforce development and delivery of targeted support in schools and settings which has become the accepted best practice over the past decade. To be effective, this relies on a strong local speech and language therapy service to provide schools with advice, training and specialist expertise as necessary.

These concerns are supported by a recent survey in which just one in ten head teachers believed that new joint working arrangements between schools and outside services are working well[66]. The Communication Trust conducted a survey of members and supporters which indicated

- ongoing challenges around joint working between health and education services locally
- increases in the threshold for EHC plans
- lack of practitioner skills in effectively supporting children and young people with SLCN
- a weakness in Local Offers in relation to support for children and young people without EHCPs and children under two, and very variable support for specific needs such as hearing impairment or stammering[67]

A recent report commissioned by the Secretary of State for Education raises concerns about the implementation of the SEND reforms against a background of austerity[68].

Despite these issues, the new joint Ofsted/CQC Inspection Framework[69] is a positive development which is providing a key reason for health organisations and local authorities to ensure they work together effectively.

The framework asks three key questions around identification, assessment and impact. Many of the reports emerging from the first inspections have mentioned access to speech and language and other therapy services specifically. What is clear is that the accountability and inspection levers need to be consistently applied to the complex systems supporting children and young people with SLCN.

Working jointly with schools

Another positive development is in schools' commissioning of speech and language therapy support. There is increasing awareness that this can help schools meet their responsibility under the SEND reforms to ensure high quality classroom teaching for children with SLCN. Alongside this there is a real focus on using evidence-based interventions, supported by The Communication Trust's 'What Works' initiative[70]. However, despite excellent examples the national picture remains variable.

CASE STUDY

In Hackney, there has been a 400% increase in the size of the speech and language therapy service in the years between 2003 and 2016 following a review and radical service redesign[71]. The redesigned service is valued because it is easy to access through drop-ins and in-school consultation, works in settings and schools rather than clinics, and is integrated with other services supporting schools. Crucially there is a transparent allocation of core resource to schools and settings and an enhanced offer for schools to commission. Approximately 40% of the service is now funded by school commissions and 98% of schools in Hackney commission enhanced services over and above the core funding from the Local Authority and CCG.

CASE STUDY

Three years ago, The Leys Primary and Nursery School in Hertfordshire became involved in Talk of the Town, a whole-school programme which involves a speech and language therapist in training and coaching school staff. For the first two years, an SLT from the local NHS service spent one day a week in school, funded by the project. Now, the school themselves pay for one day of support per fortnight.

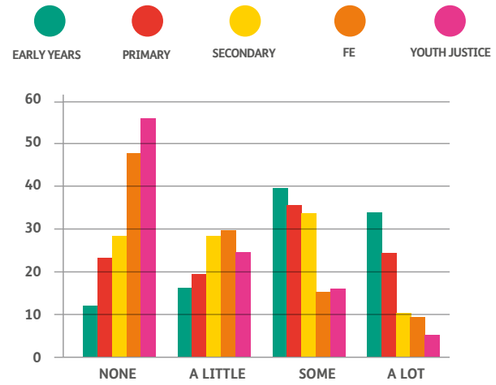
Other schools in the area also pay for SLT time, but what is different at The Leys is the focus on training rather than direct work with children. It is this, the school feel, that has made the most difference, plus having an expert on hand to help staff put ideas from training into practice. The impact has been noticeable, with results on national literacy and maths assessments generally at or above national averages despite considerable levels of deprivation.

The Leys' advice for other schools thinking of commissioning SLT time is simple - they should focus on training, have in place a clear senior language lead in the school to support change, and build in systems to ensure sustainability. In the case of The Leys, this has meant building key elements of Talk of the Town training into induction programmes for new staff, refreshing ideas regularly, continuing to identify a senior leader as language lead, and employing a teaching assistant with specialist skills in speech and language.

Working on training and development

Workforce development is key to quality. Findings from The Communication Trust's workforce development survey highlight the need for both consistent initial training and ongoing continued professional The Communication Trust workforce development survey highlights the need for both consistent initial training and ongoing professional development around speech, language and development around speech, language and communication skills generally and SLCN specifically[72]. Figure 9, below shows this need clearly; the disparity in the current workforce development picture across the age range is particularly striking.

FIGURE 9: OVERVIEW OF SLCN CPD ACROSS THE SECTORS



Respondents across the age range cited lack of budget, lack of relevant opportunities and lack of staff capacity as barriers to professional development. There is a clear mismatch here between take-up of professional development and the number of high-quality training programmes available nationally, many of them in the formats preferred by those surveyed – face to face day training, formal accredited training that leads to a qualification, and mentoring/coaching/observation opportunities with specialist colleagues.

CASE STUDY

Communication Champions

In Blackpool, every early years setting identifies at least one practitioner to take on the role of Communication Champion. They support colleagues in developing skills, ensure that their setting helps parents understand how best to help their child's language development, and ensure that children with SLC are identified early. The champions are trained by SLTs from a social enterprise commissioned by the local authority and meet regularly in cluster networks. Communication Champions can work towards a Level 3 or Level 4 accreditation of their own skills, and support their setting towards ICAN's Early Talk Accreditation.

The Champions model has been developing over a period of five years, and during this time Blackpool has succeeded in narrowing the gap between its Early Years Foundation Stage Profile results in communication and language and those of less disadvantaged areas, so that now results are almost at the national average.

A similar initiative is now operating in primary schools in Hammersmith and Fulham, where the Council have been working with the local NHS Trust to improve children's communication skills in 13 primary schools. Each of the schools taking part chose a member of staff to be Communication Leader and another to be a Communication Champion. This ensured that speech and language would be at the centre of the school's work and part of its school development plan. The Communication Champion received intensive training on a ten-week accredited course delivered by speech and language therapists, so that they can help children directly and train staff to do the same. The therapists followed up the training with a series of mentoring sessions at the schools, to help staff create an environment where all children can improve their communication skills.

Such programmes have been shown to have substantial impact. The evaluation of the DfE-funded Early Language Development Programme (ELDP) found that children made significant gains on standardised language measures where staff had received ELDP training within only a short time-period of approximately eight weeks[73].

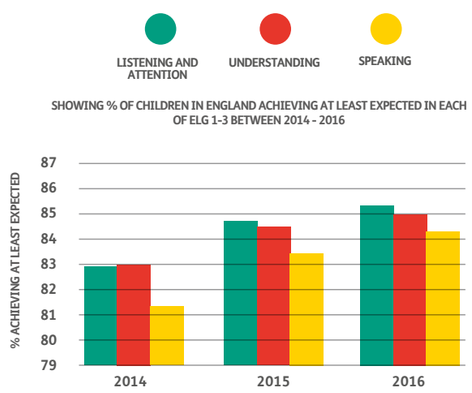
Particularly effective are forms of training where a member of staff in a setting or school acts as a resource and coach for others[74].

What are the outcomes?

Training and provision are only successful if they improve outcomes for children and young people. We have analysed the available data on some of these outcomes: first development in the early years, then attainment and progress at school. These are of course not the only measures of impact of national and local provision for children with SLCN but they do provide a tangible set of data at a population level. In many cases data on other important outcomes such as mental health, wellbeing and independence are simply not available.

In the **early years** (at the end of the Foundation Stage, when children are five) the proportion of all children achieving at least the expected standard in communication and language has risen over the last three years. However, this positive trend masks the evidence earlier in this report of much lower proportions of children reaching this level in disadvantaged areas.

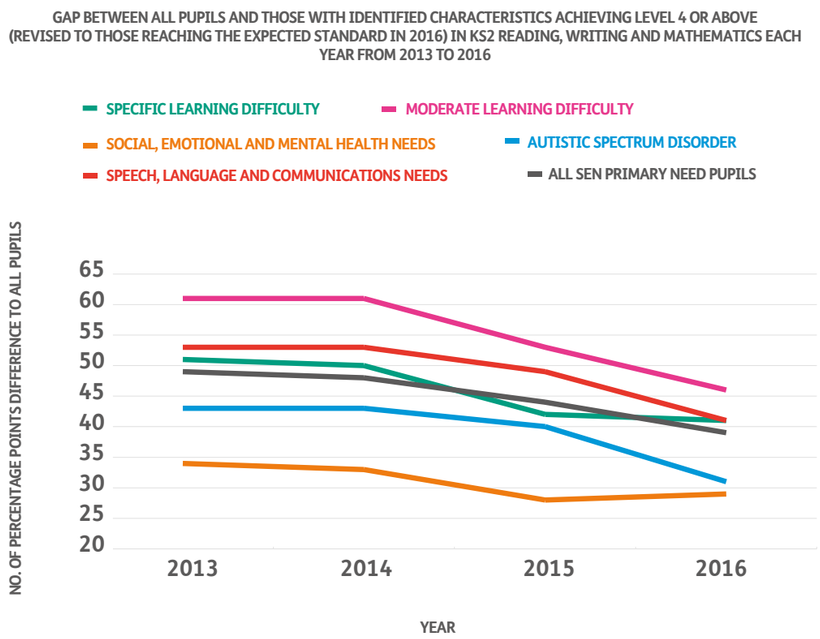
FIGURE 10: EARLY YEARS FOUNDATION STAGE PROFILE 2014 - 2016



When we look at **primary school attainment** and specifically at children with identified SLCN in the SEND system, we see figures that give cause for concern. In 2016 just 12% of pupils with SLCN as their main need achieved at least the expected standard in Reading, Writing and Mathematics at the end of their primary school years, compared to 53% of all pupils, a gap of 41 points. The 2016 attainment gap between children with SLCN and all children is largest for Writing (49%) and smallest for Maths (38%). On a more positive note, the overall gap has narrowed over the four years between 2013 and 2016, and narrowed more noticeably for this group of children than for children with special needs in general.

FIGURE 11: KS2 DATA 2013 - 2016[1]

[1] from Table 9a called 'Levels of attainment at KS2 by pupil characteristic in SFR47/2015: National Curriculum assessments at KS2 2015 (final) and Table N8 called ' Attainment of pupils at the end of key stage 2 by pupil characteristics Year: 2016 (revised)



Primary school progress data, on the percentage of children making nationally expected progress between the ages of seven and 11, show that children with SLCN fare poorly. Both the 2015 and 2016 cohorts of 11 year olds started Key Stage 2 at a lower point than their peers without SEN in a combined measure of Reading, Writing and Maths. They then made less progress than these other children in the next four years, so falling further behind.

Reading presents a particular concern. The gap between the progress of those with SLCN in Reading and the progress of all pupils is larger than for children with SEN in general. In the 2015 cohort only children with autistic spectrum disorder and physical impairment made poorer progress.

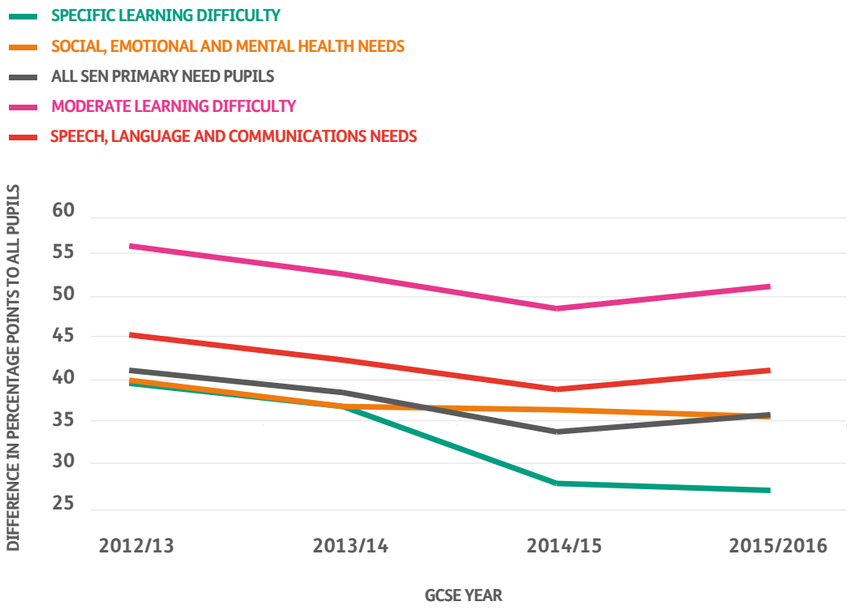
In the 2016 cohort children with SLCN made poorer progress in Reading than children with all other types of SEN. This pattern is not mirrored in Writing or Maths. The poor progress may suggest that children with SLCN are not getting anywhere near the help they need with reading in Key Stage 2, that there are particular issues for them in accessing the reading test at 11, or both.

The chances of children with SLCN catching up with their peers academically do not increase as they get older. In **secondary school attainment** 19.8% of pupils with SLCN achieved five or more GCSE grades A*-C including English and mathematics in 2016, compared to 63% of all pupils, a gap of 43.2 points. The SLCN gap is larger than that for all pupils with SEN. It narrowed a little over the three years to 2015, but widened again in 2016 (see figure 12 below).

FIGURE 12: GCSE ANALYSIS 2013 - 2016[2]

[2] from Table CH1 from SFR03/2017 GCSE and equivalent entries and achievement of pupils at the end of KS4 by pupil characteristics found at https://www.gov.uk/government/statistics/revised-gcse-and-equivalent-results-in-england-2015-to-2016

DIFFERENCE IN PERCENTAGE POINTS BETWEEN STUDENTS WITH DIFFERENT PUPIL CHARACTERISTICS AND ALL PUPILS ACHIEVING FIVE OR MORE GCSE GRADES A* - C INCLUDING ENGLISH AND MATHS



In 2015, the percentage of secondary pupils with SLCN making the expected **progress** in English between the ages of 11 and 16 was slightly higher than the average for all pupils with SEN (although lower than that for pupils with sensory or physical impairment or specific learning difficulties). Maths was more of an issue for pupils with SLCN; the percentage making the expected progress was a little lower than the average for pupils with SEN as a whole (see figure 13 below).

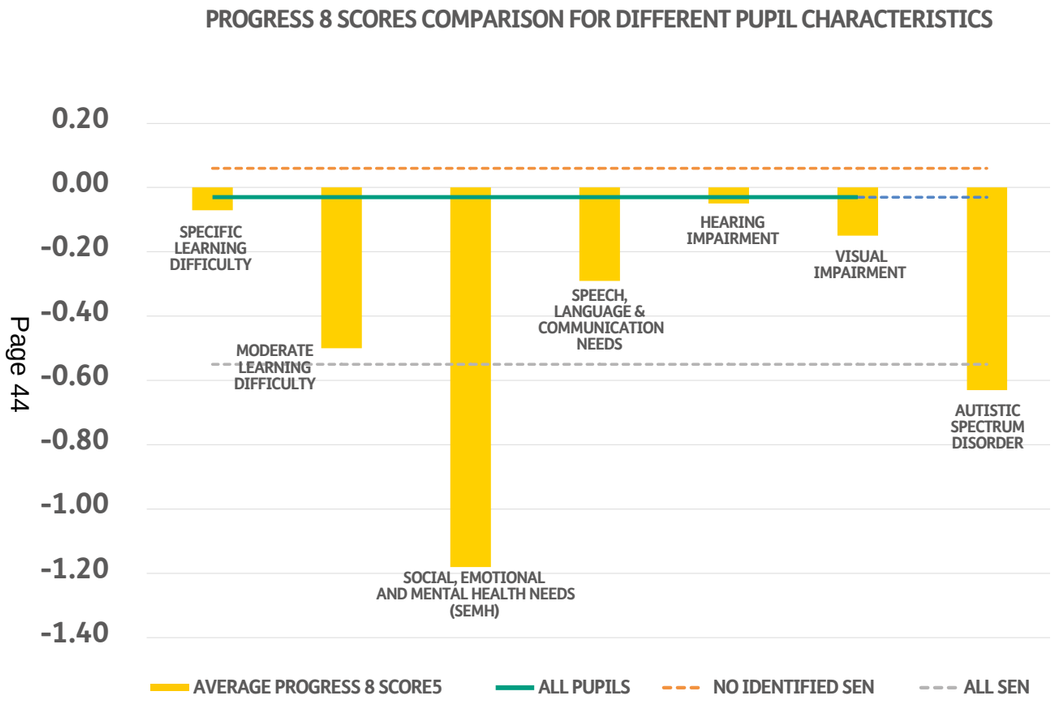
FIGURE 13: COMPARISON OF EXPECTED PROGRESS IN ENGLISH AND MATHEMATICS BY PUPIL CHARACTERISTIC[3]

[3] Graph Reference: from Table CH1from SFR01/2016 GCSE and equivalent entries and achievement of pupils at the end of KS4 by pupil characteristics 'found at https://www.gov.uk/government/statistics/revised-gcse-and-equivalent-results-in-england-2014-to-2015

COMPARISON OF EXPECTED PROGRESS FOR SECONDARY CHILDREN IN ENGLISH AND MATHEMATICS BY PUPIL CHARACTERISTICS

In 2016, using the new 'Progress 8' measure which looks at progress across a range of school subjects during the secondary school years, pupils with SLCN are again doing somewhat better than the average for all pupils with SEN. They do less well, however, than pupils with sensory impairments or specific learning difficulties and very much less well than pupils with no special educational needs. As the graph below shows, pupils with social, emotional and mental health needs make particularly poor progress between the ages of 11 and 16. In the light of evidence presented elsewhere in this report, it may well be that some of these pupils, and many of those with moderate learning difficulties, have 'hidden' SLCN.

FIGURE 14: PROGRESS 8 SCORES FOR DIFFERENT PUPIL CHARACTERISTICS



What needs to happen?

In order to ensure a more consistent improvement in school readiness, attainment and progress in school

- Government should include mandatory input on developing all children and young people's speech, language and communication skills in initial teacher training requirements
- Government should ask Ofsted to re-instate the teaching of communication skills in its framework for inspection
- In its continued evaluation of the implementation of the SEND reforms, government should monitor the extent to which local offers include a clear description of the provision schools should make for SLCN from their delegated budgets
- Government should reinforce the expectation on Clinical Commissioning Groups to jointly commission provision for children and young people with SLCN across the age range
- Local Area inspections should specifically seek evidence of effective joint commissioning arrangements for therapy services including speech and language therapy
- Schools should use the opportunities for collaboration presented by new structures (such as multi-academy trusts) to develop consistent work on SLC across groups of schools and across the age range, and to commission enhanced services to meet their children's needs at universal and targeted levels.

Beyond school:

further education and employment

88% of employers rank spoken communication as the top entry level skill they need in the workforce, but only 27% of teachers see it as contributing a great deal to pupils' employability[75,76].

HELPING

- **Ofsted inspection framework for further education and skills makes some reference to communication skills**
- **SEND reforms emphasise transition to adulthood**

HINDERING

- **SLC is not built into functional skills qualification & communication skills not a focus in FE**
- **Lack of funding for post-school provision**
- **SLTs rarely commissioned for 18-25 year olds**
- **Lack of clarity regarding best commissioning options OR most suitable provision**

Children who have poor vocabulary in their early years have lower qualifications and **LESS CHANCE OF BEING IN EMPLOYMENT AT AGE 34[77].** A study of unemployed young men found that 88% of the sample had some level of language difficulty[78].

A 2015 British Chambers of Commerce Business and Education Survey found that communication was the top entry-level skill required by employers[79]. **GOOD COMMUNICATION SKILLS WERE RATED AS THE MOST VALUED (88%)** compared with literacy (69%), numeracy (64%), computer skills (56%) and teamwork (53%).

The 2016 CBI/Pearson Education and Skills survey found that around **HALF OF BUSINESSES WERE NOT SATISFIED WITH SCHOOL LEAVERS' SKILLS IN COMMUNICATION**. Even for graduates, 23% of employers reported dissatisfaction with communication skills, compared to 14% for literacy and 9% for numeracy[80]

'Businesses see it as a priority for schools to help pupils develop the effective communication skills that are so essential in personal and working life.'

2016, CBI/PEARSON

Teachers, and young people themselves, are not always aware of what employers need. Recent polling found that only just over a quarter of teachers see spoken language skills as contributing 'a great deal' to pupils' employability. In another survey, only one in five of 18-24 year olds saw lack of communication skills as a barrier to employment[81].

A recent small-scale survey by I CAN of 40 employers identified specific communication skills that were valued – including employees being able to check when confused, and alter their style of talking for different audiences. Over two thirds of employers surveyed reported not getting these skills in their recruits[82].

FIGURE 15: SKILLS FOR WORK, SKILLS FOR LIFE, ICAN TALK 8

SOFT SKILLS EMPLOYERS WANT	UNDERPINNED BY EFFECTIVE COMMUNICATION SKILLS WHICH HELP YOU TO...
Being a team player	Listen effectively to the views of others; express opinions; initiate and maintain relationships
Accepting responsibility	Give and receive criticism constructively; reflect on how you will approach a task
Resolving conflict	Change the style of how you talk so that you diffuse rather than inflame a situation
Influencing	Use persuasive language; for example if you want someone to buy what you're selling or change their behaviour
Working independently	Recognise when you don't understand and ask for clarification
Creativity	Explain a new idea to a manager or colleague

All this adds up to a strong case for prioritising support for communication skills in post-school education and training, and for good support for learners with SLCN as they make the transition from school to adult life and work.

Working with commissioners

Commissioning of provision for the 19-25 age range with SEND and for support in Further Education is particularly challenging. There is a funding issue in that commissioners are not able to identify additional resource to meet their new responsibilities resulting from the SEND reforms. In local authorities SEND budgets are under pressure and in Clinical Commissioning Groups these young adults often represent new demand as their needs are not currently being met. Perhaps more concerning is the lack of a clear way forward in terms of the support that is needed. Expertise with this group does not sit readily in either an extension of children and young people's services or in adult services. Meanwhile there are increasing numbers of young adults becoming eligible for provision that is lacking.

The Royal College of Speech and Language Therapists survey of members about the implementation of the SEND reforms reported significant issues with the commissioning of provision for the extended age range, with 43% reporting no commissioned service at all. The RCSLT report makes a number of recommendations in this respect, including the need to provide clarity regarding which local agencies are responsible for the commissioning of provision for the 19-25 year range and calling for the Ofsted and CQC joint area inspections to specifically consider this issue[83].

Working with further education (FE)

Evidence suggests that support for speech, language and communication in FE colleges is limited. Teachers in FE are more likely than colleagues in primary and secondary schools to say that supporting spoken language through general strategies such as scaffolding, modelling, setting expectations, and giving feedback on what pupils say is 'not applicable' to them. Training in SLC is rare for FE staff, with over three quarters of staff reporting that they have had little or no post-qualification training for SLC and two thirds little or none for SLCN[84].

These factors considered alongside the lack of specialist support available in local areas to train and advise on enhancements to the learning environment, and support individual students, means that the opportunities for a young person with SLCN in FE to meet their potential and prepare for employment are limited.

Nevertheless, there are examples of individual FE colleges that are being pro-active in developing provision for language and communication in general, and for students with SLCN in particular as illustrated in the case study on page 48.

Working with Youth Offending

The high prevalence of SLCN amongst young offenders first identified ten years ago has led to a gradual recognition of the importance and value of ensuring that speech, language and communication skills are both identified and supported through the work of youth offending teams and in secure provisions. Resources have been developed by The Communication Trust[85] and the RCSLT[86] to help those working within Youth Offending teams to better understand and identify those young people with SLCN.

However, despite examples of excellent practice to identify and support young people with SLCN within the Youth Justice system, illustrated in the case study on page 49 and work elsewhere in the country such as Leeds and North Yorkshire, there is no evidence of a systematic approach to the commissioning and provision of SLCN support within this sector.

FE staff are more likely to report that 'My setting has not provided or arranged any training for me on oracy in the last 3 years' than staff in other phases of education.

MILLARD & MENZIES, 2016

CASE STUDY

Case study: Kent
Support for SLCN embedded in College of Further Education

The multi-campus college directly employs a speech and language therapist to work as part of the wider staff team. The SLT works across the whole system developing infrastructure and providing training as well as supporting young people.

Young person support:

- Tutors complete a screen of skills
- Young people often have to present their own needs and seek support which can be challenging for pupils with unidentified SLCN
- Young people with identified SLCN on EHC plan can contact SLT and seek support and strategies with learning

Environment:

- Courses are often practical and have a very functional learning environment
- Increasing amount of visual support including smart boards/lap tops
- Audio recording for student to recap
- Moodle – online learning platform to support tutor led learning
- Observe communication environment and make enhancement recommendations

Workforce:

- Completing a training matrix of skills and needs
- Have provided a range of twilight session on SLCN strategies however uptake has been variable as staff work a range of times and may not be aware of the need for SLCN strategies

Identification:

- Tutors complete initial screen for all Young people and refer to SLT if required
- SLT completes functional or formal assessment according to previous info and need

Intervention:

- 1:1 and group interventions such as communication skills groups co-delivered with learning support staff as part of skills development
- In class support work to observe, identify strategies and feedback to staff about what works well
- Jointly run tutor sessions
- Joint planning and development of visual resources to support social skills/social language for example using social stories and 5 point scales.

Things that would make most difference in relation to SLCN

- Better provision in secondary schools ensuring better transition
- Joining up specialist provision with FE so that there is more effective communication and pathways for the young people
- Understanding of the need for universal level provision including having a strategic view of the young people's needs and journey through FE from start to finish

CASE STUDY

Hackney Youth Offending Team (YOT)
SLTs work as part of YOT based in same office and provide support to various teams within YOT, including prevention and diversion team, court team, gangs unit Effective elements of support include.

- Collaborative approach working across universal, targeted and specialist provision so that YOT staff talk about impact of SLT support on communication with young person. This also results in young person seeing SLT as part of the package of support rather than as an add-on
- The recognition for SLT as part of the YOT resulting in amount of time commissioned. This enables direct work with YP as well as time to follow up with key staff across young poeple and educational settings
- Being part of the wider SLT service so that there is excellent transfer of information between YOT and education SLTs to ensure young people have continued support across services.

Young person support:

- Case workers complete a screen
- Young people can identify their own communication needs and receive support for a range of skills including preparing for YOT sessions

Environment:

- Dictionaries with key vocabulary for interviews to help staff and young people understand what has been said
- Tools and strategies for checking understanding during a YOT sessions/ conversation
- Visuals to support approaches for example restorative justice pathway

Workforce:

- Rolling program of training including identifying and supporting SLCN available to YOT staff and wider children and young people service
- Autism in young people in YOT training
- Restorative justice approach supported using visuals (comic strip conversations)
- Individual case-led support for staff

Identification:

- Caseworker completes initial screen and refers to SLT if required
- SLT completes assessment and feeds back to key people in YOT and education setting where relevant. SLT shares SLCN and makes recommendations for wider workforce to support young people's communication skills in context
- Young people can identify their own communication skills and needs

Intervention:

- Communication strategies to support young people in interview situations
- Communication strategies based upon young people's self-assessment
- Restorative justice approach using comic strip conversations
- Weapons awareness programme using SLCN -friendly principles
- Strategies used by caseworkers according to young people's SLCN
- Written strategies/programs to promote wider use of communication support strategies
- Individualised interventions provided by SLT where required

Working with employers

We began this section with the reality that good communication skills are vital for employment. For the majority of young people with speech, language and communication needs, good support starting from the early years and continuing through school and further education will allow them to develop these skills and enter the workforce. Employers are being encouraged to facilitate access to the workplace through apprenticeship schemes and the requirement to make reasonable adaptations for people with disabilities. Young people with SLCN as part of an SEND are able to apply for Access to Work funding to use for adaptations or support that is needed to make a workplace viable for them. And yet even for graduates with communication difficulties, only 30% were found to be in full time employment six months after graduation compared with 58% of non-disabled graduates[87,88].

