Business Case:

Warwickshire’s Provision for Speech, Language and Communication Needs for Children, Young People and Families

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**Authors:**  Ross Caws (NHS Arden & GEM CSU)

Georgina Atkinson (NHS Arden & GEM CSU)

Louise Cunningham (Warwickshire County Council)

Jonathan Wilding (Warwickshire County Council)

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# EXECUTIVE SUMMARY

## Background

A review of Warwickshire’s services for speech, language and communication needs (SLCN) was commissioned by the Joint Commissioning Board in October 2014. In parallel with this in April 2015 Warwickshire School’s Forum requested a review of all provision funded by the High Needs Block of the Dedicated Schools Grant, which was expected to be significantly overspent by circa £4.1m.

This report presents the findings from this review, identifying the drivers and rationale for change and summarises the options under consideration. It sets out an assessment of the available options and makes recommendations for approval.

These recommendations form part of a broader range of reforms to Warwickshire’s provision for children and young people with Special Educational Needs and Disabilities and should be seen in light of these wider changes.

## Drivers for Change

1. **Under-identification of SLCN** may be leading to above average prevalence of other categories of need
2. **Budget pressures** – Integrated Disability Service (IDS) efficiency targets of £250k for 2016-17
3. **Are SLCN resources targeted appropriately** to maximize impact on outcomes?
4. The **Designated Speech and Language Provisions (DSLPs) are not equitably spread** and there is evidence of some parent’s preference for local schools
5. **Admissions criteria for the DSLPs are relatively narrow**. What would be the risks and benefits of widening admissions criteria, for example, to cater for a wider range of communication and interaction difficulties?
6. What are the **costs and benefits of current provision at different Key Stages**? Currently some of the DSLPs are provided on separate school sites for KS1 and KS2 provision, whilst there are no DSLPs at KS3 or 4. Would a different model better serve the County?
7. The available **places in the DSLPs are under-utilised** with only 53 of the potential 70 places occupied.
8. With some stakeholders there is **confusion about the local offer of speech, language and communication services.**
9. **Demand for services is increasing**.
10. A commitment to **joint commissioning** to ensure best value for money
11. **Are current management structures the most effective**? – Should the Local Authority be directly providing school places, or should this be the province of schools?

## ‘Options At A Glance’

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Option** | **IDS Designated Speech & Language Provisions (DSLP)** | **IDS Speech & Language Outreach** | **DSG Funding for S&LT** | **Secondary age provision** |
| **1** | Do nothing | Do nothing | Do nothing | Do nothing |
| **2** | Close DSLP settings - move to ‘Outreach only’ offer | Move to enhanced ‘Outreach only’ offer | LA make the case that this is a Health responsibility and seek to cease using education funding to contribute towards S&LT. | Year 7 Transition term service |
| **3** | Redesignate DSLP settings to broader Communication & Interaction provision | Develop integrated Communication & Interaction outreach offer | Remove / minimise funding from DSG to S&LT (i.e. cease funding altogether) | Transition year service (pilot) |
| **4** | Cease separate Key Stage 1 & 2 provision - Move to primary model | Transfer management of outreach offer to schools / special schools / alternative provider |  | Full secondary age service (pilot) |
| **5** | Transfer DSLP management to schools |  |  |  |

## Recommendations

### IDS Designated Speech & Language Provisions (DSLP)

* **Option 3 – Phased redesignation of DSLP settings to broader Communication & Interaction provision**

Learners currently attending the settings would be allowed to continue their education uninterrupted in their current settings until the next appropriate transitional point. In the meantime the IDS service, in partnership with all relevant stakeholders, will develop new admissions criteria for learners with a broader range of communication and interaction difficulties.

Despite this recommendation, whilst the proposal remains subject to public consultation, IDS needs to continue planning for future placements within the DSLP settings to avoid being seen to have pre-empted the consultation process with a decision already being made. The selection process for children under consideration for a place in a DSLP must therefore continue but their parents will be informed that the service is currently under review and that depending on the outcome of the public consultation they may not be able to access the place.

* **Option 4 - Cease separate Key Stage 1 & 2 provision - Move to an all-through-primary model**

All stakeholders agreed that whatever the outcome of the review, wherever possible a primary model should be introduced as it would minimise disruption for learners.

* **Option 5 - Transfer DSLP management to schools**

The review identified a range of different views on this proposal, including a number of risks that such a move would create. However the reviewers have concluded that overall these risks can be mitigated and that this would eliminate any governance issues around Ofsted impact and ultimately would be in the best interests of the continued development of the settings.

### IDS Speech & Language Outreach

* **Option 3 – Development of an integrated ‘Communication & Interaction’ outreach offer**

In keeping with the above recommendation for DSLPs the review has concluded that to support an integrated offer for a wider range of learners with different needs the Speech and Language Disorder Outreach Team (SLDT) should work closely with colleagues in IDS on the development of an integrated Communication & Interaction outreach service. In effect this supports and complements the IDS plan to more closely integrate the currently effectively separate Autism Team with the SLDT Outreach team. This will complement the proposed approach within the DSLP settings and would also support the Council’s key strategic priority of embedding the new Matrix of SEND provision and supporting schools to meet these expectations.

### DSG Funding for S&LT

* **Option 1 – Do Nothing**

Any potential savings to the Dedicated Schools Grant were more than offset by the risk of a significant reduction in statutory support for vulnerable learners leading to objections and resistance from parents with the likelihood of SEND Tribunal. Given that this option also led to the risk of damaging cooperation and partnership between the LA and health commissioners and providers the assessment concluded that retaining this DSG funding contribution was preferable even in light of current budget pressures.

### Secondary age S&LT provision

* **Option 3 (Secondary transition year)** is the preferred option.
* The CCGs will undertake discussion with the current provider (SWFT) regarding the best way to meet this provision through existing resources. Possibilities include:
  + That additional resource is allocated
  + That ‘successful transition’ is included as an outcome on the care plans of those children who would benefit from this provision. Resources should be stretched until this outcome is achieved, with flexibility on the number of hours allocated dependent on need;
  + That the use of technology is investigated further to see whether this can assist with successful transition whilst minimising impact on face-to-face support.

### System-Wide Recommendations

* That the Joint Commissioning Board endorses the three referral pathways to speech and language therapy (see Appendix 2)
* That the 0-5 strategic review acknowledges the pressure on speech and language services and proposes new ways to meet increasing demand through existing funding and by adopting an approach across the early years workforce.

## The Impact of these Recommendations

* Warwickshire will have clear and transparent pathways for SLCN support setting out expectations on all partners and the support that is available at universal, targeted and specialist levels
* Children with SLCN will be able to access the support they require in their local schools
* The model will be better able to support schools to meet the expectations in the SEND Matrix, to identify SLCN early and provide appropriate intervention and support
* There will be a more equitable offer with learners across the County able to access the support they require (not only those who live close enough to a specialist setting)
* The County will have an enhanced offer for a wider range of learners with Communication and Interaction needs so that more learners with the most complex needs will have access to specialist resourced provision
* All partners will have a sustainable service offering that will remain able to meet the needs of learners with SEND

# INTRODUCTION

A review of Warwickshire’s services for speech, language and communication needs (SLCN) was included as part of the schedule for joint commissioning reviews presented to the Joint Commissioning Board in October 2014.

In parallel with this Warwickshire Schools Forum in April 2015 requested a review of all provision funded by the High Needs Block of the Dedicated Schools Grant, which was agreed by the Council. This provision for SLCN includes the Council’s own outreach service as well as the Designated Speech and Language Provisions (DSLP) in six primary schools around the County, both managed by the Integrated Disability Service (IDS).

From February to the beginning of April 2015, work took place to confirm the current position of speech, language and communication services and where a review should focus its efforts.

An initial Project Brief was approved by the Joint Commissioning Board in April 2015 that led to a more detailed investigation of Warwickshire’s current delivery arrangements. This has included interviews with key stakeholders including service users, schools and professionals working within the service and gathering information on models of delivery in comparator authorities elsewhere.

This report presents the findings from this investigation, identified the drivers for change and rationale for change and summarises the options under consideration. It sets out an assessment of the available options and makes recommendations for approval.

These recommendations form part of a broader range of reforms to Warwickshire’s provision for children and young people with Special Educational Needs and Disabilities and should be seen in light of these wider changes.

# BACKGROUND

## Project Aims and Objectives

The objectives of the review are to:

1. Propose an alternative, sustainable, service model to the current system that:
2. Meets the speech, language and communication needs children and young people in the county
3. Provides equitable provision across the county
4. Delivers quality outcomes for children and young people
5. Provides value for money
6. Clarify the local offer of speech, language and communication services in Warwickshire

The key deliverables are:

* A **business case** [this document] setting out options for alternative models of speech, language and communication services for children and young people in Warwickshire, demonstrating how different models will meet need and estimating the costs of delivery;
* A **clear pathway** setting out local offer of services including the different entry points into services and how parents and carers can expect their support to progress from diagnosis to discharge.

## Project Scope

The scope of the review will include:

* Speech, language and communication services commissioned by WCC and CCGs for the age group 5-25, as follows:
* WCC Specific Language Disorder Team (Specialist Teachers) – part of the Integrated Disability Service (IDS)
* Six ‘Designated Speech & Language Provisions’ based in primary schools – staffed by the above team within IDS
* SWFT Speech and Language Therapy Team (5-16)
* CWPT Learning Disability Service (Adult Community Speech and Language Therapy – 16-25 age group)
* Provision commissioned by WCC Special Educational Needs and Disabilities Assessment and Review (SENDAR) team
* The main focus of the review will be the offer to children in mainstream school provision due to the lower than average identification of SLCN.

The following aspects of provision will be excluded:

* Warwickshire’s Early Years system is currently subject to two projects with the aim of reviewing and clarifying Warwickshire’s 0-5yrs offer. These are the 0-5’s SEND Workstream (part of the SEND Board Programme of work) and the Public Health led review of the Early Years system. Given that both these projects will include scrutiny and review of the Speech and Language offer for 0-5 year olds it is therefore excluded from the scope of this project.
* Traded service provision (clarity will be sought on the traded service offer, but, as traded provision is not commissioned, decisions on service redesign of traded elements are for provider organisations)
* Adult provision over the age of 25

## What do we mean by the term Speech Language and Communication Needs (SLCN)?

The term “speech language and communication needs” encompasses a wide range of difficulties related to all aspects of communication in children and young people. These can include difficulties with fluency, forming sounds and words, formulating sentences, understanding spoken communication from others and using language in a social context[[1]](#footnote-1).

Children with SLCN may:

* Have difficulty in understanding information conveyed through spoken language.
* Have difficulty in communicating their needs, wants, thoughts and ideas to other people.
* Not understand the basic concepts of communication and that they can impart information or impact on the behaviours of others.
* Find it hard to understand and / or use words in context.
* Use words incorrectly with inappropriate grammatical patterns.
* Have a reduced vocabulary.
* Find it hard to recall words and express ideas.
* Have speech and language skills that are significantly behind their peers.
* Have poor or unintelligible speech.

### Sub-Groups of children with SLCN

It is widely accepted from national research that SLCN can be viewed in three broad sub-groups[[2]](#footnote-2):

1. Children with **primary** SLCN where language difficulties occur in the absence of any identified neurodevelopmental or social cause e.g. specific language impairment. These difficulties could be described as being specific and persistent in their nature.
2. Children with cognitive, sensory or physical impairment as their primary need and language difficulties as a **secondary** need e.g. SLCN secondary to autism spectrum conditions, a hearing impairment or learning disability. These difficulties are likely to be persistent in their nature.
3. Children with SLCN associated with limited experiences, typically associated with socio-economic disadvantage. These difficulties are **transient** i.e. with the right support children are likely to catch up with their peers.

Every early years setting and school will come across high incidence, transient SLCN and are expected to make provision for these learners. Low incidence SLI, however, is more of a hidden disability, which not all teachers and schools are able to accurately identify without specialist input to assess and support. For example, the child who is experiencing difficulty in understanding or using language may appear inattentive, passive or even rude, they may have even become very skilled at hiding their difficulties e.g. by watching other people so they know what to do or by pretending they know when they actually don't. The SLI needs can be missed or masked by these other characteristics.

## National strategic context

England's special educational needs system is progressing through an unprecedented period of transformation following the implementation of the Children and Families Act (2014), the new SEND Code of Practice (January 2015) and radical changes to the national curriculum, which were implemented in September 2014. The SEND reforms will take a number of years to implement as the old system is phased out and the new one implemented.

The new Code of Practice reinforced the message that most children with SEN should be able to access appropriate education in their local mainstream school. Every school includes children with SEN on its roll and every teacher is a teacher of pupils with SEN. This is particularly pertinent with high-incidence needs such as transient SLCN.

