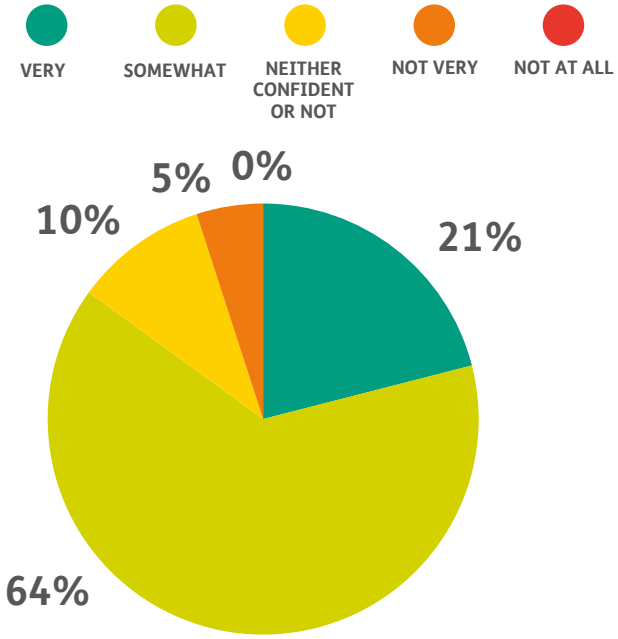
Analysis by key roles:

HEALTH VISITORS

Health visitors made up approximately 7% of all respondents to the consultation. The vast majority (85%) were employed by the NHS with smaller numbers employed by a local authority or social enterprise.

A unanimous 100% of respondents recognised SLC skills as either 'very important' or 'somewhat important' for the children they work with but only one fifth (21%) of this part of the workforce reported they feel 'very' confident in their ability to support children's SLC development.

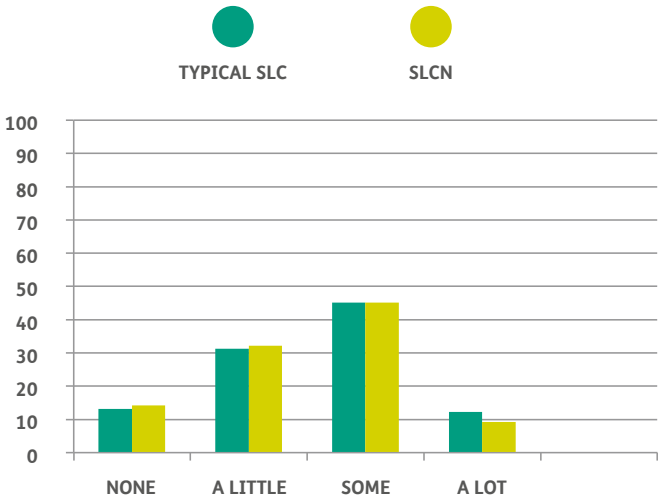
CONFIDENCE IN SUPPORTING CHILDREN'S SLC DEVELOPMENT



Initial Training and CPD

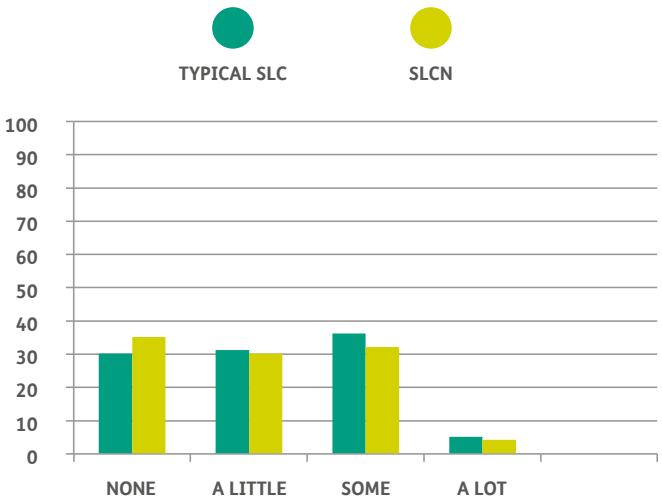
A surprising 44% of respondents reported that they had received little or no learning around SLC development in their initial training, rising to 46% with regard to training in identifying and supporting children with SLCN. This is concerning given the training routes into the profession (i.e. child nursing or midwifery) and their crucial role in the early identification of children with SLCN in the early years.

AMOUNT OF INITIAL TRAINING RECEIVED



Even more concerning is that 59% of Health Visitor respondents reported that they have received little or no training around SLC development in their current role, increasing to 64% for training relating to identifying and supporting children with SLCN. Given that we know that children with SLCN are under identified and that referral rates to specialist SLT services are much lower than national prevalence figures, this highlights a prime opportunity missed.

AMOUNT OF CPD RECEIVED



Barriers

The biggest barriers to accessing CPD were identified as lack of staff capacity (73%), lack of budget (72%) and lack of time (71%). This reflects the known pressures that health visiting services face across the country. This group also felt there was a lack of relevant opportunities (65%) and uncertainty as to where to access training (47%).

Most Health Visitors felt that support from senior management in accessing opportunities was not a significant barrier or challenge but a third (33%) felt other training and CPD was being prioritised, such as safeguarding, mental health and breastfeeding.

There were also some wider workforce issues highlighted:

There also appears to be confusion around local referral criteria and when to refer to specialist services.

Motivation and Preferences

Face to face training was the most preferred format for training and development with 95% of Health Visitors favouring this option. Half (49%) also reported they like formal, accredited training leading to a qualification (60%) with twilight sessions the least favoured (4%).

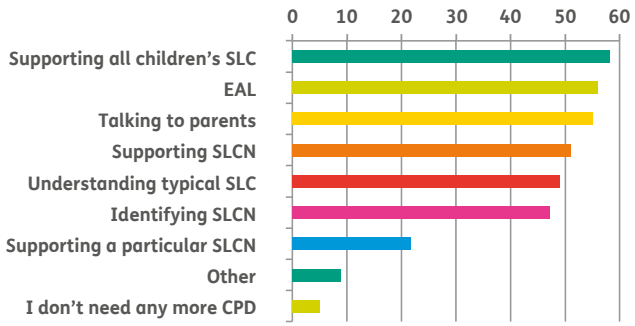
Ninety-six percent of Health Visitors reported they were motivated to improve their practice with 91% of the workforce seeing it as essential to their role. This highlights a clearly motivated workforce with a clear understanding of how critical these skills are at this early stage to later development.

Cost, time and relevance were identified as influencing factors when deciding on which CPD opportunities to undertake. Location and workload pressures were also considerations.

Training Needs

In contrast to the previous sector analyses, in which two or three areas of training clearly stood out, there were quite a number of areas that were highlighted as training needs by Health Visitors, as outlined in the graph below. Only 5% of Health Visitors felt that they had received sufficient training in SLC .

TRAINING NEEDS



Some of the suggestions for solutions to bridging the learning gap from this workforce are outlined below: