

Presentation to the joint meeting of the All Party Parliamentary Groups for Learning Disability and Speech, Language and Communication Needs

Thank you for the opportunity to share some initial thoughts about the impact on children and young people with SLCN of the changes proposed in the SEN Green Paper: Support and Aspiration.

The Royal College of Speech and Language Therapists and others within the SLCN sector will be responding to the consultation in due course. Today, I should like to focus on a small number of areas which I think important to highlight to Members of the APPGs and the colleagues.

I will focus on three areas:

- Definitions of SLCN and how these might dovetail with definitions of SEN
- The workforce and some of the details which will need to be considered carefully in order to ensure that the appropriate workforce is available to meet the needs of children and young people with SLCN
- Supporting parental choice and control - how to ensure that parents have the appropriate range of provision to choose from as well as the appropriate sources of advice and support to make informed choices

Before doing so, however, I would like to commend the focus on transition to adulthood and the specific recommendations around the funding of Alternative and Augmentative Communication Aids within the Green Paper.

Definitions

For many years, those with speech, language and communication needs have sat in the cross fire between health and education or latterly 'children's services' in terms of the delivery and funding of support.

The proposed review of the statutory assessment process and introduction of the Education, Health and Care plan with statutory responsibility placed on all partners to deliver the identified provision, can only be good news.

However, there are three elements which warrant careful consideration:

- Which children with SLCN will have an Education, Health and Care plan?
- What provision will be commissioned, and by whom, for those who, appropriately sit in the school based tier of SEN?
- What provision will be commissioned and by whom for those with SLCN which, appropriately, do not constitute SEN at all?

The prevalence data for speech, language and communication needs is drawn from an evidence base of studies. Whilst there is always room for debate, the currently accepted data suggest that 1% of children can be expected to have severe, specific and long terms SLCN, whilst between 7% and 10% will have significant needs requiring ongoing support. However, what we don't have is an indication of the proportion within those figures for whom SLCN is the primary concern as opposed to being part of a wider set of needs.

In addition, there is evidence that in areas of high deprivation, as many as 55% of children entering school have speech, language and communication skills which are delayed and will have a negative impact on their ability to learn and achieve.

Of course not all those children and young people would be described as having special educational needs and even fewer would be described as having a disability.

