Speech and Language Therapy; Lessons Learnt from Sure Start (Church Street)

Background

Children start communicating as soon as they are born, and the interaction between an adult and child is key in supporting language development.

Sure Start aims to "promote the physical, intellectual and social development of babies and young children, particularly those who are disadvantaged, so that they can flourish at home and when they get to school".

Research has shown that children from disadvantaged backgrounds often have poor spoken language skills. Associated with this is the indication that "spoken and written language share some processes in common, and that the development of literacy is supported by the development of spoken language". This would suggest that children raised in areas of social or economic deprivation are more likely to experience delays in language, and as a result may go on to have difficulties with their reading and writing skills.

In supporting parents and carers in the development of language skills, the Sure Start Speech and Language Therapists (SSSLTs) aim to ensure that their services compliment mainstream provision, are more accessible, and instrumental in creating communication environments that encourage and support language development, from birth onwards.

Rationale

In a recent survey of Speech and Language Therapy services in London, it was found that waiting times ranged from between 12 to 28 weeks for assessment and between 12 weeks and 12 months for intervention. In the worst case scenario a child referred at 2 years 9 months would not receive treatment until age 4.6 years.

At Lisson Grove Health Centre, a busy Inner London clinic, 32% of all first Speech and Language Therapy appointments were missed during a two-year period. This is comparable to other Inner City areas. Factors influencing high non-attendance rates at clinics are known to include poor physical access, communication and cultural barriers, waiting times and inconvenient appointments. All of these issues have been documented and well researched within the NHS over a number of years. Many service areas are now examining ways of creating both new and complementary approaches to working with communities, including the advent of ‘walk in clinics’ and other initiatives that make access to health services more convenient and appropriate to the lifestyles of different age groups, occupational demands and communities.
Non-attendance for assessment and follow up work has a big economic cost to the NHS which has been assessed at £20-£50 for a 10 minute appointment when administrative tasks are taken into account. However, the ongoing costs to families and communities are significant as children go on to struggle in the world of recreation, education, and work into young adulthood and beyond. Supporting children with effective communication and language development increasingly seems to be determined by effective early intervention where parents and significant others are partners in ‘family learning’ from a very early age.

## Context

Sure Start Westminster funds the equivalent of 1.4 Whole Time Equivalent (WTE) Speech and Language Therapists. The current provision within Lisson Grove Health Centre is 0.5 WTE.

From the outset, it was agreed that the Sure Start Speech and Language Therapists (SSSLTs) would explore ways of promoting early intervention and language development. However, the Sure Start posts were created at a time when local caseloads had long waiting lists exacerbated by a high non-attendance rate. Because of this Parkside Health NHS Trust and Sure Start decided that the SSSLTs would also review the existing clinic caseload and provide a short intensive service to families who lived within the catchment area and were awaiting therapy. The latter was felt important given the emphasis on speech and language development within the National Sure Start objectives and targets.

The Speech and Language Therapy service within the catchment area of Sure Start Westminster (Church Street) was chosen for evaluation because of this history of both long waiting lists for therapy and the high non-attendance rate. It was felt that Sure Start, with its influx of extra resources, offered an opportunity to explore new ways of service delivery and thereby may make a contribution to understanding local reasons for non-engagement with the service.

The SSSLTs work within the context of a multi-agency team, and there is some evidence, as with all other Sure Start services, that children and families benefit from the SSSLTs in many different and often invisible ways because they are a part of this integrated whole service approach.

This is particularly important where family members experience multiple disadvantages and may not have had access themselves to good educational, vocational or welfare support. Sign posting the range of mainstream and family support services such as ‘book start’, English language classes, family therapy, access to interpreting and translation services, alternative communication systems (such as signing for disabled children), sits alongside learning about safety and work opportunities.

## Evaluation Aims

The evaluation aims to help Sure Start assess whether a home visiting Speech and Language Therapy service is a viable way of identifying, and enabling access to appropriate professional help. The evaluation does not seek to make a clear cut case for one model of working over another, but
examine how reaching out to the community might bring quicker response times for intervention, appropriate onward referral and the targeting of scarce professional skills at the clinic or other specialised environments.

