



Early Voices: Case Studies

Enabling cross-service collaboration

Early Voices was a national professional development and training programme for Health Visitors designed to impact the families that they work with. It increased their knowledge in speech language and communication development, helped them share that knowledge as Communication Leaders and led to change in their local areas. This 'enabling cross-service collaboration' case study focuses on practical takeaways for a wide audience of health visitors, the wider EY workforce and parents.

How did the Early Voices programme help enable cross-service collaboration?

Summary

Organisational structures within the health and education services for children and families in the early years are complex and often siloed.

The barriers to cross-service collaboration are many but individual action from the bottom up, can initiate system change and new knowledge can lead to renewed energy to lead.

These stories illustrate how Early Voices Communication Leaders took action and enabled improved cross-service collaboration.

Using the programme to open up conversations

Many Communication Leaders spoke about how the opportunity to cascade Early Voices training across local early years services had provided a mandate that facilitated conversations across different early years stakeholder groups: groups which had previously often operated in silos as they were employed and commissioned via different routes. Communication Leaders' persistence in looking for opportunities to break down silo working seemed a critical factor. Where opportunities existed to have conversations at strategic levels around the promotion of speech, language and communication development, they were grabbed!

Communication Leaders reflected that their confidence in having up to date research evidence from a recognised authority made it easier to convince teams to take on board the key messages. In particular, the knowledge gained through their Level 3 courses over time seems to have cemented their ability to take a lead locally. Examples include local public health consultants with better understanding of speech and language development and needs; and bringing speech and language therapy services on board within a public health arena.

In Redcar and Cleveland for example, as well as achieving greater collaboration with speech and language services, another impact was that the preventative role of the health visitor appeared much more valued and understood in other teams. As a team leader, this change helped this particular Communication Leader to inject further motivation and enthusiasm into current work streams.

Going beyond core health visiting teams

In Leeds, Early Voices messages are being delivered through the Pregnancy / Birth / Beyond programme. These training and support sessions are delivered at Children's Centres mostly by health visitors, but often with some input from midwives, early start practitioners and family outreach workers. Kirsten, the Communication Leader in Leeds, used some of the Early Voices materials in her delivery to this group who were eager to deal with parents' growing concerns around speech, language and communication. The training was well received amongst the teams. Kirsten reflected how previously, the staff understood the benefits of children having good speech and language, but until the training, knew little and lacked confidence in how to deliver those outcomes.

In Shropshire, an area where there are no physical children's centres or co-located children's services any more, greater collaboration around speech, language and communication was enabled as a result of the Communication Leader being part of a 0-19 service. In a very diverse service, with a broad range of practitioners including school nurses and youth workers, Early Voices cascade training and resources also had broad appeal. The Communication Leader here reported colleagues were very engaged and received the first cascade well, immediately indicating a keenness to have the second session.

Learning from the challenges

Communication is not owned by any one profession or group, everyone can champion it

Sensitivity and respect for the knowledge base and expertise of different groups is essential for collaborative practice. A story of engaging Nursery Nurses in the cascade training, staff at the forefront of communication support, was shared and the challenge of 'mantle of expert' discussed.

One Early Voices Communication Leader described delivering three separate 'step one' cascade trainings and having some mixed responses from Nursery Nurses. Although most practitioners were interested and wanted to get involved, there was also a 'this is what we do already' attitude that made it more challenging to engage the groups. This Communication Leader reflected that she needed to work more closely with the nursery nurses in order to ensure the cascade training worked from their already strong knowledge base.

She also reflected that a potential solution was to allocate more Communication Leaders across professions. She hypothesised that this revised approach could help keep communication on the agenda across large teams by promoting it within individuals' practice, whilst reducing the perceived expertise hierarchy amongst different professional groups in the early years arena.

The same Communication Leader reflected on the process of integration of the health visiting team with the Children's Centre staff currently underway in her area. Leadership that engaged the range of practitioners early within this process was seen as essential for widespread buy in. Although the process had been challenging, she noted how the changes offered up opportunities for joint working that were previously much harder under the old organisational structures.

Since there were also speech and language therapists already working in the Children's Centres, this Communication Leader further reflected that there might be an opportunity to make sure that everyone is trained in universal messages through completing an Early Voices training session. In addition, staff could receive input on key specialist topics such as bi-lingualism and tongue-tie from the speech and language therapy training sessions. Because of the opportunities presented by cross-service collaboration and co-location, this Communication Leader saw many examples of a tiered skill mix and approach evolving in her area, which included:

- Health Visitors incorporating speech, language and communication information into all their visits and having the wider opportunities for identifying need in the universal stages.
- A range of professionals, including Nursery Nurses and family outreach workers, bringing expertise and resources to targeted families.
- Speech and Language Therapists available as a specialist resource for those children and families who need that most.

- A Nursery Nurses team member volunteered to work with the Communication Leader in training delivery.

Reflections on the challenges of cross-service collaboration

There were many reflective practitioner learning points around how to work with other professionals:

1. Professional territory issues

With hindsight, Communication Leaders could have been perceived as encroaching on the Nursery Nurses' professional territory as, in some areas, it was often Nursery Nurses who completed aspects of developmental reviews. Whilst it is possible that Nursery Nurses have had more training on speech, language and communication than Health Visitors, this wouldn't be a reason why they couldn't improve practice. However, care needs to be taken to mitigate for practitioners misinterpreting the training as a challenge to their ability. Framing the training to ensure it's not perceived as addressing a gap, but rather bolstering their existing capability may be important.

2. Professional status issues

Some practitioners in the early years space may feel they have insufficient voice or that their expertise in this area is not fully recognised. Communication leaders shared across professional teams, at universal, targeted and specialist levels, could help facilitate shared professional turf and instil a sense of common purpose across practices.

In at least one area where Early Voices is operating, cascade training has been jointly delivered. The Communication Leader, newly equipped with enhanced knowledge and the evidence of what works, delivers alongside Nursery Nurse colleagues who bring their wealth of practical experience.

3. Professional role issues

Harriet, a Health Visitor in Newham, had explained that Nursery Nurses tend to work with families when there are concerns that have not necessarily been identified through the mandatory checks. She identified that Health Visitors have a range of tools and visits to help them identify concerns. This raises the question: should there be greater clarity of whose responsibility is it to identify communication problems? Clearer guidance on how Health Visitors and Nursery Nurses can complement each other's activities may be necessary.