In 2008, John Bercow MP published his report: A review of services for children and young people (0-19) with speech language and communication needs. This Review brought together a broad range of research to identify the following national statistics:

* In areas of high economic deprivation up to 50% of 0-5 year olds have a transient SLCN.
* 50% of children entering into school cannot speak properly.
* 75% of children with persistent SLCN in pre-school are likely to be in need of special education.
* The national pupil database shows that educational outcomes for children and young people with SLCN at either School Action Plus or with a Statement of Special Educational Need on the Code of Practice are considerably lower than their peers.
* Between 2005 and 2010 there has been a 58% increase in the number of children with SLCN as a primary need.
* SLCN is the most common form of SEN in 4-11 year olds.
* Without the right help between 50% and 90% of children with SLCN will go on to have reading difficulties.
* Only 20% of children with SLCN reach the expected level for their age in English and Maths at the age of 11.
* Children and young people with SLCN find it harder to develop friendships without additional support and encouragement, compared to their peers.
* Children with SLCN are more likely to be bullied.
* Children with SLCN are at greater risk of frustration and low self- esteem.
* Evidence shows that if you “turn the curve” on children’s SLCN then it will also turn the curve on a number of other local priorities.
* 40% of 7-14 year olds referred to CAMHS had undiagnosed language impairment. The figure was 60% for those referred to YOS.
* Without help, one third of all children with SLCN will need treatment for mental health problems in adult life.
* Language skills at the age of 5 are the best predictor of a child’s ability to escape from intergenerational poverty in later adult life.
* 88% of long term unemployed young people have SLCN.
* Poor language skills in adulthood are closely associated with ill health and poor self-management of chronic conditions.

The findings of the Bercow Review can be summarised as follows:

* Limited availability of skilled professionals and services to support children’s speech, language and communication.
* Inconsistent practices in identifying children and young people with SLCN.
* Early identification and intervention was essential for children and young people with SLCN due to the risk of poor outcomes.
* Children’s Centres and the Health Visiting Service were seen as crucial in promoting early identification and interventions for children with SLCN.
* Access to information and services is poor, services across the age range is lacking.
* More needs to be done to develop a strong evidence base for interventions.
* Effective joint working between health and education is rare.
* Local commissioners tend to attach a low priority to promoting children’s and young people’s speech, language and communication.
* Wide variation in the provision of speech and language therapy services across the country and within larger counties.

Given the high prevalence of SLCN within children and young people the impact of failure to diagnose and intervene early is significant for a broad range of public service priorities. The case is well made in the Bercow Review to bring commissioners together from NHS CCGs, NHS England, Public Health, Education, Youth Offending Services (YOS) and Schools to create a new multi-agency commissioning framework for children and young people with SLCN to maximise the impact of finite resources and improve outcomes for the local population. A continuum of services should be designed around the needs of children and young people with SLCN and their families.

## Statutory Expectations Regarding Funding

Nationally, the funding of speech and language therapy varies greatly between local authority areas. Local arrangements have resulted in a mix of health, local authority and school funding for different aspects of speech and language therapy. It is not uncommon for schools to be the commissioner of specialist services. This is reflected in the SEN Code of Practice:

“where assessment indicates that support from specialist services is required, it is important that children and young people receive it as quickly as possible…Schools should work closely with the local authority and other providers to agree the range of local services and clear arrangements for making appropriate requests. This might include schools commissioning specialist services directly. Such specialist services include, but are not limited to…therapists (including speech and language therapists, occupational therapists and physiotherapists)”.[[3]](#footnote-3)

The SEND Code of Practice makes clear that local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Act).

Clinical Commissioning Groups (CCGs) are the statutory NHS bodies responsible for the planning and commissioning of health care services for their local population. In terms of speech and language this usually translates into the commissioning of a community speech and language therapy service.

Local authorities are ultimately responsible for meeting needs identified in an EHC plan. Case law has established that since communication is so fundamental in education, addressing speech and language impairment it should normally be treated as educational provision unless there are exceptional reasons for doing otherwise.

## Local Strategic Context

In response to the SEND Reforms, Warwickshire County Council is in the process of implementing a major change programme to its provision for children & young people with Special Educational Needs and Disabilities (SEND). These proposals were set out in Warwickshire’s Strategy for Vulnerable Learners 2015-18.

Among the key factors identified as impacting on pupils with SEND, including those with SLCN, were the following:

* There is inconsistent inclusive practice across the County’s schools and academies that means learners receive variable levels of support in different settings
* Too many with complex special educational needs are unable to access local education provision to meet their needs.
* The lived experience described by many of the families affected is of an education system that is not inclusive and can be inflexible in meeting needs.

The County’s SEND Needs Assessment also highlighted a number of gaps in SEN provision. These gaps were evident around provision for learners with Communication & Interaction needs and those with Social Emotional and Mental Health needs.

In order to address these issues and to help to embed the new SEN Code of Practice the Council, in partnership with schools and specialist providers including Speech and Language Therapists, has developed the ‘SEND Provision Matrix’. This document clarifies the expectations as to what every school should provide for its learners with SEN, including an indication of the the extent to which any school or academy would be expected to provide targeted provision for pupils with communication and interaction difficulties (including SLCN) before seeking additional funding or support. This document (SEN01) can be downloaded here:

<https://www.warwickshire.gov.uk/sendocs>

A key strategic priority for Warwickshire Council is to embed the practice in this document across all school and academy settings to ensure consistent good practice for every learner with Special Educational Needs and Disabilities.

# DRIVERS FOR CHANGE AND KEY LINES OF INQUIRY

1. **Under-identification of SLCN may be leading to above average prevalence of other categories of need.** Despite an increase in referrals, the 2014 school census data shows that Warwickshire is well below the national average (7% lower at primary, 4% lower at secondary) for the percentage of children identified with a primary need of SLCN with a Statement of SEN or at School Action Plus. Prevalence in special schools is in line with national averages. Low prevalence levels may explain higher than average incidence of other categories of needs, such as Behavioural, Emotional and Social Difficulties (BESD), social emotional and mental health difficulties (SEMH) and Moderate Learning Difficulties (MLD).
2. **Budget pressures** on the Local Authority have led to a £250k efficiency target in 2016-17 for the Council’s Integrated Disability Service. This was not a factor when this review was initially commissioned but has been agreed since and creates additional pressures for the service. It is to be expected that efficiencies in SLCN provision will need to contribute towards this target.
3. **Are we targeting SLCN resources appropriately?** Which parts of the County should we prioritise and what are the most effective indicators for this?
4. **The Designated Provisions are not equitably spread –** the location of the DSLPs does not support equitable coverage for Specific Language Impairment (SLI) across the County. Given the proportion of the total resources delivered through these settings this may present barriers to access for some pupils in need of support.
5. **Admissions criteria for the DSLPs are relatively narrow**. Given the interrelationship between SLCN (specifically SLI) and other needs this may mean that vulnerable children with a more complex mix of needs are unable to access this valuable provision. What would be the risks and benefits of widening admissions criteria, for example, to cater for a wider range of communication and interaction difficulties?
6. **What are the costs and benefits of current provision at different Key Stages?** Currently the DSLPs are provided on separate infant and junior school sites for KS1 and KS2 provision, whilst there are no DSLPs at KS3 or 4. Does this present an avoidable challenge for parents who may be forced to move their children between infant and junior schools? Questions have also been raised with regards to the level of resource committed to relatively bureaucratic processes to assess learner’s needs in order to qualify for a place in a DSLP. Having been through this expensive selection process a significant proportion of parents opt in any case *not* to accept the place as it may be some distance from their home. Is there a case for enhancing the provision at KS3 and 4? Would a different model better serve the County?
7. **The available** **places in the DSLPs are under-utilised** with only 53 of the potential 70 places occupied. This stems from some schools refusing to admit learners to the DSLPs ahead of learners on the waiting list for school places, although this is permitted in legislation. This has a significant negative impact on value for moneyand level of reach.
8. **With some stakeholders there is confusion about the local offer of speech, language and communication services.** There are multiple speech and language services, mainly provided by South Warwickshire NHS Foundation Trust and Warwickshire County Council (WCC). The complex map of provision, with different eligibility criteria for different services, different pathways of support and different policies on charging for some services has led to confusion for parents, carers and schools about what is available and where.
9. **Demand for services is increasing.** Therapy services report a 21% increase in referrals in 2013/14 compared to the previous year, and a 65% increase over the previous 5 years.
10. **A commitment to joint commissioning for ensuring best value for money.** Together, Warwickshire County Council and the three Warwickshire CCGs invest over £2m in speech, language and communication services. The exploration of alternative models of service delivery should be reviewed to ensure that best value for money is being achieved across commissioning organisations.
11. **Are current management structures the most effective?** - There is a broader question as to whether in the current national and local strategic context Local Authority services should be directly providing school places, or whether this should rightly be the province of schools?

# CURRENT LOCAL PROVISION – ‘AS IS’

See Appendix 1 for a full list of provision and services in Warwickshire. The service providers delivering these are set out below.

In conjunction with this list of provision, the following diagram provides an overview of the funding sources and delivery agents of universal, targeted and specialist levels of provision within the County:



## Speech and Language Therapy (SLT)

SLT consist of a staff team of 41.6 full time equivalent posts and provide a range of services across universal, targeted and specialist levels for young people aged 0-16 years with caseloads of 3,241 children and young people during 2013. Of this 1,060 (32.7%) have statements which have a statutory duty to receive a service – this will include those with SCLN as a primary or secondary need as part of their statement. The service reports a year on year increase in the number of referrals.

### Criteria

Referrals can be made direct to the service and SLT conduct a screening visit. For those children with a statement SLT have a statutory duty to provide support identified in a child’s Statement. SLTs have their own criteria which they measure children and young people’s progress against in order to determine support or discharge.

SLT receive £171,000, from DSG high needs block funding to supplement SLT input to children and young people who have SLCN in their statement but do not meet SLT criteria for support. This is currently operating without a service level agreement. As part of this project an exemption will be requested so that formal arrangements can be put in place in line with the recommendations of this review.

Assessments are free but SLT also provide a range of traded services that schools can purchase:

* Speech and language training for TAs
* Tuned In – listening for classroom teachers and TAs
* Word Power – reaching vocabulary for teachers and TAs
* Developing clear speech for TAs
* Makaton foundation course
* Language and communication group

SLT report a positive take up of traded services fulfilling their target of £74,000 per annum and benefit from a centralised business unit for training materials and support. The service specification setting out the local offer is available to download.[[4]](#footnote-4)

Further information on the service is discussed as part of Section 13.

## Integrated Disability Service (IDS) Preschool team / Early Years Foundation Stage 0-5

Although the 0-5’s age range is out of scope for this document they are summarised here as they provide such an essential component in the system.

The early years services are reliant on partnership working with health colleagues including speech and language therapy, health visitors as well as with early years teachers and practitioners across a range of settings. There are a number of initiatives delivered through Children’s Centres to enable identification of pre-school children with SLCN and these activities are able to feed into a single point of access leading to the allocation of appropriate support as required. In addition to these universal services IDS teams also provide:

* Portage (0-3) – staff across early years and health visiting, currently support 71 children with SLCN
* Pre-school team (3-5) – currently working with 41 speech and language impairment and 109 who have communication and interaction difficulties.

## Integrated Disability Service (IDS) Specific Language Disorder Team

This team is largely made up of specialist teachers and teaching assistants with 6 lunchtime organisers based within the Designated Speech and Language Settings. Total caseload in the past five years is shown below, although this includes all referrals including those at lower levels of need that were discharged swiftly:

TABLE 1 - SLDT Annual Caseload 2011-2105

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **May-11** | **May-12** | **May-13** | **May-14** | **May-15** |
| Specific Language Disorder Team | 311 | 356 | 375 | 418 | 374 |

The team is made up of two parts; Outreach and Designated Speech and Language Provisions. This table does not capture the full picture as the proportion and mix of DSLP to outreach is highly seasonal. In September there is a large influx of new referrals from the IDS preschool team or the speech and language therapy preschool team. This coincides with the need for short term transitional support provided to some pupils who have moved on to college, year 7 or into reception, which creates a surge in demand in the Autumn term.

#### Source of Referrals

The vast majority of referrals are directly from schools. In addition, a number of referrals come from the IDS Pre-School team in September (circa 45 per year) and a few from the S&LT service. In addition, every year, a few cases are referred from SENDAR as part of the statutory assessment process or for a child out of education. New referrals are all seen four times and are picked up where they meet criteria. The proportion of pupils who meet criteria varies significantly from year to year.

### Specific Language Disorder Outreach Team

The majority of the outreach team’s work is in primary schools supporting children with significant levels of speech and language impairment providing 2 sessions per week.

