

# **Speech and Language Therapy Task and Finish Working Group Draft Report**

**Health, Social Care and Housing  
Scrutiny Sub Committee**

## Contents

Introduction	3
What is Speech and Language Therapy	4
Terms of Reference	6
Methodology	7
Findings, Conclusions and Recommendations	10
Table of Recommendations	27
Glossary	31

## Introduction

This report details the Scrutiny Task and Finish Working Group investigation into speech and language therapy services for children in Croydon.

The topic was identified by a Member during the canvass for possible topics for inclusion in the 2010/11 work programme, who suggested that the purpose of a scrutiny review should be “To review the patient experience and health inequalities issues arising”.

The suggestion originated from Councillor Terry Lenton following discussion with a Head Teacher who was concerned about a number of children in her school who were not attaining their potential because they were not able to access Speech and Language Therapy. Waiting times were also brought to Councillor Lenton’s notice by a constituent.

The Health, Social Care and Housing Scrutiny Sub Committee on 9 November 2010 asked that a draft commissioning document be prepared for a task and finish working group to review ‘speech and language therapy’. The subsequent meeting, on 11 January 2011, considered the draft commissioning document and formally established the task and finish working group. Details of the commission are provided in the section on terms of reference.

*Extract from ‘The capital’s future depends on literacy’ – Evening Standard Editorial Column Tuesday 31 May 2011 (italic typeface added)*

“We know that a million Londoners – one in six of the adult population – are functionally illiterate. The roots of that problem lie squarely with in the earliest years. That is where the reading difficulties started for nearly half of all prisoners with a reading age of seven or less. Children with poor literacy fall behind in secondary school and do badly at exams. Yet those problems pale by comparison with being unable simply to read or write.

*“We know that children from poorer backgrounds are more likely to be illiterate.”*

**In contrast, people from all sections of society have a need for speech and language therapy support**

“If I’m King, where’s my power? Can I form a government? Can I levy a tax, declare war? No! And yet I am the seat of all authority. Why? Because the nation believes that when I speak, I speak for them. But I can’t speak”

*Quote from the King’s Speech film 2010.*

## What is Speech and Language Therapy?

Speech and language therapy is a combination of health and educational interventions employed to manage the disorders of speech, language, communication and swallowing in children and adults.

Speech and language therapists (SLTs) are allied health professionals. They work closely with parents, carers and other professionals, such as teachers, nurses, occupational therapists and doctors. There are around 13,000 practising SLTs in the UK.

Speech and language therapists can be located within these areas:

- |                                     |                                  |
|-------------------------------------|----------------------------------|
| - community health centres          | - hospital wards                 |
| - outpatient departments            | - mainstream and special schools |
| - children's centres                | - day centres                    |
| - clients' homes                    | - courtrooms                     |
| - prisons                           | - young offenders' institutions  |
| - independently/in private practice |                                  |

### Categories of Speech and Language Difficulties

Both children and adults may have communication problems. Sometimes the reason has been identified but on many occasions - especially where children are concerned - it may not be easy for the family to name the problem or identify its cause.

Speech and language therapists work with:

#### - Babies with

feeding and swallowing difficulties

#### - Children with

mild, moderate or severe learning difficulties  
physical disabilities  
language delay  
specific language impairment  
specific difficulties in producing sounds  
hearing impairment  
cleft palate  
stammering  
autism/social interaction difficulties  
dyslexia  
voice disorders  
selective mutism

Many young children have communication problems because of:

- Delayed development
- Disordered development
- Finding it difficult to put sentences together so that they can be understood (expressive language difficulty)
- Finding it difficult to remember words and their meanings
- Having difficulty in understanding what others say (receptive language difficulty)
- Otitis media (glue ear) causing intermittent hearing impairment which affects learning
- Pragmatic difficulty (using spoken and nonverbal communication to interact socially)
- Selective mutism (only speaking in certain situations)
- Speech dyspraxia / verbal dyspraxia (a motor coordination difficulty affecting pronunciation)
- Using the wrong sounds in speech and not improving following the expected developmental pattern (phonological difficulty)

*Royal College of Speech and Language Therapists*

## Terms of Reference

At its meeting on 11 January 2011, the Health, Social Care and Housing Scrutiny Sub Committee agreed the following terms of reference for the Task and Finish Working Group:

### Membership

That the membership of the Working Group should be:

- Councillor Sean Fitzsimons (Chair)
- Councillor Adam Kellett
- Councillor Terry Lenton
- Councillor Maggie Mansell
- Co-opted Member Tracey Hague

### Matters to be Included in the Investigation

That the Working Group should examine:

- The services available, how and where they are provided, how they are funded, the partnership working arrangements and who uses the services
- The criteria, policies, procedures and timelines for accessing diagnoses and treatment plans
- The service outcomes - how these are measured and followed up
- Partnership working and how effective this in the provision of services

### Timescale

That the Working Group should complete its work by May 2011 and report its findings to the Health, Social Care and Housing Scrutiny Sub Committee scheduled for 12 July 2011, at which point the Working Group would be disbanded. It was also agreed that the Working Group should meet approximately every three weeks and an outline project plan was approved.

### Expected outputs and added value

The Sub-committee hoped that the Working Group would:

- propose amendments to , or the creation of new, policies and procedures that would improve services
- improve the management of parental and professional expectations
- benchmark Croydon's service provision against good practice nationally and internationally

## Methodology

The Task and Finish Working Group operated using a 'Member Led' approach. Members of the Group have taken responsibility for all the actions required by the investigation.

At its first meeting, the Working Group considered the methodology it would use to complete its investigation within the context of its terms of reference. The Group agreed to pursue the following lines of enquiry:

- (a) What are the 'issues'?
- (b) What are the policies and procedures of each relevant agency – Council, NHS and any others?
- (c) How do service users access the service and what are their experiences as they travel through the system?