What needs to happen

In order to improve employability and support for students with SLCN

- Government should ensure that curriculum and accountability frameworks focus on oracy in secondary schools and FE to ensure functional skills preparation for employment
- Government should fund a programme to develop universal resources focused on the 16+ context
- Local areas should specifically and jointly commissioning for the 19-25 age range for those with SEND including SLCN
- Speech and language therapy services should actively take up opportunities to provide enhanced services to settings, schools and FE colleges, Youth Offending Teams and to support those with SLCN using Access to Work funding to enter the workplace

Conclusion:

This report talks about a generation of children and young people who are growing up in a world where good speech, language and communication skills are increasingly vital for life. We have reviewed the policy landscape that affects them and identified key enabling or hindering factors. We have analysed and presented data showing where there has been significant progress and improvement, sometimes against expectation. Yet there continue to be significant numbers of children and young people with SLCN whose needs are not identified in time, who do not have access to the support they need, and whose future life chances are consequently placed at risk.

These young people need prompt, concerted action from national and local government, and from schools, colleges and employers, if they are to have the opportunities they deserve. This report has made recommendations for such action. The case for change is clear - we cannot afford to let down another generation.

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We should also like to thank the services, schools and settings that have provided the case studies. These illustrate that it is possible to plan and deliver effective services for children and young people needing to develop their speech, language and communication.

References

[1] Lee, W., 2013. A Generation Adrift: the case for speech, language and communication to take a central role in Schools' policy and practice, London: The Communication Trust

[2] Bishop et al (2016) CATALISE: A Multinational and Multidisciplinary Delphi Consensus Study. Identifying Language Impairments in Children http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0158753

[3] Burns, M (2016) Skills for work: skills for life (2nd edition) ICAN

[4] Davidson, C.N. (2012) "Now you see it: How brain science and technology will transform schools and businesses in the 21st Century" Penguin

[5] The Key (2016) The State of Education http://www.joomag.com/magazine/state-of-education-survey-report-2016/0604114001462451154?short&utm_source=The%20Key%20Support%20Services%20Ltd&utm_medium=email&utm_campaign=1264242_Partnerships_CB_060516_SOE_1&utm_content=State_of_Education&dm_i=2EL2,R3HU,627WBR,1V3QN,1theKey%20survey%202016UK

[6] Save the Children (2015) http://www.savethechildren.org.uk/2015-11/teachers-poll-children-start-school-strugglingspeak-full-sentences

[7] Duff FJ, Reen G, Plunkett K, Nation K (2015) Do infant vocabulary skills predict school-age language and literacy outcomes? J Child Psychol Psychiatry; 56(8):848-56. doi: 10.1111/jcpp.12378. Epub 2015 Jan 4.

[8] Save the Children (2016) Early Language development and children's primary school attainment in English and maths: new research findings. London: Save the Children

[9] Law, J. et al (2010) Modelling developmental language difficulties from school entry into adulthood. Journal of speech, language and hearing research, 52, 1401-1416

[10] Law, J (2013) Early Language Delays in the UK. London: Save The Children

[11] Duff FJ, Reen G, Plunkett K, Nation K (2015) Do infant vocabulary skills predict school-age language and literacy outcomes? J Child Psychol Psychiatry; 56(8):848-56. doi: 10.1111/jcpp.12378. Epub 2015 Jan 4.

[12] Read On. Get On: (2014). How reading can help children escape poverty London: Save the Children

[13] Moss, G and Washbrook, E (2016) The Gender Gap in Language and literacy Development. Bristol: Uni of Bristol

[14] Save the Children (2016) Early Language development and children's primary school attainment in English and maths:new research findings. London: Save the Children

[15] Law, J. et al (2010) Modelling developmental language difficulties from school entry into adulthood. Journal of speech, language and hearing research, 52, 1401-1416

[16] Menting B., van Lier P.A., Koot H.M. (2011) Language skills, Peer rejection, and the Development of Externalizing behavior from Kindergarten to fourth Grade. J Child Psychol Psychiatry. 2011 Jan;52(1):72-9. Doi: 10.1111/j.1469-7610.2010.02279 .x. Epub 2010 AUG 13.

[17] Law, J., McBean, K. and Rush, R. (2011), Communication skills in a population of primary school-aged children raised in an area of pronounced social disadvantage. International Journal of Language & Communication Disorders, 46: 657–664.doi:10.1111/j.1460-6984.2011.00036.x

[18] Norbury, C. F., Gooch, D., Wray, C., Baird, G., Charman, T., Simonoff, E., Vamvakas, G. and Pickles, A. (2016), The impact of nonverbal ability on prevalence and clinical presentation of language disorder: evidence from a population study. J Child Psychol Psychiatr, 57: 1247–1257. doi:10.1111/jcpp.12573

[19] Gascoigne, M. (2016) Analysis of SLT service caseloads Unpublished report. Better Communication CIC

[20] http://www.scalestudy.co.uk

[21] Norbury, C. F., Gooch, D., Wray, C., Baird, G., Charman, T., Simonoff, E., Vamvakas, G. and Pickles, A. (2016), The impact of nonverbal ability on prevalence and clinical presentation of language disorder: evidence from a population study. J Child Psychol Psychiatr, 57: 1247–1257. doi:10.1111/jcpp.12573

[22] Law, J., McBean, K. and Rush, R. (2011), Communication skills in a population of primary school-aged children raised in an area of pronounced social disadvantage. International Journal of Language & Communication Disorders, 46: 657–664.doi:10.1111/j.1460-6984.2011.00036.x

[23] Ainscow et al (2012) An Evaluation of The Communication Trust's 'Talk of the Town' Project. Centre for Equity in Education, University of Manchester

[24] Ainscow et al (2012) An Evaluation of The Communication Trust's 'Talk of the Town' Project. Centre for Equity in Education, University of Manchester

[25] Gascoigne, M. (2016) Analysis of SLT service caseloads Unpublished report. Better Communication CIC

[26] Meschi, E., Mickelwright, J., Vignoles, A., & Lindsay, G. (2012). The transition between categories of special educational needs of pupils with speech, language and communication needs (SLCN) and autism spectrum disorder (ASD) as they progress through the education system. London: DfE

[27] Cohen, N., Barwick, M., Horodezky, N., Vallance, D. & Im, N. (1998). Language achievement, and cognitive processing in psychiatrically disturbed children with previously unidentified and unsuspected language impairments. Journal of Child Psychology and Psychiatry, 39, 865–877

[28] Yew, S. G. K. and O'Kearney, R. (2013), Emotional and behavioural outcomes later in childhood and adolescence for children with specific language impairments: meta-analyses of controlled prospective studies. Journal of Child Psychology and Psychiatry, 54: 516–524. doi:10.1111/jcpp.12009

[29] Bryan, K., Garvani, G., Gregory, J., and Kilner, K. (2015). Language difficulties and criminal justice: the need for early identification. Int. J. Lang. Commun. Disord. 50, 763–775. doi:10.1111/1460-6984.12183

[30] http://www.chimat.org.uk/transfer#3

[31] The Communication Trust (2017) Professional Development in Speech, Language and Communication: Findings from a national survey. The Communication Trust, London.

[32] https://www.slcframework.org.uk

[33] https://www.thecommunicationtrust.org.uk/resources/resources/resources-for-practitioners/

[34] Read On. Get On: (2014). How reading can help children escape poverty London: Save the Children

[35] Read On. Get On. (2015) Ready to read: Closing the gap in early language skills so that every child in England can read well. London: Save the Children

[36] Dockrell, J., Ricketts,J. & Lindsay, G. (2012) Understanding speech, language and communication needs: Profiles of need and provision BCRP 4 https://www.gov.uk/government/publications/understanding-speech-language-and-communicationneeds-profiles-of-need-and-provision

[37] Waldfogel, J. and Washbrook, E. (2010) Low income and early cognitive development in the U.K. London: Sutton Trust

[38] Waldfogel, J. and Washbrook, E. (2012) Achievement gaps in childhood: A cross-national perspective. Paper prepared for the Sutton Trust/Carnegie Corporation Summit on Social Mobility, London, May 2012

[39] Read On. Get On: (2014). How reading can help children escape poverty London: Save the Children

[40] Law, J (2013) Early Language Delays in the UK .London: Save the Children

[41] Read On. Get On: (2014). How reading can help children escape poverty London: Save the Children

[42] The Magic of Words: Teaching Vocabulary in the Early Childhood Classroom. Neuman, Susan B.; Wright, Tanya S.American Educator, v38 n2 p4-13 Sum 2014

[43] Millard, W. and Menzies, L. (2016) The State of Speaking in Our Schools London : LKMco and Voice 21

[44] Rousltone, S., Law, J., Rush,R., Clegg, J. and Peters, T. (2011) Investigating the role of language in children's early educational outcomes DfE Research Report 134

[45] Bradshaw, P., King, T; Knudsen, L., Law, J., & Sharp, C. (2016) Language Development And Enjoyment Of Reading: Impacts Of Early Parent-Child Activities In Two Growing Up In Scotland Cohorts

[46] Smith, R. et al (2009) Early Education Pilot for Two Year Old Children Evaluation. Research Report DCSF-RR134. London: DfE0

[47] Pring T, Lee W (2016) Supporting language in schools: Evaluating an intervention for children with delayed language in the early school years. Child Language Teaching and Therapy, 32 no. 2: 135-146

[48] https://www.bettercommunication.org.uk/support-for-commissioners/commissioning-guide/

[49] https://www.thecommunicationtrust.org.uk/resources/resources/resources-for-practitioners/joint-commissioningreport/

[50] https://www.thecommunicationtrust.org.uk/resources/resources/resources-for-practitioners/schools-commissioningguidance/

[51] Law, J. Charlton, J., Dockrell, J., Gascoigne, M., Mckean, C. and Theakston, A. (2017) Early Language Development: Needs, provision and intervention for preschool children from socio-economically disadvantage backgrounds. London: Education Endowment Foundation

[52] Rousltone, S., Law, J., Rush,R., Clegg, J. and Peters, T. (2011) Investigating the role of language in children's early educational outcomes DfE Research Report 134

[53] Moss, G and Washbrook, E (2016) The Gender Gap in Language and literacy Development. Bristol: Uni of Bristol

[54] Spencer, S., Clegg, J., Stackhouse, J. and Robert Rush, R. (2016) Contribution of spoken language and socio-economic background to adolescents' educational achievement at age 16 years INT J LANG COMMUN DISORD, in press.

[55] https://educationendowmentfoundation.org.uk/resources/teaching-learning-toolkit/oral-language-interventions/

[56] Fricke, S., Bowyer-Crane, C., Haley, A. J., Hulme, C. and Snowling, M. J. (2013), Efficacy of language intervention in the early years. Journal of Child Psychology and Psychiatry, 54: 280–290. doi:10.1111/jcpp.12010

[57] Clarke, Paula J., et al. (2013) Developing reading comprehension. London: John Wiley & Sons

[58] Styles, B. and Bradshaw, S. (2015) Talk for Literacy Evaluation Report and Executive Summary. London: Education Endowment Foundation

[59] ICAN in association with the University of Sheffield ( ) I CAN Secondary Talk An evaluation over three years

[60] Adey, P. and Shayer, M (2015) The Effects of Cognitive Acceleration–and speculation about causes of these effects. London: Kings College https://www.letsthinkinenglish.org/evidence-of-success/

[61] Littleton, K. and Mercer, N. (2013). Interthinking: Putting talk to work. Abingdon: Routledge.

[62] https://www.gov.uk/government/publications/health-matters-giving-every-child-the-best-start-in-life/health-mattersgiving-every-child-the-best-start-in-life

[63] www.thebalancedsystem.org

[64] RCSLT (2017) The SEND reforms in England: Supporting children and young people with speech, language and communication needs. RCSLT London https://www.rcslt.org/governments/docs/send_report_jan_2017

[65] https://www.bettercommunication.org.uk/BCRP/DFE-RR247-BCRP4.pdf

[66] http://www.bbc.co.uk/news/education-36425290

[67] The Communication Trust (2017) Professional Development in Speech, Language and Communication: Findings from a national survey. The Communication Trust, London.

[68] Scott, L. (2016) SEND: The schools and colleges experience : a report to the Secretary of State for Education. London: DfE

[69] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/544747/Joint_targeted_area_inspections_inspection_framework_and_guidance.pdf

[70] http://www.thecommunicationtrust.org.uk/whatworks

[71] Law, J., Gascoigne, M.T. and Garrett, Z. Provision for children and young people with SLCN in Hackney. Unpublished report

[72] The Communication Trust (2017) Professional Development in Speech, Language and Communication: Findings from a national survey. The Communication Trust, London

[73] Clegg, J. Vance and Rohde (2015) ELDP Short Report, University of Sheffield

[74] Kidd. L., & Rowland, C. F. (in submission). Training in language and communicative development is effective in teaching practitioners how to boost children's language development in early years settings.

[75] British Chambers of Commerce, 2015

[76] Millard, W. and Menzies, L. (2016) The State of Speaking in Our Schools London : LKMco and Voice 21

[77] Feinstein, L. & Duckworth, K. (2006) Development in the Early Years: Its importance for school performance and adult outcomes. Wider benefits of learning research report No. 20. Centre for Research on the Wider Benefits of Learning

[78] Elliott, N. (2009) An exploration of the communication skills of unemployed young men. Presentation at Royal College of Speech and Language Therapists Cardiff conference 'Locked in and locked out - communication is the key'.

[79] British Chambers of Commerce, 2015

[80] http://www.cbi.org.uk/cbi-prod/assets/File/pdf/cbi-education-and-skills-survey2016.pdf

[81] Reed in Partnership (2010), Learning from Experience? Young People and Unemployment cited in ICAN (2016) Skills for life, Skills for Work 2nd

[82] Burns, M (2016) Skills for work: skills for life (2nd edition) ICAN

[83] RCSLT (2017) The SEND reforms in England: Supporting children and young people with speech, language and communication needs. RCSLT London https://www.rcslt.org/governments/docs/send_report_jan_2017

[84] Millard, w. and Menzies, L. (2016) The State of Speaking in Our Schools London : LKMco and Voice 21

[85] http://www.thecommunicationtrust.org.uk/resources/resources/resources-for-practitioners/sentence-trouble/

[86] http://www.theboxtraining.com

[87] Supporting disabled students' transitions from higher education into employment: what works? Equality Challenge Unit, 2014

[88] http://www.businessdisabilityforum.org.uk/media_manager/public/261/Through%20Learning%20to%20Earning%20Final%20Report%20130516.pdf

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IDENTIFICATION AND INTERVENTION FOR SPEECH, LANGUAGE AND COMMUNICATION IN THE EARLY YEARS:

A summary for the Early Outcomes Fund project in Leicester, Derby & Nottingham cities

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March, 2020

1. EXECUTIVE SUMMARY

This report was commissioned as part of the early outcome fund project across Leicester, Derby and Nottingham cities.

During the course of the project which ran from April 2019 to June 2020, the unprecedented COVID-19 pandemic caused significant and long lasting disruption and change to every aspect of life in the UK and around the world.

The impact for children and young people in general and those vulnerable or presenting with speech, language and communication needs in particular will continue to emerge long after the conclusion of the project.

The information presented in this report necessarily describes identification methodologies and interventions that are likely to need to be adapted in their delivery for some time to come and some which may never be entirely appropriate in the future. However, the **outcomes focus** throughout the evaluation provides a mechanism for reviewing the information drawn from past research in the future context.

The outcomes of needing to be able to identify those communities where children may be at higher risk of SLCN, those with transient and those with persistent SLCN remain appropriate as are the outcomes around enabling all those in children's lives, parents and carers, the wider workforce, as well as specialists, to provide intervention that is functional and in most appropriate, (and realistic) context to effect change.

None of the reported research in this paper will have been carried out within the constraints of social distancing, home learning and school and setting closures. Whilst these are not permanent conditions, a time frame of six months or a year in the life of a pre-schooler is a significant window. Therefore, the strategic decisions made by the three cities in terms of identification and interventions need to keep the outcomes which stand the test of time and circumstance at the centre and build the resilience in the system to take account of immediate and longer term context.

Identification recommendations within Leicester, Derby and Nottingham Cities

The best information available at the time of writing suggests that the Early Language Identification Measure (ELIM) due to be published late 2020 will provide a useful addition to the ASQ3 currently used by Health Visitors as part of the national surveillance programme for two-year olds.

However, Public Health England have stated that the ELIM will not be mandatory and therefore Local Authority and Health Partners in each area will be free to choose whether to adopt the ELIM, introduce another identification measure for SLCN or continue with their current arrangements. Prof Law has indicated that interventions to follow on from the ELIM are also being developed but it is not clear whether these would be universal advice and strategies for families or more targeted interventions delivered by the early years workforce in some way.

There has also been mention of the possibility of the ELIM being used as the basis of the integrated early years review which would make it more central to the processes around identification in Local Authorities but as yet there is no clear guidance on this matter.

The Annex to this paper which presents links to a wide set of identification tools that have been evaluated in the UK and beyond, provides a comprehensive set from which to draw. Table 1, above, provides a 'short-list' summary of those most commonly used that all have merits. Additionally, there will be the new ELIM at some point during 2020.

The key conclusion is that in the absence of a mandatory set of processes beyond the ASQ3, each Local Authority will need to decide with partners what is going to best meet the needs of the population.

This EOF project has used the Balanced System® as a common strategic framework and therefore meeting Identification Strand **Outcomes** at universal, targeted and specialist levels may help in framing the **identification strategy** for the three cities as opposed to seeking a particular screening, identification or assessment **input.**

The following may prove useful in this process:

1. Ensuring basic knowledge for all practitioners around early speech, language and communication expected levels and milestones

2. Ensuring basic knowledge among all practitioners around the key risk factors for a child in the early years in respect of SLCN

3. Taking an outcomes focused approach to identification – having local outcomes statements indicating the shared responsibility for identification and requiring early years settings and practitioners to deploy identification checklists, processes and tools to observe, measure and track children's SLC

4. Taking an outcomes focused approach to the 'so what?' of identification – that is – that there must be a range of universal and targeted interventions available for all those who are identified as having any level of need – identification with no follow up is the worst possible scenario

5. LAs may choose to recommend one preferred tool. In this case the important factor will be the sensitivity and specificity to the population served and the link to the appropriate follow up intervention for those identified as needing additional support

Intervention recommendations within Leicester, Derby and Nottingham Cities

As with the conclusion to the identification section of this paper, using the Balanced System® Outcome descriptors for the Intervention Strand may prove a useful way of framing the choice of a suite of intervention methodologies.

IN1. UNIVERSAL Homes, settings and schools are supported to develop the language and communication skills of all children and young people through language enrichment and supportive activities.

IN2. TARGETED Children and young people benefiting from targeted interventions will have access to evidence based targeted interventions to develop core speech, language and communication skills delivered in the **most appropriate functional context.** These might include 1:1 and / or small group interventions that are typically designed by specialist practitioners and delivered by those with appropriate training.

IN3. SPECIALIST Children and young people needing specialist intervention for their SLCN receive appropriate and timely provision in the most functionally appropriate context for their needs. Progress measures will include activity, participation and well-being goals in addition to goals relating to their core SLC impairment.

In choosing a suite of interventions to recommend as part of this EOF project the following considerations should be taken into account:

1. To achieve the universal intervention outcomes a programme of professional development, training and coaching, recommended resources for supporting speech, language and communication and confidence building amongst parents and early years practitioners will be key activities.

   These will almost certainly be achieved through developing and enhancing existing workforce activity such as health visitor support and early years practitioner confidence in supporting families. The Pathway for SLCN being developed as part of this EOF project should provide the necessary links to information and accessible resources for those conversations.

2. To achieve the targeted outcome, the three cities should consider not only the **choice** of targeted interventions but the **process** by which they will be established and embedded in the early years community of practice.

3. The support of specialist practitioners is key and **training of the wider workforce alone cannot be assumed to result in impact on children** through embedded targeted interventions consistently offered.

4. Practitioners' confidence in the chosen interventions is also paramount. If a particular programme is chosen at a Local Authority level without the confidence of the early years sector the process issues of delivery and impact will be problematic.

5. As with the choices for identification, each LA will need to make a considered decision based on the context including the availability of a specialist offer to support practitioners.

2. INTRODUCTION

The Early Outcomes Fund project across Leicester, Derby and Nottingham Cities includes a number of strands of work all contributing to the overall outcome of improving outcomes for children in the Early Years across the three cities.

As part of this work, Better Communication CIC were asked to provide an overview of the widely used identification and intervention tools and to facilitate an options appraisal within the project as a whole and within each City with its unique context that would allow City Leads to make decisions regarding endorsement or adoption of any particular approaches or tools which in turn would influence plans for training and workforce development in the Cities.

A child's ability to communicate in the Early Years is widely recognised as being a predictor of life chances. Children who do not develop their speech, language and communication skills as expected are less likely to meet their full potential.

Law et al (2017) in a paper commissioned by the Early Intervention Foundation[1] highlight that a wide body of evidence shows that children's early language capabilities are highly associated with later academic, social, emotional and behavioural outcomes stating that language in early childhood impacts on school readiness at 5 and also in longer term academic attainment; employment; mental well-being and reduced likelihood of engaging in criminal behaviour.

Gascoigne & Gross (2018) bring together evidence of the impact of poor language and communication skills not only on life chances but also under-identification, the interaction between disadvantage and poor language and communication, readiness for school, and beyond school into employment using datasets from 2016 – 2017 to illustrate the potential impact of these issues[2].

This paper has been asked to focus on providing a summary that will allow all three Local Authorities to take a view as to their approach to identification and intervention for children in the early years. Any approach has to include existing national initiatives such as the Health Visitor mandatory check and the Integrated Early Years Review.

[1] https://www.eif.org.uk/report/language-as-a-child-wellbeing-indicator
[2] http://www.thecommunicationtrust.org.uk/resources/resources/resources-for-practitioners/talking-about-a-generation/

Key drivers for considering these elements include:

- Evidence from other projects in one of the partner cities of under-identification by the HV screen suggesting better identification processes are needed
- A lack of confidence amongst early years practitioners and families in knowing when to be concerned about a child's SLC
- A lack of strategy in the interventions offered by early years practitioners to support speech, language and communication development
- Very different and disparate commissioning of support for children with speech, language and communication needs across all three cities
- A desire to commission a consistent training and workforce development offer in order to build the workforce skills and competence as well as enhance the early learning environments in which they spend time

3. IDENTIFICATION

This report will outline the methodological issues around identification from national and academic perspectives as well as locally sourced data. A directory of identification tools has been collated which provides a comprehensive overview of identification processes and tools and a summary table of those most commonly used. The debate around the cost – benefit analysis of screening as surveillance vs identification is also presented.

Prevalence

Evidence base surrounding the prevalence of speech, language and communication needs and the risk factors associated with late or delayed speech and language development continues to develop. There are broadly two approaches to calculating the predicted need in a given population: a diagnostic category approach and a population based approach.

The Bercow Review reporting in 2008, commissioned a team of researchers to review the literature across both approaches and the prevalence figures which emerged suggested that within any given area, 1% of children entering school would have severe and pervasive speech, language and communication needs usually as part of a complex profile of need, 7% would have primary speech and language needs of a significant nature including those with, in the terminology of the day, specific language impairment, whilst up to 50% of children at school entry in the most disadvantaged areas of the UK could be expected to have measurable, identifiable SLCN though not all requiring speech and language therapy as opposed to improved opportunities for language development[3].

The SCALES study[4] in 2016 reported on the first cohort of a longitudinal study in Surrey which identified that 7.58% of the school entry population presented with a developmental language disorder of unknown origin (ie not linked to any other developmental or disability issues). Alongside the SCALES study an international collaborative co-ordinated by Prof Dorothy Bishop redefined the terminology around those children with a primary speech, language and communication need and the term 'developmental language disorder' (DLD) came into use.[5] Despite these redefinitions over time two key prevalence rates remain consistent.

[3] Law, J., et al. in Bercow, J. (2008) The Bercow Review. HMSO London https://dera.ioe.ac.uk/8405/7/7771-dcsf-bercow_Redacted.pdf
[4] Norbury, C. F., Gooch, D., Wray, C., Baird, G., Charman, T., Simonoff, E.,Vamvakas, G. and Pickles, A. (2016), The impact of nonverbal ability on prevalence and clinical presentation of language disorder: evidence from a population study. J Child Psychol Psychiatr, 57: 1247–1257. doi:10.1111/jcpp.12573
[5] Bishop et al (2016) CATALISE: A Multinational and Multidisciplinary Delphi Consensus Study. Identifying Language Impairments in Children http://journals.plos.org/plosone/article?id=10.1371/journal. pone.0158753

Firstly that we can expect a percentage in the region of 7% - 10% of children at school entry to have primary speech, language and communication needs in any population regardless of demographic and secondly that in areas of significant economic disadvantage the percentage of children entering school with significant needs over and above the 7-10% that might be expected in any population can be as high as 50% and in local area reports from teachers, potentially higher.

In the Early Outcomes Fund project within Leicester, Derby and Nottingham Cities, the Balanced System® prediction of SLCN tool has been used which takes account of the population size, the demographic and the evidence base to produce indicative percentages and figures at ward level tailored to the demographic.

This suggests the following potential SLCN in each of the three Cities. In each case the table shows the predicted need as a % in the 0-4 and 5-9 populations – so the likelihood of SLCN in the early years and up to 9 whilst the map shows the predicted number (so an interaction between the population and the % across the whole 0-18 age range).