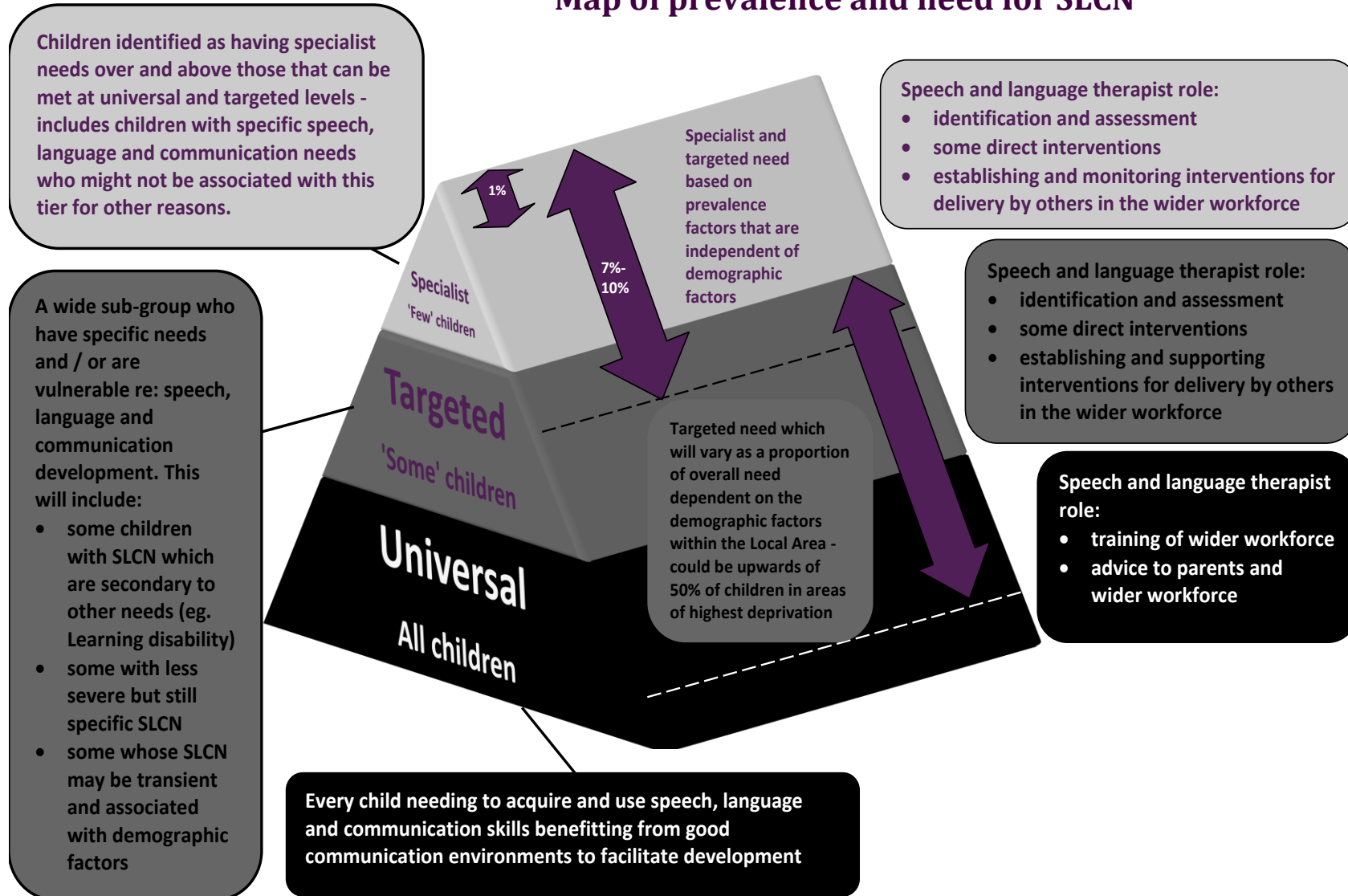
Conversely, not all children and young people who are identified as having SEN or a disability will require speech and language therapy support at the specialist level.

There is consequently an important distinction of definition required and I hope that in the consultation process there will be opportunity for government to take evidence that will help make clear these different parameters and how they interface.