In addition to their caseload the SLDT offer a number of traded services as follows:

* Consultation and Assessment of school age children
* Selective mutism programme
* Speech and Language training
* Direct support for pupils
* Attendance at review meetings (Annual review or IEP)
* Direct Support for Practitioners

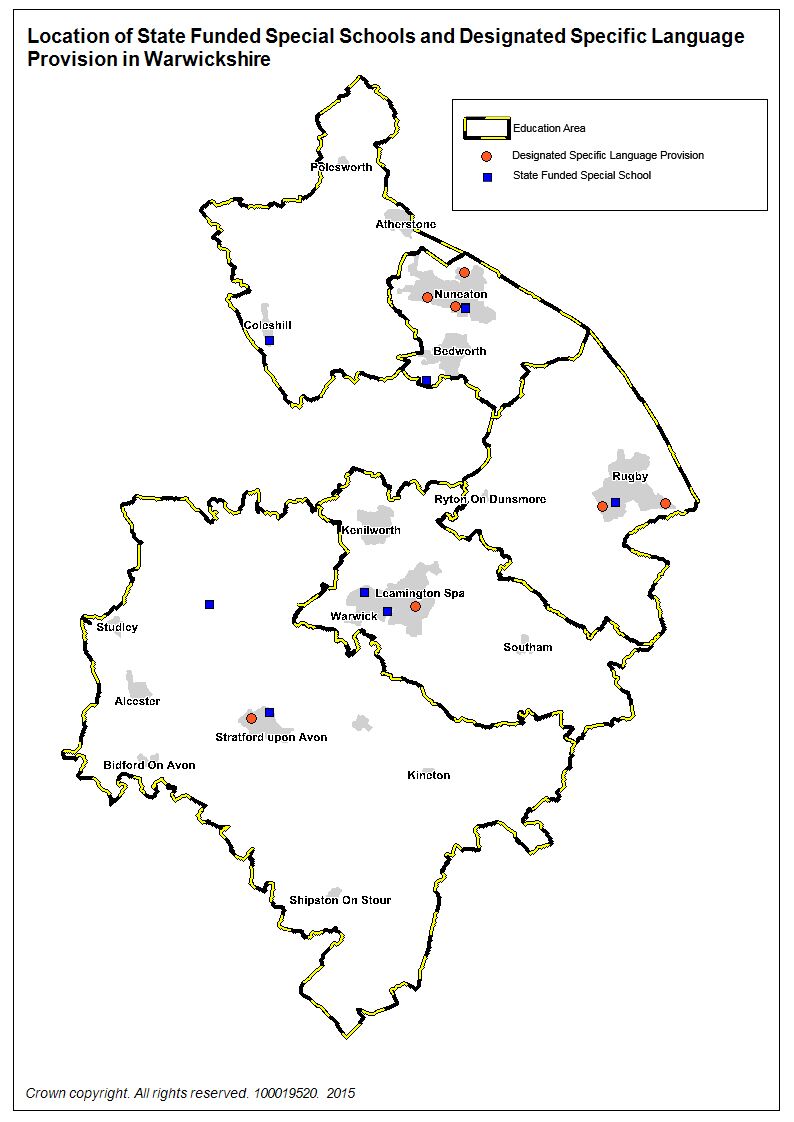
IDS report relatively poor take up of these services within Warwickshire schools and have sought opportunities from outside the County or in the independent sector.

### Designated Speech and Language Provisions (DSLP)

Warwickshire currently have six DSLP settings based within mainstream primary schools throughout the county as follows:

|  |  |
| --- | --- |
| Designated Base | Key Stage(s) |
| Bilton Infant School – Rugby | 1 |
| Bishopton Primary School - Stratford | 1&2 |
| Clapham Terrace Primary School - Leamington Spa | 1&2 |
| Weddington Primary School - Nuneaton | 1&2 |
| Middlemarch Junior School – Nuneaton | 2 |
| Stockingford Primary School – Nuneaton | 1 |

These locations are shown on the map below. This high concentration of resource in areas with higher levels of deprivation does largely reflect the pattern of need but, it must be acknowledged, leaves learners in some areas (e.g. the whole of North Warwickshire) with no access to resource bases.



#### Criteria

The Team identifies young people who may need a DSLP place via joint allocation meetings with SLT. For young people with a statement / EHC Plan / high level needs support is offered at the DSLP, where there is one close enough to the family home. In a significant number of cases parents refuse this offer in preference for a place at their local school.

Circa 30% of pupils in DSLP have a statement of SEN. With regard to current capacity and demands the DSLPs are operating under capacity with 53/60 places occupied.

#### Integrated Working with Host Schools

There is a mixed picture of feedback regarding the level of DSLP integration with the host school and SLT Service (see stakeholder feedback – Section 8), with some better integrated than others but there is generally very positive evidence regarding pupil progress and feedback from parents. Due to the geography of the county a number of the pupils in each provision are from outside the local catchment area of the school and a significant number of parents refuse a place at a DSLP as they do not wish their children to travel the required distances (the number and proportion of rejected offers of placement are not recorded). Many parents prefer to place their children at their local schools where their siblings and neighbours attend and there have long been debates about the need to keep children closer to their home community and services. Given the proportion of the available resources committed to the DSLP provisions (see table below) there are questions as to whether a more equitable offer would be to ensure learners with SLI were able to receive the required support in their local schools.

### Integrated Disability Service (IDS) Budgets

Current total cost of total Specific Language Disorder Team including DSLP is £882k for 2015-16 set out in Table 3 below.

Although this shows a huge discrepancy in unit costs between Outreach and DSLPs this includes a proportion of outreach cases at a relatively lower level of need so this is not directly comparable. Even given this factor, it is notable that the relative spend on DSLPs to Outreach (around 50/50 split) is not matched by the relative caseload with only between 21% of the caseload is supported in DSLP settings. Given that a number of the outreach cases are pupils who have been offered a DSLP place but have turned it down because they preferred a place in a local school, this highlights the inequality of the respective offers made via outreach as opposed to DSLP.

#### ****TABLE 3 – Integrated Disability Service DSLP / SLDT Budget****

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Staff Group / Description** | **DSLP** | **Outreach** | **Total FTE** | **Avg Salary £** | **DSLP Costs**  **£** | **Outreach Costs**  **£** | **Total Cost**  **(inc On-Costs) £** |
| Teachers | 5.5 | 5.95 | 11.45 | 49,055 | 269,803 | 291,877 | 561,680 |
| Teaching Assistants | 5.5 | 3.5 | 9 | 23,152 | 127,336 | 81,032 | 208,368 |
| Midday Supervisors | 100% | 0 | 6 | 2,324 | 13,944 | 0 | 13,944 |
| PPA Cover | 100% | 0 |  |  | 2,000 | 0 | 2,000 |
| Travel | 0 | 100% |  |  | 0 | 16,600 | 16,600 |
| CPD | 50% | 50% |  |  | 2,250 | 2,250 | 4,500 |
| Curriculum Resources | 50% | 50% |  |  | 2,000 | 2,000 | 4,000 |
| Management | 50% | 50% |  |  | 19,824 | 19,824 | 39,647 |
| Admin | 50% | 50% |  |  | 15,631 | 15,631 | 31,262 |
| **Total** |  |  |  |  | **452,787** | **429,214** | **882,001** |
| % of IDS SLCN budget = | | | | | 51.34% | 48.66% | 100% |
| Caseload 2015-16 = | | | | | 53 | 200 | 253 |
| % of caseload = | | | | | 20.95% | 79.05% | 100% |
| Cost per place = | | | | | £8,543 | £2,146 | £3,486 |

## Contractual position

SWFT are contracted by South Warwickshire CCG (on behalf of Coventry & Rugby CCG, South Warwickshire CCG and Warwickshire North CCG) to provide speech and language therapy services for children aged 0-19 registered with a Warwickshire GP or attending a Warwickshire school. This is part of a block contract. Performance is monitored, in line with other community services, based on the number of contacts (appointments) the service delivers. Funding is negotiated each year using the price activity matrix (PAM).

The CCG intends to re-commission out of hospital services following a review of adult community health services. Children’s community health services are currently excluded from this package of services.

Warwickshire County Council currently commissions SWFT as a block contract to provide services to those children with moderate SLCN identified on an EHC plan / statement of SEN. Although there is a draft SLA setting out this agreement, this document has never been ratified or signed off, has been at the same level for 4 years and it is strongly recommended that this agreement is formalised now.

The IDS SLCN team is in-house and therefore there is no formal contractual arrangement.

## Quality

The services are not subject to inspection arrangements (other than as part of a wider inspection of South Warwickshire Foundation Trust or Warwickshire County Council).

Speech and language therapy services follow guidelines from the Royal College of Speech and Language Therapists and from the National Institute for Health and Clinical Excellence (NICE).

## Current spend

A summary of current spend on speech and language support by CCGs and the local authority is below.

### ****TABLE 4 – Total Spend on SLCN****

|  |  |  |
| --- | --- | --- |
| Commissioner | Provider | Spend  (£ 000s) |
| CCGs (Lead commissioner SWCCG) | SWFT Speech and Language Therapy Team | Part of block contract for community services\* |
| WCC SENDAR | SWFT Speech and Language Therapy Team | 171 |
| WCC | WCC IDS Speech and Language Disorder Team (Specialist Teachers) | 882\*\* |
| CCGs (Lead commissioner CRCCG) | CWPT Adult Community Speech and Language Therapy Team | (19-25 element of adult services) |

*\*The service is commissioned as part of a block contract with SWFT. Following other service redesign within that block contract, final values for each service line are yet to be confirmed.*

*\*\*It should be noted that this is embedded within a larger budget and does not have a separate cost centre. As such it is calculated from estimated spend.*

# NEEDS ASSESSMENT

It is not possible to provide a single figure for the total number of children and young people with SLCN in Warwickshire. It is possible, however, to estimate the population using a number of different methods and data sources. The SEND Needs Assessment used the following data sources:

1. National prevalence data of SLCN with local estimates for Warwickshire by age across the three categories identified above and where possible within specific sub-groups of SLCN.
2. Data from the school census identifying pupils who are classified as having a special educational need.
3. Local figures for children at risk of SLCN based on universal screening / assessment tools including the Early Years Foundation Stage Profile.
4. Information from local service data, including numbers of children and young people known to speech and language therapy services

### National prevalence data of SLCN with local estimates for Warwickshire

Nationally 6% of all children and young people are believed to have speech, language and communication needs and at least 1 child in 500 has a severe, long-term difficulty (Afasic, 2011[[5]](#footnote-5)). If these statistics are applied to the Warwickshire child population (124,000) the potential prevalence would be 7,440, with 248 with a severe specific language disorder.

### Data from the school census – January 2014

According to the January 2014 School Census 698 children have Statements with a SLCN identified as a primary or secondary need and 909 children at School Action Plus (see Table 11 for details); this represents just over 2% of the total school population identified as having SLCN. *In terms of comparators and national prevalence data this suggests a significant under-identification of need at the lower level of school action plus in this critical area.*

However, it is also important to note that a number of children receive speech and language support without a statement or EHC plan in place. In 2015, only 30% of the speech and language therapy caseload had a statement or EHC plan. Unfortunately it is not possible to make national comparisons for caseloads as a whole.

### TABLE 5 - Warwickshire’s Level of Identification of SLCN – Statements and School Action Plus (January 2014 Census)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | Statement | | E. Yrs / School Action+ | | Total | |
|  | Primary Need | | Secondary Need | Primary Need | Secondary Need | |  |
| Nursery |  | |  | 20 | 2 | | 22 |
| Primary | 126 | | 80 | 672 | 95 | | 973 |
| Secondary | 82 | | 57 | 54 | 29 | | 222 |
| Special | 57 | | 286 | 9 | 28 | | 380 |
| ISP\* | 10 | |  |  |  | | 10 |
| Grand Total | 275 | | 423 | 755 | 154 | | 1,607 |
| % of school population | | | | 2.08% | | | |
| Incidence per 1000 population | | | | 20.78 | | | |

\*ISP = Independent Specialist Provision

### TABLE 6 - Comparisons on Number & Percentage of Pupils with Statements of Special Educational Needs (SEN) or at School Action Plus with Speech Language and Communication as the Primary Category of Need

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **ENGLAND a** | | **STATISTICAL NEIGHBOURS b** | | **W .MIDLANDS EXCL WARKS c** | | **WARWICKSHIRE** | |
| **Phase:** | **No.** | **%** | **No.** | **%** | **No.** | **%** | **No.** | **%** |
| PRIMARY | 107,955 | 31.62% | 9,826 | 29.91% | 11,047 | 29.16% | 797 | 24.19% |
| SECONDARY | 25,620 | 10.95% | 2,350 | 9.55% | 2,352 | 9.14% | 136 | 6.82% |
| SPECIAL SCHOOLS | 5,330 | 5.34% | 503 | 4.45% | 626 | 4.94% | 66 | 5.39% |

### TABLE 7 –Comparisons on Number & Percentage of Pupils with Statements of Special Educational Needs (SEN) or at School Action Plus with MLD, SLCN BESD or ASD as the Primary Category of Need

| **PRIMARY CATEGORY OF SEN** | **ENGLAND a** | | **STATISTICAL NEIGHBOURS b** | | **W.MIDLANDS EXCL WARKS c** | | **WARWICKSHIRE\*** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Phase: PRIMARY** | **No.** | **%** | **No.** | **%** | **No.** | **%** | **No.** | **%** |
| Moderate Learning Difficulty | 65,115 | 19.07 | 7,398 | 22.52 | 11,505 | 30.37 | 1,003 | 30.44  (a,b) |
| Speech, Language & Communications Needs | 107,955 | 31.62 | 9,826 | 29.91 | 11,047 | 29.16 | 797 | 24.19  ( a,b,c) |
| Behaviour, Emotional & Social Difficulties | 62,735 | 18.38 | 5,793 | 17.63 | 5,520 | 14.57 | 640 | 19.42  ( a) |
| **Phase: SECONDARY** | **No.** | **%** | **No.** | **%** | **No.** | **%** | **No.** | **%** |
| Behaviour, Emotional & Social Difficulties | 62,575 | 26.75 | 5,738 | 23.33 | 5,562 | 21.61 | 573 | 28.72  ( b,c) |
| Moderate Learning Difficulty | 47,590 | 20.34 | 5,642 | 22.94 | 7,799 | 30.31 | 460 | 23.06 (c) |
| Autism Spectrum Disorder | 25,090 | 10.73 | 2,782 | 11.31 | 2,737 | 10.64 | 275 | 13.78 |
| Speech, Language & Communications Needs | 25,620 | 10.95 | 2,350 | 9.55 | 2,352 | 9.14 | 136 | 6.82 |

*\*Lettering denotes significant statistical variance from national (a), statistical (b) or regional (c) averages.*

The analysis above *includes* pupils at school action plus, so this should address the likelihood of under-reporting. This evidence may indicate that the early identification and diagnosis of Speech, Language and Communications Needs requires attention and possibly that this may be a causal factor in the relatively high identification of BESD and / or MLD. [[6]](#footnote-6)

##### **Observations on SEN Categorisation in Warwickshire’s Primary Schools:**

* A significantly lower than average percentage of the diagnosed needs in Warwickshire’s primary schools are pupils with SLCN.
* A significantly higher than average percentage of the diagnosed needs in Warwickshire’s primary schools are pupils with MLD, and BESD.

