

REVIEW OF THE SPEECH AND LANGUAGE RESOURE BASE – REPORT

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Introduction

The last few years, particularly since 2011 has been a period of change for Local Authorities and their SEN duties. The review has taken place within the context of the changing national and local context which includes:

- The SEN reforms – which have extended SEN provision from birth to 25 years of age. The new system extends rights and protections by introducing a new Education, Health and Care plan. The SEN Code of Practice explains that speech and language therapy and other therapy provision can be regarded as either education or health care provision, or both. It could therefore be included in an EHC plan as either educational or health provision. However, since communication is so fundamental in education, addressing speech and language impairment should normally be recorded as special educational provision unless there are exceptional reasons for not doing so.
- The Children’s and Families Minister, Edward Timpson invited OFSTED, on 17 December 2014, to formally inspect local areas on their effectiveness in fulfilling the new SEN duties.
- Funding – the Dedicated Schools Grant (DSG) high needs funds this provision. As reported at the School Forum meeting on 13 January 2015, it is clear that unless future years DSG grant allocations are increased then it will be difficult to balance the budget without the need for reduction in provision in some budget areas.
- Monitoring – it is necessary to have a contract and detailed specification in place for all DSG funded services. This will allow the School Forum to monitor the service in future years.

Vision

All Children and young people should expect to be educated in their local mainstream school. Therefore all mainstream schools should have the capacity, competence and confidence to provide for pupils with additional educational needs and/or disabilities, with resources allocated to ensure maximum value for money. Services should be focused, flexible and responsive to local needs, they should be fit for purpose, monitored for impact and performance, and open to change where needed.

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The Dedicated Schools Grant (DSG) high needs funds this provision. As reported at the School Forum meeting on 13 January 2015, it is clear that unless future years DSG grant allocations are increased then it will be difficult to balance the budget without the need for reduction in provision in some budget areas.

The School Forum have recognised the value of the SEN support services funded through the Dedicated Schools Grant, and have commissioned a review of these, including the Speech and Language Resource Base and Outreach provision.

Review Methodology

The initial stage of the review required that in order to fully understand the needs of children requiring these services, a range of information and papers were considered, including national articles, guidance and previous review reports and case studies.

A range of research techniques were employed in order to gain as wide an understanding as possible. These include:

- desk based research;
- work shadowing and observational visits to schools;
- interviews with a range of staff and who hold key roles within services;
- interviews with heads of schools to gain views;
- meetings with other partners including Public Health; NHS England Commissioning; County Darlington and Durham NHS Foundation Trust;
- meeting with Parents Forum.

The officer has spent time to support the services to complete a 'service review' form (presented to the School Forum in October 2014), in order to summarise performance, evaluate success and consider key learning points. This has provided a summary benchmark of the current service position, and fed into development of current service specifications.

Initial themes and areas of concern were highlighted which have been further investigated, alongside a review of service indicators, budget and a consideration of national and local data.

Key Findings

1. Objectives

The objectives for the resource base and outreach provision have been set to ensure that children with SLCN:

- Improve their speech, language and communication skills and reduce any impact this may have on their learning;

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- make good educational progress and reduce or close any attainment gap that was existing between them and their peers on entry to school;
- are happy at school, feel included and fully participate in the life of the school;
- move successfully on to a new school or provision as best for the child's needs.

2. Service Description

The resource base and outreach service support children whose primary SEN need is SLCN ie speech, language or communication (SLCN) is significantly delayed.

The needs of children with primary SLCN can often be complex and the diagnosis of SLCN can be difficult, and in some cases SLC will not be the primary need.

The term SLCN can be used as a broad and inclusive term to include those whose primary difficulties (eg disorders of articulation, phonology, receptive language, expressive language, vocal quality, fluency, or social use of language), and also those for whom these needs are secondary (eg autism spectrum disorders (ASD), sensory impairments, more general cognitive difficulties, or primary behaviour difficulties).

Some children have accessed the base where this has not been diagnosed until a point at which interventions used are not effective, however, these situations are rare. In this case children are referred for specialist provision, eg Beaumont Hill, with transitional support.

The base is managed by the Head Teacher and has a Provision Manager (Speech and Language Base teacher) and a Higher Level TA. The base staff play a very active part in the school, supporting mobility skills groups, and other activities such as trips, after school clubs etc.

A speech and language therapist (SALT) (North Tees and Hartlepool NHS Trust) is based part-time at the school and provides support and supervision for interventions, advice and training for parents/carers, staff, and the workforce, around the needs of the children in the base. The SALT will also provide multi-agency assessment in the cases of where the child's SLCN has been difficult to improve, as the outcome diagnosis may be for example autistic spectrum disorder.

3. Access and Referrals to the Service

Children are placed in the base by the LA provision panel, after recommendation from a school in liaison with the SALT and other specialists.

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Children having severe or complex SLN disorder or delay require assessment and diagnosis, intervention planning and specialist intervention in liaison with parents/carers and other professionals, in the originating 'home' school prior to accessing the resource base.