Identification:

LEICESTER

Leicester City Council

Figure 1: Map of Leicester by ward showing predicted SLCN numbers

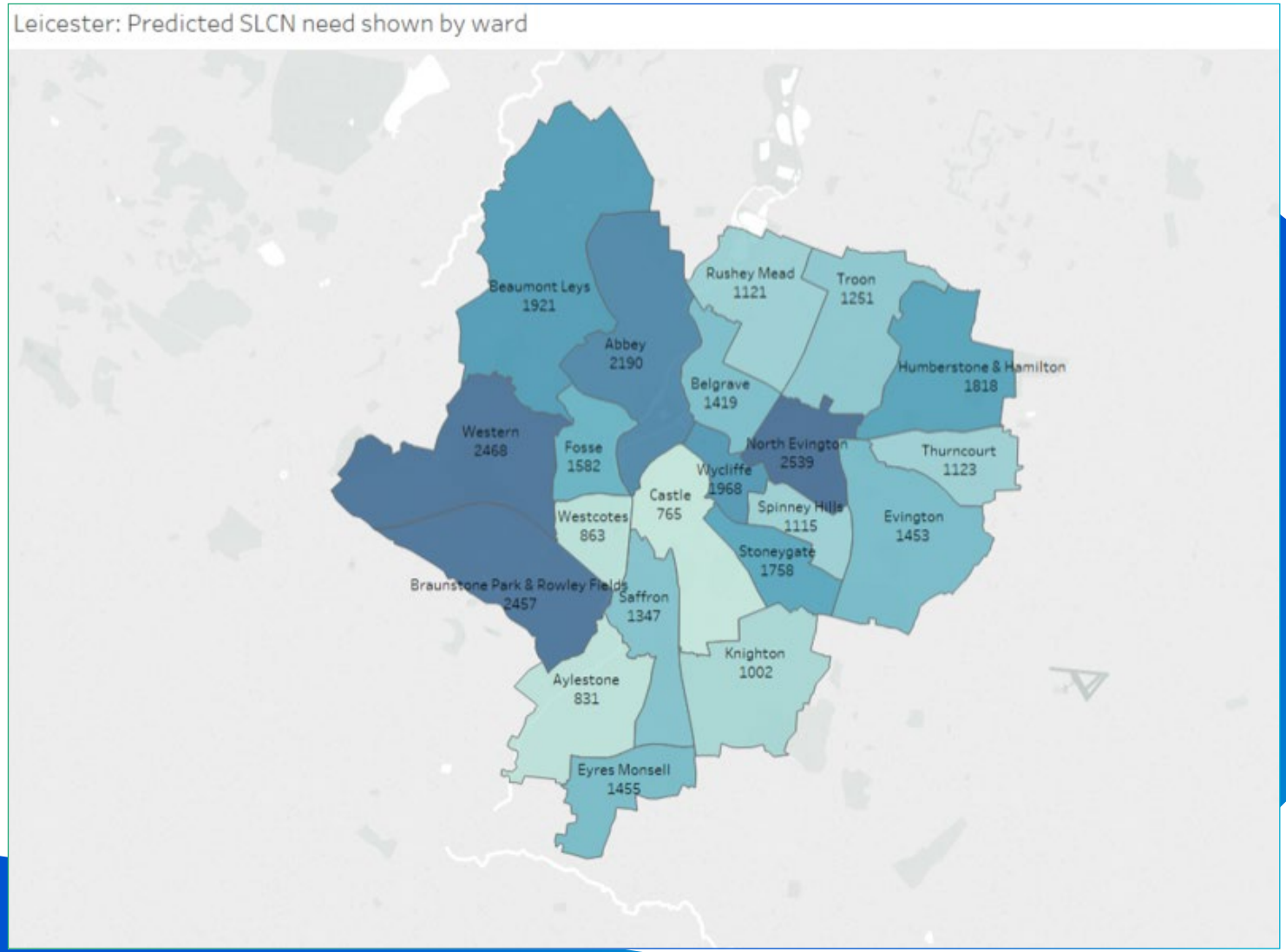


Figure 2: Predicted SLCN for Leicester by ward showing predicted % for 0-4 and 5-9 years

	0-4 years	5-9 years
Abbey	54%	53%
Aylestone	39%	40%
Beaumont Leys	47%	48%
Belgrave	47%	47%
Braunstone Park & Rowley Fields	52%	55%
Castle	47%	45%
Evington	45%	43%
Eyres Monsell	59%	60%
Fosse	55%	54%
Humberstone & Hamilton	39%	42%
Knighton	35%	34%
North Evington	53%	52%
Rushey Mead	38%	41%
Saffron	55%	55%
Spinney Hills	39%	37%
Stoneygate	38%	39%
Thurncourt	49%	49%
Troon	43%	41%
Westcotes	42%	45%
Western	51%	52%
Wycliffe	52%	52%

Identification:

DERBY

Derby City Council

Figure 3: Map of Derby by ward showing predicted SLCN numbers

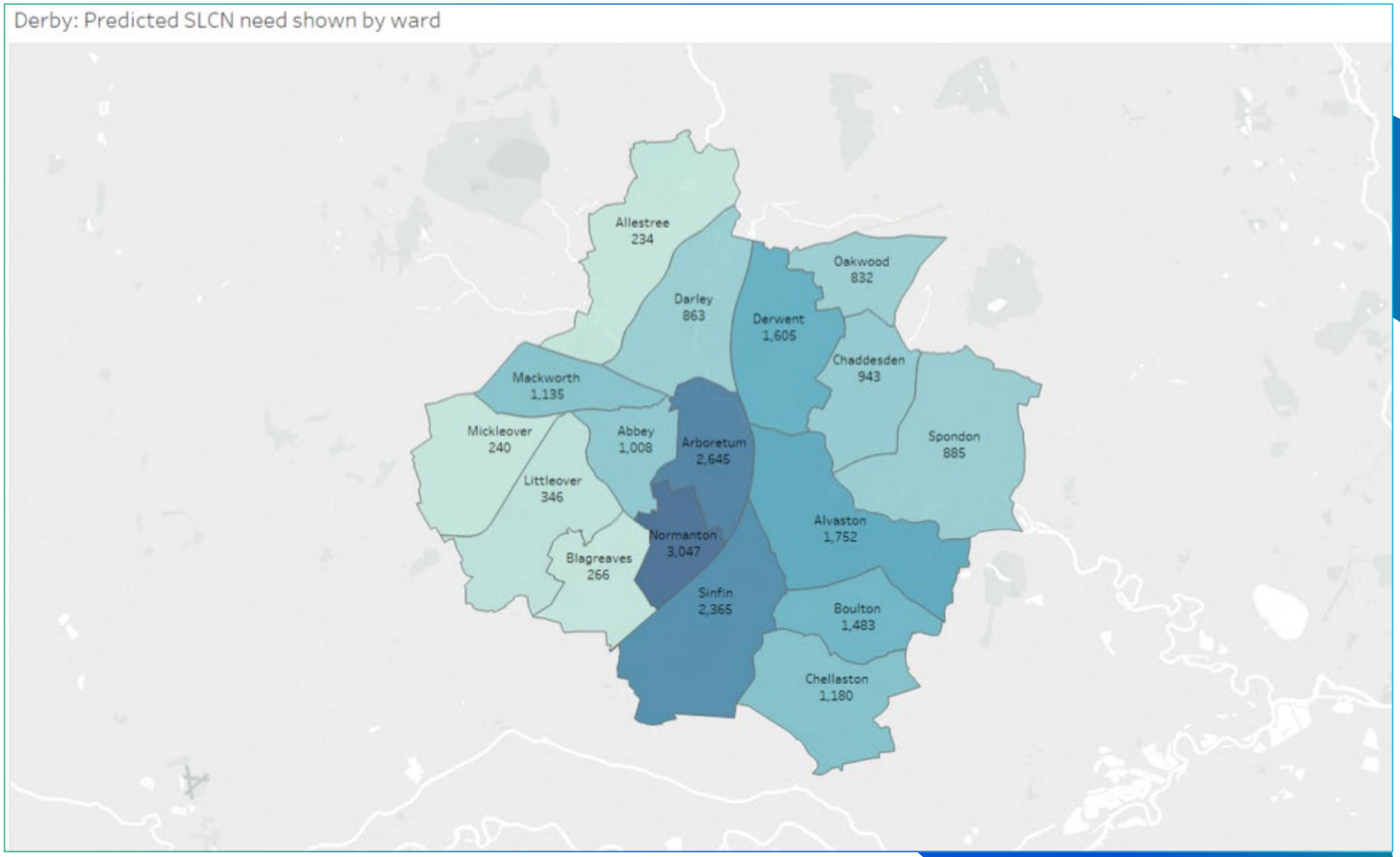


Figure 4: Predicted SLCN for Derby by ward showing predicted % for 0-4 and 5-9 years

	0-4 years	5-9 years
Abbey	40%	39%
Allestree	8%	8%
Alvaston	52%	55%
Arboretum	60%	64%
Blagreaves	9%	8%
Boulton	56%	57%
Chaddesden	39%	37%
Chellaston	40%	38%
Darley	43%	45%
Derwent	53%	50%
Littleover	9%	9%
Mackworth	43%	44%
Mickleover	9%	9%
Normanton	61%	61%
Oakwood	40%	38%
Sinfin	60%	60%
Spondon	48%	48%

Identification:

NOTTINGHAM[6]

Nottingham City Council

[6] The wards used in this analysis are the electoral wards that were in operation pre-April 2019. In April 2019 there was a significant change in the organisation of Nottingham electoral wards, which lead to almost all wards being changed although the total number of wards remained constant at 20.

Figure 5: Map of Nottingham by ward showing predicted SLCN numbers

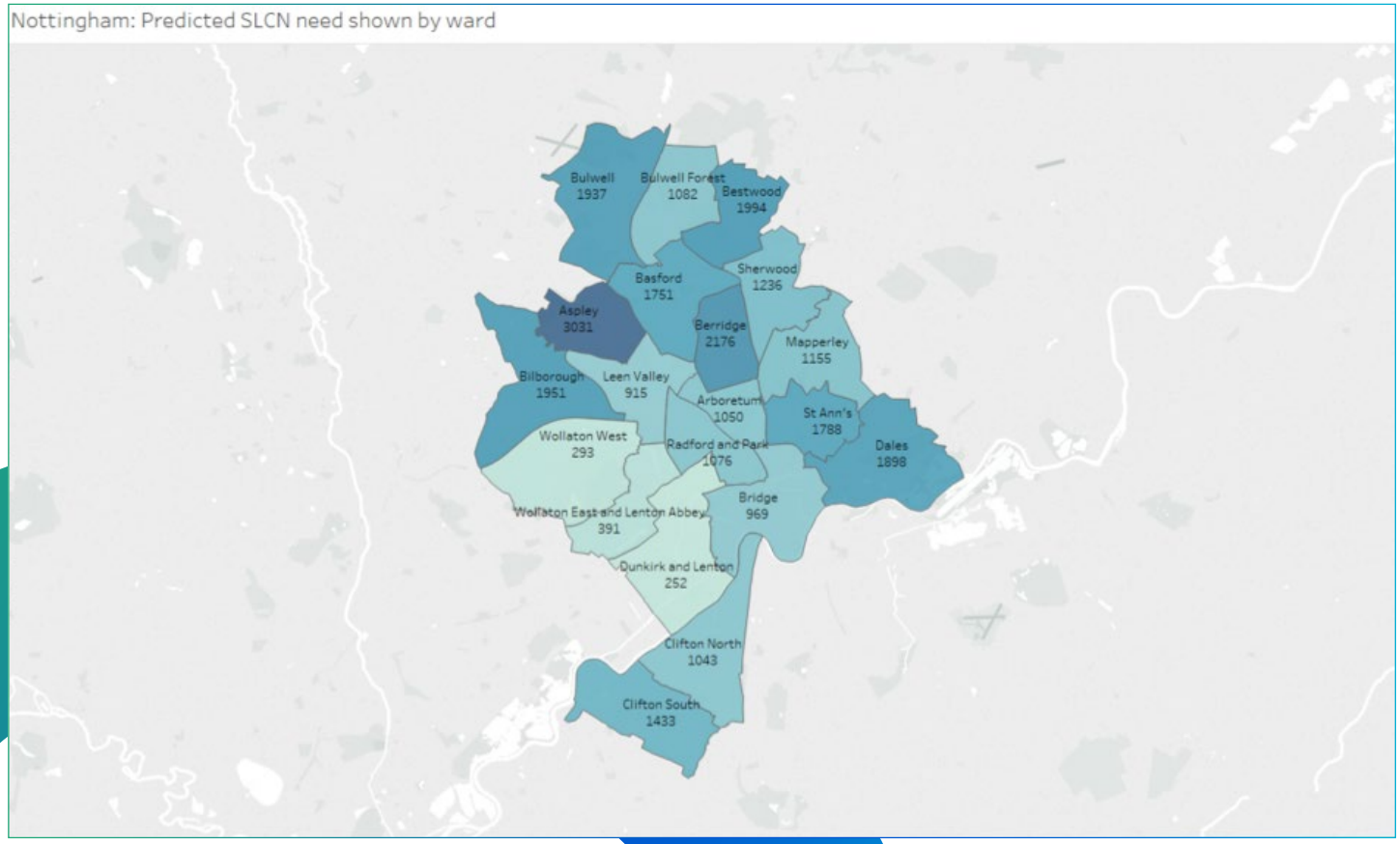


Figure 6: Predicted SLCN for Nottingham by ward showing predicted % for 0-4 and 5-9 years

	0-4 years	5-9 years
Arboretum	55%	53%
Aspley	57%	57%
Basford	54%	52%
Berridge	54%	51%
Bestwood	53%	54%
Bilborough	57%	55%
Bridge	46%	48%
Bulwell	56%	57%
Bulwell Forest	49%	49%
Clifton North	45%	49%
Clifton South	57%	55%
Dales	51%	54%
Dunkirk and Lenton	34%	44%
Leen Valley	36%	36%
Mapperley	42%	43%
Radford and Park	46%	43%
Sherwood	47%	47%
St Ann's	53%	54%
Wollaton East and Lenton Abbey	46%	34%
Wollaton West	8%	8%

Identification and under-identification

Despite the high levels of prevalence predicted nationally and in the three cities related to this project, it is widely documented that SLCN is under-identified. The Bercow 10 Years On[7] report suggests that more than half of young children do not have their SLC needs identified and that this may be in part due to insufficient knowledge and skills in the workforce.

The report highlights the importance of all professionals working with children (GPs, health visitors, early years and school-based staff) knowing and recognising the early signs of SLCN and includes information from a Communication Trust workforce survey[8] showing that fewer than half of respondents felt the expertise of the wider workforce in identifying and supporting children and young people's speech, language and communication was 'good' or 'excellent'.

The Bercow 10 Years On report highlights several factors impacting on under identification of the most vulnerable children.

The report recommends identification of SLCN as part of mandatory systems as well as transformation of SLT services that have non-attendance policies that result in the most vulnerable children not accessing services that can identify need and consequently not receiving appropriate advice and support. Finally, the report also suggests that tracking and sharing data from early years to school to other services is a crucial mechanism that needs to be developed.

[7] Bercow: Ten Years On. An independent review of provision for children and young people with speech, language and communication needs in England. ICAN & RCSLT 2018
[8] Professional development in speech, language and communication: Findings from a national survey, The Communication Trust 2017

All of these factors are addressed as part of the Early Outcomes Fund Project for Leicester, Derby and Nottingham Cities. In looking at other local datasets, the impact of potential under-identification of SLCN can be implied from the local EYFSP data for the cities.

This shows significant numbers of children do not achieve expected levels at the end of the Early Years Foundation Stage for Communication and Language and Literacy, despite many provisions being judged good or outstanding in their practice. This suggests core SLCN irrespective of the provision available.

Furthermore, when looking at the same cohort using the Balanced System® prediction of need calculation, higher percentages of SLCN are predicted than those not achieving the expected level in Communication and Language and Literacy. This observation could be attributed to a number of factors including the possibility that practice in the early years is ameliorating the predicted need, the possibility that the predicted need is estimating above the actual need, the possibility that some children being identified as having a 'good level of development' in fact do have unidentified SLCN or SLCN that have yet to emerge.

Figure 7: Number of children who did not achieve expected levels in Communication and Language and Literacy 2019[9]

	Total Children		Girls		Boys	
Derby	28.6%	932	21.0%	341	36.1%	590
Nottingham	32.8%	1226	25.4%	470	40.1%	757
Leicester	31.8%	1496	26.2%	591	37.0%	906

Figure 8: Predicted need in the same EYFSP cohort [10]

	Total Children	
Derby	43%	1391
Nottingham	49%	1830
Leicester	47%	2219

[9] https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2018-to-2019
[10] Using the Balanced System® prediction of need calculations

Identification vs screening vs assessment

These three terms are widely used and yet mean quite different processes with different implications for how services are configured to meet the needs of children and young people within a given population. Some simple definitions are drawn from various sources:

- **Identification** of needs is a process of identifying needs in a targeted population that might include a number of strategies including the use of specific tools but guided by a set of principles. It is not usually conducted with a whole cohort without a specific factor indicating that this is appropriate.

- **"Screening** is the process of identifying healthy people who may be at increased risk of disease or condition. Screening refers to the use of simple tests across an apparently healthy population in order to identify individuals who have risk factors or early stages of disease, but do not yet have symptoms[11]" (WHO). So screening in the purest form is a universal offer that everyone accesses with no specific factors guiding the process.

- **Assessment** is defined as "the act of judging or deciding the amount, value, quality, or importance of something, or the judgment or decision that is made"[12]. So in the context of speech, language and communication needs, assessment would be the process by which quite detailed judgements are made about the level of SLCN and the appropriate response.

Identification therefore might include screening or assessment or indeed be made up of a number of other processes including use of professional practitioner judgement and parental concern measures.

[11] https://www.gov.uk/guidance/nhs-population-screening-explained
[12] https://dictionary.cambridge.org/dictionary/english/assessment

Screening – the debate

Screening programmes that require a whole population group or cohort to be subject of a simple process to determine their potential risk of a problem are used in a range of areas of public service.

For example, in the UK, the newborn hearing screening programme tests every newborn baby for congenital hearing loss in order to immediately offer the appropriate support and ensure that any children with identified deafness at birth are provided with a range of potential options including cochlear implants which require surgery and long term care from a multi-disciplinary team.

There are a wide range of tools that exist for assessing children's language development. These include both comprehensive psychological assessments and short-form screening instruments. Psychological assessments incorporate aspects of child language in their battery of measures whereas the short-form screening instruments are intended to identify initial language problems.

Many tools are 'norm referenced', meaning that they have been standardised against a population average as a point of comparison for an individual child's score. However, they have often not been standardised on British populations, meaning that their accuracy within the UK may be limited. Furthermore, most do not take account of children growing up in linguistically diverse homes.

Screening exists to identify children whose language skills are below what would be expected for their age - they are not appropriate for diagnosing specific language disorders. Screening can take place through direct processes that make use of a specific instrument or indirect processes that include parental reports or observations made by a practitioner. Indirect processes are advantageous in that they provide a practical means of identifying children with potential problems and referring them on to additional services. However, they are reliant on the judgment of the parent or practitioner, which is likely to be subjective and prone to inaccuracies.

Direct screening measures do have the potential to provide population-level information on the prevalence of language difficulties in a way that is consistent and trackable over time. However, there can be both practical and psychometric drawbacks that need to be considered.

Practical issues include factors affecting administration, such as who will administer the test and analyse the data. Psychometric issues include those pertaining to their precision and accuracy. Accuracy is most often understood in terms of a measure's sensitivity and specificity. Sensitivity describes the extent to which a screening tool can reliably identify children with a diagnosable language problem. Specificity determines the extent to which a tool reliably identifies children without a language problem. Greater sensitivity increases the likelihood that children with language problems will be identified.

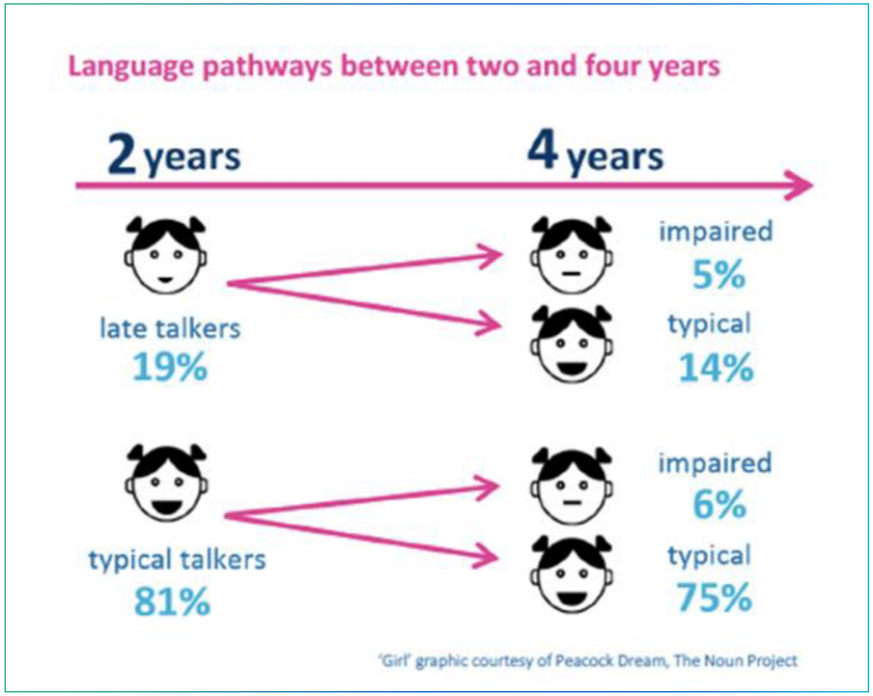
However, it also increases the rate of 'false positives', meaning that some children without language problems will be identified as requiring support. This has practical implications for how services respond to language problems identified through screening.

The majority of screening instruments lack the sensitivity and specificity to accurately identify child language problems at the individual level. Prof Courtenay Norbury has summarised the 'not to screen' view in a blog which pulls together these arguments[13]. Her particular interest is the identification of Development Language Disorder (DLD), which is a significant part of broader Speech, Language and Communication Needs (SLCN). The recent multinational and multidisciplinary Delphi consensus study 'Criteria and Terminology Applied to Language Impairments: Synthesising the Evidence' (Catalise)[14] recommended that the term 'Developmental Language Disorder' be used to describe children with the most severe language difficulties. There is ongoing debate as to the best methods of assessment for DLD but the consensus is that children with DLD are not reliably identified in the Early Years.

There have been many calls for a comprehensive screening programme for speech, language and communication needs at critical points in the early years, most recently in the Bercow Ten Years On report outlined above. However, academics are cautious about supporting screening as opposed to taking an identification approach with some citing evidence from the Early Language in Victoria Study (ELVS), a longitudinal study of children born in Victoria, Australia.[15]

[13] http://www.lilac-lab.org/news-post/to-screen-or-not-to-screen-important-factors-to-consider/
[14] Bishop D V, Snowling M J, Thompson P A, Greenhalgh T, CATALISE consortium CATALISE: A Multinational and Multidisciplinary Delphi Consensus Study. Identifying Language Impairments in Children.
https://www.mcri.edu.au/research/projects/early-language-victoria-study-elvs
[15] https://www.mcri.edu.au/research/projects/early-language-victoria-study-elvs

Figure 9: Figures from ELVS study (Reilley, S., McKean, C., and Levickis, P., 2014)[16] reported in Law et al 2017



The ELVS assessed children at two years of age and then again at four years of age. At two years of age 19% of children were identified as demonstrating delayed speech, language and communication and classified as 'late talkers'. 81% were identified as 'typical talkers'.

At 4 years of age, 11% of children were identified as having impaired speech, language and communication and 89% to be demonstrating typical SLC skills. However, crucially – the 11% were not all made up of children who had been identified at 2 years old. Figure 9 illustrates the detail and shows that of the 19% identified as 'late talkers' aged 2, only 5% continued to be in the impaired group at age 4, whereas of the 81% with typical language skills age 2, 6% were found to have previously unidentified SLCN.

The implications of this study for screening of speech, language and communication are significant. If the 19% of children identified age two were offered a specific pathway as a consequence it would emerge that only 5% of them actually needed it whilst 6% would remain unidentified and emerge with later developing difficulties at four years old.

Similar findings have been reported by other researchers around the world[16].

[16] (Reilley, S., McKean, C., and Levickis, P., 2014) - https://www.mcri.edu.au/research/projects/early-language-victoria-study-elvs
[17] https://educationendowmentfoundation.org.uk/public/files/Law_et_al_Early_Language_Development_final.pdf

Identification – the way forward?

The implications of the screening debate are intrinsically linked to taking an identification approach and focusing on the offer that is available at a universal and targeted level in the communities being explored.

In reviewing identification processes, the Early Intervention Foundation[18] highlights that measures of language increase in predictive validity as children develop over time and measures of language before 2 years of age are not predictive. It proposes that:

- Children are assessed from 2.5 years and offered support where needed
- Assessment takes place on an annual basis.

Law et al advocate for a **targeted approach** in terms of identifying children in need of additional support. Targeting children using universal screening assessments only based on single factors such as child language ability, use of gesture, or social risks can be problematic and mean that children continue to be missed or under-identified.

As a solution, Law et al propose that there should be an element of 'over-servicing' at a population level for children at risk rather than 'diagnosis' of individual children and propose using the following factors when considering utilising a continuum of response to a continuum of need:

- **Integrate** child, family and parenting factors to estimate a child's level of risk
- **Identify** children with multiple vulnerabilities such as both speech and language difficulties or social and emotional difficulties
- **Monitor** the child's rate of progress over time.

When considering risk factors, the Early Intervention Foundation[19] states that they are: genetics (7%); birth order; maternal age; premature birth; toxic substances in the womb; social disadvantage (low income, high poverty); EAL pre 3 years.

The EIF[20] also recognises the following protective factors: high quality infant-directed speech; high quality joint attention; degree educated parents; book sharing; birth order (first born).

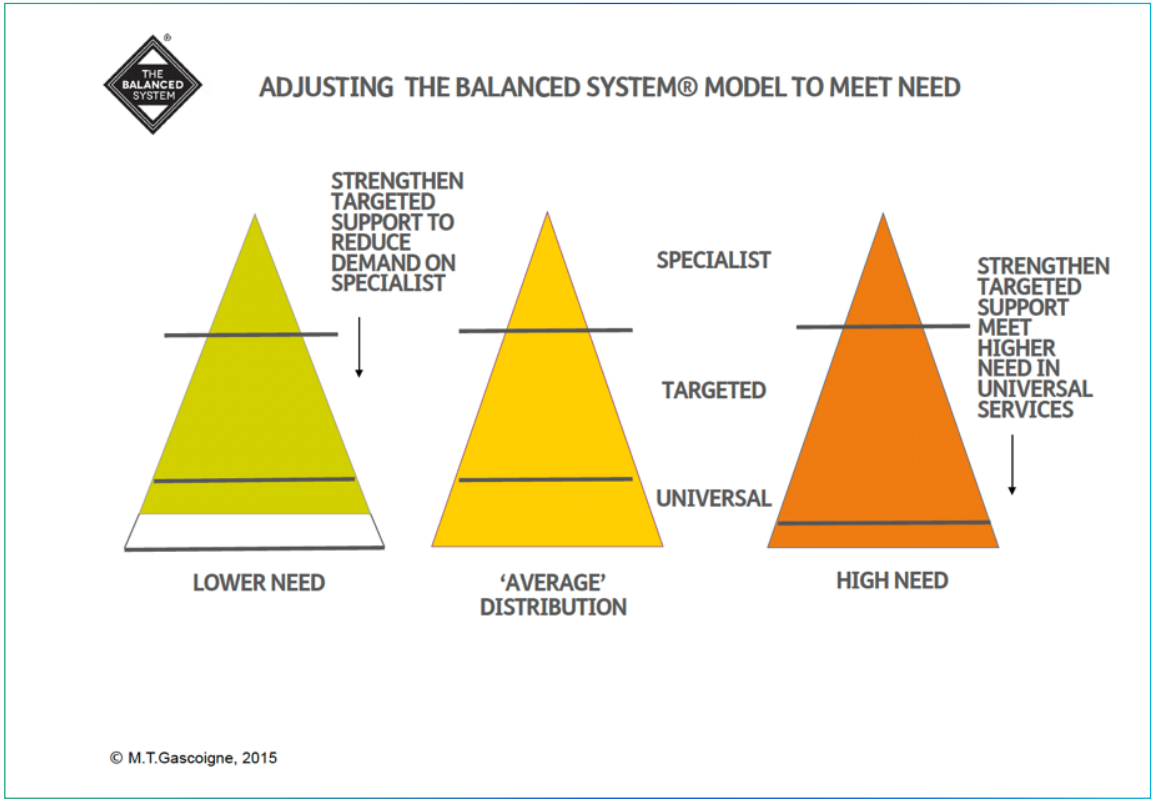
It states that the combination of parent mental health AND poverty highly increases impact on SLCN.

