Impact of Hall 4 on SLT referrals and strategies SLTs are using to overcome difficulties

Summary of information from across Scotland, August 2008

Information gathering:

Following a request from “Parenting across Scotland” RCSLT asked SLT leads and clinicians across Scotland to provide comments, anecdotal or otherwise, on the impact of the changes in health visiting on picking up problems with speech and language development. Commentary, and in some cases detailed data, was provided by nine health board areas.

Key Points raised:

- Concern (of SLTs, public health nurses and parents) at lack of contact children have with HVs after immunisations, negatively affecting HVs ability to monitor children's speech and language development. Concern raised in respect of the families who are not considered vulnerable and would therefore only be seen for immunisations.
- Significant downward trend in referrals from HVs although variation e.g. reductions of 35% with corresponding increase in education referrals for older children in some areas, some reductions of 50%, some 0%. Note referral data not always easy to collect.
- Older child referrals, sometimes 1 or 2 years later than SLTs received before Hall4. One service saw average age of children referred go from 2.5 years to 3.11yrs after the implementation of Hall4. Cases of 2 children with ASD not being picked up till age of 3yrs 6months (even although one set of parents had visited GP when their concerns had been “dismissed”
- For those children who are not in nursery placements or do not attend well at nursery there seems to be the risk that these children will not be picked up until they start P1.
- Concern regarding parents awareness of normal language development and when to refer. There also seems to be limited awareness of the role of the speech and language therapist, believing that our service is only relevant once their child should be 'speaking'.
- Concern inappropriately unconcerned parents will slip through the net,
Concern about those families who are unlikely to access the service even where strategies are put in place to help them.

Concern children are “losing” a year or more of potential speech and language development intervention.

Children are not necessarily being appropriately referred by parents so referral doesn’t happen until children appear at nursery age 3.

Number of SLTs (although not all) note that nursery staff are not confident or “afraid” to make referrals because of concerns about upsetting parents.

Nurseries have the added role of identifying SLT impairment and having to discuss concerns with parents – so the process of referral to us can be significantly slowed.

Concern education’s “staged approach” before making referrals is interpreted differently by different schools, which could mean that referrals are being delayed while staff try other strategies first.

One service raised a note of caution in just taking purely quantitative measures for this information – we do not just want referrals from our HV’s but appropriate referrals. Other questions should be asked such as if referrals are dropping are they dropping for particular client groups i.e. hard to reach families, if referrals are dropping from HV’s does it matter or are we picking up these children via other routes when their speech, language and communication issues start to impact and therefore when the families/children may be more receptive to intervention?

Concern at the long term effect is likely to be more difficulties with literacy, social relationships, poorer self esteem, etc.

Strategies SLTs are using to try to reduce negative impacts:

Helpline (to) for staff and parents
Early preventative work and HV training
Delivering training to nurseries (statutory and private sector, some in collaboration with the pre school education advisors.) covering reasons for referral, normal language development and when to be concerned, awareness of this risk groups
Liaising more with partnership nurseries
Training of Public Health Nurses
Piloting a drop-in session, phone-line and website
Leaflets and posters to describe the types of children who should be referred for display in playgroups, parent and toddler groups, GP surgeries, etc.
Introduced a system of triage using posters to advertise an open SLT session where anyone can give us a call to discuss speech and language issues and possible referrals. This is working well but requires a significant degree of ‘man power’ to be directed to this aspect of our service.
Supporting ICAN Early Talk programme.

Note:
PhD study called Health For All Children looking at impact of Hall 4. Email caroline.king@ed.ac.uk for further info.

Responses per health board:

Argyll & Bute CHP NHS Highland

Changes in the pattern of referrals from Health Visitors to SLT on behalf of all the therapists in Argyll and Bute.

Figures for our referrals from HV for the period 1996-97 and then Apr 2001 to Mar 2007, which is the latest I have complete figures for all the localities.