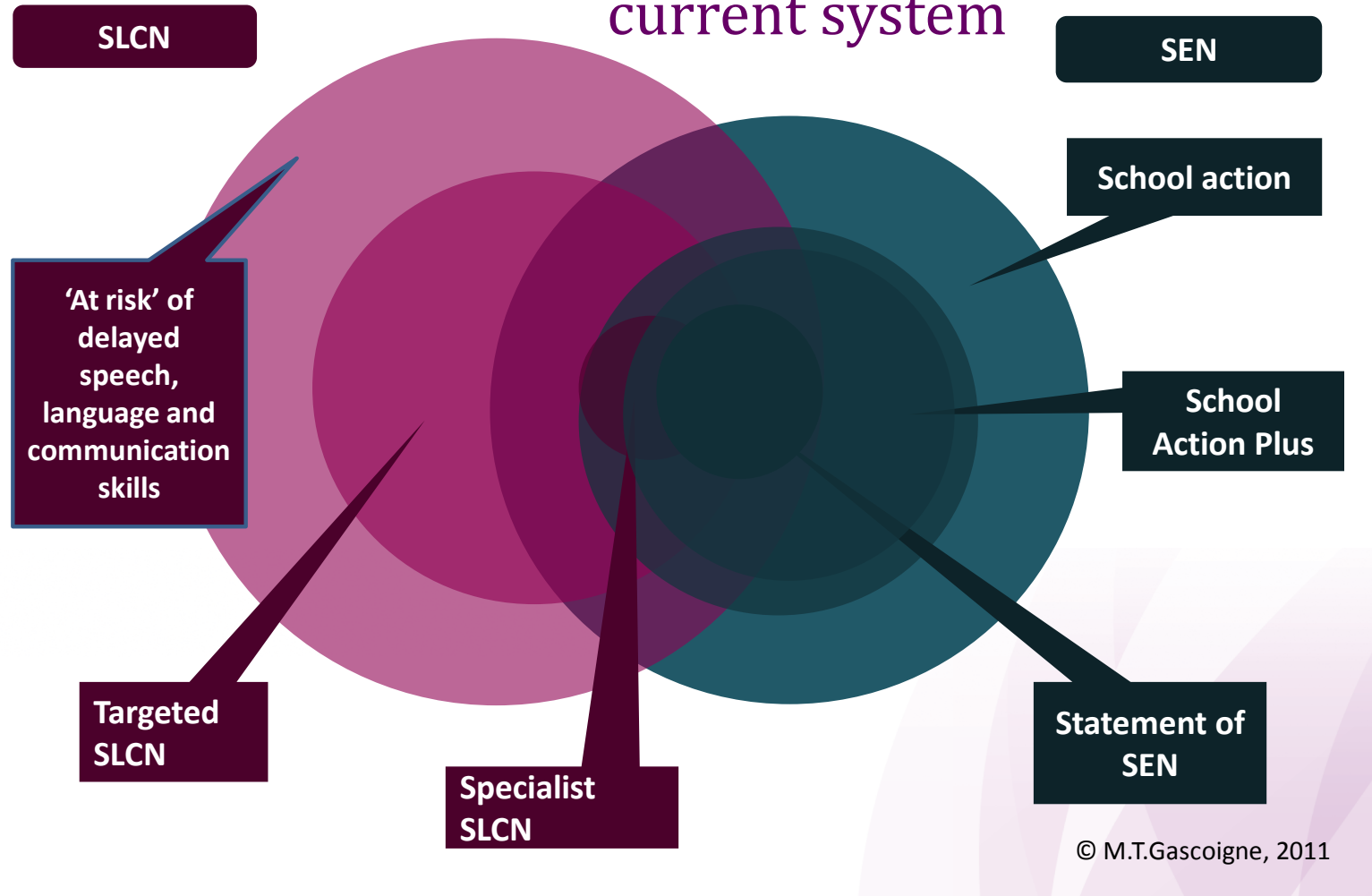
The risk of not doing so, is that a child with a specific language impairment in the absence of other special educational needs may find themselves outside the threshold of SEN which will ensure that they have access to appropriate speech and language therapy support.

The challenge of definitions then, is to ensure that future guidance takes account of the distinctions and overlaps between SLCN and SEN in order to ensure that no child is disadvantaged.

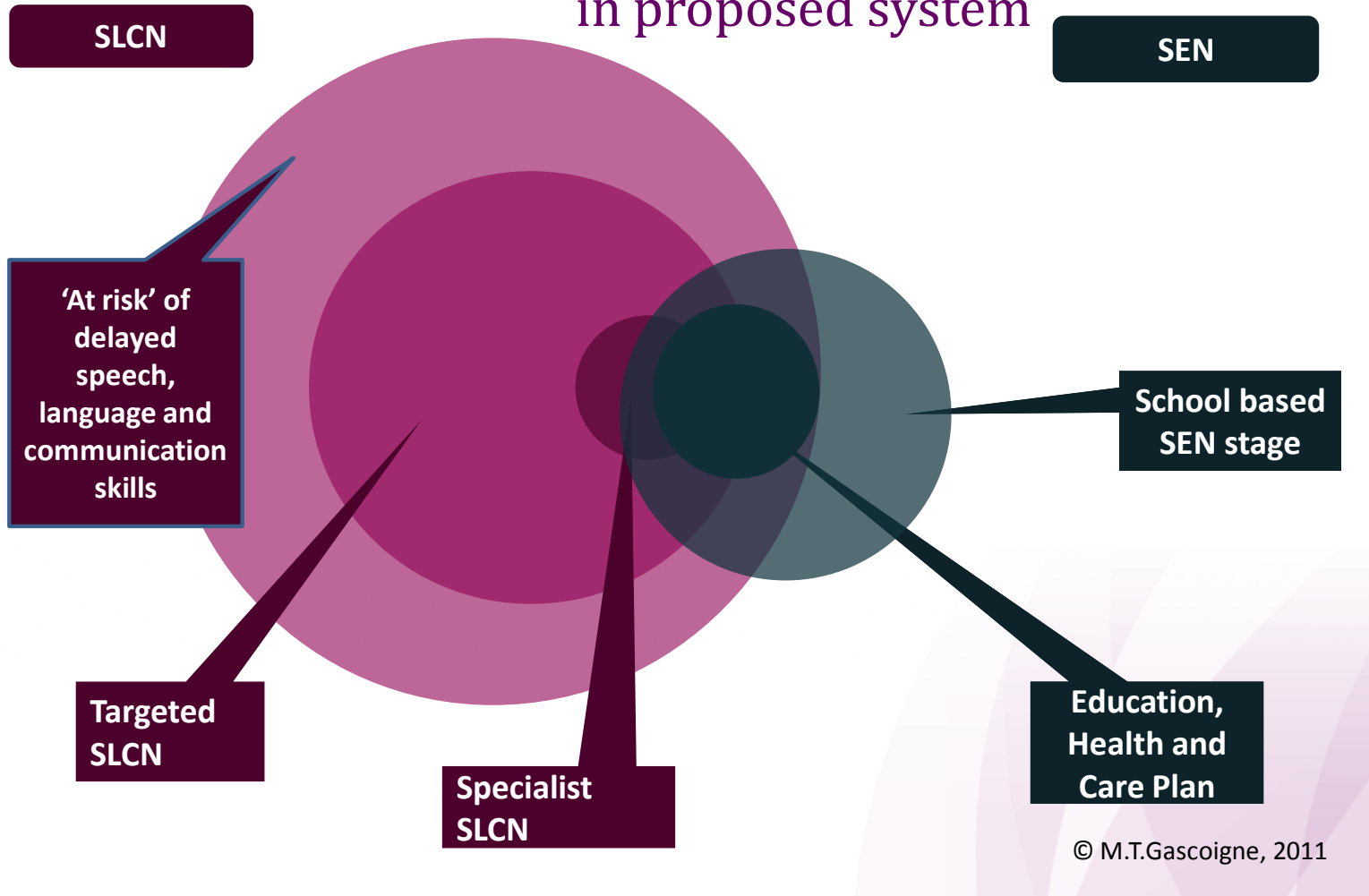
Map of prevalence and need for SLCN



Overlap between SLCN and SEN in current system



Potential overlap between SLCN and SEN in proposed system



Workforce

The Green Paper gives significant attention to improving how services and elements of the workforce can be brought together more effectively for the benefit of children, young people and their families.

The continued prominence of the Joint Strategic Needs Assessment is important. The recently published commissioning tools which were produced as part of the Better Communication Action Plan following the Bercow Review include tools to support needs assessment and whole systems mapping specifically for SLCN, drawing together the key datasets which will provide commissioners, whatever their particular responsibility, with useful information from which to commission services. I hope that a wide range of commissioners including GP consortia pathfinders and Head Teachers will be signposted to the tools and will find them useful in providing sector specific guidance.

Children and young people with SLCN, whether meeting a threshold of SEN or not, require informed and supported parents and carers, a skilled setting and school based workforce to support them to learn and achieve and a specialist workforce to provide the advice, training and of course assessment and intervention.

The workforce required to meet a particular set of needs whether for an individual family, within a school or cluster of schools, GP consortium or across a Local Area, can only be determined by the needs assessment and the choices made by those entrusted with the relevant funding streams.

The Green Paper highlights the need to explore the pooling of budgets and use of local flexibility in order to drive collaboration and better coordinated services. Difficulties in previous systems have so often come down to money! Agreement in principle to an excellent evidenced based collaborative model can so easily go by the wayside when the detail of whose budget is contributing to which bit of the pathway becomes reality.

There is a risk that the contribution of SLTs to the 'whole system' is often not well understood.