##### **Observations on SEN Categorisation in Warwickshire’s Secondary Schools:**

* A significantly higher than average percentage of the diagnosed needs in Warwickshire’s secondary schools are pupils with BESD.
* A significantly lower than average percentage of the diagnosed needs in Warwickshire’s secondary schools are pupils with MLD compared with the West Midlands.
* A slightly higher than average proportion of the diagnosed needs in Warwickshire’s secondary schools are pupils with ASD, but this is not statistically significant.

# STAKEHOLDER FEEDBACK

## Views of staff

During the course of this review meetings were held with staff as follows:

|  |  |
| --- | --- |
| FORUM | DATE |
| Clapham Terrace DSLP Staff Meeting | 25th June |
| DSLP Staff Meeting | 26th June |
| SLDT Outreach and whole team meeting | 7th July 2015 |
| SLT Manager’s Meeting | 13th July 2015 |
| SLT Staff Meeting | 8th September 2015 |

A range of topics was covered at these meetings including:

* Capturing and understanding the current system (eg. traded services, etc)
* Clarification and revisions to project brief
* Work in progress to try and provide consistent screening in schools (pathway documents)
* Requests for data & examples of outcomes from care plans

The review officers facilitated a feedback session with approximately 30 S&LT staff in September. The session broadly covered DSLP’s, access, outcomes and early intervention.

Feedback from staff in DSLPs centred on recognition that the current approach works well and that there is significant positive impact on outcomes for learners within the settings but acknowledging the inequality of access and gaps in provision due to their location. The prospect of broadening the criteria for DSLPs whilst continuing to meet the needs of the current cohort was felt to be challenging due to the different approaches required for these different learners. There was a concern that the needs of learners of other types of communication and interaction difficulties including autism spectrum disorders would take precedence over learners with specific language impairments.

Senior staff highlighted one of the features and challenges of operating outreach and DSLP services alongside one another; when numbers were lower DSLP staff could be allocated to other aspects of the team’s work including delivery of training and outreach. This provided welcome flexibility, but the counter-balance to this was that the staffing needs of the DSLP settings were non-negotiable in order that the settings could function; in previous years when restrictions on recruitment were in place these reductions had to be applied to the outreach team.

S&LT gave positive examples of joint working but felt this was inconsistent. Clarity on roles and expectations including more information about traded services and greater promotion of the SEND Matrix of need were suggested. S&LT also suggested discretion on the criteria to allow for children with high behavior needs but medium SLCN to access S&LT.

S&LT staff acknowledged that whilst clinical outcomes are collected this could be improved. Good outcomes were ones that were co-produced with children and parents. Difficulties in communicating with teachers and in special schools with parents were acknowledged as well as ways to improve this. There was support for a model that supports secondary aged pupils identifying that Y7 is a critical stage.

The benefits of an early intervention were highlighted particularly the work of Time to Talk in improving the referrals, support through Chatter Matters and drop in sessions in Children’s Centers. The team acknowledged the difficulties in engaging hard to reach families, the impact of reduced funding and changes in the criteria for assessment nurseries.

## Views of parents

Feedback is routinely gathered from the following service users:

* Parental feedback on S&LT Services - gathered via the ‘Tell Us What You Think’ survey
* Parental feedback on Designated Speech and Language Provisions Services is surveyed at least annually on children’s progress.

Feedback from both S&LT and DSLP service users is overwhelmingly positive and is a credit to both organisations. The ‘*Tell Us What You Think’* Survey found that 95% (of a total 267 respondents) said that they were likely to recommend the service to friends and family.

In addition to this routine data gathering the Review process also carried out the following work:

|  |  |
| --- | --- |
| FEEDBACK SOURCE | DATE |
| Interviews with parents of 12 children attending Bilton Infants DSLP, Clapham Terrace DSLP, Weddington DSLP and with a parent whose child accesses outreach support from the SLDT. | 10/6/2015 – 8/7/2015 |
| Parental feedback on wider SLCN Services (largely schools) was gathered by questionnaire through Family Voice Warwickshire. | July 2015 |

Again this feedback was generally very positive about the quality and impact of the support provided.

The returns showed that families have accessed a range of speech and language services, some accessing more than one, but the majority access via school. A number of responses mentioned communication, contact and information either between SLT and home or other professionals as being important. In terms of support parents felt that 1:1 or smaller group support worked well for children. Support/training to the family to continue work at home was also a common theme in the responses with families also wanting more co-production with SLT going forward. Families reported wanting more early support and welcomed the opportunity to access SLT services during the holidays. Parents of children who discussed their specific speech difficulties i.e. cleft palate, dysphasia and autism talked about the need for specific support, training and information required for those conditions. A few mentioned a desire for a more ‘joined-up’ approach with regards to their children’s other needs including Autism.

There is an inevitable gap in feedback from parents whose children have limited access to services or whose parents are not engaged. There is largely statistical evidence that there exists a body of unmet need (as identified in the SEND Needs Assessment) probably based on undiagnosed needs in mainstream settings, but capturing the parental views of this cohort is challenging as they are, by definition, not engaged with services; addressing their needs are just as significant in improving outcomes for Warwickshire’s most vulnerable children.

## Views of Schools

Views of the Primary Schools that host the DSLP Provision have been sought as to the strengths and weaknesses of the current model and options for change and feedback was gathered from 5/6. This information was gathered during interviews on the following dates:

|  |  |  |
| --- | --- | --- |
| DSLP School Base | Representing School? | Date |
| Stockingford Primary | Headteacher & SENCO | 9/6/2015 |
| Bilton Infants | Headteacher, SENCO & SEN Governor | 10/6/2015 |
| Bishopston Primary | Headteacher | 11/6/2015 |
| Clapham Terrace | Headteacher | 25/6/2015 |
| Middlemarch | Headteacher & SENCO | 30/6/2015 |

There were a range of views expressed as follows:

* ⅘ felt the practice in the setting was effective and that learners made good progress although two qualified this by highlighting that given the high levels of resource involved they felt this was to be expected
* ⅖ were happy with the current model and would not be pressing for any change (although were happy to consider options that were proposed)
* ⅗ expressed an ‘in principle’ concern about not having direct managerial control of the staff and that this presented a risk around Ofsted outcomes without the school holding responsibility. The other two said this was not an issue because the quality of provision was sufficiently high
* All schools (including those happy with the current model) said they would consider direct managerial control of the settings given this opportunity. There was a spectrum of opinion on this subject with some Heads very keen and others who would consider it given the opportunity. In every case this option would be subject to support from the respective Governing Bodies.
* ⅘ felt they would be able to make more effective use of resources if they had direct control of the setting
* ⅗ felt that the admissions criteria were restrictively narrow and that this meant the setting was unable to support the school with the range of needs presenting in the school. The same 3 schools were keen on revising the criteria for entry.
* All the schools understood the rationale for revising criteria for entry and did not identify this as a potential problem (subject to support from Governing Body).
* ⅖ had experienced a situation where the settings, on discovering a level of need in individual learners, felt the child was unable to remain with the setting as they were unable to meet needs. These children had then moved onto the school’s own roll, which had caused a level of concern at the shortcomings in inclusive practice and a consequential strain on relations. These schools felt such experiences highlighted a lack of integration with the wider school staffing, creating an ‘us and them’ division
* None of the schools felt this division impacted on the children attending the setting as efforts were made on both sides to ensure the children felt a part of the host school with a good degree of integration. All parties stressed that any tensions did not impact on the way children were treated in school.
* One of the schools said they had experienced the transfer of more challenging or complex children from the DSLP onto the school roll on a fairly regular basis; they said that this had happened at least once per year and relationships between the school and setting in this case were strained.

It was observed by the reviewing officer that the schools where relationships with the DSLP were most positive tended to have a range of other SEND provision on site and were relatively easily able to accommodate a range of needs with different options of support. For those schools where the DSLP was the only specialist resource on site and / or where the size of the school meant SEN resources were limited, relationships tended to be correspondingly more strained.

**NOVEMBER 2016 UPDATE**

A Headteacher of one of the DSLP host schools, since the original consultation in June, has experienced the admission of a high number of highly complex learners. Given the resource pressures this is currently creating the Head said it would be difficult to commit to the development of a Communication and Interaction resource base at the present time. This pressure may be alleviated in the coming weeks and months but it needed to be noted here.

# PURPOSE OF THE BUSINESS CASE

The purpose of this Business Case is to highlight the current issues with provision and identify options for improvement.

Following examination of speech and language therapy services and specific language disorder services, four distinct areas have been identified as the focus of the proposed changes, each of which have a number of options. There is an additional fifth area of focus in which recommendations are made. In summary, the five areas are:

1. Designated Speech and Language Provisions (DSLPs)
2. IDS SLCN Outreach team
3. Provision for children with statements or EHC plans who do not meet the threshold for speech & language therapy services
4. Speech and language therapy provision at secondary age
5. Referral pathways for speech, language and communication needs

## 

## Criteria

Each area will be considered in turn using the following criteria for non-financial assessment:

1. **Does the proposal support improving outcomes for children and young people with Communication and Interaction Difficulties?**i.e. Will the proposal ensure that children with the broader range of Communication and Interaction Difficulties receive support proportionate to their needs? This was added to include within scope the impact on learners with a wider range of C&I needs who are currently under-identified across the County.
2. **Does the proposal provide a more equitable service across the County that is currently the case?**

i.e. Will the proposal ensure that children and young people will receive the same level of service, in accordance with their need, regardless of where they live in the County?

1. **Will the proposal lead to the delivery of improved outcomes for children and young people with Specific Language Impairments?**i.e. how will the proposal impact on learners with SLI (including those currently attending DSLP settings?
2. **Does the proposal improve utilisation of resources (including workforce)**

i.e. how will the proposal impact on the use of staff, equipment and buildings in delivering speech and language support compared to the current position?

1. **How flexible will the proposal model be in responding to further changes or reductions in resource**

i.e. will the proposal leave Warwickshire better placed to address further changes in funding anticipated in the coming years?

# THE CASE FOR CHANGE: DESIGNATED SPEECH & LANGUAGE PROVISIONS (DSLPs)

## The Challenge

Currently the Council’s Designated Speech and Language Provisions (DSLP)provide high quality, high impact but relatively high cost provision for a small minority of learners. Given that the County has significant gaps in other categories of provision can this ‘Rolls Royce’ standard of service be sustained whilst other pupil’s needs are not being picked up early enough nor having their needs adequately met?

Given, too, that many parents are choosing *not* to take up the offer of a DSLP place, would we be better-served focusing on improving practice in mainstream schools for *all* learners with SLCN by focusing on a model of outreach support to mainstream settings? This focus on embedding best practice in every school will reach more learners and would be expected to address the currently apparently low level of identification of SLCN in the County.

This would then allow us to adapt the existing DSLP settings into a range of SEN resourced provision for learners with communication and interaction needs (including those with the most profound SLCN) who struggle to engage with mainstream education.

To quote from the DfE’s guidance on developing or reviewing SEN provision:

“Within the context of any review or reorganisation of SEN provision LAs should be endeavouring to ensure equity and fairness across the authority. LAs and other decision makers need to appreciate that making changes to historic patterns of provision can be difficult to achieve as they may lead to a perceived reduction in the range of type of provision in one school or locality whilst ideally contributing to a greater and more appropriate range of provision across the authority or region. […] Reorganisation can, of course, release funding which can be used to invest in more effective provision. “

(*Planning and Developing Special Educational Provision: A Guide for Local Authorities and Other Proposers*’[[7]](#footnote-7) Para 5, Page 3.)

## Objectives

### Meeting needs

All the available feedback makes it clear that the DSLP settings provide an excellent service for those learners who attend who make good progress or better. However this review is concerned with meeting the needs of a wider cohort than those attending DSLPs including those learners who are currently attending schools in Warwickshire whose SLC needs have not been recognised as well as those with Significant Language Impairments whose parents choose to send them to a local school in preference to a DSLP setting. Some of the options below consider how to better identify and more effectively reach a wider range of learners.

### Improving outcomes

Again the central theme of this part of the review is not simply about the outcomes of those learners currently attending DSLPs as important as those are; it is also about ensuring the system as a whole is able to improve outcomes for the whole spectrum of learners from those with transient SLCN to those with complex and long term language difficulties. A balance must be found to ensure both needs are addressed and outcomes for the widest range of learners are improved.

### Equitable services

Some of the options included propose shifting resources away from the DSLP settings as they stand either by moving towards an outreach-only model or by changing the entry criteria for the settings. This may be seen as a dilution of a high quality service, but should be considered in light of the impact on the wider offer for learners with Communication and Interaction difficulties. Value for money / use of resources

The Outreach offer provides, at first glance, better value for money but it is important to note that there is no fair direct comparison as the quality of the offering is diluted in comparison with the DSLP.

### Flexibility

Although thus review was not conducted with a target for financial savings in mind, all options were assessed in light of an expectation that further funding reductions are likely; IDS are facing recently agreed budgetary reduction of £250k in 2016-17, with the expectation that further reductions in public funding are almost certain in subsequent years. Options were therefore carefully assessed in terms of how ‘future proof’ they would be in their ability to remain viable and effective given future constraints.