In order to identify all children with language delay, Law et al state: "there is a need to develop and evaluate models of services wherein the continuum of risk is acknowledged and there is an accompanying continuum of response in terms of the amount and type of intervention offered."

The Balanced System® approach to tailoring the amount of targeted support in a given area to the predicted needs of the population is an example of a response to a continuum of needs as described above.[21]

[18] EIF Language as a child wellbeing indicator September 2017 James Law, Jenna Charlton – Newcastle University; Kirsten Asmussen – Early Intervention Foundation
[19] https://youtu.be/ujJqUNOwWT4 EIF webinar understanding the evidence on early language [20] https://www.eif.org.uk/report/key-competencies-in-early-cognitive-development-things-people-numbers-and-words
[21] Gascoigne, M. & Gross, J., (20018) Talking about a generation The Communication Trust: London - http://www.thecommunicationtrust.org.uk/resources/resources/resources-for-practitioners/talking-about-a-generation/

Figure 10: Balancing the offer to meet need



Public Health England are currently supporting the roll out of health visitor training specifically in support of identification and have commissioned the development of a new tool to be used in conjunction with the Ages and Stages Questionnaire that is currently used by Health Visitors as part of the two year old developmental check.

The Early Language Identification Measure (ELIM) is based on a rich body of research that includes the ELVS study but also research into risk factors which, when identified early, have greater or lesser predictive power for later speech, language and communication skills.[22]

The ELIM, therefore is not a screening tool as such, it is offered as part of an identification strategy led by Health Visitors. It will not be available within the active life of this Early Outcomes Fund Project but this summary from Professor James Law, who is leading the research team provides a summary:

> "The Early Language Identification Measure" or the ELIM is a measure being developed by a team under the leadership of Professor James Law as a part of the work currently commissioned by the Department of Education (DfE) and Public Health England (PHE). The measure was developed during 2019 and through until 2020. The final report will be published in July 2020. The ELIM is intended for use by Health Visitors at the 27 month review when all children in the UK visit their health visitor for a developmental check. All children currently receive the Ages and Stages Questionnaire and the idea is the ELIM will help Health Visitors refine their judgment about who most needs further help by having the ELIM conversation with parents. We are also developing interventions to go alongside the ELIM.
>
> At the moment the ELIM comprises five sections including observations, parental report and risk factors and we will be comparing it to a standard test of oral language skills the Preschool Language Scale (PLS5) and refining the ELIM so that it picks up the children with the lowest language scores. This will mean shortening the ELIM measure so that only the most useful items will be included in the final measure. The revised ELIM will be published by PHE alongside their Speech Language and Communication Needs (SLCN) pathway and underpinned by the cascaded SLCN training which has been rolled out across England to thousands of health visitors during 2019/2020 and these in turn will feed into the English Government's Social Mobility Strategy.[23]

The ELIM is intended to supplement the Ages and Stages Questionnaire (ASQ) currently used by Health Visitors in recognition of the emerging evidence that the ASQ is not a sufficiently sensitive measure. There has been comment within the sector that DfE are interested in the ELIM being used by Early Years Practitioners as part of the integrated review but the research team led by Prof Law have not been involved in these discussions at this point.

[22] McKean C, Reilly S, Bavin E, Bretherton L, Cini E, Conway L, Cook F, Eadie P,Prior M, Wake M, Mensah F. Language outcomes at 7 years: early predictors and co-occurring difficulties. Pediatrics 2017, 139(3), e20161684.
[23] Prof. James Law, personal communication with the author 21st March, 2020

Current identification and screening methods in Leicester, Derby and Nottingham

The needs analysis conducted as part of the Early Outcomes Fund Project included qualitative mapping of the offer to children and families and the workforce including childminders, settings and schools in each of the cities.

The Balanced System® Five Strands include the Identification strand and therefore qualitative information was captured around the identification strategies and tools in use across the three cities. In addition, there is additional information available from Derby City as a result of work across the Derby Opportunity Area over the past two to three years which, given the similarities between the three cities in this project is relevant to consider.

Table 1 below, summarises the most commonly reported identification methodologies across the three cities and the areas they address.

In Derby City, a specific report was commissioned as part of the Opportunity Area work in 2018 to consider the effectiveness of identification in the City. This work was carried out by Clarity (TEC) Ltd and was submitted as part of the Derby Opportunity Area pilot project.[24]

Clarity found that in Derby in 2018 96.6% children at two years of age received the ASQ3 from a HV as part of their universal developmental check. Of those children, 92% of children across Derby were reported to be at the expected level for Communication resulting in identification of 8% who were not at the expected level. Nationwide, the average identification rate at this 2-year check in this year was approximately 10-12%. The study then asked health visitors in one ward with significant levels of social disadvantage to also use an additional measure, the UK Bilingual Toddlers Assessment Tool (UKBTAT).[25]

This tool showed that the children that were positively identified in the target ward by the ASQ3 had language levels at or below the 10th centile using the UKBTAT. These would be considered severe speech, language and communication needs and the ASQ3 as a surveillance tool would be expected to identify a wider cohort of children with a broader range of SLCN. These locally specific data to this Early Outcomes Fund project are therefore particularly relevant. The UKBTAT has not been included in the table below as it was used only for this specific project but it does have the benefit of addressing linguistic diversity.

[24] The Clarity Report, 2018, Pilot project examining methods to identify children aged 0-5 years with speech, language and communication needs and investigating evidence-based interventions which can support speech, language and communication development, unpublished report for Derby City Council
[25] http://www.psy.plymouth.ac.uk/UKBTAT/

Inconsistent approaches to gathering information about first language development and lack of workforce knowledge in understanding indicators of language learning difficulties in bilingual children leads to children learning EAL with SLCN being missed or identified later. These children do not achieve as well as children whose first language is English in achieving the expected level of development.

Figure 11: Number of children who did not achieve expected levels across all Early Learning Goals 2019[26]

	Children whose first language is English			Children whose first language is other than English		
	Girls	Boys	Total	Girls	Boys	Total
Derby	20%	36%	28%	28%	42%	35%
Nottingham	25%	42%	33%	30%	42%	36%
Leicester	25%	37%	31%	28%	42%	35%

Children whose first language is not English are over-represented in samples of children with SLCN compared with monolingual English speakers.[27]

However, the disproportionate number of children with EAL who have SLCN in the community is not reflected in SLT service statistics.[28] Certain population characteristics are associated with SLCN but they are not consistently used as flags to plan and provide additional services or monitor children's progress.

Of particular note for the three cities in this project is the poor outcomes for boys whose first language is other than English and the commonality of these data across the cities which is in contrast to the outcomes for girls. WellComm has gained popularity with early years practitioners locally and nationally. Crucially WellComm provides strategies for intervention that are consequent on the initial tool's findings.

The intervention strategies deal with the key challenge to a screening approach of being able provide targeted interventions to any of those identified even if they might be in the group for whom matters would have resolved.

[26] https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2018-to-2019
[27] Dockrell, J., Lindsay, G., Roulstone, S., and Law, J. (2014). Supporting children with speech, language and communication needs: an overview of the results of the Better Communication Research Programme. International Journal of Language and Communication Disorders 49, 543–557
[28] Hambly, H., Wren, Y., McLeod, S., and Roulstone, S. (2013). The influence of bilingualism on speech production: a systematic review. International Journal of Language and Communication Disorders. 48, 1–24

Development Matters[29] is widely used amongst education providers.

This is non-statutory guidance which supports all those working in early childhood education settings to implement the requirements of the Statutory Framework for the EYFS.

All practitioners working to support the early learning of young children can use Development Matters as part of daily observation, assessment and planning. It can also be used at points during the EYFS as a guide to making best-fit summative judgements in relation to whether a child is showing typical development, is at risk of delay or is ahead for their age. In order for this to become a strategic tool there would need to be agreed protocols for data collection and associated guidance.

Early Talk Boost tracker is appropriate only for the older end of the early years population but has the benefit of being wide ranging across skills with the exception of speech development and also leads into a targeted intervention for those highlighted as in need, whilst the Every Child A Talker monitoring tool is still favoured by many but in most areas is no longer accompanied by the ECAT programme in settings.

[29] Development Matters in the Early Years Foundation Stage (EYFS). (2012) Department for Education

Identification tools and processes - Table 1

	Age (years)					Area of development assessed					Intervention included	Cost	Training required
	0-1	1-2	2-3	3-4	4-5	Attention & Listening	Understanding	Talking	Social Communication	Speech			
ASQ3	✓	✓	✓	✓	✓		✓	✓				£300	Yes – free online
WellComm	✓ (from 0:6)	✓	✓	✓	✓		✓	✓	some questions embedded in other sections		✓	£449 + £82 reporting Wizard	Yes - free online
Development Matters	✓	✓	✓	✓	✓	✓	✓	✓	✓		general support strategies	No cost	No
Early Talk Boost Tracker				✓	✓	✓ (up to 4:6)	✓	✓	✓		✓	£500 plus training cost	Yes – cost variable
ECAT Child Monitoring Tool	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		No cost	No
Speech Link					✓					✓	✓	£330 year one; £180 subsequent years	Yes - free online
Infant Language Link					✓		✓				✓	£425 year one; £275 subsequent years	Yes - free online
Self-developed checklists	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		No cost	No
Progression Tools Age 3				✓		some questions embedded in other sections	✓	✓	✓	✓		£29.99	No
Progression Tools Age 4					✓	some questions embedded in other sections	✓	✓	✓	✓		£29.99	No

Identification recommendations within Leicester, Derby and Nottingham Cities

The best information available at the time of writing suggests that the Early Language Identification Measure (ELIM) due to be published late 2020 will provide a useful addition to the ASQ3 currently used by Health Visitors as part of the national surveillance programme for two-year olds.

However, Public Health England have stated that the ELIM will not be mandatory and therefore Local Authority and Health Partners in each area will be free to choose whether to adopt the ELIM, introduce another identification measure for SLCN or continue with their current arrangements. Prof Law has indicated that interventions to follow on from the ELIM are also being developed but it is not clear whether these would be universal advice and strategies for families or more targeted interventions delivered by the early years workforce in some way.

There has also been mention of the possibility of the ELIM being used as the basis of the integrated early years review which would make it more central to the processes around identification in Local Authorities but as yet there is no clear guidance on this matter. The Annex to this paper which presents links to a wide set of identification tools that have been evaluated in the UK and beyond provides a comprehensive set from which to draw. Table 1, on the previous page, provides a 'short-list' summary of those most commonly used that all have merits. Additionally, there will be the new ELIM at some point during 2020.

The key conclusion is that in the absence of a mandatory set of processes beyond the ASQ3, each Local Authority will need to decide with partners what is going to best meet the needs of the population. This EOF project has used the Balanced System® as a common strategic framework and therefore meeting Identification Strand Outcomes at universal, targeted and specialist levels may help in framing the identification strategy for the three cities as opposed to seeking a particular screening, identification or assessment input.

The following may prove useful in this process:

1. Ensuring basic knowledge for all practitioners around early speech, language and communication expected levels and milestones

2. Ensuring basic knowledge among all practitioners around the key risk factors for a child in the early years in respect of SLCN

3. Taking an outcomes focused approach to identification – having local outcomes statements indicating the shared responsibility for identification and requiring early years settings and practitioners to deploy identification checklists, processes and tools to observe, measure and track children's SLC.

4. Taking an outcomes focused approach to the 'so what?' of identification – that is – that there must be a range of universal and targeted interventions available for all those who are identified as having any level of need – identification with no follow up is the worst possible scenario

5. LAs may choose to recommend one preferred tool. In this case the important factor will be the sensitivity and specificity to the population served and the link to the appropriate follow up intervention for those identified as needing additional support.

4. INTERVENTION

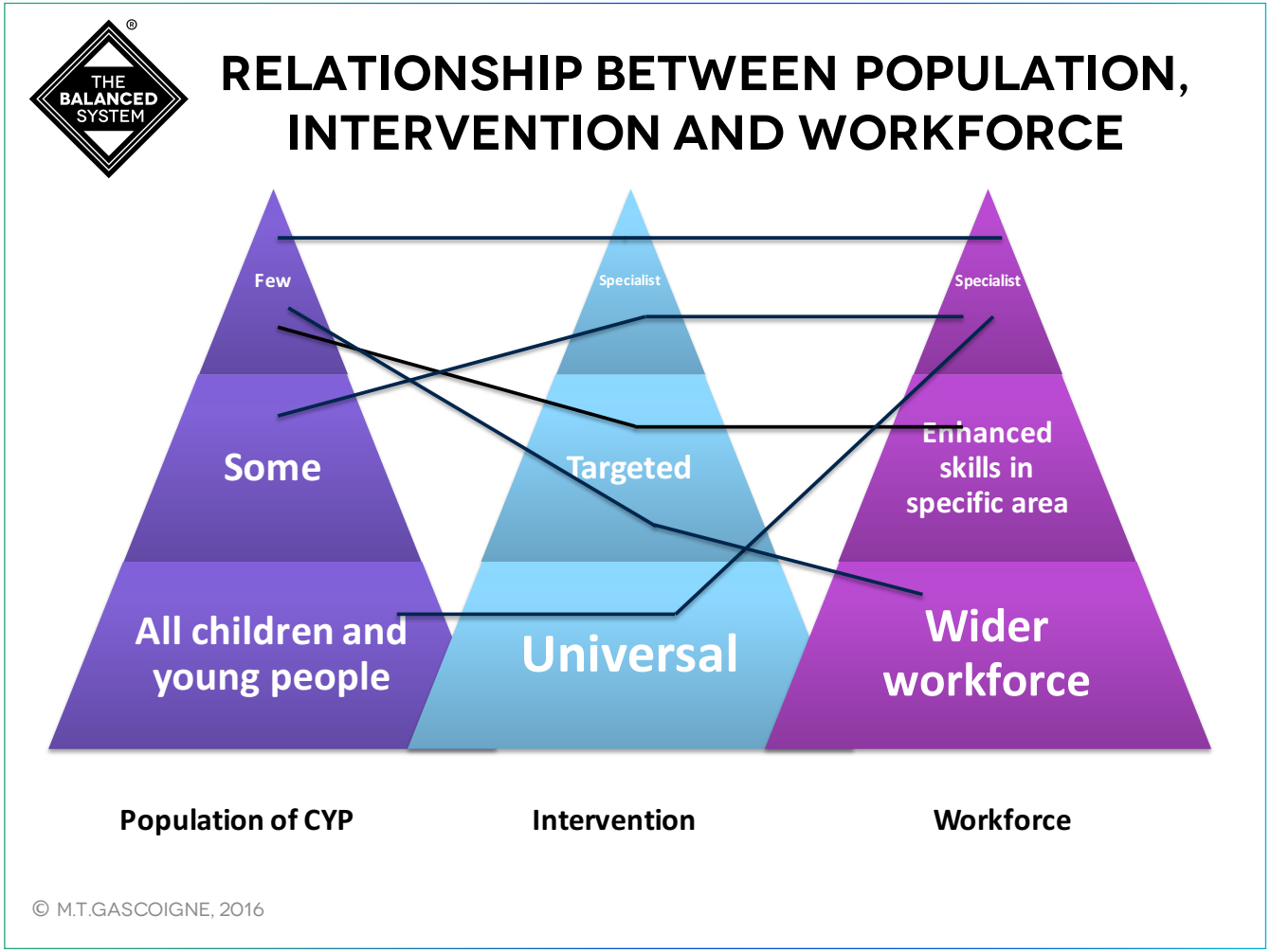
Having considered the issues and options around identification, this section of the paper moves on to outline key factors for consideration when selecting effective interventions.

It presents findings and recommendations summarised from the research base and includes a summary table of interventions most commonly used across the cities based on the information supplied as part of the needs assessment mapping exercise. There are several excellent reviews of evidence-based practice in the Early Years[30],[31] and this paper does not attempt to replicate these but rather draw on their key messages through linking with the most commonly reported practice in the three cities.

Interventions to support and develop speech, language and communication can be described across the universal, targeted and specialist continuum. These terms were first introduced to the speech and language therapy profession within the RCSLT Position Paper in 2006[32] and have been further defined in the intervening years. Crucially, there is a need to distinguish between the interventions described as universal, targeted or specialist and the population of children for whom they might be appropriate. Figure 12 below clarifies the independence between how we identify children's needs, the continuum of interventions and the workforce to deliver these interventions.

[30] https://educationendowmentfoundation.org.uk/public/files/Law_et_al_Early_Language_Development_final.pdf [31] http://www.thecommunicationtrust.org.uk/whatworks
[32] Gascoigne, M.T., (2006) Supporting children with SLCN within integrated children's services RCSLT London

Figure 12: Relationship between population, intervention and workforce



Universal interventions are appropriate for a whole population, however, defined. A good universal offer to support speech, language and communication will include high-quality language learning opportunities and interactions delivered by a skilled and knowledgeable workforce.

Children with no underlying difficulties make expected progress when receiving high-quality provision at this level. Development Matters in the EYFS is an example of universal provision that is nationally available whilst other provisions such as Early Word Aware could be described as excellent interventions to be available to all children but may or may not be part of a particular universal offer in an area.

Targeted interventions are provided either to specific children where a need has been identified that requires additional support or to families or in settings where there are identified risk factors for speech, language and communication need.

Examples of interventions falling into this category include the WellComm intervention for supporting the development of language understanding or talking and Early Talk Boost to develop attention, listening and language and preventative family support programmes such as the PEEP Learning Together Programme. Speech and language therapists have a role in both the delivery of targeted interventions and establishment of targeted interventions by others within the wider workforce.

Specialist interventions are provided to a minority of children within a given population. Specialist interventions should always be viewed as part of a wider package of support that includes the universal offer and targeted interventions.

Specialist interventions are typically delivered by or overseen by a specialist practitioner which for speech, language and communication may be a speech and language therapist or possibly an educational psychologist or specialist teacher. Specialist interventions may be delivered by assistant practitioners where a speech and language therapist is overseeing the programme of delivery and monitoring outcomes.

The intervention provided is dependent on the area of need identified for support rather than diagnostic category and is likely to change over time in accordance with both the child's response to intervention and their changing profile of needs.

Law et al[33] reported that language interventions are often devised by specialists and often delivered by non-specialists such as parents, early years practitioners and teaching assistants in the context in which children spend most of their time.

They highlight that much work needs to be done looking at the long-term benefits of interventions and evaluations of the combinations of interventions, looking at evidence '… in terms of the child's experiences of a pathway through services rather than a single intervention.'. Interventions need to be multi-faceted covering support for a wide range of key language and communication skills such as facilitating dialogic book reading; scaffolding classroom interactions; fostering narrative skills and teaching vocabulary.

Their report specifies the key importance of staff training to ensure fidelity to the intervention and to replicate the results from the effectiveness studies which have been carried out on them. The interventions must also feed into the development of literacy, for example developing phonological awareness support; whole word decoding and spelling; developing narrative skills to support children's ability to generate and write stories.

The universal, targeted, specialist conceptual framework is established in both health and education services and underpins the Code of Practice graduated approach to support where intervention is provided and the child's response to support evaluated.

Table 2 below summarises the interventions included in the qualitative mapping process as part of the needs analysis conducted across the three cities. At a universal and targeted level, programmes or approaches are primarily mentioned, whereas at a specialist level contributors identified some programmes or interventions but also simply stated the practitioners delivering specialist interventions without elaborating on the scope of the interventions themselves. This is an interesting reflection on the association with specialist interventions being defined by being delivered by specialist practitioners which is not necessarily the case.

[33] https://educationendowmentfoundation.org.uk/public/files/Law_et_al_Early_Language_Development_final.pdf

Table 2: Interventions reported in the mapping exercise across Leicester, Derby and Nottingham Cities

	Leicester	Derby	Nottingham
Universal	School Counsellor	Launchpad to Literacy	PEEP
	PEEP	Primary Word Aware	Word Aware
	Restorative Practice	-	-
	Displays	Early Word Aware	Fun Time
	Forest Schools	-	-
	Stay and play sessions	-	-
	Positive Peaceful Places	-	-
Targeted	Emotions in Motion	Infant Language Link	Makaton
	Better Reading & Writing Partners	Speech Link	Video Interaction G
	Peer mentoring	Early Talk Boost	Theraplay
	WellComm	-	-
	Let's Get Talking	-	-
	Fun-time	-	-
	Theraplay	-	-
	Early Talk Boost & Talk Boost	-	-
	Knowledge Transfer Centre (KTC) Early Words Project.	-	-
	Dr Suess with Specialist TA	-	-
	Mindfulness	-	-
Specialist	NHS SLT	NHS SLT	NHS SLT
	Family Fun	Hearing Impairment advisory teacher	Applied Behavioural Analysis (ABA) for children with autism
	Inference training	Physical needs advisor	Intensive Interaction
	VI support	Advisory teacher for Visual Impairment	PECS
	Build to express	Social communication and autism advisory team	Educational Psychology
	Drawing and Talking	Early Intervention Team advisors	More Than Words
	Emotional Wellbeing in Education project	-	Alternative and Augmentative Communication support
	Play therapy	-	-
	TEACCH programme for children with autism	-	-

Evidence for interventions

In response to the Bercow Review of provision for children and young people with speech, language and communication needs published in July 2008, The Better Communication Research Programme reviewed the effectiveness of interventions that were in use or published in the research literature.

The reviews took into account the aims and objectives, how the intervention was delivered, target group (speech, language, communication or complex needs), and age range of children receiving the intervention. Some of the interventions were for use at only a universal, targeted or specialist level – some could be adapted to meet the need of children at different levels.

As a result of this initial research, a moderated online library of evidenced intervention for supporting children's speech, language and communication - What Works – has been developed[34]. It has been designed to helps early years practitioners, teachers, school leaders and speech and language therapists find appropriate evidence-based interventions for the children they work with supporting their decision-making in what will work best for both them and the children.

The user is able to select interventions by searching on by target group, age range, focus of the intervention, who it's delivered by and in what type of format. The evidence for each intervention is rated as 'strong', 'moderate' or 'indicative' as determined by an academic moderating group, with a summary of the evidence base and academic references provided.

What Works provides a speech, language and communication focused resource of collated evidence around a set of interventions and more recently training programmes. However, there are a number of caveats and challenges that need to be taken into account when using What Works. Firstly, since the original dataset was collated any additional interventions to be included have to be proposed and meet criteria around the amount of research based evidence there is for the intervention regardless of the outcome of this research evidence. So, for example, a new intervention will by definition not meet the criteria for inclusion until it has been the subject of empirical research or, if exceptionally it is considered it will by definition not meet the criteria for having the best levels of evidence.

However, conversely a well research intervention could show that there is a high level of research evidence even if it is not positive evidence! Secondly, impairment focused and prescriptive interventions lend themselves more easily to research and therefore the evidence base is potentially skewed by virtue of the body of evidence being dominated by what is `easy to measure' not necessarily what is most impactful in a functional context.

Finally, the research conditions for the intervention studies typically reflects 'best conditions' in the delivery and fidelity to the model. Even those interventions with empirical evaluation have not matured sufficiently for there to be numbers of replication studies to explore these issues.

The conclusion here is, to quote Prof Law, 'to remember that the lack of evidence is not the same as poor evidence' and to seek to build a culture of evidenced informed practice where practitioners of all persuasions, schools and setting leaders build impact measures for their children and families into their offer.

[34] https://www.thecommunicationtrust.org.uk/whatworks

This approach is supported by the Early Intervention Foundation (EIF)[35] review of a broader evidence base around early learning and looked at how it is applied in practice.

It has reviewed the evidence for school readiness looking at 4 overlapping domains - physical; cognitive; social and emotional and behavioural - and effective and ineffective interventions for children's early language development. Within the cognitive domain, the EIF consider children's knowledge of objects; people; number and words.

In their review they state that the characteristics of effective early interventions are those that:

- Start early, for example the Family Nurse Partnership starts pre-birth
- Are targeted on the basis of need, for example family income
- Are long in duration – effective interventions are at least 30 weeks long
- Lead by qualified staff and supervised practitioners

The EIF also recommend when providing interventions supporting SLC:

- Consider intensive home visits
- Interventions individualised to need and provided regularly
- Interventions delivered by workforce trained to offer advice on strategies for both parent-child interaction and improving the home learning environment

For interventions to be effective, the EIF recommend that providers consider the need to provide a level of intensity; targeting based on family income and to be focused at families who can benefit the most from them. They also require ongoing evaluation of impact at a local level.

Following their review of factors that don't make an impact on SLC skills that are often quoted as being risk factors they report frequent ear infections; dummies; book gifting; buggies do not have adequate empirical evidence to link them to SLCN.

[35] EIF webinar: Understanding the evidence on speech & language development

An Education Endowment Foundation funded review (Law et al)[36] carried out a review of early language interventions using a educational, psychological and health literature. The parameters of the review included studies that had incorporated a rigorous methodology – either a randomised control trial or quasi-experimental. The four specific outcomes of the interventions were: phonological; expressive and receptive vocabulary; expressive language and comprehension.

The aim of the intervention review section was to identify studies that focused on whole populations rather that populations of children with a specific clinical need.

45 studies met the review criteria and were summarised using criteria from the What Works database combined with an evidence rating system to capture robustness of the literature. The studies were classified according to focus of the interventions; whether the studies were programmes or practices; who delivered the intervention; the location of the interventions; the intensity and duration of the interventions; and the effect size of the intervention.

The review also included 'top down' case studies of areas where the Balanced System® was used to map provision in order to triangulate practice in five authorities with the evidenced based review of interventions meeting robust academic and empirical criteria.

In respect of interventions two important conclusions were drawn. Firstly, that parent-child interaction approaches prior to nursery age should be further explored in a systematic way and compared to routine care from the early years system such as Health Visitor surveillance and other early years community offer.

The second that there is a need for further evaluation of the efficacy of training early years practitioners to deliver targeted interventions in early years settings when compared with 'routine care' and targeted interventions led by speech and language therapists.

[36] https://educationendowmentfoundation.org.uk/public/files/Law_et_al_Early_Language_Development_final.pdf

Since the publication of the Law et al review for the EEF, the outcomes of a large scale study using the Nuffield Early Language Intervention (NELI) has been published (April, 2020).

The NELI was first developed in 2010 by Professor Maggie Snowling and a team from the University of York in partnership with ICAN and funded by the EEF. The initial small scale trial concluded that the intervention was 'promising' but small sample and the number of other targeted interventions being developed that relied on training of the teaching assistants resulted in a lack of uptake by the sector.

The EEF however funded a large scale study which reported in April, 2020. Prof Snowling and team now based at the University of Oxford led the research this time using the Elklan trainer network to increase the scale and reach of the research.[37] The NELI has now been given a 'five padlock' rating by EEF (highest rank) whilst being described as low cost at £43 - £58 per pupil.