**Specifically the evaluation:**

- Traces the traditional referral route to speech and language assessment and therapy;
- Briefly considers outcomes for a sample of children referred for assessment through the traditional route, including waiting times and up-take of service;
- Describes the Sure Start model for working with local communities and reflects upon learning taken from the first year of operation;
- Considers what outcomes have resulted from work undertaken to date;
- Documents successes and frustrations, if any, the initiative has encountered in conducting its work;
- Reports on what future directions the project could take including implications for mainstream colleagues;
- Disseminates learning amongst professional colleagues locally and elsewhere.

**Methodology**

- Retrospective analysis of the caseload at Lisson Grove Health Centre between September 2000 and August 2001, when Sure Start Commenced;
- Survey of health visitors working in the Sure Start area to determine knowledge of the Speech and Language Therapy service being provided and increase in referrals;
- Retrospective analysis of Speech and Language Therapy records and Sure Start database between September 2001 and November 2002 to profile demographics and up-take of the Sure Start Speech and Language Therapy service;
- Feedback from parents and family carers.

**The Existing Referral Route**

Prior to the advent of Sure Start, the Speech and Language Therapy service for the area was provided from Lisson Grove Health Centre. Anyone could make a referral by completing a form and sending it to the Central Referral office at Wembley Centre for Health and Care. The administrator would then allocate the referrals to the relevant Health Centre and Speech and Language clinic.

Appointment letters would be sent within 8 weeks giving information about what should be expected at initial assessment (e.g. timing of appointment). Speech and Language Therapy is provided by 0.5 WTE for all young people to the age of 18 years and therefore professional time is scarce. Appointments are offered on two specific days. Where the need for an interpreter is indicated, one would be booked via GRIP Interpretation services. However, standard appointment letters are routinely sent out in English.
If the child does not attend (DNA) the initial assessment without prior notification, a standard letter is sent requesting that parents make contact within a set period if they still want their child to be seen. If there is no contact, a letter is sent with notification that the child has been discharged, including an explanation of the re-referral procedure. A copy of the discharge letter is sent to the GP and Health Visitor for their records.

Once a child has been assessed s/he will be given advice via a worksheet, on how they can be supported at home. They are then either put on the waiting list for therapy (a course of 6 sessions or a parent/child interaction course), review (a one off appointment) or discharged. The referral route has been drawn diagrammatically and can be found overleaf.
Flow Diagram 1 – Existing System

Referral Form Completed

- Sent to central referral system at Parsons Green (previously Wembley Centre for Health and Care).
- Letter of Acknowledgement sent to parents & referrer confirming therapist will make contact within 12 weeks.

Therapist sends a letter offering appointment at local clinic

- Child does not attend
  - Letter sent requesting contact if new appointment needed
    - Yes
    - No
      - Child seen
        - Child seen for block of therapy
          - Child needs no more therapy
            - DISCHARGED
          - Child needs more therapy – put back on waiting list
        - Child cancels
          - No therapy needed, advice given and child DISCHARGED
    - Indeterminant time for therapy between 4-8 months
      - Child put on waiting list for therapy
        - May not be seen until next block of IAX
          - 12 week wait
          - No therapy needed, advice given and child DISCHARGED
Findings From a Retrospective Review of Clients Referred for Therapy Between Sept 01 – Aug 02

A review of case notes was undertaken for children living in the Sure Start area who had been referred, receiving therapy or discharged for Speech and Language Therapy between September 2000 and August 2001. A random sample of 35 children was then taken for in-depth analysis. The sample represented one third of the total caseload.

The Children

A review of children 0-4 years would not have yielded a sufficiently large sample for the evaluation, therefore all children on the Speech and Language Therapy caseload were considered. From the 35 children in our sample, 20 (57%) were boys and 14 (40%) were girls, gender was not recorded for 1 (3%) child. All children were resident in the Sure Start area.

Ethnicity

28 (80%) referral forms contained no details of the child’s ethnicity and therefore it was not possible to make any further analysis. However, the family’s first language was documented in the majority (80%) of cases. 7 (20%) children were missing information on both ethnic background and families first language. In 5 of these cases no interpreter was indicated as being required.

Referral Source

Health visitors made 23 (66%) of the total number of referrals. Schools and nurseries made 3 (17%) referrals each. General practitioners, physiotherapist, educational psychiatry and special educational needs co-ordinators made a total of 5 (14%) referrals between them. The source of 1 (3%) referral could not be traced.

Fig 1. Referral Source
Age of Child at Referral

Children aged 2-5 years constituted 86% (30) of the sample. The remaining 5 (14%) were 7 years and over. The highest concentration of children were 2-3 years and made up 34% (12) of the total cohort studied.