The Working Group also agreed a detailed project plan that programmed the different elements of the investigation into six meetings.

At the first meeting also the Group considered whether it was feasible to examine the full range of speech and language therapy services and concluded that this would make the investigation unmanageable within the agreed timescales. Based on the factors that had driven the Scrutiny Sub-committee to prioritise this topic for consideration, the Group agreed to concentrate its work on speech and language therapy services for **children only**. Throughout this document "SALT" is used as a short-hand for speech and language therapy services.

The Working group met a total of seven times as an additional meeting was convened to discuss the provision of services as a consequence of the updated local special educational needs strategy in order to consider how this is being shaped by national guidelines.

This report being approved at its final meeting on 21 June 2011.

In undertaking its investigation, the Group gathered evidence through the following channels:

### Witnesses

The following people attended a meeting of Working Group to provide evidence:

- 4 February 2011, Alison Markwell, Assistant Director Children's Therapies and Ann Harvey, Paediatric Speech and Language Therapy Manager, Croydon University Hospital (providers)
- 3 March 2011, Natalia Sali, Parents in Partnership (PiP) - (service users)
- 13 April 2011, John Haseler NHS Croydon and Anne Moore CYPL (commissioners)
- 2 June 2011, Cllr Tim Pollard, Cabinet Member for Children, Young People and Learners.

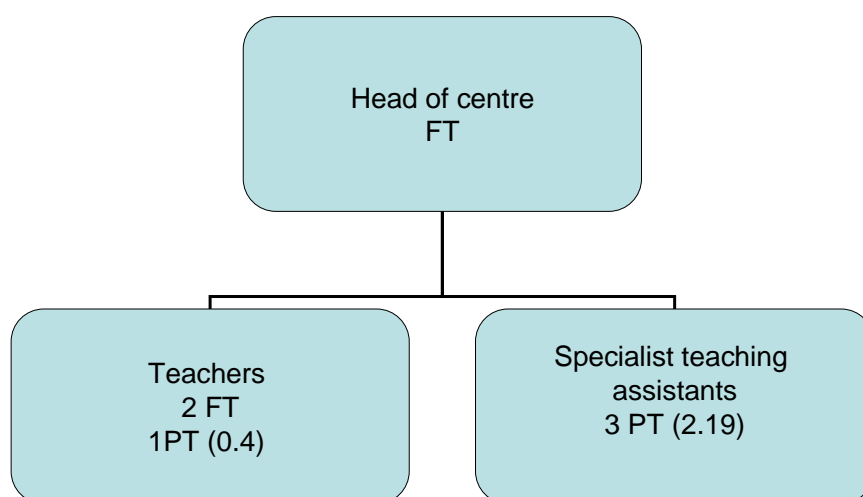
The original witness schedule listed commissioners to appear as the first group of professionals to give evidence to the working group. The timetable coincided with staffing issues within NHS Croydon and CYPL, including many staffing changes and the unavailability of appropriate officers meant that commissioners were seen towards the end of the process. Ultimately, the delay gave a better result as Members felt equipped to compare information from providers and service users with commissioners and to make evidence based challenges. Members were more confident when asking in-depth and enquiring questions around service specification, existing contracts, monitoring and evaluation.

## Visits

Visits were made by Working Group members to:

- **Speech and Language Therapy Centre based at Applegarth Primary School.** The centre provides speech and language therapy to 18 children borough wide, with specific language disorders who fit the Centre's access criteria. All children fall within the average cognitive range for their age group and the majority of children do not display underlying disabilities. Children attending the centre are on the Applegarth school roll; and some travel to school with parents, although all children are eligible to use the school transport system.

## Speech and Language Centre Staffing Structure



The centre's buildings and teaching staff are funded by the local authority with all therapists being funded by the National Health Service. Outreach work is borough-wide in an attempt to accommodate those children that are recognised as having a communication problem but have a level of severity that is outside that of the centre's criteria for admission. In addition to supporting these children, the outreach workers can train existing mainstream teaching staff to work more effectively with unsupported child.



The national curriculum is taught through various methods, eg through play, singing, dancing, music and the traditional methods of listening and answering questions. The centre uses the Paget Gorman sign language system. The centre is considering changing to the widely used Makaton system as this continues to be the preferred system used in the majority of children's centres.

Many children have a statement prior to admission to the centre; those that do not will have a statement by the time they leave the centre. If a child has not accessed the centre during key stage 1, but has been identified, they may have support from the outreach programme in the mainstream. A Department of Education definition of a statement can be seen at **Appendix 2** of this document

It became clear very early on within the investigation that there is no direct support for children post year 6 in Croydon; therefore this review has highlighted the lack of speech and language provision to post primary children.

- **Spectrum Centre** based at Addington High School for children of secondary school age. The centre provides support for those children with complex needs which includes ASD. Whilst some children receive SALT at the Spectrum Centre as part of their SEN management and statement, there is no dedicated SALT facility within Croydon for children of secondary school age. At present the centre has one child in attendance with specific speech and language therapy needs. Other children within the centre receive speech and language therapy secondary to their underlying special educational need.

The Group would like to thank staff at the two centres for their assistance in arranging and hosting these visits.

## Research

Parents in Partnership (PiP) is a local voluntary organisation where all members are parents of children with a special need or disability. PiP agreed to undertake a survey amongst its members. The questionnaire was jointly prepared with Working Group Members. PiP circulated the questionnaire to over 300 of its members which achieved a 9% (23) response rate. The results and analysis produced by PiP can be seen at **Appendix 1** of this document.