## Options Appraisal

| **Option** | **Description & Implications** | **Advantages** | | **Disadvantages** |
| --- | --- | --- | --- | --- |
| 1. Do nothing | This would leave a significant proportion of resource tied up in the DSLP settings. As IDS funding reductions are applied this would disproportionately impact on the Outreach offer as it would be impossible for the DSLPs to remain viable with a similar proportion of reduction. | * High quality offer for those in the settings – strong evidence of impact | * Model will become unsustainable? * Inflexible – resources can’t be readily moved or matched to needs * Bureaucratic – resource spent on assessment for entry | |
| 2. Close DSLP settings and move resource solely to outreach | Might result in more equitable offer in the longer term but it would take some years to get there unless current cohort were immediately sent to other settings, which would likely provoke parental legal action.  Would fail to capitalise on the existing benefit of having SEN resourced provision which the Council is committed to developing more of for a range of needs. | * Improve equality of offer across the County * Improve reach of and access to offer * Increased flexibility of response * Increased flexibility in deployment of IDS resources (e.g. staff cover, wider range of needs) * Minimise bureaucracy around admissions * Increased focus on developing capacity - clear expectations on schools & embedding the Matrix | * Potentially dilute offer to children with highest Sp & Lang Impairment (SLI) * Increased costs of specialist staff travelling between settings * Pupils more subject to the vagaries of different school’s SEN Support offer * Time lag as schools adapt to and learn how best to meet expectations | |
| 3. Re-designate DSLP settings as Communication & Interaction (C&I) Resource Bases | Complements the IDS intention of developing a more coordinated and integrated C&I service offering. Allows flexible use of resources to meet a range of needs.  Maximises the benefits of established SEN provision | * Allows resource to support a wider range of needs – which are more prevalent * Moves away from label-led approach to SEN towards a more personalised response to needs | * SLI needs may be marginalised by other needs (ASD) in settings * Current staff might require training (or moving staff within C&I team) | |
| 4. Move away from separate Key Stage 1 & 2 Provision - create primary settings | Generally agreed by all stakeholders this should be done in any event | * Minimise disruption for vulnerable learners who may have to move settings * Make the most of the opportunity from school expansion | * Space constraints – in some settings this makes providing a service more challenging? | |
| 5. Transfer the management of DSLP settings to schools | Potentially contentious and delicate proposal – some risks identified by current staff but would be welcomed by schools. Parents in the main seemed unconcerned either way. | * Facilitate and sharpen school’s focus on SEND – discourage sense of SEN as a LA issue * Supports LA to fulfil role as an effective commissioner and champion rather than a service provider * Shifts resource closer to the front line | * May lessen focus on continuing professional development? * May mean resources are less focused on targeted need (i.e. subject to other pressures) | |

### Non-financial appraisal

A non-financial options appraisal was carried out on 21 October with representatives from Speech & Language therapy and the Specific Language Disorder Team. The scoring for each option is shown below:

| Criteria | Weighting | **DSLPs Option 1** | **Score x weighting** | **DSLPs Option 2** | **Score x weighting** | **DSLPs Option 3** | **Score x weighting** | **DSLPs Option 4** | **Score x weighting** | **DSLPs Option 5** | **Score x weighting** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Improve outcomes for children and young people with C&I** | 20 | 1 | 20 | 2 | 40 | 2 | 40 | 3 | 60 | 1 | 20 |
| **Provides an equitable service across the County** | 20 | 0 | 0 | 2 | 40 | 2 | 40 | 3 | 60 | 1 | 20 |
| **Will lead to the delivery of improved outcomes for children and young people with SLI** | 20 | 1 | 20 | 0 | 0 | 0 | 0 | 3 | 60 | 1 | 20 |
| **Improves utilisation of resources (including workforce)** | 20 | 1 | 20 | 0 | 0 | 2 | 40 | 3 | 60 | 1 | 20 |
| **Flexibility of model to respond to further changes** | 20 | 0 | 0 | 3 | 60 | 2 | 40 | 3 | 60 | 2 | 40 |
| **Total** | **100** | **3** | **60** | **7** | **140** | **8** | **160** | **15** | **300** | **6** | **120** |

### Financial appraisal

|  |  |
| --- | --- |
| Option | Cost (to the LA) |
| 1. Do nothing | £0 cost neutral – no change to current position.  *It must be stressed that this option* ***would*** *have financial implications as it would mean that any savings from SLCN would have to come solely from the IDS Outreach model* |
| 2. Close DSLP settings and move resource solely to outreach | *Potential* savings of around £225k BUT if this were implemented on a phased basis, allowing  existing pupils to finish their Key Stage, this would take between 2-4 years to realise and would provide decreasing value as numbers diminished. Given that the LA has identified a need for resourced provision places, the lack of such placements would also continue to lead to expensive out of county placements for learners unable to cope in mainstream. This would easily outweigh any potential savings. There would also be the financial risk of current DSLP learners seeking out of county specialist placement at significant cost. |
| 3. Re-designate DSLP settings as Communication & Interaction (C&I) Resource Bases | Unit cost per place would likely *increase* from the current £8.5k to an estimated unit cost of £10k but for a different level and category of need. This is not a fair comparison. For those learners would would previously have attended a DSLP setting this could eventually represent a funding reduction of approximately -£225k (as with Option 1 above) in the comparative cost of providing outreach as opposed to DSLP placement.  This option minimises the financial risk of current DSLP learners seeking out of county specialist placement at significant cost, as they could be accommodated within the C&I settings. |
| 4. Move away from separate Key Stage 1 & 2 Provision - create primary settings | £0 cost neutral – no change to current position. |
| 5. Transfer the management of DSLP settings to schools | If implemented alongside Option 1 – i.e. transfer as DSLP settings this would likely increase the operating costs as schools might seek to recover additional funding towards costs not currently covered in the SLA. If It were implemented alongside Option 3 it would come at no additional cost. |

## Recommendation

* **Option 3 – Phased redesignation of DSLP settings to broader Communication & Interaction provision**

Learners currently attending the settings would be allowed to continue their education uninterrupted in their current settings until the next appropriate transitional point. In the meantime the IDS service, in partnership with all relevant stakeholders, will develop new admissions criteria for learners with a broader range of communication and interaction difficulties

Given this recommendation, although it remains subject to public consultation, it is recommended that IDS cease planning for future placements within the DSLP settings to minimize confusion or disruption for families who may not be able to access the service in future and that in the interim period planning for learners with SLI should be on the basis of an outreach service offer.

* **Option 4 - Cease separate Key Stage 1 & 2 provision - Move to an all-through-primary model**

All stakeholders agreed that whatever the outcome of the review, wherever possible a primary model should be introduced.

* **Option 5 - Transfer DSLP management to schools**

The review identified a range of different views on this proposal, including a number of risks that such a move would create. However the reviewers have concluded that overall these risks can be mitigated and that this would eliminate any governance issues around Ofsted impact and ultimately would be in the best interests of the continued development of the settings.

# THE CASE FOR CHANGE: IDS SIGNIFICANT LANGUAGE DIFFICULTIES TEAM (SLDT) OUTREACH

## Objectives

### Meeting needs & Improving outcomes

The SLDT struggle to have as significant an impact on learners as the DSLP model simply because they have more restricted access to learners and see them for shorter lengths of time. They are therefore more reliant on working with staff in mainstream schools to sustain approaches and interventions in the outreach team’s absence. This means the role is inherently by necessity more about developing capabilities and capacity within mainstream schools.

### Equitable services

The outreach team provide a county-wide service for children. This includes children who were considered for places at DSLP’s and were turned down by parents and children who moved into mainstream schools from DSLP’s following KS1 when places at a KS2 provision were unavailable. It also provides for learners who are simply too far away from any DSLP setting to attend. This is clearly an offer that provides flexible access to those learners requiring a service.

### Value for money / use of resources

The outreach offer provides, at first glance, better value for money but it is important to note that there is no fair direct comparison as the quality of the offering is diluted in comparison with the DSLP.

### Flexibility

Currently the SLDT are able to meet the needs of around 200 learners in mainstream schools. This number fluctuates significantly at different times of year with a large increase in demand in September with a new caseload arriving and an existing caseload in need of transitional support at the start of term. The team is able to flex and move depending on the referrals and also increase support to the DSLP’s as required. This is the most flexible model of delivery currently available.

## Options Appraisal

| OPTION | **DESCRIPTION & IMPLICATIONS** | ADVANTAGES | DISADVANTAGES |
| --- | --- | --- | --- |
| 1. Do nothing | Risks to capacity of outreach from doing nothing as it will leave them vulnerable to cutbacks whilst the DSLPs are maintained | Minimise disruption  Sustain high quality offer | IDS resource pressures mean the current model may be approaching unsustainable levels.  If we await more drastic £ reductions we may have limited capacity to respond effectively to change |
| 2. Close DSLP settings and move resource solely to outreach | Would take some time to implement, but could ultimately lead to enhanced investment in the outreach offer. | As for Option 1 | As for Option 1  Bottleneck caused by resource being tied up in DSLP’s during closure process |
| 3. Develop a broader, integrated C&I outreach offer - focus on cluster working, & capacity building | Closer links with IDS Autism Team would provide for a more flexible response simply thorough the economies of scale from being part of a larger team. | Aim to improve the standard of practice for wider range of learners.  Focus on improving early identification  Aim for a more flexible response | Some vulnerable learners may suffer a reduction in level of support.  Investment / time / commitment required to establish cluster based approaches |
| 5. Transfer management of outreach offer to schools / special schools / alternative | Relatively untested option – few local schools have had call to develop the capabilities for delivering outreach support | Clarify LA role as commissioner & champion of vulnerable learners rather than as service provider  Maximise resources at the ‘front line’ - closer to the need | Too small a service to be a ‘stand-alone’  Risk dilution of specialist expertise with reduced investment in CPD  May mean resources are less focused on targeted need (i.e. subject to other pressures) |

### Non-financial appraisal

A non-financial options appraisal was carried out on 21 October with representatives from Speech & Language therapy and the Specific Language Disorder Team.

The scoring for each option is shown below:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Criteria | Weighting | **Outreach Option 1** | **Score x weighting** | **Outreach Option 2** | **Score x weighting** | **Outreach Option 3** | **Score x weighting** | **Outreach Option 4** | **Score x weighting** |
| **Improving outcomes for children and young people with C&I** | 20 | 1 | 20 | 1 | 20 | 3 | 60 | 1 | 20 |
| **Provides an equitable service across the County** | 20 | 1 | 20 | 2 | 40 | 3 | 60 | 1 | 20 |
| **Will lead to the delivery of improved outcomes for children and young people with SLI** | 20 | 1 | 20 | 1 | 20 | 0 | 0 | 1 | 20 |
| **Improves utilisation of resources (including workforce)** | 20 | 1 | 20 | 2 | 40 | 2 | 40 | 0 | 0 |
| **Flexibility of model to respond to further changes** | 20 | 0 | 0 | 3 | 60 | 3 | 60 | 0 | 0 |
| **Total** | **100** | **4** | **80** | **9** | **180** | **11** | **220** | **3** | **60** |

### Financial appraisal

|  |  |
| --- | --- |
| Option | Cost (to the LA) |
| 1. Do nothing | £0 cost neutral – no change to current position |
| 2. Close DSLP settings and move resource solely to outreach | *Potential* savings of around £225k BUT if this were implemented on a phased basis, allowing existing pupils to finish their Key Stage, this would take between 2-4 years to realise and would provide decreasing value as numbers diminished.  This would leave outreach service under great pressure as demands increased without corresponding resource to meet needs. This would inevitably require other efficiencies / changes to current working practice to meet needs. |
| 3. Develop a broader, integrated C&I outreach offer - focus on cluster working, & capacity building | Potential cost of retraining staff to meet a wider range of needs (although this might not be required depending on how staff are allocated). |
| 5. Transfer management of outreach offer to schools / special schools / alternative | Presumption is £0 cost neutral – current funding but commissioned differently |

## Recommendation

* **Option 3 – Development of an integrated ‘Communication & Interaction’ outreach offer**

In keeping with the above recommendation for DSLPs the review has concluded that to support an integrated offer for a wider range of learners with different needs the Speech and Language Disorder Outreach Team (SLDT) should work closely with colleagues in IDS on the development of an integrated Communication & Interaction outreach service. In effect this supports and complements the IDS plan to more closely integrate the currently effectively separate Autism Team with the SLDT Outreach team. This will complement the proposed approach within the DSLP settings.

* **Option 5 - Transfer management of outreach offer to schools / special schools / alternative**

This option makes little sense as a stand-alone option as it would be too small to be viable. However as part of a broader Communication and Interaction offer it may present different opportunities so this option should be reconsidered as part of the broader IDS review of C&I provision.

# THE CASE FOR CHANGE: DEDICATED SCHOOLS GRANT FUNDED PROVISION FOR CHILDREN WITH STATEMENT/EHC PLANS WHO DO NOT MEET THE THRESHOLD FOR FREE SPEECH AND LANGUAGE THERAPY SERVICES

## Objectives

### Meeting needs

Warwickshire County Council have, since 1996, provided a contribution of funding from Dedicated Schools Grant (DSG) funding to South Warwickshire Foundation Trust for the provision of SLT support for children and young people who have a statutory requirement within their Statements/EHC plans for SLT support. These children and young people are in mainstream primary and special schools who do not meet the criteria for free NHS support. The rationale for this funding has been the legislative framework which now amended by the Children & Families Act 2014 and the SEND Code of Practice which holds that the ultimate responsibility for ensuring special educational provision is made rests with the local authority. Whether S&LT support should be considered a health provision has been questioned but as previously stated the case law and SEND Code of Practice is clear that this should be considered as special educational provision unless there are exceptional reasons for doing so.