<table>
<thead>
<tr>
<th></th>
<th>1996/7</th>
<th>2001/2</th>
<th>2006/7</th>
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<tbody>
<tr>
<td>North Argyll</td>
<td>50%</td>
<td>16.40%</td>
<td></td>
</tr>
<tr>
<td>Mid Argyll</td>
<td>64.30%</td>
<td>6.70%</td>
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</tr>
<tr>
<td>Kintyre</td>
<td>30.20%</td>
<td>10.90%</td>
<td></td>
</tr>
<tr>
<td>Islay</td>
<td>27.30%</td>
<td>29.40%</td>
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</tr>
<tr>
<td>Cowal</td>
<td>36.80%</td>
<td>16.70%</td>
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<tr>
<td>Bute</td>
<td>48.30%</td>
<td>22.20%</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>41.50%</td>
<td>42.90%</td>
<td>15.30%</td>
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Cowal and Bute joined Argyll & Bute SLT service and started using our stats system in April 2002.

We are all greatly concerned about the lack of contact young children have with health visitors, and by the drop in our referrals from them - from 50% of all our child referrals to 15%.

Pre-5 workers do not always have the confidence to approach parents to get permission to refer children about whom they have concerns in nursery - and the pre-3’s aren’t of course in nursery so children with problems may not be picked up until aged 3 or later.

Potentially losing a year or more of the optimum time for language development is of grave concern.

More details and figures available on request.

Inverness, NHS Highland

Service 1:
Recent figures available.
We do have a concern here that Health Visitor referrals will drop, and we think that children will not be picked up until later – possibly when they get into school, which is really too late.

Nursery Schools would be another good source of referrals, but we hear from nurseries that staff are often reluctant to approach parents about a speech or language problem in case they are thought to be fussy or interfering. In addition, schools are encouraging staff to implement the “staged approach” before making referrals. This is interpreted differently by different schools, but it could mean that referrals are being delayed while staff try other strategies first.

**Service 2:**
We are not receiving as many referrals from HVs since Hall4.

We have fewer 1 and 2 year olds referred now as HVs are not doing the checks to pick them up.

We are also receiving less paediatric referrals overall.

The referrals we do receive throughout Highland and Argyll and Bute are now mostly of 3 ½ and 4 year olds, and are often from nursery leaders. Unfortunately they often do not have the knowledge or confidence to refer until the child is in their pre school year, and often prefer to wait as they do not want to speak to the parents about any concerns.

As a response to this we are just about to set up some training for education run nurseries and private pre school providers, in collaboration with the pre school education advisors. We are also designing some leaflets, and possibly posters to describe the types of children who should be referred- and plan to send these to playgroups, parent and toddler groups, GP surgeries, etc.

Our concern is that children are now generally being referred later than we would like. More children are not seen until near school age or sometimes once in school and parents are not given advice, and children therapy, at an appropriate and the optimum stage.

The long term effect is likely to be more difficulties with literacy, social relationships, poorer self esteem, etc.

**Service 3:**
I have certainly had less H.V. referrals since the change. They previously referred children up to 4+, but now we rely on our nursery staff to refer.

I think that this has led on the whole to later referrals in my area. This can depend on either the Health Visitor who may have younger children in the families and observe language difficulties in the older siblings, and or the Nursery
staff, who are often not as confident in referring, particularly of those with deviant language delay.

There have been occasions when a Health Visitor check was desirable past two years, but they now seem to have to think of some excuse to arrange a visit, unless there are younger siblings in the family.

If you have well informed and confident nursery staff and a ‘flexible’ Health visitor the difficulties can be overcome, but on the whole I feel the changes are detrimental.

**Lanarkshire**

**Response 1:**
The data available suggests an overall downward trend in the number of HV referrals to SLT.

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<th>2005/06</th>
<th>2006/07</th>
<th>2007/08</th>
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<tbody>
<tr>
<td><strong>Total Number of Referrals</strong></td>
<td>2233</td>
<td>2031</td>
<td>1853</td>
</tr>
<tr>
<td>% Change</td>
<td>-9%</td>
<td>-9%</td>
<td></td>
</tr>
<tr>
<td><strong>Total Number of HV Referrals</strong></td>
<td>1085</td>
<td>819</td>
<td>698</td>
</tr>
<tr>
<td>% Change</td>
<td>-24%</td>
<td>-14%</td>
<td></td>
</tr>
<tr>
<td><strong>% of HV Referrals</strong></td>
<td>48%</td>
<td>41%</td>
<td>38%</td>
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**Response 2:**
Pre-referral project in Lanarkshire involving looking at the impact of Hall4. This has involved discussions with parents, Health Visitors and Nursery Staff.