The Working Group would like to thanks Parents in Partnership, particularly the Strategic Manager, for their considerable help in undertaking this review.

## Findings, conclusions and recommendations

### 1. Introduction

The Working Group identified four key themes from its investigation:

- Responsibility for Speech and Language Therapy (SALT)
- The early identification of Speech and Language problems
- Special Educational Needs and Inclusion Strategy
- Support for Parents and Carers of Children using the service

Each of the above themes is covered in a separate section below. Each section includes a summary of the Working Group's findings, details the conclusions drawn by the Group from its findings and presents the Group's resulting recommendations.

### 2. Responsibility for Speech and Language Therapy (SALT)

#### Findings

Commissioners from the council and NHS Croydon reported that:

- Funding streams are complex and increased levels of funding have been available. The commissioners have reduced the budget by 7% on April 1 2010, a further 8.2% on April 1 2011 and there will be a further reduction of 5% in 2012. Through service redesign there is a potential to provide services that are fit for purpose, to meet the needs and expectations of a wider audience whilst continuing to be delivered within the existing financial allocation.
- The Service is commissioned by NHS Croydon on behalf of Croydon Council. There is a defined service specification and key performance indicators for the aspects of the service directly commissioned by NHS Croydon. Therapists and teaching staff provide the service. The therapists are based at Croydon Community Services as part of Croydon Health Services NHS Trust whilst teaching staff being employed by the local authority in the SALT centre. Those working in the dedicated speech and language centre have undertaken a post graduate course; other teaching staff in the mainstream can receive on the job training.
- SALT is funded by the local authority at 180K per year which funds 2 fte therapists providing support across special schools and specialist provision /resource bases and also SALT packages for individual pupils where provision is cited in their statement of SEN and the provision needs to be bought in. Approximately 15 pupils receive this. 80K is directed to the nursery project which provides training and early intervention work for nurseries and children's centres. Last financial year the service was allocated £100K of new funding for special schools which cater for complex needs. This funding commenced September 2010/11 will continue into 2011/12 taking funding levels to £280k.
- For future provision it is envisaged that the Health and Wellbeing Board will look at areas like SALT and that JSNA will inform this commissioning.

# Draft Report

The Cabinet Member reported that, like the working group, he had experienced some difficulties in understanding the accountability arrangements within NHS Croydon for SALT.

Service providers reported that:

- Education covers 38 weeks a year whilst the NHS covers 52 weeks in the year. Staff felt that support was needed when negotiating contracts to avoid money being spent on hours that were not required ie only term time provision is required against 52 weeks.
- During investigations Members recognised that there is no dedicated SALT centre servicing those children of secondary school age with a specific language disorder. A centre specifically resourced for SALT at this age group would be appropriate. Due to lack of time and resources this line of investigation could not be reviewed in depth.
- A young adult without profound SEN issues and who do not attend a Croydon maintained special school do not receive any support to continue their education.

## Conclusions

The Working Group drew the following conclusions from its findings:

- The Working Group had difficulty identifying to whom it should be speaking in the Health Service; a dilemma that is shared by the Cabinet Member for CYPL. This raised concerns about accountability, who is responsible for taking what decisions and joint working.
- Funding streams for SALT are complex with funds being drawn from NHS, Croydon Council, Croydon Health Services NHS Trust and Government Grants to Schools and there are different gateways and different thresholds.
- This is a good time for the council to work more closely with the NHS to examine whether the NHS is spending efficiently. The council and NHS should consider pooling budgets, jointly commissioning and/or jointly providing the service, using the powers available under Section 75 of the NHS Act <sup>1</sup>.
- Improving the service is what is needed, not a complete change in the service.

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<sup>1</sup> Section 75 partnership agreements, legally provided by the NHS Act 2006, allow budgets to be pooled between local health and social care organisations and authorities. Resources and management structures can be integrated and functions can be reallocated between partners. Legal mechanisms allowing budgets to be pooled (the section 75 partnership agreement) are thought to enable greater integration between health and social care and more locally tailored services. The legal flexibility allows a strategic and arguably more efficient approach to commissioning local services across organisations and a basis to form new organisational structures that integrate health and social care. This practice example reviews the function and impact of Section 75 partnership agreements and covers different local approaches to restructuring services.

For the above reasons, the Working Group decided that it should address all its recommendations to the relevant partnership body the **Children and Families Partnership Board**, in the belief that the Trust is best positioned to facilitate and co-ordinate a response to the Working Group's recommendations.

## **Recommendations:**

1. Commissioning, funding and reporting lines for SALT need to be agreed as a matter of urgency before responsibility is handed over from NHS Croydon to GP consortia.
2. NHS and Council teams should consider integrated and budgets pooled to eliminate uncertainty about responsibility for the assessment and support of children with Speech and Language needs.

## **3. The early identification of Speech and Language problems**

### **Findings**

Commissioners from the council and NHS Croydon reported that:

- A way forward could be to make permanent appointments, ie by employing 2.5 days at Bensham Manor School, 2.5 days at the Priory 1.5 days at Beckmead School. Work continues across teams to support special schools, 2fte, locums for projects in schools and 2fte NHS funded for special schools.
- There is not enough administrative support and that the computer systems do not work as well as they could due to problems with compatibility with servers as staff have moved from NHS Croydon to Croydon University Hospital. There is a programme in place to move all clinics onto the same server.
- There are increased case loads for the remaining therapists when a therapist goes on maternity leave and that this is a fairly frequent occurrence, as the majority of therapists are female.
- More appropriate use could be made of trained therapists; newly qualified and returning therapists often work in roles for which they are over qualified. Whilst this is beneficial to the service user and advantageous to the management of the service it may prove to disadvantage therapists.