This contract has been reviewed previously in 2011 and a decision was taken not to withdraw funding but to make a substantial reduction from £274,000 to £171,000 maintaining a service to this cohort. Warwickshire County Council continue to face considerable efficiency savings and an overspend in the DSG budget requiring a review of the contract.

* + 1. **Improving outcomes**

S&LT use individual clinical outcomes for each child and young person which are monitored and reviewed regularly in line with the annual review of statements and ECH plans. The individual outcomes and progress made by each child will vary depending on their individual circumstances and the service reports positive progress and outcomes for children.

* + 1. **Equitable services**

This is a county wide service for children and young people. Each school has a named specialist therapist who works closely with teachers and other professionals in school to identify and support the child’s needs, engaging in direct therapy, programs of support, joint target setting and training school staff. The service provides SLT support for children and young people who without a statement/EHC plan would not meet the criteria for SLT support. There are question as to whether it is equitable to fund SLT for children who would not ordinarily be entitled to a service based on their level of need.

* + 1. **Value for money / use of resources**

The level of funding provided has decreased in 2011from £274,000 to £171,000 per year and remained at this level. The service level agreement for this funding has been in draft form since 2011 and never finalised or signed although review meetings were held annually. A working group was previously established to draft an SLA but this has been superseded by this SLCN review and will form part of the recommendations from this review.

The service estimates that children and young people with a medium level of SLT need require approximately 7.5 hours therapy time per year. Based on current caseloads for this cohort the contract is seen to provide good value for money. The cost for SLT support where spot purchased can range from £60 to £90 per hour with private providers and SWFT charges £80 per hour for their traded services. Based on the current caseload for this cohort the contract is provided at approximately £38.31 per hour. If this was spot purchased with SWFT the annual cost would be £357,000 per year.

## Options Appraisal

### Option 1 - Continue with existing contribution from DSG funds (Do nothing)

Current arrangements could be continued with a service level agreement with SWFT.

### Option 2 – LA to make the case to transfer responsibility and costs to Health

The impact of this option would be dependent on negotiations with the CCG’s.

### Option 3 – Reduce or remove DSG funding contribution to SLT

This option has been considered previously in 2011.

|  |  |  |
| --- | --- | --- |
| Option | Advantages | Disadvantages |
| Option 1 - Continue with existing contribution from DSG funds (Do nothing) | * LA meets its statutory responsibilities * Minimises disruption to children, young people and professionals * Retain required support for vulnerable learners * Continued joint working between education and health * Cost effective | * No contribution to addressing current DSG overspend * Question of equitability - whether LA should be funding cyp whose level of need would not ordinarily entitle them to this SLT support. |
| Option 2 – LA to make the case to transfer responsibility and costs to Health | * May support LA in addressing part of the DSG overspend | * Would damage partnership working and trust * CCG’s are also under pressure to make savings – likely to simply lead to funding reductions rather than cost transfer. * Increases pressure on service to trade services to increase income * LA statutory responsibility and case law |
| Option 3 – Reduce or remove DSG funding contribution to SLT | * Would support LA in addressing DSG overspend | * Does not meet LA’s statutory responsibilities * Loss of Statutory support to vulnerable learners with statements/EHC plans * Highly likely to lead to dispute/mediation/tribunal * Spot purchase of SALT will be at increased cost |

### Non-financial appraisal

A non-financial options appraisal was carried out on 21 October with representatives from Speech & Language therapy and the Specific Language Disorder Team.

The scoring for each option is shown below:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CRITERIA** | **WEIGHTING** | **DSG funding S@LT Option 1** | **Score x weighting** | **DSG funding S@LT Option 2** | **Score x weighting** | **DSG funding S@LT Option 3** | **Score x weighting** |
| **Improved outcomes for children and young people with C&I** | 20 | 1 | 20 | 0.5 | 10 | 0 | 0 |
| **Provides an equitable service across the County** | 20 | 1 | 20 | 1 | 20 | 1 | 20 |
| **Will lead to the delivery of improved outcomes for children and young people with SLI** | 20 | 1 | 20 | 0.5 | 10 | 0 | 0 |
| **Improves utilisation of resources (including workforce)** | 20 | 1 | 20 | 0 | 0 | 0 | 0 |
| **Flexibility of model to respond to further changes** | 20 | 1 | 20 | 0 | 0 | 0 | 0 |
| **Total** | **100** | 5 | **100** | 2 | **40** | 1 | **20** |

Option 1 was identified as the ideal option. The scoring for option 2 is problematic as the impact on delivery is dependent on the outcome of negotiations between the local authority and CCG’s.

### Financial appraisal

|  |  |
| --- | --- |
| Option | Cost (to the LA) |
| 1 | 0 cost neutral – no change to current position |
| 2 | Potential savings (dependent on negotiations with Health) |
| 3 | Savings of maximum £174k |

## Recommendation

Option 1 is the preferred option based on the non-financial assessment. Combining the non-financial and financial appraisals together Options 2 scored highest due to the impact on outcomes for young people and the potential savings. It is recommended, however, that the non-financial appraisal is given precedent due to the impact on outcomes for children and young people and most importantly the statutory duty on the local authority to provide this service. Option 1 also provides value for money as if the local authority spot purchased S&LT for the cohort this would cost considerably more than the current contract.

Option 1 is to include immediate work to finalise and sign a service level agreement with SWFT for this service prior to the new financial year. The service level agreement is to include details of the annual assessment and review process, detail the outcomes sought and the contract monitoring expectations.

# THE CASE FOR CHANGE: SPEECH AND LANGUAGE PROVISION AT SECONDARY AGE

## Objectives

### Meeting the need

Under the current model, the local offer of speech and language therapy reduces at secondary age.

Children continue to receive speech and language therapy where there are concerns regarding:

* Eating, drinking and swallowing
* Specific speech disorders e.g. severe lisp, resonance issues related to Cleft Lip & Palate
* Stammering and fluency of speech
* Voice disorder, where problems are impacting on activities of daily living

In addition, a child of secondary age will receive support if they attend a Special School or have a Statement/EHC Plan that includes SLCN.

Referrals for understanding, expressive language and social interaction are **not** accepted after Year 6. For pupils with these therapy needs at mainstream secondary schools, schools are required to purchase therapy support from SWFT as a traded service or find alternative provision.

Children in receipt of SLT for understanding, expressive language and social interaction, who are continuing into mainstream secondary school, are discharged at the end of Year 6 (age 11). The speech and language therapist issues a recommendation to the new school that support for the child is maintained if there are continued SLT needs. At the end of the 2014/15 academic year, 63 children were discharged by the SLT team, of which 30 were recommended for further support due to ongoing SLT needs. Only one school bought into the traded offer from SWFT for secondary support.

### Improving outcomes

There is clear evidence that SLT interventions are effective in a child’s earlier years which justifies the targeting of resources at the early years and primary age. However, SCLN will not always have been captured or resolved within that age range. The gap in provision at secondary age is an issue which has been raised locally by parents, SLT staff and, in addition, by Marie Gascoigne (Expert Advisor for the Bercow Review) in her review of SLT provision in Warwickshire in 2014[[8]](#footnote-8). At a national level there is also a range of published literature which demonstrates that young people with SLCN have been shown to be at a greater risk of developing emotional, social and behavioural difficulties, mental health issues, lower academic achievement, and school performance failure[[9]](#footnote-9). Without support, unsupported SLCN during secondary age can significantly impact on literacy which in turn can limit educational outcomes[[10]](#footnote-10). Furthermore, there is a strong correlation between SLCN and emotional/behavioural difficulties. This is so with both internalising (e.g. anxiety, depression) and externalising (e.g. anti-social behaviours) behaviour difficulties in adolescence.

There is evidence that without support, poor communication can impact on a young person’s academic success as well as their social and emotional development[[11]](#footnote-11) 8]. Adolescents with SLCN are found to be less independent than their peers, particularly in self-organisational tasks, while 88% of unemployed young men in one study were found to have language difficulties. In the long-term there is a resultant cost to the local area in terms of increased take-up in services and loss of earnings[[12]](#footnote-12).

The high prevalence of BESD needs in Warwickshire schools raises the question of whether an increased offer at secondary age (addressing understanding, expressive language and social interaction) could impact positively on behaviour at secondary age.

### Equitable services

In Warwickshire, there is currently an equitable offer across the County for services commissioned by CCGs and the local authority. In circumstances where schools are the commissioner of services, such as at secondary age for certain speech and language therapy, there is, by implication, less equitable coverage.

Schools can respond to a recommendation to provide specialist speech and language support in the following ways:

* Purchasing external support from SWFT
* Purchasing external support from a different provider
* Providing support through own staffing (not necessarily SLT qualified)
* Not providing support.

The low take-up of SWFT traded services at secondary age in mainstream schools, suggests that for this small cohort of children, despite an equitable offer there is not an equitable service to children.

### Value for money & use of resources

Financial pressure on each commissioner involved speech and language services (CCGs, local authority and schools) means that there is no easy solution to this gap in provision.

Increasing demand on speech and language therapy (particularly in early years), has led to delivering more contacts within the same staffing in recent years. There is no spare capacity within existing services to fill the gap.

Addressing this gap will require investment of resources, at a time when commissioning organisations are looking for savings. As a result any measures implemented to address this gap will need to be as a pilot with a robust evaluation of impact on outcomes and value for money.

## Options Appraisal

### Option 1 - Continue with existing arrangements (Do nothing)

Option 1 is considered viable, but undesirable due to the existing gap in service provision. Present commissioning arrangements meet the needs of most children, but there is a small group of up to 30 children per school year who may benefit from continued support through mainstream secondary school.

Current arrangements could be continued with a greater emphasis on secondary schools to ensure that their SLCN pupils are appropriately supported.

### Option 2 – Year 7 transition term (pilot)

The transition from primary to secondary school can be a potentially difficult time for all children and young people academically, organisationally and socially. Not surprisingly, because of their difficulties in all of these areas, both children and their families with SLCN can find this a particularly stressful time.[[13]](#footnote-13) Parents of pupils with SLCN express concern about the academic focus in secondary schools as well as quality of life issues such as friendships, social skills and choice. There is therefore evidence that continued support and resources are needed[[14]](#footnote-14).

As the transition process is particularly challenging, Option 2 proposes the development of a mainstream secondary age transition service whereby a child with identified SLCN continues to receive support during their first term of secondary school (Year 7). Under this model, a Speech and Language Therapist would visit 30 children in the secondary school twice in the first term to:

* Share their existing knowledge of the child’s communication needs with relevant staff
* Jointly review the support in place
* Observe the child’s communication in the school environment
* Advise on strategies to maximise the child’s communication and learning
* Advise on specific targets related to communication
* Provide training to relevant staff – individuals and staff groups
* Support language and/or communication groups
* Attend meeting with teachers/parents termly
* Review progress

There could also be a transition group made available during the summer term/holidays for pupils moving from Year 6 to 7, with a communication focus.

Due to additional time and costs, the following services have been excluded from the model:

* Direct therapy (except under rare circumstances e.g. for fluency or word finding)
* Detailed re-assessment
* Referral of students not recently known to the service

The service would require commitment from the senior management team of the receiving school.

### Option 3 – Year 7 transition year (pilot)

Option 3 is the same as option 2, but the service is delivered for the full year. This proposal was suggested through engagement with SLT staff.

### Option 4 – Full secondary age service

Although by Year 8 a child is likely to have settled into the secondary educational setting and developed friendship groups, there may be a small cluster of children whose SLCN remain and likely continue into adult life. Therefore Option 4 is to deliver a full secondary age service up to end of Year 11 (16 years).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Option | | Advantages | | Disadvantages |
| Option 1 - Continue with existing arrangements (Do nothing) | •Equitable service offer across the County  •Current system is known by stakeholders | | •Level of support being delivered for high needs is dependent on school; current take up of support is variable  •No action taken to test whether increased SLT provision may reduce levels of challenging behaviour  •No assurance for CCG & LA that SLT provided to pupils is subject to clinical governance procedures (except SWFT traded offer) | |
| Option 2 – Year 7 transition term (pilot) | •Equitable service offer across the County.  •Children supported during unsettling transitional term; thereby being supported to achieve the best outcomes.  •Demonstration to schools of the value of SLT Allows evaluation to test whether increased SLT provision may reduce levels of challenging behaviour | | •Delays rather than removes issue of variable secondary age support to the Spring term of Year 7  •Level of support being delivered for high needs is dependent on school; current take up of support is variable  •No assurance for CCG & LA that SLT provided to pupils is subject to clinical governance procedures from Year 7 (second term) onwards  •Additional resources required. | |
| Option 3 – Year 7 transition year (pilot) | •Equitable service offer across the County.  •Reduced levels of variable support at secondary age (up to Year 8)  •Equitable delivery and service to all children with SCLN up to Year 8.  •Assurance for CCG & LA that SLT provided to pupils is subject to clinical governance procedures in Year 7.  •Children supported during unsettling transitional year; thereby being supported to achieve the best outcomes.  •Demonstration to schools of the value of SLT Allows evaluation to test whether increased SLT provision may reduce levels of challenging behaviour | | •Delays rather than removes issue of variable secondary age support to Year 8  •No assurance for CCG & LA that SLT provided to pupils is subject to clinical governance procedures from Year 8 onwards  •Additional resources required. | |
| Option 4 – Full secondary age service | •Equitable service offer across the County.  •Consistency in support delivered during secondary age.  •Assurance that the SLT provided to pupils is subject to clinical governance procedures.  •Children supported throughout secondary age to achieve the best outcomes.  •Allows evaluation to test whether increased SLT provision may reduce levels of challenging behaviour | | •Significant additional resources required.  •Evidence shows that interventions become less and less effective during secondary age | |

### Non-financial appraisal

A non-financial options appraisal was carried out on 21 October with representatives from Speech & Language therapy and the Specific Language Disorder Team.