We recognise that there may be changes in the source of referral and that we may be relying on parents themselves referring to our service in the future.

Some concern has been raised regarding parents awareness of normal language development and when to refer. There also seems to be limited awareness of the role of the speech and language therapist, believing that our service is only relevant once their child should be 'speaking'.

While carrying out training of Public Health Nurses they expressed concerns themselves about the limited involvement with families with young children and many teams seem to be considering changes already. The main concern was with the families who were not considered vulnerable and would therefore only be seen for immunisations.
We are delivering training to nurseries (reasons for referral, normal language development and when to be concerned). This has been well received although does not target children who do not start nursery until 3/4yrs and we therefore cannot provide the early intervention required to achieve optimum results.

When asked who they would approach if concerned about their child, most parents would still make their first point of contact their Health Visitor.

Other services we are currently piloting to help address the issues raised by Hall4 include a drop-in session, phone-line and website. Although thought to be good ideas by those questioned, we remain concerned about those families who are unlikely to access the service.

**Greater Glasgow**

HV changes are affecting their (HVs) ability to monitor children's speech and language development.

In the Glasgow area we are running a Helpline (to) help staff. We are receiving many calls from health visitors and parents of young children (18month to school age) asking about whether children need help or not. I think their anxiety is raised because the HV's do not see the children for a long period after the 16 week immunisation check (as I understand it). As we have the Helpline, parents and health visitors can quickly access useful help at an early stage, although our wait lists are long! I imagine that areas without this service, with wait lists, will mean parents are left floundering without HV support/our support in the interim. Inappropriately unconcerned parents will, of course, slip through our net, too.

**Dumfries and Galloway**

Given our concerns here in Dumfries and Galloway we actually undertook an audit of referrals from HVs to SLT prior to implementation and 18months following implementation. We then did a repeat audit a year later to take into account other possible variables.

Essentially our audit showed HFAC did have a significant impact on the number of HV referrals to SLT and this was most significant in the first 18months. There was a huge decrease in numbers from HVs with a corresponding significant increase in referrals from education.

However we also looked at the average AGE of referrals as a service with all our early preventative work and HV training - this was 2.5 years. Following HFAC this
rose alarmingly to 3.11yrs ie these children were being picked up by nurseries hence the increase in education referrals.

The repeat audit indicates that there is a rebalancing but age of referral still remains significantly higher than pre HFAC. We do intend to continue to monitor this situation and will do a repeat audit in the future.

More info on audit and associated presentation available on request.

Forth Valley

Response 1:
Children who may have speech and language difficulties the children who are in nursery are likely to be highlighted by the nursery staff (as generally the staff seem to be good at identifying and raising concerns). For those children who are not in nursery placements or do not attend well at nursery however there seems to be the risk that these children will not be picked up until they start P1.

Many parents do not know what is within normal limits for their child and if no one raises a concern they may remain unaware of difficulties their child is encountering with regards to speech and language.

Response 2:
I started looking at this last year following a comment by a community therapist about a drop in early referrals.

We had significant drop off (-29%) referrals of children under the age of 4 from HV in 06/07 relative to 05/06 but we had an increase of referrals by Head teachers of 27%. In real numbers that represents 69 fewer children referred. What wasn't clear at that point was whether we were just losing the ones we would not have been too concerned about and the remainder were the ones we really did need to see at that age. We need to wait to see if we have children coming through in P1 that we would describe as having slipped through the net.

Lothian

Service 1:
This is an issue which is of great concern to us. This is all quite anecdotal but we have all been aware of children coming to us much later.

We are now finding more parents referring own children but also there are many who don't.
Nurseries have the added role of identifying SLT impairment and having to discuss concerns with parents. In practical terms, a large nursery with new intake of 40 or so children may have the added task of having to speak individually to several sets of parents as well as filling in forms etc. the process of referral to us can be significantly slowed.

Smaller/partnership nurseries may have less awareness of speech and language difficulties and the thorny issue of talking to parents about something that is a developmental concern.