It should therefore be considered amongst the range of interventions for the three cities even though there are no current reports of its use and this latest validation is for reception class not nursery age range.

The common thread to both these recommendations is the importance of a coaching relationship which facilitates adjustments and changes in behaviour by the key change agent (parent or early years practitioner) who spends time with the child. The implications are then that the impact of the intervention continues way beyond a 'session' or 'dose'.

This point has been addressed in the recent NELI trial which involves ongoing support to the teaching assistants beyond the two day training.

In respect of the whole systems approach the key messages were that there needs to be a systematic focus on evaluating outcomes in local areas which adopt a clear pathway of support taking into account risk factors at identification and building a continuum of support in the early years offer to systematically respond to identified need.

Therefore, a menu of specific interventions alone will not provide the flexibility of response within the system, there needs to be an integrated whole system offer.

[37] https://educationendowmentfoundation.org.uk/projects-and-evaluation/projects/nuffield-early-language-intervention-1/

Universal and Targeted interventions for the Leicester, Derby and Nottingham cities

Table 3 below summarises the most frequently reported interventions currently in use across the three cities with similar parameters as for the identification table but with the addition on an evidence rating.

The evidence rating is problematic as outlined above given the lack of a comprehensive source of comparable information for rating evidence of impact in a system. A number of locally developed resources were reported and these have not been included due to the diversity and lack of any objective means of commenting on the evidence base for these.

It should also be noted that the interventions do not include training programmes with the primary aim of raising skills and confidence of parents or practitioners (such as ELKLAN) which is being included in the Early Years Professional Development Programme nationally or improvement programmes aimed at encouraging a strategic approach to schools or settings embedding a whole systems approach to speech, language and communication such as the Balanced System® Scheme for Schools and Settings which has been delivered to 80 schools and settings in the eight most disadvantaged wards in Derby as part of the Talk Derby Opportunity Area.

Universal & Targeted Intervention - Table 3

	Age (years)					Area of development supported					Level	Cost	Training required	Evidence base[38]*
	0-1	1-2	2-3	3-4	4-5	Attention & Listening	Under-standing	Talking	Social Communication	Speech				
WellComm	✓ (from 0:6)	✓	✓	✓	✓		✓	✓	some activities included		Targeted	£449 + £82 reporting Wizard	Yes - free online	**
Development Matters	✓	✓	✓	✓	✓	✓	✓	✓	✓		Universal	No cost	No	
Early Talk Boost				✓	✓ (up to 4:6)	✓	✓	✓	✓		Targeted	£500 plus training cost	Yes – cost variable	***
PEEP	✓	✓	✓	✓	✓	✓	✓	✓	✓		Universal/ Targeted	£85 plus training cost	Yes – cost variable	***
Speech Link					✓					✓	Targeted	£330 year one; £180 subsequent years	Yes - free online	*
Early Word Aware			✓	✓	✓		✓	✓			Universal	£40 / book plus training cost	Yes	*
Word Aware					✓		✓	✓			Universal	£40 / book plus training cost	Yes	*
Infant Language Link					✓		✓	✓			Targeted	£425 year one; £275 subsequent years	Yes - free online	**
Nuffield Early Language Intervention (NELI)					✓	✓	✓	✓	✓		Targeted	£870 for one form entry school / £1290 for two form entry school	Yes	***

[38] *small scale / local research; ** medium scale research; *** included on national evidence databases

As with the conclusion to the identification section of this paper, using the Balanced System® Outcome descriptors for the Intervention Strand may prove a useful way of framing the choice of a suite of intervention methodologies.

IN1. Universal Homes, settings and schools are supported to develop the language and communication skills of all children and young people through language enrichment and supportive activities.

IN2. Targeted Children and young people benefiting from targeted interventions will have access to evidence based targeted interventions to develop core speech, language and communication skills delivered in the most appropriate functional context. These might include 1:1 and / or small group interventions that are typically designed by specialist practitioners and delivered by those with appropriate training.

IN3. Specialist Children and young people needing specialist intervention for their SLCN receive appropriate and timely provision in the most functionally appropriate context for their needs. Progress measures will include activity, participation and well-being goals in addition to goals relating to their core SLC impairment.

In choosing a suite of interventions to recommend as part of this EOF project the following considerations should be taken into account:

1. To achieve the universal intervention outcomes a programme of professional development, training and coaching, recommended resources for supporting speech, language and communication and confidence building amongst parents and early years practitioners will be key activities.

   These will almost certainly be achieved through developing and enhancing existing workforce activity such as health visitor support and early years practitioner confidence in supporting families.

   The Pathway for SLCN being developed as part of this EOF project should provide the necessary links to information and accessible resources for those conversations.

2. To achieve the targeted outcome, the three cities should consider not only the choice of targeted interventions but the process by which they will be established and embedded in the early years community of practice.

3. The support of specialist practitioners is key and training of the wider workforce alone cannot be assumed to result in impact on children through embedded targeted interventions consistently offered.

4. Practitioners' confidence in the chosen interventions is also paramount. If a particular programme is chosen at a Local Authority level without the confidence of the early years sector the process issues of delivery and impact will be problematic.

5. As with the choices for identification, each LA will need to make a considered decision based on the context including the availability of a specialist offer to support practitioners.

5. CONCLUSION

In conclusion, this report sets out a synthesis of the most relevant information in respect of identification and intervention for the early years in order to support strategic decision making across the three cities engaged in this Early Outcomes Fund project.

The context that is 2020 as outlined in the introduction will undoubtedly influence decision making but the key principles of being outcomes focused and the need for sector wide adoption of the proposed tools remain crucial to systemic change and improvement.

Annex:

SUMMARY OF IDENTIFICATION TOOLS

Using the parameters that need to be considered for effective identification, Better Communication has reviewed the following screening and diagnostic identification tools:

- identified in the Balanced System® mapping tool for the 3 LAs
- identification tools known to be used widely in the EY to assess SLC
- indicated as assessing language on the EEF Early Years Measures database

Identification Tool: Language Development Survey	
Assesses	Expressive vocabulary and beginning word combinations
Age range	18-35 months
Can be delivered by	Parent report
Training required to use the tool	Not indicated
How long to administer	10 minutes
Evidence on accuracy	Excellent reliability as assessed by Cronbach's alpha and test-retest techniques
Positives	Excellent sensitivity and specificity for the identification of language delay; can be used to assess bilingual children

Identification Tool: ASQ3	
Assesses	Communication, gross motor, fine motor, problem solving, and personal-social
Age range	1-66 months
Can be delivered by	Any professional
Training required to use the tool	Training videos available
How long to administer	15 minutes
Evidence on accuracy	Concurrent validity - 74% for the 42-month; 100% for the 2-month and 54-month questionnaires (86% overall agreement). Sensitivity - 75% for the 6-month questionnaire; 100% for the 4-month, 14-month, 54-month, and 60-month questionnaires (86% overall agreement). Specificity - 70% for the 14-month questionnaire: 100% for the 2-month, 16-month, and 54-month questionnaires (with 85% overall agreement).
Positives	Easy to administer
Negatives	Communication section inconsistent in identifying mild – moderate SLCN

Identification Tool: British Ability Scales	
Assesses	20 areas of knowledge, thinking, skills
Age range	3-17:11
Can be delivered by	Educational Psychologist and Clinical Psychologist
Training required to use the tool	Not indicated
Cost	£1325 for full set – would need to look at which parts needed
How long to administer	30-45 minutes
Evidence on accuracy	EEF Psychometry 3/3; Implementation 1/3
Positives	Free access to a scoring and reporting service

Identification Tool: British Picture Vocabulary Scale	
Assesses	Receptive Vocabulary
Age range	3-16
Can be delivered by	SLT; Educational Psychologist and; experienced teacher
Training required to use the tool	No
How long to administer	10-15 minutes
Evidence on accuracy	EEF Psychometry 3/3; Implementation 1/3
Positives	Easy to administer

Identification Tool: Bus Story	
Assesses	Expressive language discourse – information; sentences; grammar
Age range	3:06-8
Can be delivered by	Not indicated
Training required to use the tool	Yes, training advised if not delivered by SLT
Cost	£45.90
How long to administer	10
Evidence on accuracy	EEF Psychometry 2/3; Implementation 2/3
Positives	Normed at monthly intervals to allow comparisons
Negatives	Unreliable scoring

Identification Tool: New Reynell Developmental Language Scales	
Assesses	Understanding and production of selected vocabulary and grammatical features
Age range	2-7:06
Can be delivered by	SLT
Cost	£665 per set
How long to administer	45-60 mins
Evidence on accuracy	EEF Psychometry 3/3; Implementation 1/3
Positives	Standardised accurate assessment

Identification Tool: Preschool Language Scales	
Assesses	Oral language: pre-verbal, interaction-based skills; comprehension; expressive language; early literacy
Age range	Birth-7:11
Can be delivered by	SLT; Occupational Therapist; trained health professionals
Cost	£495
How long to administer	45-60 mins
Evidence on accuracy	EEF Psychometry 3/3; Implementation 1/3
Positives	Scoring clear and transparent

Identification Tool: Test for Reception of Grammar	
Assesses	Receptive grammar
Age range	4-87 years
Can be delivered by	Professional trained in delivering standardised tests
Training required to use the tool	No
Cost	£240
Training provider	N/A
How long to administer	10-20 mins
Evidence on accuracy	EEF Psychometry 3/3; Implementation 2/3
Positives	Scoring clear and transparent

Identification Tool: Word Finding Test	
Assesses	Expressive vocabulary
Age range	3-8 years
Can be delivered by	Professional trained in delivering standardised tests
Training required to use the tool	No
Cost	£47.99
How long to administer	10-15 mins
Evidence on accuracy	EEF Psychometry 2/3; Implementation 2/3
Positives	Scoring clear and transparent

Identification Tool: CELF Preschool	
Assesses	Receptive and Expressive Language
Age range	3-6 years
Can be delivered by	SLT; Educational Psychologist
Training required to use the tool	No
Cost	£470
How long to administer	30-45 minutes
Evidence on accuracy	EEF Psychometry 3/3; Implementation 1/3
Positives	Reliably diagnoses and classifies language disorders

Identification Tool: Diagnostic Test of Articulation and Phonology	
Assesses	Screen; articulation; phonology; oro-motor
Age range	3-6:11 years
Can be delivered by	SLT; Educational Psychologist; health professional
Training required to use the tool	No
How long to administer	5 minutes screening; 10-15 minutes articulation; 10-15 minutes phonology; 5 minutes oro-motor screen
Evidence on accuracy	EEF Psychometry 3/3; Implementation 1/3
Positives	UK norm reference
Negatives	Complex scoring system

Identification Tool: Early Repetition Battery	
Assesses	Phonological and morphosyntactic processing
Age range	2-6 years
Can be delivered by	SLT
Training required to use the tool	No
How long to administer	10-15 minutes
Evidence on accuracy	EEF Psychometry 3/3; Implementation 2/3
Positives	Clear and transparent scoring

Identification Tool: Grammar and Phonology Screening Test	
Assesses	Grammar; Phonology
Age range	3:6-6:6 years
Can be delivered by	Both professionals and non-professionals
Training required to use the tool	Not indicated
How long to administer	10 minutes
Evidence on accuracy	EEF Psychometry 3/3; Implementation 3/3
Positives	Clear and transparent scoring

Identification Tool: MacArthur Bates Communicative Development Inventories	
Assesses	Gestures and Words; Words and Sentences
Age range	8-37 months
Can be delivered by	Any practitioner
Training required to use the tool	No
Cost	£125
How long to administer	20-40 minutes for parent to complete; 10-15 minutes to score
Evidence on accuracy	EEF Psychometry 3/3; Implementation 1/3
Positives	Parent completes

Identification Tool: Children's Communication Checklist	
Assesses	Structural and expressive language
Age range	4-16
Can be delivered by	SLT; Educational Psychologist; Occupational Therapist;
Training required to use the tool	No
Cost	£173 + £58 per additional pack of 25 checklists
Training provider	N/A
How long to administer	5-15 minutes
Evidence on accuracy	EEF Psychometry 2/3; Implementation 2/3
Positives	Checklist completed by respondent

Identification Tool: WellComm	
Assesses	Receptive and expressive language
Age range	6 months-6 years
Can be delivered by	Any practitioner
Training required to use the tool	Yes, online training available
Length of training	Not indicated
Cost of training	None – self-directed learning
Cost	£449 + £82 reporting Wizard
Training provider	Online included in purchase
How long to administer	10-15 minutes
Evidence on accuracy	EEF Psychometry 2/3; Implementation 2/3
Positives	Includes intervention resource; WellComm Primary also available to track and support over time. Some usage currently in Leicester and Derby.Evidence of impact on the Derby population in the Derby pilot project and Derwent Stepping Stones project.

Identification Tool: Action Picture Test	
Assesses	Expressive vocabulary; grammatical features
Age range	3-9 years
Can be delivered by	SLT
Training required to use the tool	No
Cost	£30
How long to administer	10-15 minutes
Evidence on accuracy	EEF Psychometry 3/3; Implementation 1/3
Positives	Norm referenced
Negatives	Complex scoring system

Identification Tool: Every Child a Talker Child Monitoring Tool	
Assesses	Attention and Listening; Comprehension; Expression; Social Communication; Speech
Age range	0-5 years
Can be delivered by	Any practitioner
Training required to use the tool	No but training in assessment advisable
Cost	Free resource
How long to administer	Can be incorporated into EYFS tracking
Evidence on accuracy	Not indicated
Positives	Red flags at 11, 12, 16, 18, 24, 30 and 36 months; links with EYFS age band
Negatives	Wide age bands reduce accuracy of assessment

Identification Tool: Early Talk Boost Tracker NB this links to a free download checklist	
Assesses	Attention and Listening; Understanding; Speaking; Personal, Social and Communication
Age range	3-4
Can be delivered by	Any practitioner
Training required to use the tool	Yes
Length of training	As part of ETB training – 5 hours
Cost of training	Variable
Cost	£480
Training provider	ICAN Licensee
How long to administer	20 mins
Evidence on accuracy	Not standardised, based on norms
Positives	Easy to interpret RAG rating

Identification Tool: Speech Link	
Assesses	Speech sounds
Age range	4-7
Can be delivered by	Any practitioner
Training required to use the tool	Yes – online video walk through available with package
Length of training	Not indicated
Cost of training	Included in price of package
Cost	£330 year one; £180 subsequent years
Training provider	Speech Link
How long to administer	15 minutes
Evidence on accuracy	Impact report features Derby City – use of Speech Link improving speech sounds https://speechandlanguage.info/resources/perch/pdf/impact-report-1.pdf
Positives	Includes training on speech sound development; includes intervention; function to demonstrate impact of intervention

Identification Tool: Infant Language Link	
Assesses	Language
Age range	4-7
Can be delivered by	Any practitioner
Training required to use the tool	Yes – online video walk through available with package
Length of training	Not indicated
Cost of training	Included in price of package
Cost	£425 year one; £275 subsequent years
Training provider	Speech Link
How long to administer	15 minutes
Positives	Junior Language Link and Secondary Language Link also available allowing monitoring of SLC development over time. Includes intervention

Identification Tool: Stoke Communication Screen	
Assesses	Early language
Age range	2-5 years
Can be delivered by	Any practitioner
Training required to use the tool	Optional – training available from Stoke Speaks Out. In Stoke, a SLT is also allocated to each setting to train and support to use the tool.
Length of training	1 day
Cost of training	Not indicated
Cost	£140 from Stoke LA – includes photocopiable test forms
Training provider	Stoke Speaks Out
How long to administer	5-10 minutes
Evidence on accuracy	https://docs.wixstatic.com/ugdeda5ca_760ce227b77240b4aaad329e9067fdf6.pdf?index=true It has been validated against the New Reynell Developmental Language Scales 3 to ensure its accuracy.
Positives	Currently under evaluation from CREC as part of an EOF project – what makes settings sustain their practice in screening is under evaluation. Easy to interpret RAG rated results.

Identification Tool: UK Bilingual Toddlers Assessment Tool	
Assesses	Expressive vocabulary
Age range	24 months
Can be delivered by	Any practitioner
Training required to use the tool	Free online training
Length of training	Not indicated
How long to administer	Variable depending on method of administration
Evidence on accuracy	Predictive scores used
Positives	Accessible and available in for the bilingual population
Negatives	Reliability only in age range of 24 month plus/ minus 2 weeks

Identification Tool: Children's Centre Speech and Language Screen (Derby specific tool)	
Assesses	Language
Age range	2 years
Can be delivered by	Any practitioner
Training required to use the tool	No
How long to administer	Approximately 15 minutes
Evidence on accuracy	No research conducted into accuracy; home-grown tool based on the Sure Start Language Measure

Leicester City Council

Derby City Council

Nottingham City Council

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Health and Wellbeing Board
27 January 2021

	Report for Information
Title:	Nottingham City Safeguarding Adults Board (NCSAB) – Annual Report 2019/20
Lead Board Member(s):	Councillor Adele Williams – Portfolio Holder for Adult Care and Local Transport Catherine Underwood – Corporate Director for People (Children and Adults)
Author and contact details for further information:	Ross Leather – Board Manager, NCSAB ross.leather@nottinghamcity.gov.uk Joy Hollister – Independent Chair, NCSAB
Brief summary:	The Care Act 2015 made Safeguarding Adults Boards (SAB) statutory for the first time. The key function of the SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet the Care Act eligibility criteria. It is a statutory duty that, each year, the SAB publishes a strategic action plan, as well as an annual report, outlining how it met the objectives of the previous year's strategic plan. This report sets out how the SAB performed against its annual 2019/20 plan. Also included is a two-page visual summary of the report.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

a) consider the Nottingham City Safeguarding Adults Board's annual report for 2019/20;

b) provide feedback on any issues arising from the annual report to the Safeguarding Adults Board.

Contribution to Joint Health and Wellbeing Strategy:	
Health and Wellbeing Strategy aims and outcomes	**Summary of contribution to the Strategy**
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	The overarching purpose of the NCSAB is to be assured that partners across the city are working together effectively to help and protect adults experiencing, or at risk, of abuse or neglect. All safeguarding activity is concerned with improving health, wellbeing and safety, and although the Board is primarily concerned with adults who have need for care and support (are Care Act eligible) it has a broader preventative agenda that encompasses the outcomes described.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health
Board partner agencies work within a statutory definition of abuse that recognises abuse can take many forms other than physical (which itself can encompass sexual, domestic violence and modern slavery). These include psychological, discriminatory, organisational, neglect, self-neglect, acts of omission and financial abuse.

Background papers:	None

Nottingham City Safeguarding Adults Board

Annual Report

April 2019 – March 2020

Contents

For explanation of acronyms used throughout this document please see the glossary of terms on page 35.

Message from the Chair

Welcome to the 2019/20 Nottingham City Safeguarding Adults Board annual report. Once again, I believe the report demonstrates the strength of the partnership and members' shared commitment to safeguarding within the city.

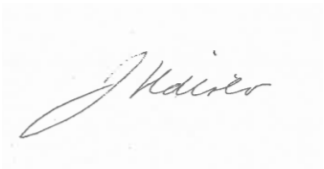
Last year I highlighted the challenges in the city arising from austerity and funding reductions. This year was no different and as we came to the end of the reporting period we were also faced with the emerging global pandemic and the challenges this brought for all partners. We have subsequently seen the distressing impact of COVID-19, particularly on our most vulnerable citizens. I expect this to be an ongoing theme throughout at least the next reporting period.

However, the year also demonstrated that the Board's priorities are the right ones: maintaining assurance on the quality and safety of the care market; ensuring safeguarding messages and supports are in place to make safeguarding everybody's business and continuing to place 'Making Safeguarding Personal' at the heart of all of our work. I have been truly impressed by partners' ongoing focus on safeguarding adults despite the many competing demands.

During 2019/20, we strengthened the partnership on the Board with the welcome addition of a strategic housing lead giving assurance that homelessness and rough sleeping remain high on the agenda. We also benefitted from strong input from both the voluntary sector and Healthwatch.

Finally, we continued our focus on learning from safeguarding adults reviews and quality audits. I am a firm believer that an open culture focusing on continuous improvement is the best way we can ensure citizens' wellbeing and safety.

Once again, I hope you find this report interesting and thought provoking.



Joy Hollister

Nottingham City Independent Chair

Case study

‘A’ was an older citizen with a terminal illness who lived in a bungalow with her grandson, who misused drugs. ‘A’ asked her grandson to leave the property due to his behaviour, but he regularly returned to her home along with other drug users, presenting a risk to her personal safety.

As concerns for her safety escalated, ‘A’s social worker liaised with her local housing provider and, in accordance with her wishes, ‘A’ moved into an accessible flat.

The social worker subsequently supported the grandson to access commissioned drug treatment services as well as housing support, all of which reassured ‘A’, who continued to be concerned for her grandson’s welfare.

Family members later fed back that they felt supported by services and that a successful outcome, which promoted rather than hindered family relationships, had been achieved.

Strategic priorities

The Board had four strategic priorities for 2019/20. These were:

1. Prevention

To promote effective strategies for preventing abuse and neglect and to ensure that there is a proactive framework of risk management.

2. Assurance

To develop and implement robust mechanisms of quality assurance which are used to monitor the effectiveness of local safeguarding adults' arrangements and that safeguarding adults reviews (SARs) are undertaken for any cases meeting the criteria outlined by the Care Act 2014.

3. Making Safeguarding Personal

To promote person-centred and outcome-focussed practice.

4. Board performance and capacity

To ensure that the Board has full engagement from relevant partners, is sufficiently resourced and that adequate arrangements are in place to enable it to discharge its responsibilities.

What the Board achieved

The annual action plan for 2019/20 was based on these four strategic priorities and the Board successfully achieved the following:

1. Prevention

- Implemented a new 'communications action plan' to amplify local, regional and national safeguarding messages, including 'World Elder Abuse Day' and 'White Ribbon' Awareness Day
- Promoted improved adult safeguarding arrangements between Adult Social Care and the Department for Work and Pensions (DWP)
- Jointly published practitioner 'self-neglect' guidance with Nottinghamshire Safeguarding Adults Board (SAB)
- Promoted free adult safeguarding resources (e-learning and mobile phone apps) for use by the voluntary sector
- Promoted Nottinghamshire Healthcare NHS Foundation Trust's innovative domestic abuse card for people with learning disabilities
- Promoted Nottinghamshire Fire and Rescue Service's CHARLIE campaign and online referral system
- Made representations on behalf of Board partners that the Slavery and Exploitation Risk Assessment Conference (SERAC) continue to have access to funding streams
- Created and promoted the introductory 'what is adult safeguarding?' PowerPoint presentation across statutory and voluntary sectors
- Created and distributed 'seven minute briefings' for frontline staff on topics including 'modern day slavery' and 'cuckooing'

2. Assurance

- Joined Nottinghamshire Healthcare NHS Foundation Trust's 'Sexual Safety on the Wards' steering group
- Received assurance from the integrated care system (ICS) and integrated care partnership (ICP) that adult safeguarding would be considered as part of their strategic action plans
- In light of 'Whorlton Hall', received assurance that clinical commissioning group (CCG) 'out of area' placements remained safe
- Received assurance from Nottinghamshire Trading Standards about work undertaken to tackle financial scams
- Received assurance from partners regarding implementation of the new Restraint Reduction Network (RNN) protocols
- Received assurance that partners had taken note of the Office of the Public Guardian's (OPG's) new safeguarding policy and that staff understood the OPG's function

- Received assurance from Adult Social Care (ASC) and the CCG that partnership arrangements remained in place to safeguard care home and home care service recipients
- Agreed that the Board would assume oversight of the local authority (LA) independent inquiry into child sexual abuse (IICSA) review action plan
- Agreed what additional assurance should be sought from partners in respect of adult safeguarding following publication of the IICSA review
- Received assurance reports from our partners on the following cross-cutting themes: housing and homelessness, prevent*, modern slavery, female genital mutilation (FGM), domestic and sexual violence and abuse (DSVA) and suicide prevention
- Received assurance from ASC that they undertook more community and residential reviews than last year and remain committed to targeting those most in need
- Received assurance that partner agencies subject to regulatory inspections had action plans in place
- Received assurance that ASC continued to triage Deprivation of Liberty Safeguards (DoLS) cases in accordance with Association of Directors of Adult Social Services (ADASS) recommendations
- Received regular assurance from Greater Nottingham CCG that the local learning disability mortality review (LeDeR) response remained on schedule
- Received assurance from the commissioned advocacy provider about the efficacy of their services
- Received assurance from the CCG about when staff consult independent mental capacity advocates (IMCAs) in relation to 'do not attempt resuscitation' (DNAR) orders
- Received assurance about the sector response to the demands placed upon it following implementation of the Homelessness Reduction Act
- Created the 'impact upon learning outcomes rating' (ILOR) tool to measure how effectively training and learning is embedded at organisational and practitioner level

** s.26 of the Counter-Terrorism and Security Act 2015 places a duty on certain bodies in the exercise of their functions to have "due regard to the need to prevent people from being drawn into terrorism". References to 'prevent' throughout this document relate to this duty.*

3. Making Safeguarding Personal

- Devised a case audit tool with Nottinghamshire SAB for use in future qualitative audits
- Continued to attend Vulnerable Adults Provider Network (VAPN) and safeguarding leads meetings
- Began writing a partnership-wide 'Making Safeguarding Personal' (MSP) leaflet
- Promoted greater awareness of the 'Real Safeguarding Stories' website, including at Board
- Discussed individual 'good practice' examples of adult safeguarding at Board
- Asked all partners to report via their performance assurance tool (PAT) return how they ensured MSP practice in their own agencies

4. Board performance and capacity

- Began monitoring the annual action plan and risk register at every Board meeting
- Devised a 360° feedback tool to evaluate the independent chair's performance
- Improved Board governance and oversight arrangements by arranging scrutiny of the annual report from Nottingham City Council's Health and Wellbeing Board and Oversight and Scrutiny Committee
- Improved the PAT
- Continued to work towards full GDPR compliance in all areas of Board activity
- Agreed the Board budget for 2020/21
- Wrote and distributed the Board's annual report – including a new, two-page graphical summary – to all members and statutory stakeholders
- Continued sharing learning with Nottingham City Safeguarding Children Partnership and the Crime and Drug Partnership
- Promoted greater understanding of the Board's function and role to the Community Protection Senior Leadership group
- Ended the complex case review pilot and replaced it with 'non-mandatory SARs'
- Introduced regular reporting of LA safeguarding performance data (the data dashboard) at Board meetings
- Began monitoring the Care Quality Commission's new regional reports at the Quality Assurance (QA) subgroup
- Continued to refresh and expand membership of the Board's three subgroups
- Updated the Nottingham City SAB webpages following Council redesign

Core duties of Nottingham City Safeguarding Adults Board

Each local authority (LA) must set up a Safeguarding Adults Board (SAB). The main objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet the criteria set out in the Care Act.

The SAB has a strategic role that is greater than the sum of the operational duties of the core partners. It oversees and leads adult safeguarding across its locality and is interested in a range of matters that contribute to the prevention of abuse and neglect.