Everyone involved in the investigation, providers, therapists, commissioners and users agreed that the early identification and support of children with speech and language needs results in better outcomes

### **Conclusions**

The Working Group drew the following conclusions from its findings:

- Further action is needed to ensure that early identification takes place.
- The 12-week wait to access the service is too long; it shouldn't be more than 6 weeks

## Recommendations:

3. More appropriate use should be made of trained therapists and better provision made for maternity leave
4. Speech and language therapists and teachers & education professionals should collaborate further to enable them to promote early recognition, assessment, intervention and support.
5. The target maximum waiting time for the initial appointment with a therapist should be no more than 6 weeks.
6. The key themes from the September 2010 consultation document circulated by the Department of Health, Social Services and Public Safety as set out in section 4 of the Speech, Language and Communication Therapy Action Plan should be adopted, ie:
  - Agree a care pathway for SALT
  - Primary school appraisal of pupils
  - Standardised data collection for SALT by March 2012
  - Appropriate training for nursery school and P1 and P2 teachers
7. The recording and retrieval of the information collected by NHS therapists is essential for successful collaboration, so additional administrative support and an improved IT system should be set up in order to achieve standardised data collection for SALT by March 2012.

## 4. Special Educational Needs and Inclusion Strategy

### Findings

Commissioners from the council and NHS Croydon reported that:

- Out of 1827 children and young people with statements of special educational need 115 are classified as having speech, language and communication (SLCN) as the primary needs. More than 200 have SLCN as a secondary need, although this is probably an underestimate as this data can be variable. Ten of these 115 attend independent schools, one who is residential. Two schools -The Link and Blossom House - cater for ASD and SLCN and their total Croydon pupil population of 52 includes many with significant SALT needs who are classified as ASD. As a result the 115 is an underestimate of the total need.
- The Nursery project fund is being squeezed; the general consensus is that schools could purchase therapy expertise from existing budgets; some schools are purchasing SEN support at present. Early intervention would continue to be funded by Croydon. The Nursery project was originally funded

to train leaders and staff to build their knowledge in areas of early intervention and then move on. The reality has been that about 30 nurseries have benefited from 80K with therapists staying in the same place year on year and not moving on.

- The nursery project monies could be redirected to assist statemented children to purchase SALT services and would give an equal spread of funds across the borough. If the 80k presently allocated to the nursery project was reallocated to schools, this money could be used to train or support teaching staff in a programme of training and move on to different locations throughout the borough.
- Croydon is not dissimilar to other authorities in its provision. Contract management is an issue with providers regularly not signing up to contract arrangements. However this is common practice in other authorities. It was recognised that Addington High School would welcome support when in contract negotiation, considering commissioning and writing service specifications to enable them to appoint therapists at the appropriate times ie: term time only.
- When attempting to benchmark against other authorities it should be recognised that some children have to travel long distances to access the service this could result in an inequality of access to services. Officers agreed that an exercise looking at measuring outcomes has been linked to the improvement of the inequality agenda and that travel and distance has been recognised and factored into findings.
- CYPL are seeking to have 5 centres at secondary level. At present, Shirley High School has a hearing centre in addition to Addington High School's Spectrum resource.
- The SEN and Inclusion Strategy can be viewed on the Croydon website. The future provision is expected to include a SLCN centre for the north of the borough offering additional SALT places, 2 x physical disabilities from St Giles north and south and 2 x SALT resources at secondary
- CYPL's proposed strategy was shaped in part by the findings contained within the Bercow Report, which reviewed services for children and young people (0–19) with speech, language and communication needs. The key issues focused on in the Bercow Report were:
  1. The range and composition of services required to meet the diverse needs of children and young people from 0 to 19 in an affordable way.
  2. How planning and performance management arrangements, together with better cooperation nationally and locally between health and education services, can spur beneficial early intervention and
  3. What examples of best practice could be identified as templates for the wider roll-out of services across the country.

# Draft Report

- When asked if there was a clear understanding of the needs of the borough and who should inform the vision, officers were clear that the needs of the borough are clearly understood but not met. It was expected that another SALT centre would encompass a number of children that at present have been identified as not getting full support. An extension of resource bases like Addington High School's Spectrum Centre would be welcome. CYPL has regular discussions with the SEN Disability Group and the strategy continues to look at and review provision.
- Perceptions of what SALT is and what can be achieved needs to be addressed. Therapists continue to be consistent in their advice when explaining that SALT is not a cure. This has resulted in parents not always understanding the conflict between identified need against provision within managed resources. An example of this is a number of challenges to statements using the appeals system. If an appeal is upheld the Council has a duty to provide what is listed on the statement. Currently 15 children receive therapy services out of borough within private institutions.
- The Special Education Needs and Inclusion Strategy reported to the Cabinet on Monday 11 October 2010. The Cabinet recommended that the Strategy be circulated for professional consultation. It is expected that the joint strategy with NHS Croydon be built on. Staffing changes had delayed the launch of the strategy; however it is now going out to all partners. The strategy would reflect and consider all aspects of special needs; it had been difficult to separate out some conditions as they can be integral to the complex need.
- Officers await further commentary from the SEN Green paper which has been delayed from its publication date of March 2011.
- There are plans locally to extend the self directed support (transforming social care programme) to children giving greater freedom and personalisation of their budgets - this is one of a range of ideas. This would involve a combined assessment of health and education. This item has been included on the work programme for the Education Scrutiny Sub Committee 2011/2012.
- Providers were clear in their explanation of the breadth and scale of users and the level of support that is available against the level of support required. Officers from all facilities agreed that an increase in resources could address shortfalls for those children that did not have access to the service. It was agreed that children identified and supported at an early stage would result in better outcomes.
- Service gaps are filled by the NHS who provide locums where permanent capacity is required. Schools do have their own funding that could be used to manage these costs. There has been a reduction of people looking independently for 1-2-1 SALT provision, located out of borough eg. Blossom House <http://www.blossomhouseschool.co.uk/>