Balanced System™ Levels of Specification for SLT

Children and young people & their parents and carers	• Supporting children and young people, parents and carers with appropriate information and skills to enable them to be pro-active in making choices and in supporting speech, language and communication skills
Environments	• Working with others to ensure that environments in which children and young people spend time for learning and leisure are communication friendly and have the appropriate enhancements and adaptations
Workforce	• Using specialist knowledge and expertise to build skills in the wider workforce in order to ensure that speech, language and communication skills are appropriately supported across universal, targeted and specialist tiers
Early Identification	• Ensuring efficient and accessible systems to enable early identification of speech, language and communication needs, including training of others to identify and providing pre-referral advice within community settings
Intervention	• Providing appropriate and timely intervention , which may include direct or indirect work with individuals and groups of individuals, delivered in the most functionally appropriate context relative to specific need

Speech and language therapists provide advice, support and guidance through universal services:

- training colleagues within the universal tier who have first line responsibility for identifying children who may need support
- developing appropriate materials for universal dissemination
- helping schools and settings become 'communication friendly' and accessible.

Training is a core part of the SLT role:

- training parents and carers
- training staff in schools and settings
- specialist colleagues from other disciplines.

Schools and setting based training is most effective when delivered as part of a continuum with therapy intervention.

Speech and language therapists are involved in research and building the evidence base for particular approaches.

And of course, speech and language therapists crucially identify need, assess and provide intervention for children and young people with SLCN.

The challenges:

Countering the assumption that because speech and language therapists are ‘health professionals’ their role is limited to the most complex children and can be appropriately commissioned primarily by GP Consortia. The role of Health and Wellbeing boards will be crucial to maintaining oversight of the provision commissioned within an area.

Assuming that training for the wider workforce without ongoing involvement, support and monitoring from the speech and language therapy service will be effective in delivering outcomes.

Ensuring that all those who might draw on the services of SLTs are able to input into plans for education and training of SLTs for the future workforce.

Supporting parents to take control

The Bercow Review reported the wide variation in the provision on offer for children and young people with SLCN and their families. The review also highlighted examples of good practice and indeed a further example of a recently re-designed service is included in the Green Paper.

The areas where parents reported most satisfaction and where outcomes for children and young people were being most effectively met were those where an area wide, joint commissioning approach had been taken with commissioners from all sectors working together to commission services which crossed the continuum of universal, targeted and specialist tiers of support.

Providing more control for parents choosing the services which best meet the needs of their child is a welcome development. The local directory of provision will be crucial to providing parents with an objective source of information about provision and resources. We are in a world of multiple commissioners and multiple providers – it is therefore crucial that some sense of the ‘whole’ is held strategically.

Parents I have met in carrying out needs assessments and service reviews definitely want influence over the quality and accessibility of the service their children receive. Crucially, when asked how this might be achieved, the vast majority want a high quality **local** service with good links to the settings and schools which their children attend **and** good links to them as the primary carers for their children.

I would hope that in this consultation period, some detailed thinking can take place that will enable the introduction of parent held budgets and the creation of the local directory to provide parents with control and choice, but without the risk of a potentially unintended outcome of fragmentation and loss key elements of the workforce which parents value.

For example, in a service model where each school has a named speech and language therapist who works regularly with that school across the tiers of provision, providing staff training, informal advice sessions, liaison with the SENCo and other colleagues, as well as being the main therapist for all the children within the school with SLCN, the benefits in terms of outcomes are not only at the level of the individual children who are receiving specific support but are also systemic in that there is an element of organisational learning which takes place and remains with the school, based on the relationship with between the school and the therapist.

Such a model of good practice, could unintentionally be de-stabilised if the choices made for individual children resulted in 3,4, or more different therapists supporting specific children in isolation – and indeed we know that schools prefer to have a link they can get to know and work with.

There is another challenge here then.

How ensure that parents receive genuine choice and control whilst avoiding potential fragmentation which could be detrimental to long term outcomes for children and young people with SLCN.

To conclude, my aspiration for support for children and young people with SLCN is that the Green Paper will result in

- **clearer definitions which avoid silos but ensure that needs can be met**
- **a workforce made up of specialists working alongside the wider workforce to deliver better outcomes**
- **cohesive services that will offer parents the choices they want**

Thank you.

Marie Gascoigne

21 March 2011