A SAB has three core duties:

- It must publish a strategic plan for each financial year that sets out how it will meet its main objective and what the members will do to achieve this.
- It must publish an annual report which details what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy, as well as the findings of any safeguarding adults reviews (SARs) and subsequent action.
- It must conduct any safeguarding adults reviews in accordance with Section 44 of the Care Act.

Case study

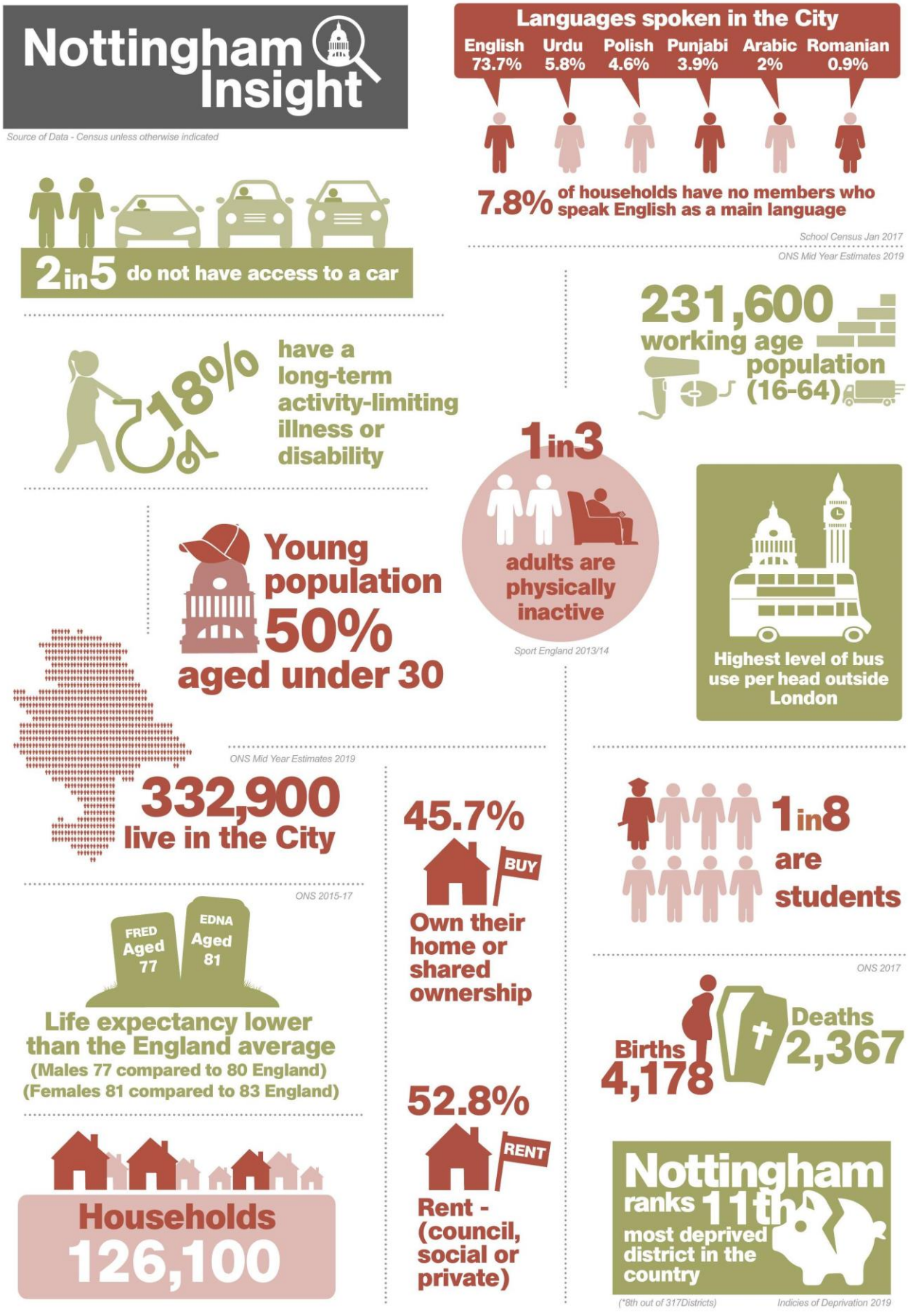
'B' first presented with skin breakdown and self-neglect with complex family dynamics, which did not encourage her engagement with care.

After an initial period of emergency respite, 'B' objected to remaining in residential care and, after formal consideration of her mental capacity, a care package was agreed that supported 'B's wishes and feelings to return home with support from carers and family.

However, the family dynamics worsened and witnessing arguments between siblings adversely affected 'B'. The safeguarding team social worker initially undertook mediation between family members when conflict occurred with a view to supporting 'B' to continue residing at home, which remained her wish.

Recognising that 'B' benefitted from being at home, continued efforts were made by multiple agencies and friends to support 'B' for nearly two years. The safeguarding team remained involved throughout, receiving and monitoring concerns and responding as required, whilst managing to balance 'B's desire to remain at home with their legal duty to manage risk.

About Nottingham City

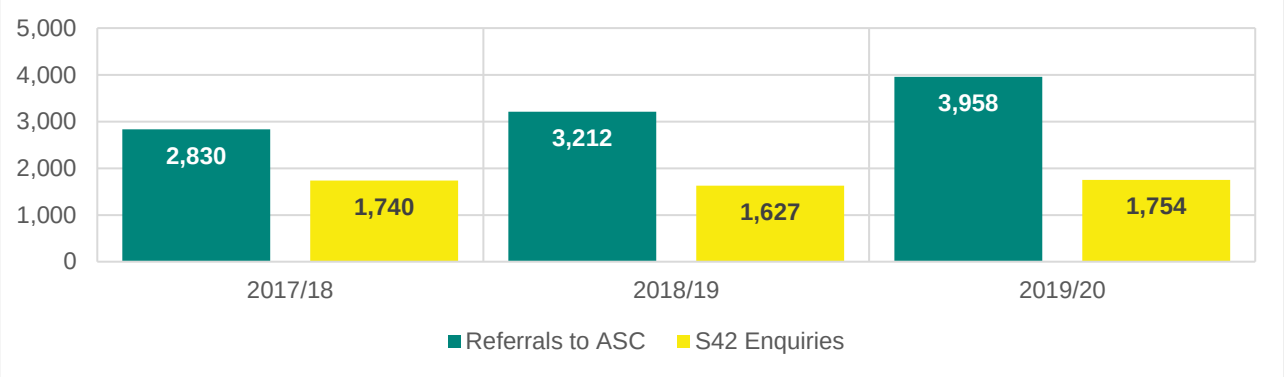


Nottingham City Adult Social Care safeguarding performance

Section 42 of the Care Act requires local authorities to make enquiries, or cause others to do so, if they believe an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect and if so, by whom. These enquiries are commonly referred to as 's.42 enquiries'.

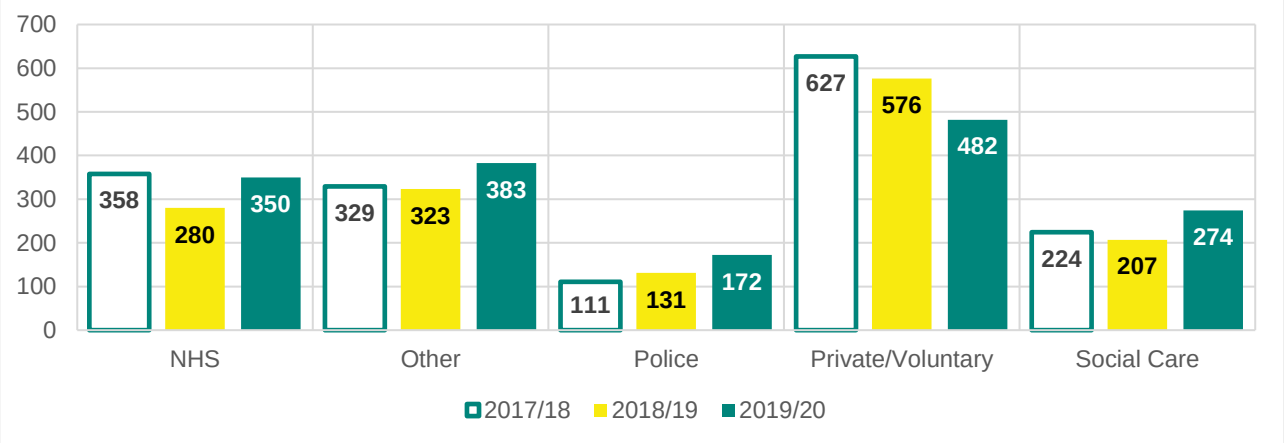
The charts that follow are drawn from local authority safeguarding data and show key safeguarding measures.

Chart 1: Adult safeguarding referrals and s.42 enquiries by financial year



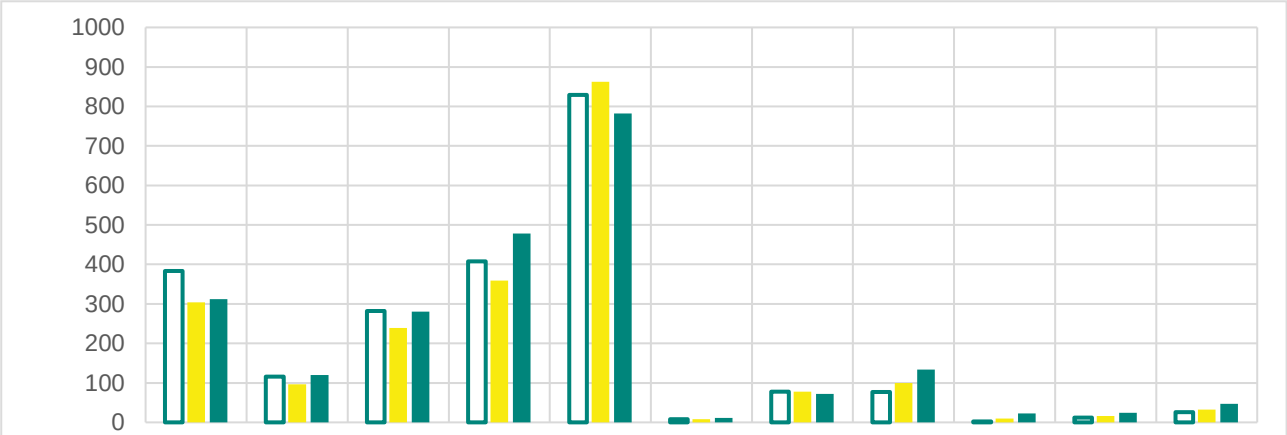
In 2019/20 the number of adult safeguarding referrals received by Adult Social Care (ASC) continued to increase, although the number of s.42 enquiries undertaken remained largely constant.

Chart 2: Volume of s.42 enquiries by referral source



Trends in referral source for adult safeguarding referrals that lead to a s.42 enquiry remained relatively consistent compared to previous years, with the private/voluntary sector continuing to provide the largest, albeit steadily dropping, proportion of adult safeguarding referrals.

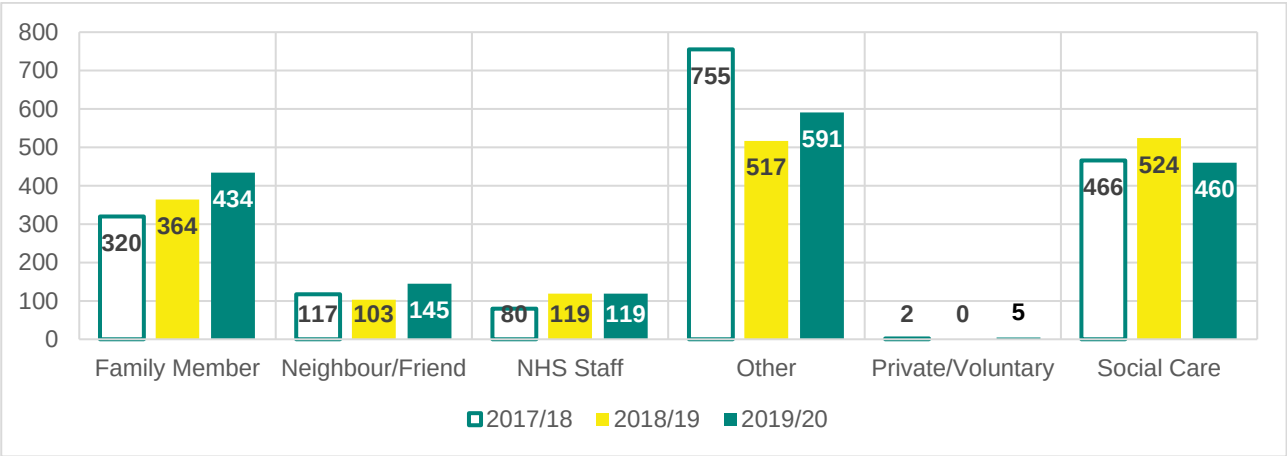
Chart 3: Volume of s.42 enquiries by type of abuse



	Physical	Sexual	Psychological	Financial	Neglect	Discriminatory	Institutional	Domestic abuse	Modern slavery	Sexual exploitation	Self neglect
2017/18	383	116	282	408	829	8	78	77	2	12	26
2018/19	304	96	239	359	862	8	78	100	10	16	32
2019/20	312	120	280	478	782	11	72	134	23	24	47

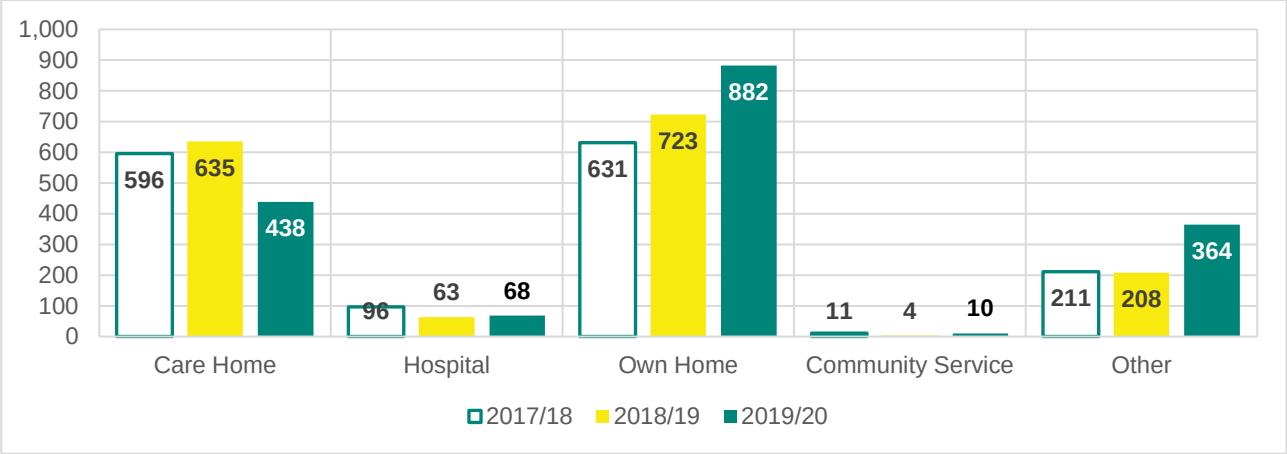
Neglect continued to be the most prevalent abuse type recorded. This category had seen consistent increases annually since 2016/17, but reduced in frequency in 2019/20. Of note is that financial abuse is now comfortably the second most prevalent type of abuse, whilst physical abuse rates virtually matched that of last year, ceasing their annual decline.

Chart 4: Volume of s.42 enquiries by perpetrator relationship



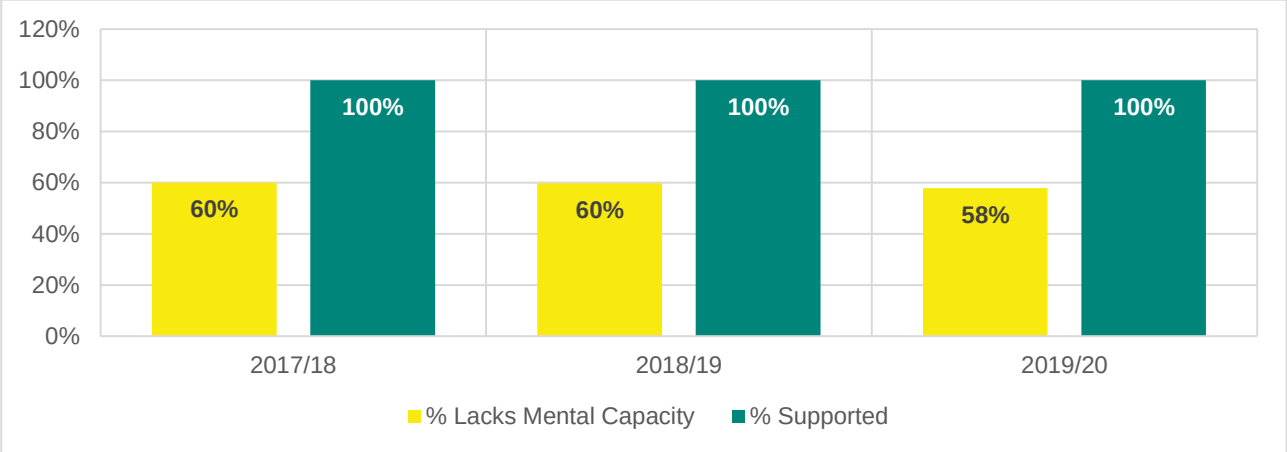
Unfortunately, 'Other' continues to show as the single largest type of 'perpetrator relationship' (indeed, increasing in 2019/20), with 'Social Care' and 'Family' maintaining their respective positions behind. New recording categories should improve matters for next year's report.

Chart 5: Volume of s.42 enquiries by location of abuse



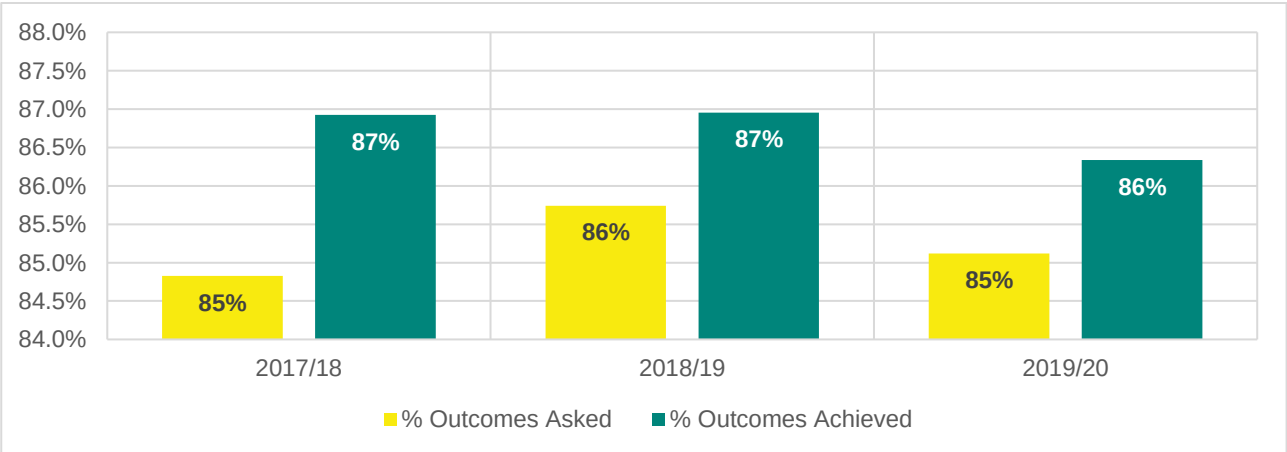
Whilst the number of s.42 enquiries within care homes continued to fall significantly in 2019/20, abuse within familial dwellings continued to rise.

Chart 6: Proportion of s.42 enquiries where the adult lacked mental capacity



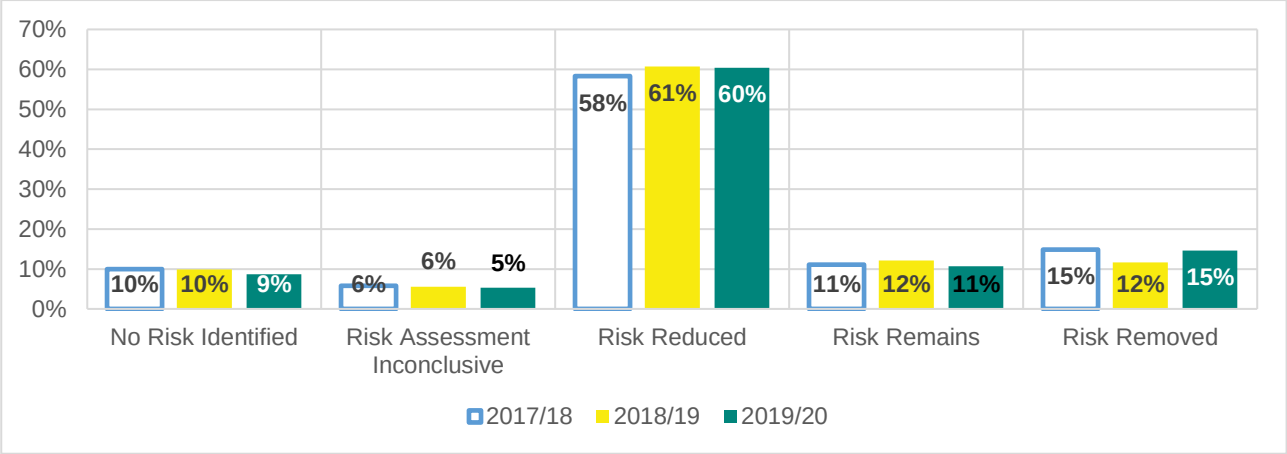
The proportion of referrals where the adult at risk was recorded as lacking mental capacity in relation to the safeguarding referral has remained static over the last three financial years. The same trend is also seen in the proportion of those who lacked mental capacity receiving support through Care Act advocacy, family or friends.

Chart 7: s42 enquiries where the adult was asked about their desired outcome



Neither measures displayed here showed any statistically relevant change.

Chart 8: Percentage of s.42 enquiries by risk outcome



Risk outcomes of s.42 enquiries followed a consistent trend compared to previous years, with the majority of enquiries concluding with a reduction in risk (60%), followed by the level of risk remaining (15%) and the risk being fully removed (11%).

Neglect remains the biggest single type of abuse, disproportionately affecting adults aged 70 plus, regardless of gender and accounting for well over half of s.42 enquiries in this age range. Although financial abuse accounted for the second greatest volume in both males and females over the age of 70, this was actually the most prevalent type of abuse in males aged 18 to 69, until 'overtaken' by neglect for males aged 70 and above. For women aged 18 to 69, sexual and domestic abuse is far more prominent than amongst males of the same age, although physical and financial abuse also figure significantly until, as with men aged 70 and above, neglect quickly becomes the most common type of abuse.

Over the last three years there has been little change with respect to safeguarding and gender, such that the majority of citizens referred in 2019/20 continued to be female (1,029 compared with 772 males). Looking at the relationship between safeguarding and age, adults at risk over the age of 65 accounted for well over half of all referrals, with citizens aged between 69 and 89 contributing the highest proportion within this age category. Lastly, and as expected, the greatest volume of adults at risk in 2019/20 were of White British ethnicity (over 75%). Census data is now so out of step with local population changes as to make wider analysis of population engagement with adult safeguarding almost meaningless.

Who sits on the Board and how does it work?

Joy Hollister chaired the Board throughout the year, with support from Ross Leather, the Board Manager, and Emma Such, the Board Administrator.

The Board met quarterly, with senior representatives attending from the following organisations:

- Nottingham City Council Adult Social Care
- Nottingham City Council Community Protection
- Nottinghamshire Police
- NHS Nottingham and Nottinghamshire Clinical Commissioning Group (CCG)
- National Probation Service, Nottinghamshire
- Derbyshire, Leicestershire, Nottinghamshire and Rutland Community Rehabilitation Company (DLNR CRC)
- Nottinghamshire Fire and Rescue Service (NFRS)
- East Midlands Ambulance Service (EMAS)
- Nottinghamshire Healthcare NHS Foundation Trust
- Nottingham CityCare Partnership
- Nottingham University Hospitals NHS Trust (NUH)
- Nottingham Community and Voluntary Service (NCVS)
- HMP Nottingham

During the course of the year, the Board also welcomed two new members, representing Nottingham and Nottinghamshire Healthwatch and Nottingham City Council's strategic housing service.

The Board has three subgroups to support it:

- The Quality Assurance subgroup

  This is a proactive subgroup, responsible for supporting Nottingham City SAB in its assurance responsibilities by collecting evidence concerning the quality of local safeguarding adults' interventions and the performance of agencies and their staff in carrying out their safeguarding responsibilities. This includes a focus on the principles of Making Safeguarding Personal.

- The Safeguarding Adults Review subgroup

  This is a reactive group, responding to any SAR referrals the Board receives and responsible for the operation of the SARs it commissions to ensure that agencies learn lessons and improve the way in which they work with adults at risk. The SAR subgroup seeks to develop SAR processes in line with the Care Act and local and national best practice.

- The Training, Learning and Improvement subgroup

  This is both a reactive and proactive group, responsible for disseminating learning identified in SARs as well as acting as a conduit for identifying and passing on safeguarding messages and available training to partner workforces. Additionally, the subgroup can arrange training on behalf of the Board as well as reviewing the effectiveness of multi-agency learning and improvement activities.

In addition to the three subgroups, the independent chair and representatives from the three funding agencies meet with the subgroup chairs and Board manager on a quarterly basis at the Business Management group to assist in the implementation of the Board's annual action plan.

Nottingham City Council, Nottinghamshire Police and Nottingham and Nottinghamshire CCG fund the Board.

SAB 2019/20 budget

	Expenditure	Income
Board manager	£58,992	
Board administrator	£12,692	
Board chair	£13,878	
Running costs	£2,179	
SAR	£6,365	
Total expenditure	**£94,106**	
Nottingham City Council		£42,646
Nottingham and Nottinghamshire CCG		£42,646
Nottinghamshire Police		£8,214
Nottinghamshire Probation		£600
Total income		**£94,106**

Safeguarding adults reviews

During the 2019/20 financial year, four SAR referrals were received (although one was for information only with no expectation that an SAR was required) resulting in three requests for partner reports on their involvement with these individuals. Extraordinary meetings were held, involving all relevant agencies, and cases examined to see whether the SAR criteria were met. In one case, it was decided they were not, although some learning was identified and actioned. In another case, it was decided that the criteria were met, and an independent author was commissioned. During the course of this SAR, a learning event was held, which was well received by all partners, the report was completed and action plan agreed, although this has not yet been published due to ongoing criminal investigations. The final potential SAR was delayed because of the COVID-19 pandemic, with work only resuming outside of the period under review here.

Additionally, action plans for previous SARs – adults C and D and 'Autumn Grange' – were all concluded. Work also continued on the two complex case reviews (essentially non-mandatory SARs), begun last year by Nottingham City SAB. At the time of writing, both reports have been accepted by the Board, along with their respective action plans, with completion expected before the end of 2020.