Fig 2. Age Distribution of Children referred

Waiting Time for Initial Assessment

Waiting times ranged from 2.2 weeks to 16.6 weeks. 12 children waited for between 2-5 weeks, 13 waited for 6-10 weeks and 10 waited for 10 weeks or more. The average waiting time from referral date to actual date seen was 9 weeks.

Fig 3. Waiting Time between Referral and First Appointment
**Waiting Time For Therapy**

Waiting time ranged from 2.2 weeks to 83.6 weeks. The average waiting time was 19 weeks. However, these figures should be treated with caution given that 4 children had significantly long waiting times that amounted to 210 weeks which disproportionately lift the average waiting time (see possible explanations below).

**Fig 4 Waiting Times**

![Waiting Time Between First and Second Appointments Per Client](image)

The waiting time for a follow up appointment varies from between 2-83 weeks. Reasons for waiting times included:

- One family did not attend a block of 6 therapy appointments, but requested to be seen again. They were put back on the waiting list for therapy and were subsequently seen when they reached the top of the waiting list;

- Administrative problems in obtaining parental consent needed for a child to attend the pre-school language group;

- Waiting for a particular service e.g. stammering group.

**Other relevant circumstances:**

- The Speech and Language Therapy post at the clinic was vacant for some of the audited time period;

- Inadequate information on referral forms e.g. telephone number;

- Appointments only being offered on certain days, because the SLT post is part time;

- Child might not have been prioritised because s/he is school age (pre-school children are prioritised in the clinic);

- If the child is offered therapy, and does not attend without prior notification, s/he will be discharged if 2 sessions are not attended.
Non Attendance Rates

13 (37%) of children attended required appointments. 11 (31%) missed their first appointment. 7 (20%) missed their second appointment. Data was not available for the 1 (3%) remaining child.

Fig 5. Percentage of Missed Appointments

![Pie chart showing percentage of missed appointments]

Comment

The described model of working proved effective for some families on the caseload who attended regular appointments and were able to work with the Speech and Language Therapist. However, a significant number of clinic appointments at Lisson Grove Health Centre were not attended, and as a result, many families were discharged from speech and language therapy services without receiving the help and support they might need. How, when, and if such children are picked up in later years is unknown. It may be that these individuals become known at some future point to the service where early intervention could have prevented or ameliorated this.

The Sure Start Model

With the advent of Sure Start Westminster (Church Street), there was an opportunity to review the management of the local Speech and Language Therapy caseload. Initially the referral procedure was the same, and the SSSLTs would follow up the referrals for the children referred to Lisson Grove Health Centre who were under the age of 4, and living within the area. However, rather than just sending the family an appointment letter, whenever possible telephone contact is made to arrange a mutually convenient appointment time, and answer any questions the family may have. If the family do not speak English then the telephone call is made in the family’s home language.
The aims of the SSSLT service are:

- To provide interim assessment and advice for children in the Sure Start area who have been referred to the mainstream Speech and Language Therapy service and are waiting for initial assessment;
- To see children who other professionals have mild concerns about and who feel they will benefit from advice concerning general language stimulation;
- To introduce families to the speech and language service in a ‘family friendly’ way to increase possible up-take of the service at a later date and help reduce the clinic non-attendance rate.

All Speech and Language Therapy appointments are made at the family’s home, unless they request to be seen at the clinic. At the first visit both Speech and Language Therapists attend the appointment. One gives information about Sure Start, and takes a case history, and the other assesses the child. If input is required, the family are offered 3 home visits. This is sometimes extended if there are particular issues pertaining to the family e.g. English is not the first language, or the child has significant communication difficulties. The SSSLTs endeavours to link the family into existing community services, and will accompany them to playgroups, the toy library and any other appropriate appointments.

A home visit allows for relationships to be built up in familiar surroundings where the family may feel more comfortable and in control. The SSSLTs have found that whilst home visiting they have been able to refer families to other services and offer practical support such as helping with nursery placements.
Flow Diagram 2 – The Sure Start Model

Direct referral made via phone or referral form

Sure Start Speech and Language Therapists

Referral form completed

Central referral system at Parsons

Check need for interpreter/translator

Phone and arrange appointment time (in home language if needed)

If appointment is missed

Initial assessment at home

Refer to other community services

DISCHARGED

Offer 3 home visits

Placed on SLT caseload at Lisson Grove Health Centre for further input
Uptake of the SLT Sure Start Service

The Speech and Language Therapy home visiting service began in September 2001. The data represented in this section covers all children in contact with the service up to November 2002.