# Draft Report

The Cabinet Member reported that:

- Cabinet had endorsed a draft Special School Strategy in October 2010 for professional consultation; a follow-up report will be presented to Cabinet on 11 July 2011 with a further instalment being provided in the autumn.
- The council is trying to reduce the attractiveness to parents of seeking special school places outside the borough.
- Funding has been included in the long-term capital strategy for SEN, including money for the provision of a new specialist centre over the next 3 years – this confirmed a willingness to invest in the infra-structure.
- The last Schools Forum agreed, in principle, to explore provision in Croydon but there is a lot of detail yet to be worked out.
- He was more optimistic now about plans for a new specialist centre – there is sufficient money in the capital budget, a full SEN review underway and there is an early intervention programme in place aimed at assessing and providing support for children with Special Education Needs at the earliest opportunity.
- A modest investment now would bring major returns in the future.

Service providers reported that:

- Croydon's provision falls behind when compared with other boroughs. Bromley Council have 2 SALT centres which accommodate a maximum of 20 children and 1 secondary unit. Croydon was pioneer, ahead of the national provision when the original primary speech and language centre opened but has fallen behind in its provision of 1 primary setting and no SALT secondary provision. The Spectrum centre based at Addington High school offers support to those secondary children with ASD; SALT services were considered in original proposals.
- The stigma of having a disabled child or the location of the SALT centre, based in New Addington has deterred some parents from allowing their child to attend the centre, causing unnecessary delay in accessing services.

## Conclusions

The Working Group drew the following conclusions from its findings:

- It is a matter of concern that Croydon has, in recent years, slipped behind other areas in the number and levels of children receiving specialist services.
- The Health, Social Care and Housing Scrutiny Sub Committee should monitor and evaluate the performance of SALT services at an agreed date following



the acceptance and implementation of the Working Group's recommendations.

- There is an urgent need for a new strategy that will avoid children having to access out-of-Borough services, to benefit children and their families supporting the “better care closer to home” initiative.
- Accessing out-of-Borough services has been an easy, if expensive, option and may have contributed to an under-investment in speech and language services in recent years.
- There is a need to convince parents/carers that SALT services are good in Croydon; past disappointments need to be overcome.
- There is a need to communicate more effectively the way that the service is delivered and how each child can access it.
- There is a need to get joint sign-up from the council and the Schools Forum
- The Cabinet Member for CYPL has good grounds to be optimistic about the potential for better outcomes.
- The Working Group endorses the proposal that the Nursery project funds be redirected to ensure equality of funding across the Borough
- The Working Group strongly supports the emerging strategy and proposals and is anxious to see them effectively implemented.

## **Recommendations:**

8. An increased provision of 18 extra primary school and 20 secondary school places should be implemented as soon possible.
9. More effective partnerships should be developed between schools and specialist services
10. Capacity for outreach and preventative work with schools should be enhanced.
11. The SEN Strategy should be revised to address the under provision of SALT for secondary school children.

## 5. Support for Parents and Carers of Children using the service

### Findings

Service users reported that:

- Parents recognise that the number of therapists in post with excessive caseload and the frequent turnover of staff as being major causes of inconsistencies faced at appointments.
- Travelling time to a centre for sessions has been a real issue for some parents which also results in the children losing school time as the centres are often not local to the school.

The full results of the questionnaire sent out by Parents in Partnership are reproduced in **Appendix 1**, so are not repeated again here, except for the main conclusions drawn by the Strategic Manager who administered the questionnaire:

- It would seem that there is a mixed experience of SALT among parents.
- Two themes which seem clear are: the need for more regular and outcome-focussed feedback on a child's progress, and the experience of provision being unreliable and inconsistent.
- There is generally a positive opinion of therapy when it is provided consistently and a preference for therapy to be provided as a seamless part of school life, rather than being something which is treated as a stand-alone medical appointment.
- Many parents also express their wish to be more directly involved in therapy themselves by learning how to mirror the mechanism in place at school in the home.

PiP's Strategic Manager also commented in respect of the low response rate (8 spontaneous responses, plus a random cross-section of 15 other parents telephoned, out of 370 parents/carers to whom the questionnaire was sent), that the responses did seem to reflect what PiP learn from parents in their day-to-day work. She added:

- One of the problems of asking parents to do this kind of consultation is that many of them have previously taken part in such things - the results of which have disappeared into the long slow processes of the LA, never to be heard of again. People who contributed have been left feeling that such activities are mostly a **box-ticking exercise** on the part of the LA, as they never hear of things improving as a result of their participation, or indeed in many cases, are not informed about the outcome of consultations at all. We did receive some fairly angry emails from parents on the subject.

## **Case Study 1 – Good practice in providing feedback**

“After our son completed a course of therapy at the local Childrens’ Centre we were surprised to be invited to an additional meeting. It was held at his school and was attended by the SENCO and our son’s TA as well as the Speech and Language therapist. The purpose of the meeting was to give feedback to us from the course and to see where our son stood in relation to his forthcoming transfer to secondary school.”

“The therapist said that it was a new idea to have such a meeting and that it may well not become standard practice. Others can judge whether this is a good use of resources, but we as parents certainly found it useful.”

## **Case Study 2 – Brief case history of child x entry and exit to Speech and Language Centre**

On entry to SALC in September 2008, as a result of his severe receptive and expressive language disorder child x (6.6 years Year 2) was unable to access the mainstream curriculum even with 1:1 specialist adult support. The Ed psych report indicates that child x cognitive ability is within the above average range.