Partner contributions

Our partner agencies promoted adult safeguarding within their own organisations in numerous ways throughout 2019/20. These are their reports:

Nottingham Community and Voluntary Service (NCVS)

Before and during lockdown, NCVS staff continued to deliver the Volunteer Centre and Professional Development Unit (PDU) services. Staff and volunteers for both services received safeguarding training at induction and briefings periodically thereafter. The NCVS safeguarding lead reviewed all potential safeguarding issues.

Alongside this, NCVS continued to host the VAPN and the Designated Safeguarding Lead (DSL) meetings, as well as providing a dedicated safeguarding page on its website where resources discussed at the meetings could be shared.

Internally, NCVS has up-to-date safeguarding policies and procedures available electronically and as hard copies for staff and volunteers to easily access, whilst safeguarding remains a standard item on team meeting agendas. Externally, we continue to deliver low-cost safeguarding training to Nottingham's voluntary, community and social enterprise sector (VCSE).

NCVS has been monitoring the effect of the pandemic on Nottingham's VCSE. We fear that the real impact of the crisis upon local groups and organisations will not be realised until next financial year when furlough has ended and funding streams to support charities stop. We are currently working with Nottingham's VCSE Strategy Forum on a 'state of the sector' survey, which is hoped will provide a more accurate analysis.

HMP Nottingham

HMP Nottingham continues to respond to the needs of prisoners who have safeguarding issues. All new prisoners receive one-to-one interviews with a registered nurse and member of the prison safety team to assess their needs, with referrals to other services made immediately if necessary. The biggest difficulty for the prison remains that we do not know who is going to arrive each day and what needs they may have.

Those prisoners identified as requiring support are referred to the weekly, multi-agency safeguarding meeting, where their needs are discussed and appropriate care plans developed. Those attending include staff from the Safety team, Healthcare team, local community rehabilitation company, the Chaplaincy service, Psychology team and a senior operational manager. Oversight of these meetings is provided by the deputy governor. Further assurance regarding adult safeguarding within the prison is provided by visits from the regional safety team as well as the Prisons and Probation Ombudsman via their official inspections.

The prison has a comprehensive local safeguarding policy describing what safeguarding is, who may fit the criteria and what processes to follow. All staff have been made aware of this policy and procedure. Over the course of the year, the prison has also provided refresher training for all staff in suicide and self-harm prevention.

One new element of the safeguarding process is the use of ACCT (assessment care in custody and teamwork) books for those at risk or who have self-harmed. As part of the process, individual care maps are drawn up with prisoners, describing what is needed, who is responsible, the timeframe necessary and a review date when the case manager and prisoner will meet to discuss the plan. Each book is reviewed within 72 hours by a

senior manager and upon its closure. Issues are addressed immediately where identified. Within seven days of the ACCT being closed, a ‘post closure’ interview is conducted with the prisoner who was at risk. How effectively he was supported is discussed and the prisoner can provide written feedback.

The prison continues to improve its working relations with Board partners, with one example being an investigation undertaken on behalf of Adult Social Care, when allegations of assault by a prisoner against a member of staff were explored. CCTV footage was viewed and staff interviewed and within two days the investigation had been completed and the report shared with Adult Social Care.

HMP Nottingham remains committed to attending and contributing towards Nottingham City SAB meetings.

HMP Nottingham has not identified any current organisational risks that would affect its ability to meet its adult safeguarding duties.

Derbyshire, Leicestershire, Nottinghamshire and Rutland Community Rehabilitation Company (DLNR CRC)

During the year, we continued to experience a difficult financial position that exacerbated pressure on staffing levels and workloads. This looks likely to be the case until at least June 2021. Further major reform and restructuring of the probation system was announced in May 2019, which will result in significant organisational change over the coming year. This restructuring will need to be completed at pace, which will bring its own challenges, particularly against the backdrop of the pandemic.

By way of mitigation, all aspects of organisational performance and expenditure are now subject to high levels of internal and external scrutiny, from overarching governance structures and scrutiny panels and through internal quality assurance and ‘dip sampling’ (spot checking).

We have ensured that all staff remain informed of ongoing change through regular engagement, and have prioritised training of colleagues in safeguarding and public protection, with all practitioners having received refresher training on child and adult safeguarding and domestic abuse. ‘Making Safeguarding Personal’ has been a key element of these courses and our ‘Every Case Essentials’ practice requirement document also includes an ‘MSP approach’, which we expect staff to work towards.

We have seconded a former lead inspector for Her Majesty’s Inspectorate of Prisons (HMIP) to provide support with progressing previously identified areas of improvement, with our newly formed ‘Improving Practice team’ leading on our detailed HMIP plan.

Alongside the internal, monthly quality assurance of sampled cases and mini inspections completed by our seconded inspector, we undergo a range of external scrutiny measures, including audits by the Ministry of Justice and contract management team scrutiny, all of which have consideration of adult safeguarding embedded within them.

Our Public Protection Forum ensures that actions from serious further offences, serious case reviews, domestic homicide reviews and SARs are collated and completed, with learning identified and disseminated amongst staff teams.

DLNR CRC sits on all local safeguarding boards, strategic community safety partnerships, and youth justice and criminal justice boards, and we remain committed to working effectively with all our partners.

Looking forward, the challenges remain much as they were last year, with the merger with probation and responding to the evolving nature of the pandemic, including a possible second wave, likely to be key priorities.

Nottinghamshire Fire and Rescue Service (NFRS)

We operate a 24/7 service, with over 75% of employees engaged on the 'frontline', so our main adult safeguarding risk relates to staff training and how to correctly make a safeguarding referral. Accordingly, completion of our 'safeguarding essentials' e-learning module is mandatory for all employees every three years. Additionally, six-monthly 'case studies' are provided to frontline staff to help build competence in recognising abuse.

Members of the Prevention team and six group managers (who share on-call duty manager responsibility) receive additional safeguarding training, whilst the safeguarding team are trained to 'designated safeguarding lead' level. The service's safeguarding policies and procedure are available to all staff via our 'MyNet' intranet.

The Safeguarding team meets quarterly to review cases, identify learning and plan appropriate actions against any emerging themes. The team also undertakes regular quality assurance checks on referrals. On a bi-annual basis, a third party is commissioned to contact a sample of NFRS service users to gain feedback. This is then used to help improve service provision for those individuals we visit through emergency calls and preventative work.

During the year, NFRS launched an online referral system for 'safe and well' visit requests from partner agencies for residents at increased risk of fire. The website has a 'professionals only' link that allows completion of our CHARLIE matrix (ten characteristics that determine a level of risk) by those professionals who have concerns about the fire risk their clients present. Supporting this, face-to-face and e-learning training has been developed to aid completion of the CHARLIE matrix by partner organisations.

NFRS now has designated fire stations that are 'safe places' for people in crisis. Although care is only temporary, e.g. following an emergency, all operational staff have been trained to manage these situations.

Throughout the year, NFRS supported the City Safeguarding Adults Board by attending meetings and subgroups. NFRS also delivered CHARLIE and hoarding training for Board partners at no cost, which was well attended and received by all stakeholders.

During the pandemic, the pause in 'safe and well' visits meant that, in many cases, staff risk assessed via telephone triaging (only those households scoring as 'high risk' continued to receive a physical visit). On 20 July 2020, work recommenced to clear the backlog of home visits as quickly as possible, with three additional staff recruited.

Looking ahead, in the event of a second wave or local lockdowns, NFRS will revert to processes established earlier in 2020 to identify and protect the most vulnerable after 'safe and well' telephone triaging.

Nottingham CityCare

Our training compliance improved over the year, achieving just short of our 90% target.

We recognise the challenges we face in ensuring the correct application of the Mental Capacity Act (MCA) and the additional support our staff require to undertake robust MCA assessments. To achieve this, we have an MCA action plan that supports us in identifying areas for improvement and influences our activity in this area.

Our bite-sized learning programme has focussed on complex issues such as non-engagement, self-neglect, hoarding and fire safety; the workshops and briefing sheets ensure key messages are embedded in practice.

Prevention of abuse is central to our duty of care. We continue to ensure our operating procedures, care pathways and guidance for staff promote early intervention, whilst staff remain able to access our safeguarding duty worker for advice and support through a single point of access. Our safeguarding intranet pages also provide a range of resources to support practice. If a case is complex or staff require additional support the Safeguarding team can provide this on a one-to-one basis, as well as offering regular safeguarding drop-in sessions for all colleagues.

Our fire safety action plan includes a number of measures to improve staff's understanding of fire risk, including embedding the fire risk template into our 'SystmOne' electronic patient record and delivering bite-sized 'CHARLIE' learning.

All new staff receive 'prevent' training as part of their induction training, with information about 'prevent' also integral to the mandatory safeguarding training all staff receive. 'Prevent' training compliance stands at 98%.

Our lead practitioner for safeguarding audits all advice calls received on a monthly basis to quality assure calls and identify emerging themes. This work informs our 'safeguarding champions' network sessions. These sessions, co-ordinated by the Safeguarding team and often featuring guest speakers, ensure information is effectively cascaded throughout the organisation.

MSP is integrated into all areas of CityCare's practice; our safeguarding policy and procedure is explicit that staff should ascertain patient wishes and feelings regarding safeguarding, including what outcome they want. MSP is also built into our MCA paperwork and effective supervision ensures consent and wishes and feelings of our patients are central to decision-making.

CityCare is represented at both Board and subgroup level and we aim for 100% attendance. All Board requests for information are responded to in the allocated timeframe, whilst action plans from both internal and safeguarding adults reviews are monitored through the SILLF (Serious Incident Learning Lessons Forum). We continue to participate in multi-agency safeguarding hub (MASH), Domestic Abuse Referral team (DART) and multi-agency risk assessment conference (MARAC) processes.

CityCare has a robust system for monitoring satisfaction levels through complaint management, incident reporting and patient feedback. This system continues to evidence a consistently high level of patient satisfaction amongst patients.

Since the pandemic, we have made a number of changes in our service delivery. These include increased use of technology to ensure training, supervision and support continues, alongside drop-ins to teams and extra capacity within the Safeguarding team. Organisationally, we have committed to support staff who may be experiencing DSVA.

Nottinghamshire Police

Domestic abuse remains a top priority for Nottinghamshire Police and its partners. Lockdown increased strains on families and we experienced increased domestic abuse, mirroring the 5% national rise. Adopting a 'business as usual' approach, we continued to engage with partners in tackling the issue. MARACs, stalking clinics, albeit virtually, and support for our survivors all continued, with added engagement campaigns including silent reporting via '999 55' and supermarket poster campaigns.

During 2019/20, all frontline staff received 'coercive and controlling behaviour' refresher training delivered by Women's Aid. Over 1,100 officers received this training and more than 140 staff volunteered to be team domestic abuse 'champions'.

Stalking received similar focus in the year, with Nottinghamshire leading the way in the use of 'stalking protection orders' alongside criminal justice outcomes. Targeting of serial perpetrators gathered momentum with increased use of GPS tags for the highest risk abusers, which proved successful in reducing repeat victimisation.

Prevention and early intervention for victims of fraud remain priorities. Our fraud department invested heavily in new forms of engagement, including Instagram, Facebook, Radio Nottingham, Notts TV and Nottinghamshire Alert, advising and alerting our public on current frauds and scams.

Our Modern Slavery team was able to identify that the vast majority of adult victims of fraud were subject to labour exploitation, contrasting with last year's spike in sexual exploitation victims. Use of the National Referrer Mechanism remains effective.

Working alongside our health colleagues, use of the mental health triage car has increased and since October 2019 it has provided daytime as well as evening support. This service was used over 3,000 times in the first half of 2020.

Nottinghamshire Police's major step forward in terms of assurance was the introduction of the Safeguarding Adults Scrutiny Board in early 2020. This quarterly Board, chaired by an assistant chief constable and scrutinised by the chief executive of the Office of the Police and Crime Commissioner, examines Police performance and learning in respect of adult safeguarding, including domestic and sexual abuse, mental health, missing people, modern slavery and elder abuse.

We continue to conduct monthly surveys of victims of domestic abuse, with management addressing service issues and positive feedback passed on to officers. Unlike many other forces, we additionally conduct surveys with victims of rape and those using Clare's Law. These surveys are scrutinised regularly by the head of public protection.

In 2019, we commissioned an independent survey of our employees from the University of Durham. The survey was well responded to and results were encouraging, with positive feedback on force leadership and job satisfaction. Other issues raised such as wellbeing have been added to a force action plan.

Nottinghamshire Police remains committed to its statutory requirements and provides consistent attendance at Board and subgroup level, alongside contributing to safeguarding adults reviews. In our view there has been excellent progress by the partnership, driven by the Nottinghamshire Safeguarding Boards, in aligning service provision and focus across the two local authorities (Nottingham City and Nottinghamshire County Council).

Whilst the full extent of the coronavirus pandemic is yet to be revealed, including the possibility of a 'second spike', sufficient mitigation is currently in place. Brexit will also re-emerge in the coming months, although mitigation and planning continue organisationally and at partnership level via the Local Resilience Forum.

Nottingham and Nottinghamshire CCG

During the year, local CCGs underwent a restructuring exercise in preparation for becoming a single strategic commissioner in April 2020. This restructure saw the addition of Newark and Sherwood CCG, and Mansfield and Ashfield CCG to the Safeguarding Adults team portfolio, with staffing levels increased to include an associated designated nurse to accommodate the increased workload.

Nottingham and Nottinghamshire CCG (commonly known as Greater Nottingham CCG) continues to be an active member of the Nottingham City Safeguarding Adults Board and subgroups, with the designated nurse for safeguarding adults chairing the SAR subgroup. We also participate in local Prevent and Multi-Agency Public Protection Arrangements (MAPPA) boards as well as supporting the Community Safety Partnership in areas including domestic abuse and FGM.

The LeDeR programme is now in a position whereby themes and trends can be identified, with the steering group developing action plans based upon the learning recognised, which in turn feeds into the strategic transforming care agenda.

We continue to support primary care by contributing to the GP Safeguarding Leads Forum, delivering bespoke training where required. We have also piloted a well-received webinar for adult safeguarding training through the GP 'Team Net' platform. During the year, GP practices began submitting safeguarding self-assessments to the primary care dashboard, with the CCG Safeguarding and Quality teams and the GP Safeguarding Leads Forum supporting them to improve in the areas they had identified though self-assessment.

The CCGs were part of the NHS England and NHS Improvement (NHSE&I) safeguarding assurance tool pilot and judged compliant in both recruitment practices and statutory responsibilities for safeguarding adults. The CCGs' internal governance procedures were amended before the merger to ensure they adhered to both the 'Intercollegiate Documents for Health' and the 'Safeguarding Adults Assurance Framework'.

The Safeguarding Assurance group remains responsible for reviewing and monitoring the learning and actions assigned to the CCG and primary care from safeguarding adults reviews. We continue to attend the quarterly NHSE&I 'Senate for Designated Professionals' and monitor Prevent training figures, liaising with provider organisations to ensure that identified risks are mitigated against.

The CCG continues to identify patients who are subject to a Deprivation of Liberty within care homes or the community. We take these, and cases where the patient is objecting to care, to the Court of Protection for authorisation. We continue to prepare for the implementation of the Liberty Protection Safeguards.

MSP remains an integral component of all adult safeguarding training delivered by the CCG, as well as health providers, who provide assurance to the CCG about how MSP is embedded within their safeguarding procedures, including s.42 enquiries undertaken on behalf of the LA.

The CCG, and particularly the Safeguarding team, will be focusing on several issues as we emerge from the first phase of the pandemic: we will seek to better understand how we can sustainably use evidence-based safe, virtual contacts and assessments; we will maintain a clear focus on care homes and home care; we will continue our work supporting survivors of domestic abuse; and we will continue to have oversight and involvement with issues of homelessness, loneliness, mental health, trauma and self-neglect, as well as helping to identify and tackle health inequalities that are experienced across the population of the city.

Nottinghamshire Probation Service (NPS)

Key risks for NPS during the year included the arrival of new staff, which required ensuring their initial training was complete and that they were fully aware of their safeguarding responsibilities. Alongside this, we ensured that existing staff remained up to date with their training requirements. This was organisationally challenging and placed demands upon all colleagues. In respect of the training itself, colleagues undertook sessions on safeguarding adults, working with victims of domestic abuse and understanding sexual offending.

NPS now has a new organisational learning system that means managers can monitor the training their teams complete**,** as well as participation levels. NPS is reviewing its learning plan and working with Her Majesty's Prison and Probation Service (HMPPS) national Learning and Development team to ensure all our training remains fit for purpose.

As an organisation, we have put the majority of staff, many of whom already have enhanced HMPPS vetting, through ViSOR vetting (equivalent to Police Level 2 partnership vetting). This offers an additional level of assurance that those working with vulnerable adults are fit to do so.

Assessments and reports are routinely quality assured by managers to ensure they meet appropriate quality levels and where they do not, remedial work is undertaken. We also have wider Assurance and Quality teams who can support staff who need this. We are also beginning to look at how we can better embed learning from cases that have been subject to review. All our staff are aware of and required to work towards our safeguarding adults policy and procedure.

Our service manages a number of complex cases, with multiple safeguarding risks and issues that need to be managed. In such cases we utilise, and lead on, the MAPPA process, bringing together partner agencies to formulate effective safeguarding management plans. In keeping with this multi-agency approach, our approved premises all have links with social care colleagues so that we might better meet the needs of those individual residents who are Care Act eligible.

NPS staff attend a number of boards and strategic forums that consider adult safeguarding, including the Crime and Drug Partnership; Safer Nottinghamshire Board; Domestic Homicide Review Assurance and Learning Implementation group; Stalking Clinic; and MAPPA. All these involve significant partnership working related to safeguarding. We also have two safeguarding senior probation officer (SPO) leads and the deputy head of the service represents Nottinghamshire Probation at Nottingham City's Safeguarding Adults Board.

Whilst the pandemic is an obvious risk for all agencies, we have now been working to an 'exceptional delivery model', essentially a different way of supervising people, for some time and a recent thematic inspection identified that safeguarding practice was of good quality. The other significant potential risk is the reintegration of probation services into one unified 'National Probation Service' by June 2021, although we are confident this process can be successfully managed.

Nottinghamshire Healthcare NHS Foundation Trust

In order to support the Trust's five-year vision alongside our safeguarding priorities we realigned the safeguarding service into a single integrated team. This process has not been without risk and we undertook sessions exploring working practices, culture and behaviour, all with the aim of improving teamwork and co-operation.

As the pandemic began, a risk was identified in relation to staff accessing safeguarding advice easily. This risk was mitigated by bringing forward the introduction of the Single Point of Contact (SPOC), a single email and phone number for all safeguarding queries.

Although the service had above average sickness levels, contingency plans were established to ensure work was still completed in a timely manner, whilst a review of the Trust's multi-agency review framework was also undertaken to strengthen our approach.

A focus upon domestic abuse remains a priority for the organisation and our MARAC practitioner, supported by two specialist domestic violence colleagues, has continued to lead Trust involvement in these processes. Work has also continued on the sexual safety on wards project with Nottingham University. This has included development of resources, staff training and, most importantly, engagement with female service users. The project lead continues to be involved at a national level.

All staff receive training from the Trust's Safeguarding Training team. Courses are reviewed annually, with specific areas of need addressed as necessary, which this year included training on the domestic abuse, stalking, harassment and honour-based violence risk identification checklist (DASH RIC) and referrals to MARAC. Evaluation of training is consistently high. Whilst the team continues to develop a number of safeguarding adults training packages, including e-learning on domestic violence and self-neglect, work has also started on developing a safeguarding training passport that will allow staff to easily record the development opportunities they access.

The Trust's Safeguarding strategic group provides oversight of our safeguarding strategy. Our 'think family' strategy, alongside our domestic violence and training strategies, are all key areas at Trust strategic level. Further assurance is provided via our annual report to the Trust Board. An opportunity to celebrate achievements and lessons learnt, this year's report was presented in an 'infographic' format that visually represents information, data and assurance in a way that is accessible to all. We also continue to ensure compliance through completion of the Safeguarding Adults Assurance Framework (SAAF).

The Trust has an established system for learning from incidents, with areas identified as requiring improvement monitored to ensure new practice is embedded. Similarly, learning identified from multi-agency reviews is shared via briefings and the staff intranet, whilst training packages are updated as required. Our Safeguarding Link Practitioners group also continues to meet, with excellent engagement from many services.

We have strengthened our performance information reporting to provide statistical analysis of how the Trust has complied with safeguarding duties over the year, highlighting good areas of practice, themes and key areas for development.

Use of our compliance framework, by which Trust services measure their compliance against Care Quality Commission (CQC) standards, has continued, with safeguarding practitioners supporting any areas requiring improvement through the creation of quality improvement plans.

Following evaluation by Nottingham University, a review of the current safeguarding supervision framework has begun. Safeguarding trainers have continued to deliver safeguarding supervision skills training to managers across the Trust.

MSP continues to be a focus in all safeguarding training. We have completed an audit on our s.42 enquiries that benchmarked the quality of current referrals, including consideration of MSP. Likewise, the new SPOC process allows us to collect MSP information from referring colleagues so we can establish where practice sits across the Trust. We will develop a quality improvement plan to address the issues identified.

Our associate director for safeguarding and social work sits on the Board, whilst Safeguarding team members ensure the Trust is represented on all subgroups, with colleagues currently chairing two of these groups.

The Trust has started a trauma-informed approach to patient care that will be extended to safeguarding activity to ensure the patient's voice is heard. We are now planning for the recovery phase of the pandemic, working to integrate our service into the 'new normal', whilst ensuring we have appropriate staffing to address the anticipated rise in domestic violence as lockdown eases and the predicted recession begins.

East Midlands Ambulance Service (EMAS)

We continue to prioritise safeguarding as an essential component of high-quality care and have adopted a 'think family' approach, with staff recognising that safeguarding is 'everyone's business'. Our colleagues are able to recognise and respond to abuse in accordance with organisational and statutory requirements, access care pathways and reduce harm through the provision of high quality care. Although EMAS is an emergency service and does not case hold, all staff are trained to engage patients in a way that enhances involvement, choice and control and as such 'Making Safeguarding Personal' should always be considered.

During the year, we developed a new education e-learning pack; continued delivery of safeguarding education (now up to level 3), including learning disability and autism education for all staff; completely reviewed our full suite of safeguarding policies; updated our modern slavery statement; hosted a safeguarding conference for colleagues; and supported use of the 'Bright Sky' app to support survivors of domestic abuse.

Although pressures during the year meant the Safeguarding team was unable to implement our communication plan in full, both Facebook and Twitter were used – alongside more traditional methods of bulletins, posters and case studies – to engage with staff and we are considering how to maintain a presence on these platforms next year.

Although EMAS successfully completed its annual SAAF, a challenge visit took place in November 2019 with commissioners seeking additional evidence of attainment in all areas. Upon completion, we were complimented for our ongoing representation at inter-agency safeguarding meetings as well as the new education book we have developed.

During the year, the team helped create a new Confidential Incident Review group (CIRG). This is a confidential forum for managing allegations involving staff. CIRG meets weekly and has received positive feedback from those involved.

In 2019/20, across the entirety of its region, EMAS raised over 32,000 safeguarding referrals, an increase of 10,000 from last year. Of these, 26,531 were regarding adults. The highest category of concern was self-neglect whilst the most common type of abuse involving a perpetrator was emotional abuse and neglect. EMAS received requests to participate in 75 statutory reviews this year, more than previous years.

The dedicated six-person Safeguarding team sits under the leadership of the director of quality improvement and patient safety and provides strategic, clinical and operational leadership regarding safeguarding. The team recognises the importance of multi-agency working and attends forums and groups to share best practice and lessons learned. We engage regionally and nationally to ensure the service remains abreast of current issues and that EMAS contributes to this developing work.

Although attendance at all children's and adults boards has been a challenge this year, EMAS remains committed to attendance, even virtually, if at all possible.

Since the pandemic began, EMAS has recognised that domestic abuse has the potential to be an issue for many. Along with the advice sticker already created, an e-learning programme on domestic abuse will be released in September 2020.

Nottingham City Adult Social Care

Several trends have continued to impact on our most vulnerable citizens; we continue to see an increase in demand, with more referrals to safeguarding (up nearly 28% compared to the previous year, with 859 additional referrals overall, whilst the specialist Safeguarding team saw an increase of 17%, an extra 321 referrals); greater complexity and risk, as evidenced via case audit and staff supervision; the ongoing impact of austerity, with reduced housing availability, including in women's refuges, impacting upon the robustness of safety plans; an increase in modern day slavery and self-neglect referrals, with the former increasing by 166% (although overall figures remained relatively low, with 32 cases this year compared to 12 last year) and the latter by nearly 40% (21 additional referrals); finally, there were more referrals for people who were borderline Care Act eligible, with insufficient resources, including housing, available to easily signpost to or meet need.

During the year, work began on reducing inappropriate referrals, particularly around falls in care homes, and managing demand, with a checklist established to advise care homes on alternative actions available to them.

A new role of quality assurance and safeguarding practice lead was appointed to, with the post holder taking on safeguarding training responsibilities as well as establishing a quality assurance framework.

ASC continued to deliver training to all staff groups, including newly qualified social workers, with courses on safeguarding, record keeping, chairing meetings, effective information gathering and risk management.

During the year, ASC worked with local DWP staff to improve awareness of each other's services. Staff from both agencies have confirmed that these sessions were extremely beneficial in making links to better support adults at risk. Similarly, relationships with both local universities have strengthened, with safeguarding staff lecturing on social work training programmes. Links between the Safeguarding and Modern Day Slavery teams were also improved, particularly via regular attendance at the Slavery, Exploitation and Risk Assessment Conference (SERAC).

The Adult Safeguarding Quality Assurance (ASQA) team continued to coordinate safeguarding investigations in care home and homecare settings, with work to identify and respond to early indicators of poor-quality care ongoing. Over the year, 23 early intervention meetings were held, with 16 individual providers supported. The same team continued to lead on provider investigation procedure (PIP) meetings, with ten PIPs completed, many more ongoing and 15 providers involved.

The head of adult safeguarding continues to chair a Safeguarding Leads Forum for colleagues from health and social care agencies, whilst there is now a bespoke 'safeguarding dashboard' available providing users with detailed information and analysis about the local authority's safeguarding performance. Of note from this year is that 97% of citizens who were asked, reported that the safeguarding intervention had either fully or partially met their desired outcome. Also positive is that although 59% of citizens involved were assessed as lacking the capacity to make decisions about their safeguarding, an advocate, friend or family member supported 100% of those citizens.

ASC continues to be fully committed to the Board, subgroups and safeguarding adults reviews, having recently finished work with Nottingham City Homes to improve referral pathways following one such review.

Looking ahead, the financial difficulties local authorities report nationally is reflected locally. Pressures on budgets and staff numbers remain a concern, especially as statutory services must be delivered. Additionally, the impact of funding cuts elsewhere will inevitably mean increased potential for abuse of adults at risk alongside reduced capacity to intervene.

During the pandemic, the care home sector has been under significant pressure. Whilst care homes are currently viable, it is anticipated many will see increasing vacancy levels. Should some care homes cease viability, the resource required to transfer residents safely will be significant, particularly if more than one closure occurs. Finally, there has been increased concern about people experiencing domestic violence during the pandemic, although staff have been creative in finding ways to work safely with victims remotely and in person.