Profile of Children Seen

A total of forty-three (43) children have accessed the service since it began. 4 (9%) of these children had been on the mainstream waiting list for between 3-6 months. Two children previously failed to attend clinic appointments at Lisson Grove Health Centre. All children had been referred for language delay or speech sound delay.

Fig 6: Age Distribution

Ethnic Origin

Details of children’s ethnic origin were routinely recorded as well as the need for translation and interpreting service required by parents/family carers. However, the data below suggests that there was not a consistent method of collecting the ethnic data as it contains both country of origin and ethnicity.

Fig 7: Breakdown of Children’s Ethnic Background
9 (21%) parents/family carers required the services of a translator to make the initial appointment and subsequent visits.

**Referral Route and Source**

Over time, increased referrals have been made directly to the service that has enabled children to be seen for an initial assessment sooner, allowing for a better continuity of care and appropriate onward referral. The SSSLTs have a profile in the community, running drop-in events at existing early years groups and centres. This has meant that a small number of parents are referring directly to the Speech and Language Therapy service and it is hoped that this number will increase.

Approximately 80% of all referrals received came directly to the SSSLT therapists. The remaining referrals were received via the central referral system at Wembley.

29 (67%) of referrals originated from local health visitors. 14 (33%) were received from other sources including self-referrals and mainstream professionals.

**Fig 8: Referral Source**

![Breakdown of referrals received by Sure Start SLT service](image)

**Frequency of Referrals**

14 (33%) of referrals were received between June and November 2002.

Fig 9.

<table>
<thead>
<tr>
<th></th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>5</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
Contacts with Children and Families

All 43 children received an initial visit. 38 (88%) children received a home visit, 5 (12%) children had a visit at an alternative venue, this was usually due to family circumstances available.

The average waiting time between referral and initial assessment was 2.5 weeks, and there was no wait for subsequent appointments, as it followed on naturally from the first contact. There were some exceptions to this; one child waited 3 months as there was no telephone number and an incorrect address on the referral form; 6 children waited between 7 – 10 weeks for the following reasons: illness of child, family being away, sickness of the therapist and interpreter not being available.

6 (14%) were discharged at initial assessment as it was considered that no input was required.

37 (86%) children had subsequent follow up visits that averaged out at 3 appointments per child for the period.

4 (9%) children presented with significant and complex language needs and took up places on an intensive language group staffed by the SSSLT and students working on placement with them. This service was provided as an addition to the usual home visiting programme provided.

Outputs and Onward Referrals

Records for each child were reviewed to ascertain what had happened to them as a result of the team’s intervention.

Fig 10.

<table>
<thead>
<tr>
<th>Discharged at initial visit</th>
<th>Child Dev Team St. Mary’s</th>
<th>Discharged after 3rd home visit</th>
<th>Moved from area</th>
<th>Ongoing service being delivered</th>
<th>Placed on mainstream caseload</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 (21%)</td>
<td>6 (14%)</td>
<td>4 (9%)</td>
<td>1 (2%)</td>
<td>13 (30%)</td>
<td>10 (23%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Significant Messages From the First Year

- **Going to the Family**

It has been found by other Speech and Language Therapy services that home visiting has improved uptake of the service, particularly among families with English as an additional language. This appears to be the same within the Westminster Church Street Sure Start programme.

From the 43 initial home visits arranged 6 (14%) required re-scheduling as a result of parents and children not being home.

However, feedback from most health visitors making referrals does not place the site of appointment as the most important factor in up-take (see
below). This is in contrast to anecdotal feedback that suggests parents and family carers value the opportunity to be seen at home.

The only two main drawbacks to a home visit appear to be distractions resulting from other family members being at home during the appointment time and hospitality shown by families that can, if taken to far, diminish the time available and focus on the task at hand.

- **Speed of Access to Service**

Findings from a brief survey of the 6 health visitors making referrals in the Sure Start area revealed that two thirds considered that they were making more referrals for Speech and Language Therapy than they had done previously. Half believed that being able to make direct referral to the Speech and Language Therapists and the speed at which people were seen were the most significant factors in up-take.