Child x had great difficulty making sense of verbal information and also understanding facial expressions and gestures. His sentence structure was limited and on the RAPT sentence structure assessment his score was below 3.5 years.

Although he wanted to communicate with his peers his disorder had a significant impact on his social skills and he was unable to interact meaningfully. Child x had significant difficulty listening and maintaining his attention without constant support. His self esteem and confidence was low and he would not attempt tasks unless heavily supported. Although he was able to give the name and sound of a few letters, he was not able to read or spell.

Within SALC, a highly individual and structured intervention programme was carried out by specialist teachers, assistants and language therapists. The individual programmes were delivered at a slow pace and learning was scaffolded to meet his specific needs. All aspects of learning were continually reinforced.

On entry to the Junior school (year 3) as the result of a battery of formal, informal assessments and observations, it was decided to trial child x in his mainstream class for part of the time. Initially, he was supported for much of the time. Support focussed on curriculum areas and also social and emotional skills, for example finding and talking to a partner/ small group, recognising and naming emotions in his self and in others. Child x benefitted from the pre teaching of targeted literacy, maths and science vocabulary and activities. He also benefitted from SALC led social skills groups addressing a range of difficulties for example peer interaction skills and attention and listening.

Child x progress, strengths and difficulties has been continually monitored by all staff and throughout years 3 and 4. Child x was gradually able to participate in a wider

# Draft Report

range of mainstream sessions with gradual reduction of support.

Although child x, currently in year 4, does at times requires discretionary support he is able to participate in all mainstream activities.

Although child x is returning to his local mainstream school in September 2011 he still has some residual difficulties. The level of support he will need within the receiving school has been identified at his last annual review as:

- Small group support of 5 hours per week for speaking and listening skills (pre teaching of curriculum vocabulary)
- Small group support of 1 hour per week for social skills
- 1½ hours implementation of SALT programme.

This level of support on return to mainstream school is fairly typical, although some pupils may require a different type and level of support. Transition from SALC to mainstream school is carefully planned and both child x and the receiving school will be offered some specialist support over a period of approximately one and a half terms to enable a smooth and effective transition to take place.

End of Key Stage 1 SATs results	End of Year 4 NC test results (May 2011)
<b>English</b> Teacher Assessment results Reading Level 1 Writing Level 1 Speaking and listening Level 1	<b>English</b> Reading: Level 3B Writing: 2B
<b>Maths:</b> Teacher Assessment results Maths Level 2C	<b>Maths</b> Maths Level 3B
<b>Science:</b> Teacher Assessment results Level 1	

Bronwen Marchetti  
Specialist Teacher  
Speech and Language Centre

June 2011

## Conclusions

The Working Group drew the following conclusions from its findings:

- Users who completed the work group's questionnaires appear to value the service.

# Draft Report

- However, there was a reluctance to take part in the consultation as it was seen as a box-ticking operation.
- A number of practical suggestions could help users.
- The Council should seek to support and meet the needs of low income families to enable them to access services that could be delivered in different ways.

## **Recommendations:**

12. SALT sessions should be provided on Saturday mornings to avoid children being taken out of school, which may give support to those families on lower incomes that are unable to travel to centres if not based locally to home.
13. SALT provision in main stream schools should be increased.
14. There should be an increased provision of SALT in Special Schools as SLCN cannot be separated from more complex needs.
15. Arrangements for providing feedback to parents/carers on their child's progress should be improved and made consistent
16. SLCN support groups should be established reporting to the Children and Families Partnership Board
17. Recognition and increased support should be given by the Children and Families Partnership Board to self help/support groups

### Parents in Partnership Questionnaire to Parents/Carers

Parents in Partnership consulted with a random cross-section of parents on their experience of speech and language therapy provision for their children. There was a mixture of children's ages, disabilities, types of school attended etc. Here are the answers to the questions posed by the committee:

1. How old was your child when the special need was identified?

Under 1	Between 1 & 3 yrs	Between 3 & 5 yrs	Over 5 yrs
2	10	7	4

2. How long have you been receiving support for your child?

1 year	2 years	3 years	4 years	5 years +
2	5	2	1	13

3. When you were told about the special need, was more than one need identified?

Yes	no
14	9

4. Once you were told about your child's special need, how long did you have to wait before seeing a specialist doctor or therapist?

4 weeks	6 weeks	10 weeks	12 weeks +
6	2	4	11

5. Does your child have a Statement?

Yes	No
14	9

5a. If YES, does your child have access to all the support listed in the Statement?

Yes	No
13	1

5b. If NO, is your child in the process of being assessed?

Yes	No
2	7

6. Does your child receive speech and language therapy?

Yes	No
21	2

# Draft Report

7. Where are your appointments held?

school	Specialist centre	Health centre/clinic	home
15	3	5	1

(note: some children seen at more than one place.)

8. Do you find it easy to attend appointments?

Yes	no
10	3

Other parents found this an irrelevant question to ask, as SALT for their children is a continuous part of their school day, not a separate medical-style appointment, so they felt unable to answer.

Those who said they found it hard to attend appointments, 2 parents could not attend during the school day because they are at work, and one said she is not informed that a session is taking place, so is not given the opportunity.

