

**Final report for:  
Building Community Capacity  
Project**

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**Health Visitor  
Thorpe Health Centre**

**April 2013**

**CHATTERBOXES**

**A 6 week series of play sessions  
aimed at pre-school children (aged  
1-3 yrs) with their parents to  
actively encourage the development  
of language skills**

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## **Introduction**

Upon commencing my post as a newly qualified health visitor and as part of the preceptorship programme I was asked to identify a need with the community in which I was working for consideration as a building community capacity project. During my initial weeks in post I attended a strategic advisory group meeting at the Spixworth & Sprowston Children's Centre. The head teacher from the infant school who was attending the meeting identified the high level of children from the 2012 reception intake receiving speech therapy. I engaged in further discussion with the infant school and children's centre manager and reviewed the foundation stage profiles both locally and nationally as a comparison; which demonstrated poor attainment in this area of learning.

Through child health clinics I consulted with parents about their knowledge of speech and language development and if they felt it was of concern in preparation for school. I also contacted a local support group set up by 2 parents whose children had been in receipt of speech therapy to discuss their thoughts and experiences. I engaged in professional discussion with speech & language therapists, nursery nurse, health visiting colleagues and the community librarian.

In considering the purpose of building community capacity to empower individuals and communities and equip them with the skills and knowledge to address concerns within their community I decided to implement a programme of play sessions focused on teaching parents / caregivers how to develop language skills within their children. In addition to this the programme would focus on other aspects of parenting such as dental care, positive parenting, literacy skills and peer support. The sessions are to be based with the community library setting.

## **Aims & Outcomes of the Project**

Community aims are identified within the parental consultation survey taken place within the local child health clinic, parents are concerned as to the increasing levels of speech difficulties experienced by children on entering school. As was also highlighted by the co-ordinators of the Aphasic support group I consulted with. Parents wanted information and skills to encourage language development.

Personal & professional aims from my perspective where to successfully complete the community profile in order to identify areas of concern, then to engage with the community to offer them support and successfully empower them to take this concern forward with a mutually agreeable solution. Also to develop my leadership skills and style to ensure the project develops without taking sole ownership of it. In addition to enhance my knowledge in child language development.

14 parents with their children initially attended the sessions, with numbers reducing over the first 2 weeks, to an average of eight attending. Parents state they found the sessions informative, enhancing their knowledge and support from the other parents and professionals attending the sessions.

The project fits within the NCHC organisational key aims of improving children's early language development in preparation for school, NCHC Service Specification, 2012. In addition it also works towards NCHC objectives to ensure the service delivery involves service users and early identification of children and families where additional intervention and prevention programmes will improve future health and well being.

## **Methodology**

Following my attendance at the Children's centre strategic advisory group meeting and the initial identification of this area of concern. I reviewed the local foundation stage profiles and compared them to the national profiles. In addition the JSNA was consulted.

I engaged with the local Children's Centre manager and a local support group run by parents whose children have been in receipt of speech

therapy. Consultation took place around the outcomes from the profiles and identification as to possible strategies to address this.

The next stage was to consider community engagement and this was achieved through parental consultation. This took place at a child health clinic based within the community and parents were asked to fill out a short questionnaire on their views (see appendix two). Results were collated in the form of qualitative data.

Upon reviewing the evidence thus far and in consultation with my workplace advisor I discussed my findings with local speech therapists and the community librarian and we identified a series of play sessions aimed at developing language would be beneficial.

In discussing my findings with the HV team it was identified that invites at the 1 year development review would be ideal to ensure early intervention and identification of those whom may benefit from attendance at the sessions.

Consideration was given to those groups defined as hard to reach and those whose first language is not English. This was addressed through consultation with surestart and accessing their support in particular with one family currently living in temporary accommodation after experiencing domestic abuse, mum is Lithuanian and speaks little English, both children have speech delay. Surestart were able to support the family to attend the sessions.

I met with the community librarian to discuss my findings and my proposal. The community librarian was keen to facilitate the sessions within the library to ensure it remains community focused as well as promoting use of the library services. We devised a programme for the sessions covering all those topics considered to be of importance, in addition the sessions were timed to ensure there was time for informal peer support and for the individual facilitating the session to be on hand for one to one questions / support.

Set backs included periods of sickness, workload and resources. This required the start date for the programme to be put back from February to April.

The programme was produced and circulated with the HV team, children's centre, Library and all those who had expressed an interest through the parental consultation. (See appendix three). Targeted invites were sent to those identified by the HV team as potentially benefiting from the programme.

Risk assessment was carried out in conjunction with the manager of Sprowston library (see appendix five) to identify any potential risks needing to be addressed.

Liaison with the other professionals took place to ensure the sessions followed a logical order and were of most use.