- **Whole System Approach**

All Speech and Language Therapists whilst focusing on the child work with a whole family approach to learning so that both children and parents benefit. The Sure Start model brings the added benefit of being a part of a local multi agency team, which appears to offer positive outcomes to clients. All families seen are routinely provided with additional information about Sure Start and the services available in the area. Referral across agencies is fast and joint visits easy to facilitate. It is hoped that this helps families to feel better informed and more confident about using other services. As the Children’s Taskforce looking at the development of Children’s Trusts write “the boundaries between the different organisations mean too often... that the child and the child’s parents have to adapt to the needs of the services, not the other way round”. The local multi-agency model puts the client rather than the system at the heart of service delivery.

**Family Study 1**

*R* was referred to the Speech and Language Therapy clinic at the Health Centre, and did not attend any of his allocated appointments. He was discharged from the service, but was then picked up by the SSSLTs as part of the home visiting programme. *R* is from a Bengali speaking family, and his appointment was arranged through the Bengali Link Worker at the Health Centre. She then transcribed the appointment letter in Bengali. Throughout the home visiting appointments the SSSLT visited with the same Interpreter. This continuity appeared to have a positive effect on the family, and they would use the Interpreter occasionally to go through any official letters they had received.

*R* has significant communication difficulties that would not have been picked up until he went to school. His Mother is quite isolated, and did not speak until she was 7, so was not concerned about R’s language development. The SSSLT was able to support the family with R’s communication skills, as well as refer them on to other services e.g. St Mary’s Child Development Centre and the Oral Health Promotion Adviser, as well as linking in to the local Nursery.
At the end of the period of home visiting, R’s Mother disclosed a significant negative life event, which she had not been supported with effectively at the time. This was having an impact on her parenting skills. The SSSLT then worked jointly with the Sure Start Midwife who was able to give her a better understanding about this event.

- **Facilitating Best Use of Mainstream SLT Time and Resource**

Mainstream Speech and Language Therapy services are often overwhelmed with referrals which when balanced with available resources leads to waiting times. Incomplete referral forms with inadequate information regarding cultural and family background can lead to further delays and difficulties for the service in prioritising those most in need. These issues may be further compounded by difficulties in physical access to the clinic, cultural, social and personal circumstances all of which the NHS has documented over a number of years.

A retrospective audit of referral forms for children included in our sample revealed that details of ethnicity was not recorded in 80% of cases by the referrer and that languages used at home was also missing for 20%. Given the multi-cultural diversity of the community this information is vital if Speech and Language Therapists are to provide a service that is appropriate to the individuals concerned.

The Sure Start Speech and Language Service is intended to enhance and support mainstream provision, ensure speedy initial assessment and appropriate onward referral to mainstream services. By building a relationship with children and family members it is hoped to dispel the fears and myths about 'therapy' which often carried with it ideas about medical treatment, clinical environments and professional experts. It aims to replace these with an understanding that language and communication development in its widest sense involves aspects of play, social and physical interaction, indeed all the environments a child experiences on a daily basis. A key message is that support of this kind not only involves good professional skills but places them in the context of good parenting skills where any intervention is seen as an ongoing process rather than a one off appointment or event.

- **Relationship Building and Family Context**

Clinic based Speech and Language Therapy services work in partnership with parents and the assessment process aims to identify any issues within family functioning, which will impact on a child’s language development. However, there are limitations within the clinic environment and the SSSLTs have found that in families with more complex needs home visiting can provide an opportunity for building an initial relationship with the parent/carer, which will lead to a period of engagement / therapy. Where families have a range of needs, it is not be the role of the SSSLT to work directly with them, but to be able to recognise needs, and make onward referral.

**Family Study 2**

M arrived in the UK from Iraq with his Mother who was 9 months pregnant. They had arrived with nothing, and his Mother who suffers from depression had been reunited with her older children after 3 years of separation.
While living in Iraq, M had little contact with other people, and spent long periods of time watching TV, because they didn’t go out. M’s Mother, due to her depression, found it hard to interact with him, and was very worried about her family situation.

M and his Mother moved into her sister’s small flat with 4 other children. They have no financial support. M at nearly 4 years of age, spoke very little. He was displaying self stimulatory behaviours and there were initial concerns that he needed to be referred to the Child Development Centre.