9. Do you have enough information about your child's progress?

Yes	no
11	10

Those parents saying "no" made the following comments:

*"No real update is given regarding what speech therapy X is receiving and the progress being made and what help can be given at home."*

*"I would like to know the intended programme being followed and the outcomes. The school decided to cancel the SALT arbitrarily and I had to wait a long time to have it reinstated. My child then had to have a complete reassessment which was very difficult for her. She was found to need ongoing SALT and they could not tell me why they had cancelled the existing SALT on the school's say-so when it was obvious it would need to be ongoing. On the plus side, I do receive reports from the therapist from time to time but my main feeling is that Croydon are just providing what they have to because it is outlined in the Statement of SEN."*

*"My child is now at Secondary School and should be receiving weekly SALT. This service has been bought in and is done by external - out of borough - S&L therapist. It is not consistent (she has been away for the last month for example). My child tells me that they often just do some homework."*

*"No reports given"*

*"More detail required. No feedback given"*

*"More detail required. I only received one report in two years."*

*"Not confident of TA's ability to provide relevant therapy"*

# Draft Report

*"I have to telephone to find out any information, they could be more proactive in providing written information of what they are doing in therapy sessions. I am unaware of any objectives or goals set."*

*"I am not sure my child is receiving the 1 hr a week. I have to email to receive any information. Regular reports would be helpful."*

*"Targets not reviewed often enough ie could be termly, only received a once a year token report for the annual review, insufficient to monitor progress."*

10. Does your child need any specialist equipment because of their special need? If YES, who provides the equipment?

Yes	No
8	15

Equipment	Provider
OT Equipment	School
Hearing Aid	Croydon
Wheelchair	Croydon
PECS	Parent and SALT
Bed, highchair, wheelchair	Croydon OT
Hearing Aid	Croydon
Pushchair and chair	Croydon
Hearing Aid	Croydon

Please note, we are only able to report what parents told us. This table is typical of how the majority of parents view services – ie as all being "Croydon". They generally do not differentiate between health services, local authority providers, universal, community or specialist services.

11. Any other comments.....

Parents summed up their views in the following ways:

*"SALT has been included in my son's statement since he was three years old, but delivery has been haphazard – the schools he has attended have always had staffing problems with therapists. Hence, we have gone through periods with a good programme in place and then they have left and it has taken months to find a replacement. His last speech therapist left in November as her visa had expired and he has received no speech therapy since."*

*"received excellent service when at OPG and from Early Years portage service, but honest reports need to be written by the therapists which was not my experience"*



# Draft Report

*when my child was at mainstream school. The therapy provision was also very piecemeal."*

*"I feel strongly that when a child is diagnosed with autism/Aspergers syndrome they ought to receive speech and language therapy as a matter of course, since social communication is a key factor in this condition which is socially disabling."*

*" I felt 'misled' on many occasions as my child doesn't have SEN statement, she is brushed aside being treated as not important (compared to those who are statemented and are given the first priority) rather than all disabled children be treated equally. I would like professionals involved to declare their attendance honestly."*

*"I think an IEP with SALT targets would be helpful so that they can be reinforced at home. They would need to be flexible and monitored regularly (every 3 months perhaps?) This would allow parent feedback and identification of emerging issues which can be catered for in future sessions. It all seems a bit unfocused at the moment."*

*"SALT needs to open their horizons, ie. Consider the wider issues of SALT, don't seem concerned with stutters and stammers and social interaction"*

*"too many staff changes, the therapy assistant at school (mainstream) is not suitably qualified to give more specialist therapy, therefore has to attend outside of school"*

*"very satisfied with the centre but not enough staff for more support, especially so they can visit the school to offer support. They are easily contactable by phone"*

*"as the child got older they moved from 1 to 1 therapy to group therapy which did not meet the child's needs"*

*"therapist arranged additional out of school weekly appointments to support additional SAL needs"*

*"therapist only visits school(mainstream) occasionally, no training yet been given to TA"*

*"I receive a letter every 6 months detailing my child's progress, I am happy"*

*"I am pleased therapy is given in school, in group sessions where there is opportunity to practice. Therapy is given in blocks and it would be more beneficial to have more regular sessions"*

*"the quality is good but not the quantity"*

*"there has been much inconsistency in who is responsible for therapy, how often it is given and whether it is 1-1 or group sessions."*

*"After 3 years at a Croydon special school, my child had received approx. 2 sessions a year of SALT. This was from several different therapists. None of them recognised his oral dyspraxia, in spite of his severe speech and language problems. It was not until he had been moved to an out of borough independent special school (due to lack of SALT provision) that his problems were properly identified and appropriate*

# Draft Report

*therapy put in place. Although his ability to communicate is now beyond what I ever dreamed, I still wonder if he could have made more progress if he had been given the right help for those important years between 3 -7. I'm so glad he got out of the Croydon system in time, but I know he's one of the lucky ones."*

In conclusion, it would seem that there is a mixed experience of SALT among these parents. Two themes which seem clear are; the need for more regular and outcome-focussed feedback on a child's progress, and the experience of provision being unreliable and inconsistent.

There is generally a positive opinion of therapy when it is provided consistently and a preference for therapy to be provided as a seamless part of school life, rather than being something which is treated as a stand-alone medical appointment. Many parents also express their wish to be more directly involved in therapy themselves by learning how they can help at home.

Alison Colgate

Parents in Partnership, Croydon.

May 2011

### Children and young people who are disabled or who have SEN and their families

#### Definitions and context

23. Disabled children and young people, and children and young people with SEN, are covered by a range of statutory provisions. For example, they may be disabled as defined by the Equality Act 2010 or have SEN as defined in the Education Act 1996, and if they are in further education or training may have learning difficulties and disabilities as defined in statutory guidance.

24. School-aged children are defined as having SEN if they have a significantly greater difficulty in learning than the majority of children of their age which calls for additional or different educational provision to be made for them.<sup>2</sup> In January 2010, 21 per cent of the school population were identified as having SEN.<sup>3</sup>

25. There are currently three levels of intervention for pupils with SEN in England:<sup>4</sup>

- *School Action* – where the teacher or the school Special Educational Needs Coordinator (SENCO) decides to provide something for the child additional to or different from the school's usual differentiated approach to help children learn. In January 2010, 11.4 per cent of the school population were identified at School Action level, approximately 916,000 pupils;
- *School Action Plus* – where the school consults specialists and requests help from external services. In January 2010, 6.2 per cent of the school population were at School Action Plus level, approximately 496,000 pupils; and
- *Statement* – where the child requires support beyond that which the school can provide and the local authority arranges appropriate provision. In January 2010, 2.7 per cent of the school population or 221,000 pupils had a statement of SEN.