2 kids with ASD have been taken on who were not identified until in nursery. One parent had sought advice from GP and had been dismissed. Their local health visitor was quite distressed by the fact neither had been picked up till age of 3yrs 6months.

Note PhD study called Health For All Children looking at impact of Hall 4. Email caroline.king@ed.ac.uk for further info.

Service 2:
(We) raised our concerns with child health commissioner.

We have very little evidence as our activity software is not very high tech.

We can demonstrate a dip in referrals which is now returning to the previous levels but cannot tell whether these are older children being referred later or other referral agencies becoming aware.

The soft evidence seems to show fewer referrals of the under 2s.

We have an open referral system and are liaising more with partnership nurseries who are beginning to refer as they become involved with child care issues.

The issue of children in child care as their mothers return to work could also be a factor influencing the referrals.

I am wondering about info for new parents too. How are the families considered to be not vulnerable supposed to diagnose the children’s delays or difficulties?

**SLT REFERRAL RATES**

<table>
<thead>
<tr>
<th></th>
<th>Edinburgh</th>
<th>East/Mid Lothian</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>2004/05</td>
<td>1364</td>
<td>572</td>
<td>1936</td>
</tr>
<tr>
<td>2005/06</td>
<td>1307</td>
<td>527</td>
<td>1834</td>
</tr>
<tr>
<td>2006/07</td>
<td>1190</td>
<td>443</td>
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</tr>
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</table>
Service 3:
I am very pleased that this is coming to light across Scotland as we have had some concerns in West Lothian for a while now and have highlighted our concerns (as follows) to the Chief Nurse and to the Head of West Lothian CHCP. I shall forward the Chief Nurses response to our initial e-mail to you for information.

- A recent scoping exercise has shown that many speech and language therapists have children referred to them who they feel in the past would have been identified earlier. Many of these children have significant needs and are being identified after their 3rd birthday. Often this is once they have started nursery in their mainstream provision.
- It has also been highlighted in minutes from the Cluster Resource Group meetings that nurseries are noting that there are an increasing number of children coming into nursery with additional needs who have not been already referred to additional services.
- Co-ordinator of The Child Development Centre, also recognises a change in referral patterns with a number of children being referred for assessment at the CDC later than in years previously.

Chief nurse response: “...it is worrying that there appears to be a feeling in West Lothian that Children are being referred later to services. I have spoken to (the) Child Health Commissioner for Lothian who sits on the National Health for All Children Group. I think we will need to gather hard evidence of before the implementation of Hall 4 and the referral patterns and the after. What if any is the effect of this on the outcomes for Children? It would be useful if your service could attempt to do this from a Speech Therapy point of view and it would be very useful if you could liaise with your Lothian wide colleagues to undertake a similar exercise. This can then be fed to the National Group.

...If this is having a significant impact then we need to raise this issue not only locally and to the NHS Lothian board level but also nationally so that a review can be undertaken with regards to surveillance.”

We are currently in the process of trying to set up an audit of children referred to our Child Development Centre and/or our S&L Learning Disabilities team to see if children with significant needs have been referred later than previously. We certainly have had children appearing in nurseries who should have been picked up earlier.

Tayside
Response 1:
I did a mail round (Scotland) managers last autumn and of the 8 who responded
5 said that their referrals were falling.

Alongside the Scottish Review of Community Nursing I think Hall 4 gives SLT a
major problem in maintaining early identification of children with problems.

One of my reasons for supporting ICAN Early Talk here links to that but that only
helps us from nursery entry onwards which can be 3.5 yrs or later.

Put brutally, it makes a mockery of the COSLA Early Years Framework

This data shows a trend of falling referrals from HVs as a percentage of total pre-
school referrals, from 40% in 2004/05 to 30% in 2007/08 allowing for differences
in the TOPAS data. The balance of percentage referrals under 4 yrs and over 4
yrs however shows only a very small reduction in under 4’s. Within this data it is
not possible to extract whether the under-4’s referrals are being maintained by
nursery referrals at 3yrs plus rather than HV referrals at 2yrs plus.
In addition there appears to be an overall fall in numbers of 0-16yrs in the most
recent year 2007/08. Referrals rose significantly in 2005/06, resumed previous
level in 2006/07 but have fallen in 2007/08. This requires further study.