The scoring for each option is shown below:

| **CRITERIA** | **WEIGHTING** | **Secondary Option 1** | **Score x weighting** | **Secondary Option 2** | **Score x weighting** | **Secondary Option 3** | **Score x weighting** | **Secondary Option 4** | **Score x weighting** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Improves outcomes children and young people with SLCN** | 20 | 1 | 20 | 2 | 40 | 3 | 60 | 4 | 80 |
| **Provides an equitable service across the County** | 20 | 1 | 20 | 3 | 60 | 3 | 60 | 3 | 60 |
| **Will lead to the delivery of improved outcomes for children and young people with SLI** | 20 | 1 | 20 | 2 | 40 | 3 | 60 | 4 | 80 |
| **Improves utilisation of resources (including workforce)** | 20 | 1 | 20 | 3 | 60 | 3 | 60 | 3 | 60 |
| **Flexibility of model to respond to further changes** | 20 | 1 | 20 | 2 | 40 | 2 | 40 | 2 | 40 |
| **Total** | **100** | **5** | **100** | **12** | **240** | **14** | **280** | **16** | **320** |

Option 4 was identified as the ideal option. Options 2 and 3 also scored highly.

### Financial appraisal

The financial appraisal below is based upon implementing each option without any change to working practice. The cost of each option is as follows:

|  |  |
| --- | --- |
| Option | Cost |
| 1 | £0 |
| 2 | + £14,638 |
| 3 | + £27,776 |
| 4 | + £132,879 |

However, it is recommended that further work is undertaken with the provider to investigate ways of meeting this need within existing resource.

### Preferred Option

The preferred option is Option 3 (secondary transition year) which scored highly on the non-financial appraisal and is considered financially possible (although investment is required).

Option 4, although high scoring in the financial appraisal was not considered financially sustainable following the financial appraisal.

## Recommendation

* Option 3 (Secondary transition year) is the preferred option.
* The CCGs will undertake discussion with the current provider regarding the best way to meet this provision through existing resources. Possibilities include:
  + That additional resource is allocated
  + That ‘successful transition’ is included as an outcome on the care plans of those children who would benefit from this provision. Resources should be stretched until this outcome is achieved, with flexibility on the number of hours allocated dependent on need;
  + That the use of technology is investigated further to see whether this can assist with successful transition whilst minimising impact on face-to-face support.

# THE CASE FOR CHANGE: REFERRAL PATHWAYS FOR SPEECH, LANGUAGE AND COMMUNICATION NEEDS

## Objectives

### Meeting the need

Demand on speech and language therapy services has significantly increased in recent years, with a 48% increase in referrals. The largest number of referrals is at pre-school age (58%).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **New Referrals to Team By year** | **2010/**  **2011** | **2011/**  **2012** | **2012/**  **2013** | **2013/**  **2014** | **2014/**  **2015** | **% change 2011-2015** |
| Pre-school | 1185 | 1293 | 1434 | 1737 | 1798 | 52% |
| School Age | 479 | 458 | 549 | 661 | 676 | 41% |
| ASD | 152 | 119 | 164 | 164 | 251 | 65% |
| Dysfluency |  | 10 | 17 | 13 | 14 | 40% |
| Complex needs | 41 | 53 | 67 | 43 | 48 | 17% |
| Paed dysphagia | 195 | 189 | 217 | 260 | 259 | 33% |
| Deaf | 12 | 6 | 18 | 15 | 22 | 83% |
| Cleft Lip & palate | 10 | 7 | 6 | 12 | 8 | -20% |
|  | **2,074** | **2,135** | **2,472** | **2,905** | **3,076** | **48%** |

This is positive, with regard to the adoption of an early intervention approach. The evidence shows the effectiveness of interventions in the early years of childhood. Significant and sustained work has been undertaken to ensure that parents and carers and members of the children’s workforce actively looking for any delayed development in speech, language and communication.

Due to the local authority strategic review of 0-5 services, the pre-school team has been considered out of the scope of this review. However, it is recommended that the 0-5 strategic review acknowledges the pressures in this area and proposes a strategy across the early years workforce to meet increased demand using the new 0-5 speech and language pathway.

The service adopts a clear prioritisation schedule to assess the needs of service users. This is aligned to SEND Matrix of Need into three levels of need. The needs of children are reviewed at least once a term. From school age, most provision is delivered in school settings. Children with higher needs (specialist) receive 12.5 hours of face to face support per year. Children with moderate needs receive 7.5 hours of support if their needs are identified on an EHC plan / statement of special educational need (commissioned by the local authority).

The speech and language service provides advice, training and resources to schools to support children with moderate SLCN who do not have an EHC plan and children who have low level SLCN.

Between the ages of 16-25, services are provided by Coventry & Warwickshire Partnership Trust as part of the learning disability offer.

### Equitable services

Overall, the service offer is equitable across the county. Numbers by area are broadly in line with expectations and population.

|  |  |
| --- | --- |
| Geographical Area | Number referred |
| North: Nuneaton, Bedworth & Rural North | 1095 |
| Rugby area | 579 |
| South: Warwick, Leamington, Kenilworth, Stratford, Southam, Shipston | 1151 |
| Not specified (countywide teams) | 293 |

### Delivering outcomes

There is a clear and documented clinical process for recording outcomes, which includes a structured approach (using drop down lists) to identifying which pathway children are following, the interventions used and whether or not the outcome has been achieved. Outcomes are identified as part of the care plan for each child and therefore are particular to the child’s needs and their goals. Examples provided demonstrate the focus on personalised support.

The personalisation of outcomes causes difficulty when reporting aggregated data. To address this, the service monitor how many children achieve at least two thirds of the outcomes on their plan (typically each plan has at least three outcomes). Over 75% of children of children achieve two thirds of their stated outcomes across the service. Reasons for not achieving outcomes are also recorded - these include poor attendance, lack of agreed support and overambitious goals.

Throughout the review, the service was able to demonstrate that it kept up to date with best clinical practice and that it developed and adapted systems to ensure the delivery and recording of best practice.

As mentioned earlier in the document, there is an annual service user survey (‘Tell Us What You Think’) which the service promotes. 95% of parents report that they would recommend the service to friends and family. The comments received alongside the survey paint the picture of a service which delivers and communicates effectively.

### Value for money & use of resources

The landscape of speech and language has, as in other areas, developed through a series of pragmatic decisions balancing available resources, the needs of the population and the latest best practice.

The provider (SWFT) has met the increase in demand through increased caseloads per worker, reduced contact time per child (in accordance with needs), and closer working (including training) with other agencies.

Without the latest finalised values on current spend on children’s speech and language therapy, a judgment on value for money cannot be made.

### Pathways

One of the main objectives of the review was to clarify the pathways for speech and language support. Over the course of this review, three pre-referral pathways (see Appendix 2) have been developed by a cross-agency group (SWFT / IDS / EIS). These are:

* + Reception/Key Stage 1 Pathway
  + Key Stage 2 Pathway
  + Key Stage 3 Pathway

These have been developed to complement the SEND matrix of need, by clarifying the resources available (screening and training) and when to refer to outside agencies. These pathways are due to be launched in December 2015.

The pathway for pre-school children is part of holistic 0-5 pathway involving midwifery care, health visitors, early years settings and the child development service.

There are also pathways in place for the child’s journey through the service. These differ depending on the presenting need and the specialisms required (eg. phonology, dysphagia).

Feedback from parents shows that the service is good at communicating the local service offer and the pathway that their child is following.

## Recommendations

* That the Joint Commissioning Board endorses the three referral pathways to speech and language therapy (see Appendix 2)
* That the 0-5 strategic review acknowledges the pressures in this speech and language and proposes a strategy across the early years workforce to meet increased demand using the new 0-5 pathway.

# SUMMARY RECOMMENDATIONS

### IDS Designated Speech & Language Provisions (DSLP)

* **Option 3 – Phased redesignation of DSLP settings to broader Communication & Interaction provision**

Learners currently attending the settings would be allowed to continue their education uninterrupted in their current settings until the next appropriate transitional point. In the meantime the IDS service, in partnership with all relevant stakeholders, will develop new admissions criteria for learners with a broader range of communication and interaction difficulties

Given this recommendation, although it remains subject to public consultation, it is recommended that IDS cease planning for future placements within the DSLP settings to minimize confusion or disruption for families who may not be able to access the service in future and that in the interim period planning for learners with SLI should be on the basis of an outreach service offer.

* **Option 4 - Cease separate Key Stage 1 & 2 provision - Move to an all-through-primary model**

All stakeholders agreed that whatever the outcome of the review, wherever possible a primary model should be introduced.

* **Option 5 - Transfer DSLP management to schools**

The review identified a range of different views on this proposal, including a number of risks that such a move would create. However the reviewers have concluded that overall these risks can be mitigated and that this would eliminate any governance issues around Ofsted impact and ultimately would be in the best interests of the continued development of the settings.

### IDS Speech & Language Outreach

* **Option 3 – Development of an integrated ‘Communication & Interaction’ outreach offer**

In keeping with the above recommendation for DSLPs the review has concluded that to support an integrated offer for a wider range of learners with different needs the Speech and Language Disorder Outreach Team (SLDT) should work closely with colleagues in IDS on the development of an integrated Communication & Interaction outreach service. In effect this supports and complements the IDS plan to more closely integrate the currently effectively separate Autism Team with the SLDT Outreach team.

This will complement the proposed approach within the DSLP settings.

### DSG Funding for S&LT

* **Option 1 – Do Nothing**

Any potential savings to the Dedicated Schools Grant were more than offset by the risk of a significant reduction in statutory support for vulnerable learners leading to objections and resistance from parents with the likelihood of SEND Tribunal with little prospect of good outcomes for the Council. This option also led to the risk of damaging cooperation and partnership between the LA and health commissioners and providers.

### Secondary age S&LT provision

* It is recommended that **Option 3 is the preferred option** – i.e. introduction of a S&LT transition service for Year 7 pupils.
* The CCGs will undertake discussion with the current provider regarding the best way to meet this provision through existing resources. Possibilities include:
  + That additional resource is allocated
  + That ‘successful transition’ is included as an outcome on the care plans of those children who would benefit from this provision. Resources should be stretched until this outcome is achieved, with flexibility on the number of hours allocated dependent on need;
  + That the use of technology is investigated further to see whether this can assist with successful transition whilst minimising impact on face-to-face support.

### System-Wide Recommendations

One of the main objectives of the review was to clarify the pathways for speech and language support. Over the course of this review, three pre-referral pathways (see Appendix 2) have been developed by a cross-agency group (SWFT / IDS / EIS). These are:

* Reception/Key Stage 1 Pathway
* Key Stage 2 Pathway
* Key Stage 3 Pathway

These have been developed to complement the SEND matrix of need, by identifying the resources available (screening and training) and clarifying when to refer to outside agencies. These pathways are due to be launched in December 2015 and this Review recommends that these are given the full backing of all Parties.

# APPENDICES

## APPENDIX 1 - Project Management & Governance Arrangements



## APPENDIX 2 - Warwickshire’s SLCN Service Provision – Universal, Targeted & Specialist

| UNIVERSAL PROVISION | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TEAM** | **SERVICE** | | **USER GROUP** | **LOCATION** | **TIME / FREQUENCY** | **DELIVERED BY** | **OUTCOMES** | **FUNDED BY** |
| **PRE-SCHOOL SLT TEAM** |  | Drop in | Any parent and preschool child | Children's Centre | Monthly in each setting | S&LT | Early intervention provided for preschool children through observational assessment/ advice to parents - those identified green receive reassurance and general advice - amber receive specific advice and signpost to CC services - red children are signposted to SALT services | 90% S&LT human resources  10% CC venue funding |
|  | Chatter Matters | Any parent and baby 0-2 | Children's Centre's | Blocks | Early Years worker supported by Time 2 Talk (T2T) - language champion | Early intervention for parents and preschool children to develop optimum language skills | Children's Centre revenue and T2T funding |
| **EMTAS** |  | Talking Partners Training | Primary School Sp & Listening intervention | School based | 3 x a week for 10 weeks | Teaching assistants | EMTAS advisors deliver TP training to support school delivery of the programme. Schools identify pupils with SCLN that would benefit from the programme | Schools buy in training |