26. There is a parallel system for children aged under 5, with Early Years Action, similar to School Action, and Early Years Action Plus, similar to School Action Plus, as well as statements of SEN. Around a quarter of statements of SEN are made before the child starts compulsory schooling, when he or she requires special educational provision in an early years setting. In most cases, statements are made during a child's time at school.

2 Definitions of SEN from the SEN Code of Practice <http://www.education.gov.uk/publications/eOrderingDownload/DfES%200581%20200MIG2228.pdf>

3 All data and local authority data from DfE SEN SFR (2010). Note: the total proportion of children with SEN is higher than the sum of those at School Action level, School Action Plus level or with a statement of SEN, as some children are reported as having SEN (but not a statement), but whether they are at School Action or School Action Plus level is not reported.

4 Funding for school-based SEN support for children at School Action is part of each school's general budget share of the Individual Schools Budget and not identified separately. Resources for School Action Plus, where some additional help is provided from outside the school, are usually allocated to schools through an SEN delegated budget. This is calculated using proxy indicators such as social deprivation, prior attainment and other factors (rather than the numbers of children identified as having SEN). In some areas resources for School Action Plus are held by the local authority for schools to draw on. Local authorities are responsible for arranging funding for the special educational provision set out in statements; some fund this direct but increasingly local authorities have been delegating funding for statements to schools. Local Schools Forums are consulted by local authorities when they draw up their schemes for delegating SEN funds.

Support and aspiration: A new approach to special educational needs and disability - A consultation – Department of Education

**Appendix 3**

No.	RECOMMENDATION		
1	Commissioning, funding and reporting lines for SALT need to be agreed as a matter of urgency before responsibility is handed over from NHS Croydon to GP consortia.		
2	NHS and Council teams should consider integrated and budgets pooled to eliminate uncertainty about responsibility for the assessment and support of children with Speech and Language needs.		
3	More appropriate use should be made of trained therapists and better provision made for maternity leave		
4	Speech and language therapists and teachers & education professionals should collaborate further to enable them to promote early recognition, assessment, intervention and support.		
5	The target maximum waiting time for the initial appointment with a therapist should be no more than 6 weeks.		

## Appendix 3

No.	RECOMMENDATION		
6	<p>The key themes from the September 2010 consultation document circulated by the Department of Health, Social Services and Public Safety as set out in section 4 of the Speech, Language and Communication Therapy Action Plan should be adopted, ie:</p> <ul style="list-style-type: none"> <li>• Agree a care pathway for SALT</li> <li>• Primary school appraisal of pupils</li> <li>• Standardised data collection for SALT by March 2012</li> <li>• Appropriate training for nursery school and P1 and P2 teachers</li> </ul>		
7	<p>The recording and retrieval of the information collected by NHS therapists is essential for successful collaboration, so additional administrative support and an improved IT system should be set up in order to achieve standardised data collection for SALT by March 2012.</p>		
8	<p>An increased provision of 18 extra primary school and 20 secondary school places should be implemented as soon possible.</p>		
9	<p>More effective partnerships should be developed between schools and specialist services</p>		

## Appendix 3

No.	RECOMMENDATION		
10	Capacity for outreach and preventative work with schools should be enhanced.		
11	The SEN Strategy should be revised to address the under provision of SALT for secondary school children.		
12	SALT sessions should be provided on Saturday mornings to avoid children being taken out of school, which may support those families on a lower income who are unable to travel to centres if not based close to home.		
13	SALT provision in main stream schools should be increased.		
14	Arrangements for providing feedback to parents/carers on their child's progress should be improved and made consistent		
15	There should be an increased provision of SALT in Special Schools as SLCN cannot be separated from more complex needs.		
16	SLCN support groups should be established reporting to the Children and Families Partnership Board		
17	Recognition and increased support should be given by the Children and Families Partnership Board to self help/support groups		

## **Glossary**

<b>ASD</b>	<b>Autistic Spectrum Disorder</b>
<b>CYPL</b>	<b>Children, People and Learners</b>
<b>Ed</b>	<b>Educational</b>
<b>fte</b>	<b>full time equivalent</b>
<b>GP</b>	<b>General Practitioner</b>
<b>IT</b>	<b>Information Technology</b>
<b>JSNA</b>	<b>Joint Strategic Needs Assessment</b>
<b>NHS</b>	<b>National Health Service</b>
<b>NC</b>	<b>National Curriculum</b>
<b>P1</b>	<b>P Level 1</b>
<b>P2</b>	<b>P Level 2</b>
<b>PIP</b>	<b>Parents in Partnership</b>
<b>Psych</b>	<b>Psychologist</b>
<b>RAPT</b>	<b>Renfrew Action Picture Test</b>
<b>SALC</b>	<b>Speech and Language Centre</b>
<b>SATs</b>	<b>Standard Assessment Tests</b>
<b>SENCO</b>	<b>Special Educational Needs Co-ordinator</b>

<b>SALT</b>	<b>Speech and Language Therapy</b>
<b>SEN</b>	<b>Special Educational Needs</b>
<b>SLCN</b>	<b>Speech,Language and Communication Needs</b>
<b>SLTs</b>	<b>Speech and Language Therapists</b>
<b>TA</b>	<b>Teaching Assistant</b>
<b>UK</b>	<b>United Kingdom</b>