Response 2:
Project submitted to the Tayside Child Health Strategy group.
Meeting with Public Health Consultant and child protection lead for Tayside and
child health data lead to look at what we can do about this in Tayside.
We are looking at it from 2 angles - one how can we reverse this trend two - what
can we do to be proactive meantime (within capacity - or highlight resource
implications).

Issue taken very seriously by the CHSG committee.

Extracts from Project outline:
Dundee has evidenced a 22% reduction in HV referrals since the implementation
of Hall 4, with Perth and Kinross and Angus a smaller reduction.

National Information:
A request for information on referral patterns from SLT colleagues in Scotland in
December 07 showed variation across those who responded. Some had difficulty
collecting this information within their current systems. The reduction in referrals
from HVs in those who responded varies from no reduction to a 50% reduction.
Where it had been found that no reduction had occurred there had always been
specific work and training with the Health Visitors and nursery staff to ensure
continuing awareness of this risk group.
At present the data indicates that there are a significant number of pre-school children who are not being identified as having communication needs until they reach at least nursery school age (3 years +). Optimum time for identification and intervention is from 2 years.

**Fife**

We have done some preliminary work in Fife and it doesn’t seem to be impacting on the numbers of referrals we are receiving from HV’s. We have also spoken with one of the nurse managers who is going to do some fact finding from her perspective.

Service would like to express a note of caution in just taking purely quantitative measures for this information – we do not just want referrals from our HV’s but appropriate referrals. As you are aware the political tide is turning to encourage individuals to take more responsibility for their own health and to seek help if there is impact and risk to the individual. We need to be more sophisticated in the way we respond to the issues surrounding Hall 4 and link it in to evidence based practice information.

Other questions should be asked such as if referrals are dropping are they dropping for particular client groups i.e. hard to reach families, if referrals are dropping from HV’s does it matter or are we picking up these children via other routes when their speech, language and communication issues start to impact and therefore when the families/children may be more receptive to intervention?.

**SLT (individual)**

The department I work for are definitely feeling the effects of changing health visiting and we are constantly having to discuss the impact of the Hall 4 report.

The main effects for us have been a change in our most common referrers from HV’s to Nurseries/schools and parents. However this has meant that referrals are often late 3 years plus.

This has impacted on overall service delivery and the need to train and get information out to the right people at the right time.

Obviously parental reach is more difficult for us at the pre-referral stage and children are often not in nursery education until they are 3 (also bearing in mind they do not even have to attend nursery).

We have introduced a system of triage where we have posters up throughout Health Centres / playgroups and schools advertising an open session in the department, where anyone can give us a call to discuss speech and language
issues and possible referrals. So far this is working well but requires a significant
degree of 'man power' to be directed to this aspect of our service.

Hard to reach families and those who have social and environmental issues tend
to still be covered well in terms of being referred to our service as health visitors
do still have involvement with these families due to other issues and then
'happen' to pick up any SLT difficulties.

What I'm personally finding is the families who do not have other social/ welfare/
environmental issues are slipping through the net as they are not so well
informed about SLT development/services and don't pick up potential delays until
the child starts attending nursery.

For example a 2 year 11 month old boy who had good situational
understanding but only 5 words which were only approximations and showed
signs of disorder. He was so frustrated with others not understanding him he had
developed his own sign language which his parents had learnt to interpret.
Parents came from an 'average' background, had thought he would develop by 3
but were now starting to get worried, particularly as he was about to start
nursery. They had thought about deferring nursery as his communication was so
poor. I feel sure this child would have been referred to us sooner had there been
a HV screen at 2 years. This referral was a self referral by the parent who had
seen our triage poster at their local playgroup.

The overall impact of this for us is the need to re-think/structure our training and
awareness raising and how we reach out and inform potential referrers. Whilst I
understand the need for services to change to meet the demands of current
environmental situations I feel the government needs to be aware of the knock
on impact this can have on other service areas.

For further information please contact Kim Hartley, RCSLT Scotland Officer
0131-226-5250 kim.hartley@rcslt.org