Once the logistical details had been finalised the group was set to run.

### **Actual Outcomes**

It is somewhat difficult to consider actual outcomes at this stage as the programme has not concluded however anecdotally I have recognised the increased awareness from parents on their need to actively participate in their child's speech and language development. Parents have reported that they have reduced the amount of time the TV is on and are engaging their child with speech and play.

## **Evaluation**

At the time of preparing this report the programme has not completed and it is my intention to request formal evaluation by all attendees on the last session. The proposed evaluation tool can be seen in appendix four.

Long term evaluation can include data from the local infant school on the number of children having additional needs around speech, in comparison to the data provided at the outset of this project. In addition anecdotal evidence from teaching staff can indicate if an improvement in literacy skills and interest in books has been demonstrated.

It is important to consider the importance of robust evaluation as an essential part of the process to enable identification of any specific positive / negative factors. Direct feedback from those attending the group will inform on the delivery of future programmes. A copy of the proposed evaluation tool can be found at appendix four.

In addition to the evaluation it is essential that personal reflection of my own role within this process needs to take place to enable my professional development both as a health visitor but also a leader of delivering services for children to those where a need has been identified. Leadership styles need to be considered as to the appropriateness and purpose of getting the programme started, with the intention of future handover to the community via the library.

My previous experience of working within a practice development setting has identified that sometimes leadership styles need to be adapted to various situations and when dealing with different groups of people. I have been able to reflect on my leadership skills and identify those that have positively impacted on this project and highlighted those skills I need to further develop.

## Appendix One – BCC Proforma

<b><i>Building Community Capacity Programme Proforma</i></b>	
<b>Title of Project:</b> An 8 week series of play sessions aimed at pre-school children (aged 1-3 yrs) with their parents to actively encourage the development of language skills. (Chatterboxes)	
Area of Practice	Health visiting corporate caseload based within a city team (Sprowston)
Methodology of Need Identified	Identified through foundation stage profiles (identified 26% reception children Sept 12 having SLT) and head teacher from infant school. Consultation with Surestart Children's Centre, Parental consultation survey Professional discussion with SLT / Community Librarian
Aim:	To engage with parents to encourage active participation in their child's development through play which is structured around teaching children language skills in preparation for school entry.
Outcomes (SMART)	<ol style="list-style-type: none"> <li>1. For parents to attend the group</li> <li>2. Reduction in number of children needing SLT referrals (longer term)</li> <li>3. Increase in library registration &amp; library use.</li> <li>4. Parental engagement with schools</li> <li>5. Improve adult literacy</li> <li>6. Anticipate informal peer support</li> </ol>
How have Users been Engaged?	Parental consultation survey. Discussion with Sprowston speech & language support group
What Partner Agencies are involved?	<ol style="list-style-type: none"> <li>1. Education</li> <li>2. Children's centre.</li> <li>3. Norfolk County Council Library – Community Librarian</li> <li>4. Other health professionals: SLT / NN / Dentist</li> </ol>



<p>How will it build Community Capacity?</p>	<p>With the recent health visitor implementation plan and the review of the role of the health visitor, this community offer identifies that health visitors and other relevant partners are crucial in developing public health awareness &amp; promotion locally.</p> <p>Following user consultation and responding to the identified needs of the local community the development of the outlined group is proposed to empower the community &amp; families to recognise and respond to the high rates of speech and language difficulties identified within their community.</p> <p>My role is to facilitate the process by providing parents with some of the necessary tools to enable them to realise their own children's potential. Evidence tells us that enabling communities to recognise and respond to needs within themselves enhances sustainability.</p> <p>It is anticipated this group will enable the growth of social capital by individuals investing in the development of their own child as well as engaging with other members of their community to build resilience within their community.</p> <p>The group will take place within the library setting, firmly based within the community and in addition to the focus of speech development it is anticipated the group will offer peer support to parents and aid in reduction of social isolation.</p>			
<p>What key Strategic Objectives does the project meet?</p>	<ol style="list-style-type: none"> <li>1. Healthy Child Programme – promoting language development through book sharing, and invitations to groups for songs, music and interactive activities (DoH, 2009)</li> <li>2. NCHC – To keep all children healthy, happy, safe and ready to learn; improving early language development and school readiness (NCHC HV Service Specification 2012-2013)</li> <li>3. EYFS – communication and language as one of the three prime areas of development (DfE, 2012)</li> </ol> <p>In addition</p> <ul style="list-style-type: none"> <li>• Maternal mental health –</li> <li>• Positive parenting – the importance of attachment and positive parenting in the first years of life in determining future outcomes for children. (DoH, 2009)</li> </ul>			
<p>What Resources are Required?</p>	<p>Time for HV to set pilot, evaluate and implement Administration cost – Photocopying Liaising with other professionals Library resources</p>			
<p>Start date:</p>	<p>Feb 13</p>	<p>End Date:</p>	<p>May 13</p>	
<p>Anticipated Date of Withdrawal of Professional Input</p>	<p>Plan to withdraw after pilot, evaluation and 6/52 post implementation of group. To drop-in monthly to offer support</p>			