| TARGETED PROVISION | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TEAM** | **SERVICE** | | | **USER GROUP** | **LOCATION** | **TIME / FREQUENCY** | **DELIVERED BY** | **OUTCOMES** | **FUNDED BY** |
| **PRE-SCHOOL SLT TEAM**    PRE-SCHOOL SLT TEAM |  | Chatter Matters Toddler | | Children for whom there is a concern re language development and may or may not have been referred for SLT support | Children's Centre | Blocks according to need | Early Years worker supported by T2T- language champion | Early intervention for parents and preschool children to develop optimum language skills | Children's Centre revenue & T2T funding |
|  | Language enrichment groups for children in children's centres | | Children for whom there is a concern re language development and may or may not have been referred for SLT support | Children's Centre | Blocks according to need | Early Years worker supported by T2T- language champion | Early intervention for parents and preschool children to develop optimum language skills | Children's Centre revenue and T2T funding |
| **PRE-SCHOOL SLT TEAM** |  | Screening Assessment | | Children for whom a delay in language development in suspected and has been referred for SLT support | Children's Centre and local clinics | Monthly in North / East  Monthly/bi weekly according to referral nos. in the South | 2 x S&LT | Screening Assessment of children identified as potential difficulties in communication skills  Specific advice to parents regarding developing communication skills  Onward referral to other agencies  Signpost to direct therapy | S&LT / NHS |
|  | Little Talkers ?? | | Children for whom a delay in communication has been identified by SLT - may include amber children or anxious parents | Children's Centre and local clinics | Monthly in Each geographical area | 2 x S&LT | Parents have increased confidence to support children with speech and language delay  Parents have Increased knowledge and skills to support children with speech and language delay | SALT/NHS  venue may be different |
|  | Individual clinic appointment | | Children for whom a delay in communication has been identified by SLT | Health Centre | Daily ? | S&LT | Improved language and communication for some children  Formal assessment for those identified as needing further SLT involvement | SALT/NHS |
| **SCHOOL AGE S&LT** |  | Language / Social communication group | | Children on SLT caseload  or children identified by school | Mainstream School | 8 group sessions  S&LT: first three & last session | SLT leads first three sessions and final session with TA or teacher. SLT provides resources  Other sessions lead by TA or teacher | Children improve confidence/communication skills  TA or teacher develops skills to run groups and support carryover  School have resources for future use | NHS/SLT core service  or schools buy in |
|  | Assessment of speech and language skills | | Children identified by parents or school | Health clinic | within 13 weeks of referral | S&LT | Parents and school gain information about the child's needs and strengths in relation to speech, language and communication. Specific advice is provided and recommendations about further therapy/support required | NHS / SLT core funding |
| **PRE-SCHOOL SLT** |  | Supporting CFE in special schools | | Pupils who require a communication friendly environment in special schools | Special schools | CFE Training 1x a year. Ongoing support | S&LT | Improved communication environment and increased opportunities for communication | NHS / SLT core funding |
| **PRE-SCHOOL SLT** |  | Reports and programmes for all pupils with Statements / EHC Plans for SALT | | All pupils in special schools with Statements / EHC Plans for SALT | Special schools | Annual | S&LT |  | NHS / SLT core funding |
|  | Language groups | |  | Special schools | Weekly or 6 week blocks | S&LT |  | NHS / SLT core funding / LA |
| **WCC SPECIALIST TEACHING** |  | Yr R screening process (transition) | | Children pre-school IDS have identified as having a potential language difficulty | In schools | Minimum of 5 sessions in the autumn term | Specialist teachers and teaching assistants | Identify children who have a high level need who will require on-going support. | Free to school |
|  | Assessment of school aged children | | Referred through single business process by schools | Schools | 2hr or 3hr assessment | Specialist teacher | Schools to have a clearer understanding of speech and language needs and impact on curriculum access  Schools to be aware of specific strategies/programmes/materials that will help the child | Traded |
| **WCC SPECIALIST TEACHING** |  | | Social communication pilot with ASD team | Children with social communication difficulties | IDS bases | Report and action plan sent to school | Specialist teachers from SLDT and ASD teams | Schools to be aware of strategies/ programmes to help the child | Free to school |
|  | | Provide support for school to follow Selective Mutism programme | Children with selective mutism | In schools | Negotiated on a case by case basis | Specialist teachers | Children improve their expressive language skills | Traded |

| SPECIALIST PROVISION | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TEAM** | **SERVICE** | | **USER GROUP** | **LOCATION** | **TIME / FREQUENCY** | **DELIVERED BY** | **OUTCOMES** | **FUNDED BY** |
| **PRE- SCHOOL SLT** |  | Little Discoverers | parents and children who have attended Little Talkers but have made limited progress | children's centre  clinic | as required | S&LT | improved development of SLC | NHS / SLT core funding venue may be different |
|  | 1-1 Therapy | children with identified speech & language difficulties i.e. Dyspraxia, SLI | clinic  nursery | as required | S&LT | improved speech and language skills | NHS / SLT core funding |
|  | Michael Palin PCIT therapy for dysfluency | Children with stammer for whom Lidcombe is not deemed appropriate | clinic | as required | S&LT | improved understanding of stammering by parents and child  reduced stammer | NHS / SLT core funding |
|  | AAC support inc PECS | Children with communication needs inc ASD | home &/or nursery | as required | S&LT | improved communication via alternative means | NHS / SLT core funding |
|  | Lidcombe therapy | children 4-6 identified with confirmed stammer of longer than 6 months | health centre | Weekly - median 11 weeks  Monthly review for a year | S&LT or specialist S&LT | improved understanding of stammering by parents and child  Fluency established and maintained | NHS / SLT core funding |
| **PRE-SCHOOL SLT** |  | Little Ears - parent and child group for deaf children | Parents and children of deaf preschool children | Children's Centre | 2x month | S&LT, SLTA and Teacher of the Deaf and specialist TA | Parents build relationships with parents of other deaf children  Deaf children have opportunity to play with other deaf children  Access to professionals who work as a team to support children and deaf families  Access to audiology services e.g. ear moulds  Access to NDCS in non threatening environment | NHS / SLT core funding  venue may be different |
|  | Phonology Group & sound awareness groups | Children 5 and under who have been identified with a speech sound difficulty | clinic | block of 6 sessions  Frequency as required | S&LT and SLTA | improved speech intelligibility | NHS / SLT core funding |
|  | language groups inc Narrative | Preschool children identified with receptive/expressive language difficulty | Clinic / children's centre | rolling block of 4 sessions | S&LT and SLTA | improved SLC for individual children | NHS / SLT core funding |
| **PRE-SCHOOL SLT** |  | Little stars | preschool children identified as social communication difficulties | clinic | rolling block | S&LT | improved social communication for children | NHS / SLT core funding |
|  | Baby sign | children under 2 with complex needs  Deaf children | clinic | as required | specialist S&LT | Develop parent and baby signing skills using MAKATON or BSL  Improved communication skills | NHS / SLT core funding |
| **SCHOOL AGE SLT** |  | Direct speech Therapy | School aged child with speech sound disorder impacting on communication | Mainstream Primary\* School or health clinic | Weekly for 6 weeks or ongoing for children in Primary DSLP | S&LT with TA or parent in attendance to carry out practice between sessions | Child acquires/refines speech sound production and improves speech clarity | NHS / SLT core funding  School fund TA  \* LEA funds on case basis where need part of Statement for Secondary child |
|  | Direct language therapy | Children with severe specific language disorder | Primary Designated Speech & Language Provision (DSLP) | Weekly through school year | S&LT | Child improves language and communication skills  Increased access to the curriculum | NHS / SLT core funding |
| **SCHOOL AGE SLT** |  | Speech therapy programme | Children with speech difficulties impacting on communication on SLT caseload | Mainstream school  or  Health clinic | 3 weekly visit /appointment with SLT  Daily practice | S&LT demonstrates and provides resources with key adult/s delivering (TA &/or parent) | Child improves speech clarity | NHS / SLT core funding |
| **SCHOOL AGE SLT** |  | Adult / Child interaction Therapy (ACIT) | Child with complex language/communication need in mainstream school with regular support from a TA | Mainstream Primary School | Weekly for 6 weeks | S&LT trains TA using video  TA incorporates into daily interaction | TA adopts strategies to develop child's language/interaction  Child shows improved attention/interaction/language | NHS / SLT core funding |
|  | Direct therapy for stammering  Lidcombe/PCIT/fluency therapy | Child with moderate/severe stammer | Health clinic | Weekly for 6 to 16 weeks (depending on progress) | S&LT with parent in attendance to carry out practice between sessions | Child improves fluency and/or reports improved well-being in relation to communication | NHS / SLT core funding |
| **SCHOOL AGE SLT** |  | Alternative & Augmentative Communication Support (PECS, picture based system, hi-tech device) | Child with significant communication needs / limited verbal language | Primary school & home | Initially weekly  Later sustained by monthly visits | S&LT with support from Specialist SLT in AAC | Child has increased means and opportunity to communicate needs & participate in social & learning activity | NHS / SLT core funding |
|  | Voice therapy/management | Child with voice problems referred by ENT consultant | Health clinic & school | Weekly for 6 weeks | S&LT with parent in attendance to carry out practice between sessions | Voice quality improves | NHS / SLT core funding |
| **SCHOOL AGE SLT** |  | Language Programmes for children in mainstream primary schools | Children with identified medium/high language need on SLT caseload | Mainstream Primary school\* | half termly visit from SLT  x3 a week delivery by TA  Reviewed termly | TA with support from S&LT | Child acquires and uses new language and communication skills.  Child's access to curriculum and social participation improves | NHS / SLT core funding with contribution from WCC  \*LEA funds on case basis (DSG) where need part of Statement or EHC Plan for Secondary child |
| **SPECIAL NEEDS SLT** |  | 1:1 therapy sessions | Pupils with SLC needs who are high priority | Special schools | weekly or 6 weeks blocks of therapy 2x a year | S&LT | Improved speech, language or communication | NHS / SLT core funding with contribution from WCC |
| **SPECIAL NEEDS SLT** |  | Setting up alternative communication systems in special school | Pupils who require alternative communication means e.g. PECS, communication books, communication aids | Special schools | Weekly with extra time to make resources, liaise with parents and teachers and possibly ACT | S&LT | Pupils have alternative means of communication which enables them to communicate with others | SLT core fund /  Centralised funding for ACT |
|  | Reports and programmes for all pupils with Statements / EHC Plans for SALT | All pupils in special schools statemented for S&LT | Special schools | Annual | S&LT | Teaching staff and S&LT work to achieve objectives. Improved speech or language skills. Improved social communication skills | NHS / SLT core funding with contribution from WCC |
|  | Language and communication groups | Pupils who have speech language and communication needs medium priority | Special schools | Weekly or 6 week blocks | S&LT /SALTA | Pupils develop communication skills | NHS / SLT core funding with contribution from WCC |
| **SPECIAL NEEDS SLT** |  | SLT management | Young people 19-25 with Severe Learning Difficulties | Awaiting information | Awaiting information | S&LT from C&V Partnership Trust (Learning Disabilities) |  | Coventry & Warwickshire Partnership Trust |
| **WCC SPECIALIST TEACHING** |  | Specialist intervention for children with identified SLI | 5 -16 yrs | in their local school | SLA negotiated with school - regularly reviewed at least termly | specialist teachers and teaching assistants | pupils make good progress against identified IEP targets | Dedicated Schools Grant (DSG)  (free to school) and traded depending on level of need |
|  | Specialist intervention for children with SLI Statements / EHC Plans | 5 -16 yrs | in their local school | agreed at Annual Review - see our draft criteria | specialist teachers and teaching assistants | pupils make good progress against identified IEP targets | Dedicated Schools Grant (DSG)  Free to school |
| **WCC SPECIALIST TEACHING** |  | Designated provisions for SLI children (max 80 places) | 5 -16 yrs | currently 6 primary schools county wide | full time | specialist teachers and teaching assistants | pupils make good progress against identified IEP targets | Dedicated Schools Grant (DSG) |
|  | Assessment as requested by SENDAR | 5 -16 yrs | in local school | as requested | specialist teacher | Updated language assessment | Traded |
|  | Transition groups | 5 -16 yrs | in local school | 6 week block usually in the summer term | specialist teacher or teaching assistants | smooth transition to a new school | Dedicated Schools Grant (DSG)  ((free to school) and traded depending on level of need |

## APPENDIX 2 – SLCN Pathways Key Stages 1,2 & 3







1. The Bercow Report (2008) A Review of Services for children and young people (0-19) with speech, language and communication needs. DCSF [↑](#footnote-ref-1)
2. Lindsay, (2006) the cost to the Nation of Children’s Poor Communication, ICAN [↑](#footnote-ref-2)
3. <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf> [↑](#footnote-ref-3)
4. <http://www.swft.nhs.uk/media/72009/school%20speech%20and%20language%20brochure%20apr%2015.pdf> [↑](#footnote-ref-4)
5. http://www.afasic.org.uk/professionals/abstract/ [↑](#footnote-ref-5)
6. Department for Education Research Report - The relationship between speech, language and communication needs (SLCN) and behavioural, emotional and social difficulties (BESD) – Available to download from:

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7. www.education.gov.uk/schools/leadership/schoolorganisation [↑](#footnote-ref-7)
8. The Balanced System Integrated Solution: Warwickshire Service Mapping (Marie Gascoigne, 2014) [↑](#footnote-ref-8)
9. The cost to the nation of children’s poor communication (M Hartshorne,2006) [↑](#footnote-ref-9)
10. <http://www.ican.org.uk/~/media/Ican2/Whats%20the%20Issue/Evidence/ICAN_TalkSeries10.ashx> [↑](#footnote-ref-10)
11. Later Language Development: the school age and adolescent years (MA Nippold, 1998)

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12. <http://www.ican.org.uk/~/media/Ican2/Whats%20the%20Issue/Evidence/ICAN_TalkSeries10.ashx> [↑](#footnote-ref-12)
13. Ayre, A and Roulstone, S (2009) Transition to secondary school: supporting pupils with speech, language and communication needs [↑](#footnote-ref-13)
14. <http://www.ican.org.uk/~/media/Ican2/Whats%20the%20Issue/Evidence/ICAN_TalkSeries10.ashx> [↑](#footnote-ref-14)