The family were being supported by the Sure Start Midwife, who initially referred M to the SLT. The SSSLT visited with the Sure Start Arabic speaking Outreach Worker to assess M’s language skills, and recommended that M needed a nursery placement. He was making progress with his language since arriving in the UK and living with his older siblings and cousins, but needed more contact with his own peer group.

The SSSLT was able to work alongside the Sure Start Arabic Speaking Outreach Worker, and M’s siblings and cousins, who were keen to support him with his language skills. After liaising with Lisson Green Nursery, the SSSLT was able to secure a temporary nursery placement for M over the summer holidays, which the family were very pleased about.

- **Developing New Skills**

The SSSLTs have felt that providing a home visiting service has required a range of new skills. Increasingly professional staff are having to move beyond their traditional work boundaries and learn about community organising, creative problem solving, consulting with parents and group skills such as facilitation.

The Sure Start Speech and Language therapists have already accessed a range of training opportunities within the context of a multi agency setting. They have developed their skills in working with families, and this has included PiPPIN training, which aims to train professionals to help parents build strong nurturing relationships with their infants. In addition they have attended courses focused on attachment theory, postnatal depression, consulting with parents and for ongoing support in this area of parenting they attend a monthly multi agency practice development group, which focuses on maximising interventions with parents to support and maximise the developmental and emotional needs of children.

- **Conclusion**

This study has many limitations; it is locally based, small in sample, there is little reference to cost effectiveness and it spanned a period of significant organisational change within the health service and consequently the speech and language therapy service. There have also been many positive developments since the start of this report i.e. the Speech and Language service within Westminster Primary Care Trust are offering a variety of new,
flexible services and are engaged in an ‘access project with the Department of Health.
However, one of the studies’ limitations may also be its greatest strength. Its local nature offers a valuable insight into how local community based solutions can ‘reach’ those most in need. This local but flexible approach to service delivery, which is driven both by individual need and knowledge of the local community, within the context of a multi agency team, is perhaps the greatest lesson from this report.

Recommendations

From this report some limited recommendations can be offered to Westminster Primary Care Trust but need to be assessed within the context of the other National and local initiatives currently in progress. These are as follows:

**Referral Procedure**

(a) To review the system of assigning appointments, especially for the initial assessment, where English is an additional language/s. In the sample studied in this report ensuring that data on ethnicity and language spoken was always completed on referral forms would have supported this.

(b) In ‘reaching’ those clients with more complex needs it could be helpful in some local areas to ensure that follow up appointments are given at the time of the initial contact;

(c) To review the centralised nature of the existing referral system as there were many benefits reported from a more locally based system, which appears to have contributed to a greater level of communication between professionals.

**Local flexibility / home visiting**

(d) The mapping of need and services across areas is essential to allow for local responses. This will obviously have resource implications. From this report a local response was to introduce a home visiting service. The introduction of a similar service may be appropriate in other areas dependent on local circumstances (see also recommendations (h,i,j))

(e) To explore whether there is a need for additional training / induction prior to the introduction of any home visiting model;

**Multi agency team**

(f) To explore ways of developing local multi agency teams by creating shared objectives and outcome measures, maximising opportunities for staff working with families and children within a local area to meet regularly as a team and to access joint training opportunities.

(g) To review opportunities for locally based Speech and Language therapists to train other practitioners in both early language promotion and the identification of language delay.
**Cost Effectiveness, and Outcomes**

(h) For Sure Start to continue to explore access issues; particularly whether service delivery within other community settings hand in hand with home visiting offers another model for delivery;

(i) For Sure Start to undertake in the spring of 2003 a cost effectiveness exercise to compare the costs of these different methods;

(j) For Sure Start to consider the feasibility of undertaking a small longitudinal study of children seen to determine impact over subsequent years. This should include a proportion of children referred back to mainstream therapy following Sure Start intervention.

(k) It would be positive for Westminster Speech and Language Therapy service, Sure Start and other initiatives to collate recommendations from all areas into one report, to highlight common themes and to present this to the Mainstreaming Strategy group and the Child and Young Persons Strategic Partnership;

(l) For this report to be discussed at the first meeting of the Mainstreaming Strategy group, as some of the lessons could apply to all service areas.

Penny Layne and Liz Lowton

**Sure Start Speech and Language Therapists**

Simon Goldsmith

**Local Evaluation Lead**

**References**

4. Luscombe, M., 2002
6. DNA Project report, 1997, St. James’s Hospital