<p>Description of Project</p>	<p>During my initial weeks as a newly qualified health visitor I attended an advisory group meeting at the Sprowston children’s centre. The head teacher from the infant school identified the high level of children from the 2012 reception intake receiving speech therapy. I engaged in further discussion with the infant school and children’s centre manger and reviewed the foundation stage profiles both locally and nationally as a comparison which demonstrated poor attainment in this area of learning.</p> <p>Through child health clinics I consulted with parents about their knowledge of speech and language development and if they felt it was of concern in preparation for school. I also contacted a local support group set up by 2 parents whose children had been in receipt of speech therapy to discuss their thoughts and experiences. I also engaged in professional discussion with speech &amp; language therapists, nursery nurse, health visiting colleagues and the community librarian.</p> <p>It is proposed to develop a group based within the library setting aimed at developing parents’ skills on how to enhance language skills with their children through play, books and other available resources. It will be an 8 week programme for 1 hour each week, covering a variety of topics including language development, listening skills, importance of play, library resources and story sacks, use of dummies and dental care. Although the programme will have a structure it is anticipated the programme will be flexible to the needs of the parents attending. Various professionals will attend to deliver the structured elements of the programme. Upon completion of the programme it is anticipated parents will continue to meet either independently or at another formal session such as bounce and rhyme or stay and play held at the local children’s centre.</p> <p>8 – 10 parents will be invited at the 8 month development review (anecdotal evidence indicated speech problems are already imbedded by the 2 year review therefore early invitation aims to provide an upstream approach).</p> <p>The group will be evaluated after the first 8 week programme has been completed, (evaluation tool yet to be devised) and any necessary adjustments made prior to the full implementation of the group.</p> <p>Consideration needs to be given to ethical issues such as the target group for attendance, those whose first language is not English and those individuals who may be at risk.</p> <p>Personal reflection upon this proposal and roll out of the project has led me to consider leadership challenges and approaches appropriate to the successful implementation of the project and any potential change management issues. In addition the need for collaborative working is fundamental to the success of the project.</p>
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**Appendix Two – Parental Consultation document**

**Parents**

Do you have concerns about the growing number of children needing help to develop the essential skill of communication?

**“CHATTERBOXES”**

Would you be interested in attending a newly developed local play session aimed at teaching you fun ways to develop your child’s language?

Please Tick one of the following:

Yes      No      Unsure      Decline to answer

If you would like to attend this session, please enter your contact details here

Name: -----

Address: -----

-----Tel No:-

-----

If you have any queries / questions; please contact:

Sharon Duneclift - Health Visitor

Thorpe Health Centre,

Williams Loke,

St Williams Way

Thorpe. NR7 0AJ

Tel: 01603 430200

## Appendix Three

# CHATTERBOXES



**A 6-WEEK SERIES OF PLAY SESSIONS WITH PRE-SCHOOL CHILDREN AND THEIR FAMILIES TO ACTIVELY ENCOURAGE THE DEVELOPMENT OF LANGUAGE SKILLS.**

**Commencing Thursday 18/04/2013 10am - 11am at  
Sprowston Library, Recreation Ground Road, Sprowston. NR7 8EW.**

### Programme to include:

- 18/4/13 - Introductions / expectations of the course - Sharon Duneclift (Health Visitor)
- 25/4/13 - Listening Skills / Dummies - Zoe Banham & Rebecca Gardner (Speech & Language Therapists)
- 2/5/13 - Library services / Story sacks - Nicki Hardy (Community Librarian)
- 9/5/13 - Importance of Play - Catherine Rose (Nursery Nurse)
- 16/5/13 - Language Development - Zoe Banham & Rebecca Gardner (Speech & Language Therapists)
- 23/5/13 - Final session / Evaluation - Sharon Duneclift (Health Visitor)

We aim to provide an informal play session advising parents / carers on how to promote language development in their children

Refreshments will be provided.

Older siblings welcome.



Any queries please contact Sharon Duneclift Health Visitor, Thorpe Health Centre. Tel 01603 430200

Appendix Four

Programme Evaluation May 2013

Course Title ..... Date .....

Name .....

Name of Facilitator: Sharon Duneclift

**You do not have to give your name, however it can be useful if we wish to follow up any issues in the future.**

Evaluation is a useful way to establish how beneficial this programme has been, please be honest with your answers as this will allow any adjustments to be made before the next course is considered.