Community Protection

Anti-Social Behaviour (ASB) service

The ASB service works with victims, witnesses and perpetrators who have safeguarding issues. Training of enforcement officers around safeguarding, signposting and referring, including identification of hidden vulnerabilities or those disguised by false compliance or aggression, continues. The sessions encourage professional curiosity, being victim-led and identifying pathways that reduce risk of harm to individuals, families and communities.

The service provides managerial oversight of all ASB cases to ensure early identification of potential safeguarding issues. More referrals are being made to specialist panels, such as the Complex Persons panel, whilst multi-agency case meetings prior to enforcement action help ensure early identification of vulnerabilities. ‘Community trigger’ case reviews are also held in accordance with the 2014 ASB Crime and Policing Act. All ASB team officers undergo vetting on a bi-annual basis to the same level as their Police colleagues.

Where court proceedings are initiated in relation to tenancy related behaviour, equality impact assessments are completed to ensure no discrimination. In relation to court appearances, witnesses can be transported to court and evidence can be given behind a curtain or video link to provide a less intimidating environment for victims. Other practical measures can include installation of fireproof letterboxes, ‘place of interest’ markers on addresses, Police or Community Police officers regularly patrolling past, and referrals to victim support services.

The pandemic has created additional difficulties by removing face-to-face contact, with most work now completed over the telephone and by post. This reduces officers’ ability to assess situations accurately. At the same time, with more harm occurring behind closed doors the service is relying upon concerned citizens reporting issues heard through adjoining walls.

Although the stay on possession proceedings between March and September has created a backlog of court cases, the government’s ‘all in’ strategy suggests that courts will be more likely to grant and then suspend possession orders rather than seek to evict the tenant immediately. In a related vein, we are not applying for ‘on notice’ injunctions except in exceptional circumstances involving violence or threats of violence. Principal

enforcement officers continue to review cases with enforcement officers to ensure that appropriate referrals and support are offered to victims as well as alleged perpetrators.

Looking ahead, the service is currently undergoing a restructure, which will reduce staffing levels. In turn, this may diminish service capacity to cope with potentially increased caseloads generated by the pandemic.

Safer housing

During the year, officers received training to support identification of potential safeguarding concerns. Although we have recruited new staff members we are now working to the 'Covid-19 and the enforcement of standards in rented properties' guidance published by the Ministry of Housing, Communities and Local Government, which does restrict property inspections and physical interaction with citizens. This potentially influences our ability to identify safeguarding concerns effectively within properties we would otherwise visit.

The team has a statutory duty to regulate private rented housing under the Housing Act 2004. Safe, warm housing is vital to individual wellbeing and the team not only ensures that landlords maintain minimum legal housing conditions, but also delivers discretionary licensing schemes ensuring that applicants are 'fit and proper persons'. Currently, Nottingham City Council has 26,000 applications to license properties. We recognise that this scheme provides an opportunity to identify, engage and reduce risk with those adults who are potentially vulnerable, in their own homes.

Trading Standards

The biggest risk is that of scam calls and rogue traders upon vulnerable citizens. We work to mitigate the risk of rogue traders by engaging in disputes on behalf of citizens, many of whom are unable to effectively fight their cause against unscrupulous traders. During the year, Trading Standards recovered over £58,000 for vulnerable citizens. This ranged from small amounts returned for non-delivery of items to over £13,000 given to a rogue trader for extremely poor roofing work. Much of the money saved was achieved through fitting call blockers – devices that prevent scam calls getting through to their intended recipient – in vulnerable citizens' homes. The call blocker not only prevents citizens from losing money, it also helps reduce the risk of falls by reducing the number of times they need to get up to answer the telephone.

Exploitation and Slavery Team, Adults (ESTA)

Professionals can overlook victims of exploitation with complex presentations including substance misuse and/or criminality. Interpretation of the victim's level of control can be misjudged and they can be deemed to be 'choosing a lifestyle' when in fact they are being exploited. Our team works to identify victims so that the potential risks of violence, homelessness, hospital admission and coercion into sex work or drug distribution can be avoided.

Initially a post National Referral Mechanism pilot, the ESTA was restructured with new funding to identify people vulnerable to/experiencing exploitation and slavery who might not meet statutory thresholds for intervention. Funding was secured until the end of March 2021. Between the SERAC beginning in May 2019 and the time of writing, the team received over 200 referrals.

Without necessary information, team members struggle to assess risk accurately. The small size of the team – currently one manager, two full-time caseworkers and a business support officer – means that capacity to encourage information-sharing can be a

challenge. Referral numbers are increasing monthly and have doubled since the pandemic.

In 2019/20 ESTA worked to build a reputation through networking with local and national organisations (including the Home Office), as well as delivering awareness-raising sessions to frontline staff and establishing the SERAC to discuss, risk assess and manage potential victims in a multi-agency forum. ESTA staff work between SERACs to triage referrals, support agencies and professionals working with victims, and implement emergency meetings when immediate safeguarding is required.

ESTA works in partnership with the Nottinghamshire Police Modern Slavery Human Trafficking team to provide a consistent victim-centred approach from initial identification right through to intervention.

ESTA is currently engaged in reviewing the various multi-agency panels that support vulnerable adults with a view to potentially seeking consolidation of them into a single structure (whilst retaining the discrete panels). This would avoid duplication of effort and potentially contradictory advice as well as better aid multi-agency communication and effectiveness.

The increase in team capacity to four staff has mitigated against increasing referrals. After March 2021 however, without additional funding secured there is a risk that the support provided by the team, as well as the SERAC function, will be lost.

The team works with a number of young adults who have been victims of child criminal exploitation (CCE) and/or child sexual exploitation (CSE) and, having turned 18, still experience ongoing exploitation. We have found that multi-agency ability to safeguard these individuals effectively is often impaired due to their complex presentation and the fact that they do not fit into any single agency's eligibility criteria. We would welcome a revised, holistic response to this issue.

Although the full impact of the pandemic is yet to be known, and direct correlation is not easily confirmed, ESTA has seen a significant increase in referrals. We suggest that the reduction of in-person visits by colleagues, job losses and other socio-economic factors may all be contributory reasons for this increase.

Community cohesion

As part of its role in supporting community organisations, the service continues to ensure good safeguarding practice exists in the sector. Alongside supporting community organisations to increase their understanding of, and ability to respond to, safeguarding, we have undertaken work challenging some community organisations. A recent example is our efforts to rebut the 'safeguarding' claims made by the right-wing groups 'Britain First' and 'Justice for All/Patriots/Veterans', who attempted to mobilise numbers beyond the right wing by claiming that they were 'fighting for justice' for women, children and veterans despite having no record of doing so.

During lockdown, we continued engaging with communities virtually and liaised with the Board manager to ensure that effective adult safeguarding messaging was disseminated amongst the many COVID-19 mutual aid support groups that sprang up on Facebook. Looking ahead, the service will continue to support community organisations meeting their safeguarding needs, whilst also working with the Board in identifying 'hard to reach and difficult to engage' community groups.

Community Protection and the Board

The service has been represented throughout the year at Board level by David Walker, Head of Safer Housing and ASB, and at subgroup level by Steve Harrison (who attends the SAR) and Jane Paling (who attends the Training, Learning and Improvement subgroup).

Nottingham University Hospitals NHS Trust (NUH)

The main adult safeguarding risks for our organisation are compliance with MCA training and Prevent level 3 training, both being below their expected 85% attendance level. There are robust action plans in place to manage both these risks: MCA training is now included as part of a mandatory package for all staff, with evaluation of our planned MCA audit this year likely to be used to adapt future Trust training. The Trust Adult Safeguarding team are delivering 'train the trainer' sessions to ensure divisional clinical educators have the necessary level of knowledge, whilst the Trust's 'safeguarding champions' also assist in embedding good application of the MCA within their clinical areas. Prevent level 3 training is delivered on corporate induction and is also available as e-learning; this has been communicated widely and is identifiable and accessible via each individual's training log.

This year, mandatory safeguarding training was delivered face-to-face, which has been identified as colleagues' preferred learning style. Unfortunately, by the end of March 2020, the Trust was below the overall expected 90% compliance target. Trainers are reliant on the release of staff from clinical areas and this proved difficult for divisions to undertake, particularly over the winter period when clinical areas experienced the greatest pressure on their service provision.

In addition to mandatory training, the Safeguarding team delivered tailored training as required, with topics covered including identifying domestic abuse and DoLS. During the year, Police colleagues also provided training on 'managing significant safeguarding incidents'. This was well received, with 45 senior staff, many holding 'silver on-call' responsibilities, attending the session.

The Trust supports close working with all health and community partners. We continue to be represented on local safeguarding adults boards by the head of safeguarding and at subgroup level by the adult safeguarding lead. We ensure Trust representation at all MARACs in both the city and the county.

Our organisation has a robust governance structure with the Safeguarding Adults Committee, who meet quarterly, receiving activity data from the Safeguarding team, as well as updates about serious case reviews, domestic homicide reviews and other complex case reviews. In 2019/20 it was reported in our annual safeguarding audit that 98.9% of all areas at NUH had either scored 'green' or 'gold', which indicated good levels of knowledge and understanding of adult safeguarding processes. As well as the local safeguarding adults boards, NUH continues to provide assurance to the CQC and CCG that it is discharging its safeguarding responsibilities effectively.

Following engagement with partners, the Trust's Learning Disability team worked hard with clinical areas to ensure staff are aware of what reasonable adjustments can be put in place to support our patients with learning disabilities. As part of this, new badges are being trialled in a number of clinical areas to support patients to recognise the role of those caring for them (sample badge pictured right).

‘Making Safeguarding Personal’ is a core principal in adult safeguarding and is embedded within all Trust adult safeguarding training.

Following learning from a SAR, we have added a safeguarding clinical note to the Trust’s IT system to ensure that any safeguarding concerns about patients are easily visible. This supports staff to both question and raise concerns quickly without having to review previous patient attendance notes to gather information.

Throughout the pandemic and lockdown, the Trust has, at the highest levels, continued to view safeguarding as a priority and accordingly the team was not only kept back from frontline clinical duties, but was supported with extra staff during the ‘first wave’, and has maintained existing safeguarding processes throughout this most challenging of periods.

Nottingham City Strategic Housing Service

Since the Grenfell disaster in 2017, the safety of people’s homes across all tenures is seen as the highest priority for stock-managing housing organisations, with the lack of financial resources to remedy this and other issues a concern. Turning to matters more directly aligned with adult safeguarding, ongoing concerns around street homelessness and the vulnerabilities it creates amongst those experiencing it continue to be a priority for the sector.

Towards the end of the period covered by this report, the pandemic and subsequent lockdown saw the closure of emergency night shelters for street homeless people. The immediate risk was mitigated by the use of hotels under the ‘Everyone In’ initiative. However, the risk of not having alternative, covid-secure provision remains. The lockdown also meant that housing staff were unable to visit vulnerable tenants in person. Nottingham City Homes (NCH) contacted all tenants perceived to be vulnerable in some way during lockdown in order to check that they were safe and able to access necessities if shielding. Similarly, because of the Strategic Housing Service’s contractual relationship with NCH, we remain assured of the robustness of their adult safeguarding procedures. Comprehensive guidance for all NCH staff about possible indicators of abuse, how to raise concerns within the organisation, defining the roles and responsibilities of ‘alerters’ and ‘referrers’ and when and how a referral needs to be made are all clearly set out within dedicated policy and procedure. Training (refreshed every two years) is delivered to all staff, whilst departmental safeguarding champions are available to provide additional support and guidance to all colleagues. Finally, a new 30-year management agreement between NCH and Nottingham City Council (NCC) has been concluded, which includes specific requirements around adult safeguarding in relation to staff recruitment.

During the year, housing organisations reviewed and risk assessed specific buildings, particularly high-rise flats, as well as checking that their health and safety processes were fully compliant with statutory requirements.

During the course of the year, bidding to the Ministry of Housing, Communities and Local Government’s rough sleepers initiative secured £1.4m for schemes delivered across a range of partners, with steady progress being made across the board with these schemes.

The presence this year of the NCC housing strategy and partnerships manager on the Board brought a previously missing area of focus to the Board’s attention, as well as enhancing its ability to obtain oversight of significant areas of concern such as rough sleeping and homelessness. We remain committed to attending and contributing to the Board’s work during the coming year.

Looking ahead, the Building Safety Bill will lead to significant responsibilities for both NCC and NCH, whilst reliance on year-to-year funding and bidding processes for rough

sleepers funding is also of concern. However, it must be acknowledged that the pandemic has led to additional funding via the 'Next Steps' programme, which did result in a number of positive outcomes for many previously long-term homeless people. Significant amongst these was improved access to healthcare services for rough sleepers as a result of them staying in hotels, where they could be contacted. Nottingham City's Integrated Care Partnership is seeking to build on this with wrap-around, multi-disciplinary systems that improve health outcomes for homeless people.

Healthwatch Nottingham and Nottinghamshire

The top risk in our organisation regarding adult safeguarding remains failing to notice safeguarding indicators from the people we interact with, whilst gathering their experiences of health and care services.

In order to mitigate against this, safeguarding awareness training, including how to make a referral, is provided to all staff and volunteers, and one of our senior managers is trained in making safeguarding referrals. We also ensure everyone is aware of and understands how to follow our safeguarding policy and procedure, as well as how to signpost people to relevant agencies for advice. Before we visit a service or carry out a project, part of the pre-visit process is to refresh and update all participants on our safeguarding procedure. Any member of the public who raises a concern to us is signposted to the relevant local authority and supported as required. Our safeguarding policy is updated regularly to reflect any changes in contact details and care pathways.

Our recruitment procedure ensures that at least two references – one from previous employers where possible – are gathered and that DBS checks for staff and volunteers who may come into contact with vulnerable adults are carried out. Staff and volunteers are only appointed once their three-month 'probationary' period is completed satisfactorily.

One of our recent reports, based on 150 surveys commissioned by Nottingham City and Nottinghamshire County Safeguarding Adults Boards, was designed to inform communication strategies about raising awareness of the boards and their responsibilities as well as improving the effectiveness of safeguarding processes. We understand that plans to implement our recommendations are underway.

Although Healthwatch is a small organisation, one of our current Board members sits on the Nottingham City Safeguarding Adults Board and we actively participate in meetings, discussion and the exchange of information to bring about sector-wide improvements in safeguarding practice.

As all our citizen engagement is currently either online or by telephone (and we anticipate this will be the case for some time), there is a risk we will be less likely to notice safeguarding indicators from the people we interact with. However, staff and volunteers understand the importance of remaining alert to concerns and of following our safeguarding policy as required.

What next for 2020/21?

As well as continuing the core business of the Board, we agreed to give attention to local and nationally-emerging issues. Accordingly, next year the Board will seek assurance in respect of the IICSA review conclusions and adult safeguarding. Our chair is also keen to strengthen ties with partner statutory forums and improve our ability to respond collectively as a system to the many cross-cutting issues, such as domestic abuse and CCE, which we all encounter. We will also continue to identify and disseminate learning as we bring to a conclusion our current SAR and complex case reviews.

Finally, of course, although the coronavirus pandemic only significantly affected the country after the period under review in this report, we unfortunately anticipate having to respond rapidly to the challenges the virus is likely to present to our ability to effectively safeguard adults at risk. We are confident this is a challenge the Board and all our partners will meet.

Reporting abuse

You may know a person carrying out abuse and be worried about reporting them. If you are being abused, you do not have to put up with it. If someone you know is being abused, or you have a concern that they may be, you should first make sure that they are safe if it is possible to do so.

Tell someone you trust or call Nottingham City Health and Care Point on **0300 1310 300 and select option 2.** Our offices are open from 8am to 6pm. If you live outside Nottingham City but within Nottinghamshire County boundaries, call Nottinghamshire County Council on **0300 500 8080.** If you are unsure, call either of the numbers and report what is happening to you or the person you are concerned about.

If it is an emergency, dial 999

You can report abuse to us in the strictest confidence and your identity can be kept private.

Glossary of acronyms

ASB	Anti-social behaviour
ASC	Adult Social Care
CCE	Child criminal exploitation
CCG	Clinical commissioning group
CHARLIE	Care and support needs; hoarding and mental health issues; alcohol and medication; reduced mobility; lives alone; inappropriate smoking; elderly
CQC	Care Quality Commission
DoLS	Deprivation of Liberty Safeguards
DSVA	Domestic and sexual violence and abuse
DWP	Department for Work and Pensions
EMAS	East Midlands Ambulance Service
ESTA	Exploitation and Slavery Team, Adults
FGM	Female genital mutilation
HMP	Her Majesty's Prison
IICSA	Independent inquiry into child sexual abuse
LA	Local authority
LeDeR	Learning disability mortality review
(MAPPA	Multi-agency public protection arrangement)
MARAC	Multi-agency risk assessment conference
MCA	Mental Capacity Act
MSP	Making Safeguarding Personal
SAAF	Safeguarding Adults Assurance Framework
SAB	Safeguarding Adults Board
SAR	Safeguarding adults review
SERAC	Slavery and exploitation risk assessment conference
VAPN	Vulnerable Adults Provider Network

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Nottingham City Safeguarding Adults Board

Annual report 2019/20 summary

Who are we?

Three statutory partners:

- Nottingham City Council Adult Social Care
- Nottinghamshire Police
- Nottingham and Nottinghamshire CCG

Twelve other partners:

- Nottingham City Council Community Protection
- Nottinghamshire Probation Service
- Derbyshire, Leicestershire, Nottinghamshire and Rutland Community Rehabilitation Company
- Nottinghamshire Fire and Rescue Service
- East Midlands Ambulance Service
- Nottinghamshire Healthcare NHS Foundation Trust
- Nottingham CityCare Partnership
- Nottingham University Hospitals NHS Trust
- Nottingham Community & Voluntary Service
- HMP Nottingham
- Healthwatch
- Nottingham City Strategic Housing Team

Independent Chair:

Joy Hollister

How we work

Alongside the Business Management Group, there are three subgroups undertaking the work of the board:

The Quality Assurance subgroup

responsible for evaluating the quality of safeguarding adult interventions and agency and staff performance

The Safeguarding Adults Review subgroup

responsible for commissioning SARs to ensure that agencies learn lessons and improve practice

The Training, Learning & Improvement subgroup

responsible for disseminating safeguarding messages, training opportunities and learning identified in SARs

What have we achieved?

2019/20

Prevention

- Promoted 'World Elder Abuse Day'; 'White Ribbon Awareness Day'; NFRS CHARLIE campaign and adult safeguarding e-learning and mobile phone apps
- Published 'self-neglect' guidance and 'seven-minute briefings' on modern day slavery and 'cuckooing'
- Created 'What is Adult Safeguarding?' slide deck

Assurance

- From Trading Standards; advocacy provision; Adult Social Care; Integrated Care Partnership and Integrated Care System; Housing Strategy Team
- From CCG about 'out of area' placements; LeDeR reviews and use of DNARs
- From all partners about Restraint Reduction Network protocols; Office of the Public Guardian safeguarding policy; statutory inspections and IICSA Review

Making Safeguarding Personal (MSP)

- Devised case audit tools
- Shared 'Real Safeguarding Stories' and 'good practice' examples of adult safeguarding at Board
- Asked partners to tell us how staff practice was MSP focussed

Board performance

- Devised 360° feedback tool to evaluate Independent Chair performance
- Improved Board governance arrangements with scrutiny from Council committees
- Introduced reporting of LA safeguarding performance data at Board

What external assurance have we sought?

- Suicide prevention
- Female genital mutilation
- Prevent*
- Domestic sexual violence and abuse

** s.26 of the Counter Terrorism and Security Act 2015 places a duty on certain bodies in the exercise of their functions to have "due regard to the need to prevent people from being drawn into terrorism".*

What Safeguarding Adults Reviews have been conducted?

Four SAR referrals were received, resulting in three requests for information. One case did not meet SAR criteria, although learning was disseminated. One case did meet criteria and an independent author was commissioned. A learning event preceded formulation of an action plan and report, with publication paused until criminal justice proceedings conclude. A final SAR was delayed due to the pandemic. SAR action plans from previous years were completed. Work is concluding on two 'complex case reviews' that were started last year.

What is our focus for 2020/21?

- To be assured that partners learn adult safeguarding lessons from the IICSA Review
- To audit practice in a range of areas, including fire safety, hoarding and self-neglect
- To improve the effectiveness of Board governance arrangements
- To strengthen ties with partner forums and improve our system-wide response to cross-cutting issues such as domestic abuse and exploitation
- To respond to the impact of coronavirus upon adult safeguarding arrangements

"Last year I highlighted the challenges in the City arising from austerity and funding reductions. This year was no different and as we came to the end of the reporting period we were also faced with the emerging pandemic and the challenges this brought. We have subsequently seen the distressing impact of COVID-19, particularly on our most vulnerable citizens.

"However, the year also demonstrated that the Board's priorities are the right ones: maintaining assurance on the quality and safety of the care market; ensuring safeguarding messages and support are in place to make safeguarding everybody's business; and continuing to place 'Making Safeguarding Personal' at the heart of all of our work. I have been truly impressed by partners' ongoing focus on safeguarding adults despite the many competing demands."

Joy Hollister, Independent Chair

Safeguarding stats for 2019/20

11th

Nottingham is the 11th most deprived district in the country

3,958

safeguarding adults referrals were received

746 more than in 2018/19

1,754

s.42 enquiries were undertaken

127 more than in 2018/19

782 enquiries were about neglect

487 were about financial abuse

312 were about physical abuse

280 were about psychological abuse

In **60%** of cases, risk was **reduced** & in **15%** the risk was **removed**

Statutory Officer's Report for the Health and Wellbeing Board
Corporate Director of People
27 January 2021

Adult Social Care

At the time of writing this report, we are in a third national lockdown, and as before we are continuing to ensure our citizens are supported. We have begun a programme of vaccination for our front line staff and have a programme in place to ensure staff have access to vaccine appointments. We are seeing a high number of staff sickness with the second variant of Coronavirus and so are undertaking a Service risk assessment to ensure staff wellbeing is maintained during this difficult time.

We are working with our partners across the system to ensure safe transfers of care, but are seeing pressures develop in the system, so we have been working with the home care providers to put in place a block contract to help with hospital transfers. This service is being paid for through Coronavirus monies and will enable us to support discharge from 7:00am to 10:00pm, 7 days a week. Despite the pressures, we are continuing to meet our duties to assess under the Care Act, but we are keeping this under review due to pressure in the workforce that may mean we need to enact Care Act easements.

In November, I reported our Safeguarding Team have been involved in two home closures, one of which where there had been serious safeguarding concerns. This is now concluded, and all residents were safely transferred to new residences and are settled.

We are moving forward with the adult transformation work with the overarching operating model having now been agreed, and as the adults programme board is now in place, we are working to a 3 -year programme of work that will transform the Service to meet future demands within an integrated model of care and support. The programme is wide-reaching and involves working with colleagues and partners both internally and externally, and our citizens and their families.

We recruited and successfully appointed our new Director of Adult Health and Care, Sara Storey, who will be joining us on 22 March 2021 and will take forwards the transformation work in adults.

Old Basford School recognised for excellence in national award

Old Basford School has been recognised in a national award for schools that work hardest at promoting understanding and combating discrimination between different religions and ethnicities. The Nottingham primary school has been placed third in the annual Accord Inclusivity Award, and is one of only four schools to be recognised this year.

The school stood out for its work in breaking down barriers between those of

different religious and cultural backgrounds. An important way this was achieved was through a complete overhaul of its Religious Education curriculum, after the school decided it was a subject into which they wanted to invest significant development. The work has been complemented by the school providing a range of educational off-site visits, assemblies and other opportunities, which has enabled pupils collectively and personally to celebrate their different religious and cultural backgrounds. Old Basford's revamped range of assemblies has included speakers from a diverse range of religious and belief groups, and its annual programme of work includes organising activities to observe Black History month.

This is an amazing achievement and it is so heartening for the whole of the City's education community that work happening in our schools to support our diverse communities is being recognised on a national stage.

School Adventure Feedback

Like many of our services during these challenging times, our Adventure Team has been working creatively to deliver outdoor and adventure activity sessions. Our young people have still been able to take part in a range of exciting outdoor activities including canoe rafting, climbing and fire pit sessions.

The Adventure Team has been working hard to ensure that sessions are Coronavirus-secure and this has been recognised by the Council for Learning Outside the Classroom's Quality Badge scheme.

We have received some great feedback from schools and all of the schools we worked with rated our sessions as 'Good' or 'Excellent' on value for money, and 100% of participants would recommend our sessions to other schools.

Catherine Underwood
Corporate Director for People
(January 2021)

Save Lives

#StopTheSpread #Covid19

HANDS - wash hands regularly with soap and water for 20 seconds

SPACE - maintain social distance

Keep 2m apart where possible

FACE - wear a face covering in all shared inside spaces

Self-isolate if you have symptoms

Call 119 to get a test

If you are self-isolating and you need help you can call the Council: 0115 915 5555

www.nottinghamcity.gov.uk/coronavirus

Nottingham City Council

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Health and Wellbeing Board
Work Plan 2020/21

Meeting Date	Agenda Item	Lead Officer
Wednesday 24 March 2021 1:30pm	HWB/ICP Governance and Terms of Reference Review	Alison Challenger (NCC) Rich Brady (ICP)
	Working in Partnership with the Health Scrutiny Committee	Alison Challenger (NCC)
	Speech, Language and Communication Needs: Draft Strategy	Kathryn Bouchlaghem (NCC) Katherine Crossley (NCC)
	Joint Strategic Needs Assessment: Proposed Approach for 2021/22	Claire Novak (NCC)
	Mental Health Collaborative Update	Sharan Jones (NCC)

Recurring Agenda Items

Agenda Item	Lead Officer
Coronavirus Update	Alison Challenger (NCC)
Health and Wellbeing Strategy Update	Alison Challenger (NCC)
Nottingham City Integrated Care Partnership Update	Dr Hugh Porter (ICP) Rich Brady (ICP)
Joint Strategic Needs Assessment: New Chapters	Claire Novak (NCC)
Board Member Updates	• The Third Sector • Healthwatch Nottingham and Nottinghamshire • NHS Nottingham and Nottinghamshire Clinical Commissioning Group • Nottingham City Council Corporate Director for People • Nottingham City Council Director for Public Health

Work Plan	Adrian Mann (NCC)

Details and recommendations must be provided to the Board in the form of a written report, headed by a standard cover sheet. Nottingham City Council colleagues must submit their papers through the electronic Reports Management System (http://intranet.nottinghamcity.gov.uk/councillors-and-committees/delegated-decisions-and-reports).

Presentations to help illustrate reports must be no more than 10 minutes in length. In certain cases, longer presentations for information purposes may be given in an informal session immediately before the public Board meeting.

Report authors MUST discuss their reports and presentations with Alison Challenger (Director of Public Health, Nottingham City Council, alison.challenger@nottinghamcity.gov.uk, 0115 8765105) before drafting their submission to the Board meeting.

Submissions for the Work Plan should be forwarded to Adrian Mann (Governance Services, Nottingham City Council, adrian.mann@nottinghamcity.gov.uk, 0115 8764468), for agreement by the Chair.