Please respond to all questions and try to give explanations rather than giving yes/no answers.

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1. Briefly describe the contents of the 6 week programme

2. Was the overall quality of the sessions?

Excellent	Very good	Good	Poor

Please comment on each session individually

Week one - Introduction

Excellent	Very good	Good	Poor

Week two - Listening skills / Dummies

Excellent	Very good	Good	Poor

Week three - Library services / story sacks

Excellent	Very good	Good	Poor

Week four - Importance of play

Excellent	Very good	Good	Poor

Week five - Language development

Excellent	Very good	Good	Poor

Week six - Final session

Excellent	Very good	Good	Poor

3. Did you feel the course identified the concern raised and offered ways to address this?
  
  
  
  
  
  
  
  
  
  
4. What changes would you recommend in order to improve the course for future attendees?
  
  
  
  
  
  
  
  
  
  
5. Were the practical skills suggested useful and realistic to improve the language development of your child?
  
  
  
  
  
  
  
  
  
  
6. Do you now feel adequately prepared to enter the next stage of your child's development around speech and language?
  
  
  
  
  
  
  
  
  
  
7. Please use this space to write any other relevant comments about this course.

Thank you for completing this form. Information gained from it will be used constructively to benefit future parents attending this course.

*Please return completed form to: -*

**Sharon Duneclift**  
**Health Visitor**  
**Thorpe Health Centre**  
**St Williams Loke**  
**St Williams Way**  
**Thorpe St Andrew**  
**Norwich**  
**NR7 0AJ**  
**01603 430200**

### Appendix Five – Risk Assessment

<b>Section/Team:</b>	CULTURAL SERVICES - LIBRARIES	<b>Assessment Number:</b>	
<b>Location:</b>	SPROWSTON LIBRARY	<b>Assessment Date:</b>	17/04/2013
<b>Activity/Area:</b>	Chatterbox	<b>Review Date:</b>	

What are the hazards	Who might be harmed and how	Existing Risk controls	Assessment of Risk			Further Risk Controls required	Residual Risk			Action by whom	Action by when	Done
			L	C	RR		L	C	NR R			
<b>All events</b>												
General site hazards such as slips and trips etc	- Staff and visitors	- Separate General office risk assessment in place - Staff familiar with fire evacuation procedure including escape routes - Quarterly site H&S inspection undertaken	1	1	1							
Child safety issues	Staff: - Accusations of inappropriate staff behavior	- Staff CRB checked as necessary according to COUNCIL policy - Staff attend COUNCIL training on working with the public and adhere to COUNCIL child safety guidelines	1	1	1							
	Children: - Leaving without staff	- 1 Librarian 2 library staff to be in attendance and	1	1	1							

What are the	Who might be harmed	Existing Risk controls	Assessment of Risk			Further Risk Controls	Residual Risk			Action by	Action by	Done
	knowing - Inadequate supervision to control event and assist with evacuation	involved in supervision - Confirmation provided by building manager that evacuation plan adequately accommodates numbers/ages visiting  - CHILDRENS AREA designated for activity to take place in to ensure adequate space and proper supervision - Support requirements confirmed with visiting group leader/parents - First aid box kept in KITCHEN - Staff appointed persons and/or first aiders available and known to activity leader										
Food and drink	Visitors: - Food poisoning - Scalding from hot drinks	- Only pre-wrapped products provided - Cold drinks only to be served to young children - Non-fragile/easily breakable ups used e.g. plastic	1	1	1	ONLY COLD DRINKS WILL BE SUPPLIED						



What are the	Who might be harmed	Existing Risk controls	Assessment of Risk			Further Risk Controls	Residual Risk			Action by	Action by	Done
		- Hot drinks restricted to ADULTS										
<b>General art and craft activities including body painting</b>	Young visitors: - Sharps e.g. scissors - Ingestion/inhalation/eye entry of substance - Allergies - Choking on small parts e.g. beads	- Child safe NOTHING USED EXCEPT BOOKS used and sourced through departmental procurement team - Substances secured when not in use - Parents and/or group leaders asked for details of any relevant allergies - Hand washing facilities available	1	1	1	NO CRAFT ACTIVITIES WILL TAKE PLACE ONLY HAVE ACCESS TO BOOKS						
Overcrowding of the library premises	Visitors/staff	- Vigilance of staff to ensure that overcrowding does not occur - Library shelving is moved where possible to accommodate audience	1	1	1	CHILDREN'S AREA TO BE MADE LARGER TO ACCOMMODATE VISIT						
Specific additional hazards for event		-										

(L-Likelihood C-Consequence RR-Risk NRR-New Risk Rating)