As part of the child's support it should be expected that the outreach service are part of the continuum of support, prior to a recommendation for a place at the resource base.

Placement of children at the resource base is for up to a maximum of 2 years. Children can exit the base at any time within the period of placement and exit to either Northwood Primary school, their home school. Outreach will support transitioning children however does not provide support beyond transition to Year 7.

General advice or information can be accessed by schools through making direct contact with the base and requests for involvement with individual children at SA/SA+ must be made via a request form.

The service have particular responsibility to work with primary schools with regard to children with a statement of SEN who have primary SLCN. In this case, individual programmes and one-to-one support can be provided, with follow up visits.

Children who have left the resource base but stay at Northwood Primary School, access the outreach service as all other schools.

4. Role of Speech and Language Therapist (SALT)

As part of the review of the LA local offer, discussions with health provision have identified that the service will provide three levels of support to schools where it is identified that the difficulty is impacting on the child's ability to access the educational curriculum. It would not be expected that therapy is given outside of school.

- Universal: general information for the workforce, where to go for further information and what to do if they have concerns;
- Targeted: assessment and diagnosis (including in schools) for children with SLC delay who following targeted intervention will return to the universal level; and advice to the workforce around the needs of a child;
- Specialist: for children who have been identified with a SLC disorder or severe delay where intervention planning and liaison with parents/carers and support/supervision for the workforce (including training), will facilitate the effective implementation of

specialist provision.

As part of the specialist support a therapist provides on-site support directly to children in the resource base whilst also having a case load of other children not at Northwood school. The role of the SALT in recommendation to the provision panel is a key criteria, and therefore the liaison between the Northwood based therapist with other's is critical.

Schools have indicated that therapists are required to advise on the delivery of personalised programmes for children. A number of schools commission their own SALT support including training.

5. Speech and Language Survey – Key Messages

The survey shows that incidences of SLCN are increasing, including those who have this as a secondary need, perhaps to autism, learning difficulties, hearing impairment, medical needs etc.

In a survey of newly qualified teachers in 2014¹ a third felt under-prepared to teach language comprehension. Likewise in our Darlington survey, TA's and support staff are required to support children with SLC targets and schools feel that more higher level training is required.

The majority of school SENCo's/HLTA's deliver SLC support in school, with the next largest group being TA's. Comments around training indicate that teachers and TAs are required to deliver SALT programmes, without significant SALT support.

Nurseries and/or schools with nurseries refer to SALT for SLCN support as they do not have access to the outreach service.

90% of settings/schools have input from a SALT and/or other health professional, with some commissioning their own SALT or alternative support. Other support for SLC is provided through other Darlington provision (eg, SCOS Behaviour support, Mount Pleasant outreach, low incidence needs team) and other external provision, eg CAMHS, Dyslexia for Action, Well Being Trust.

There was a mixed response to whether the services accessed by schools, are the right level. 33% said yes; 30% said no; 37% are not sure. Therefore schools may need more support to evaluate whether children are making the right level of progress.

¹ I CAN Impact Report 2013/14

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The majority of respondents to the survey access NHS services. 58% of respondents access the outreach service and rate services as overall ‘good’ for quality.

6. Data

National Data

In the UK, over 1 million children and young people have some form of long term and persistent speech and language and communication difficulty. The impact of this is that 50-90% of children with persistent difficulties go on to have reading difficulties and two thirds of 7-14 year olds with serious behaviour problems have language impairment.

SLCN is now the most common developmental disability in childhood, with all groups of children with SLCN experiencing a rapid rise in numbers. 7% of five year olds in England, on average two or three in every classroom, have a particular difficulty in speech and language, with an estimated 50% of children starting school with language skills delayed for their age. Nationally there is also a growth in numbers of children identified with SLCN as their primary need (58% since 2006) and 16.5% of statements of SEN nationally are for SLCN².

Darlington Data

The SEN national school census data (Academic year 2013/14 - Spring 2014) indicates that the primary need of 23% of school age pupils in Darlington is SLCN, just above the national average of 21%.

Speech and Language is the highest occurring SEN in Darlington growing on a year by year basis. The increase from 2013 to 2014 is 63 children.

Whilst the majority of children do not have a statement of SEN, the number of statements has increased over 25% since 2012. The outreach service have supported a small number of children who have statements for SLCN.

SEN data for Years N1 to Year 14 is summarised below:

Year	EYA+	SA+	Statement	Total
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² ICAN, 2006

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2012	37	230	29	296
2013	0	246*	35	281
2014	102	200	42	344

* 24 children recorded as SA+ are N1 and N2

The 2013/14 annual report indicates that 47 children received continuous support from the Outreach service, the majority of children being at SA+, 4 children with statements received outreach support. With the addition of the 9 places, this equates to less than 25% of all children who have SLC recorded as their primary need.

Early Years

For comparison purposes, the total number of children reported as having SLCN in the Spring 2014 School Census, between Years N1 to Year 6 is below:

Year	EYFS	KS1
2012	91	167
2013	79	174
2014	106	196

The graph overleaf shows the growth between 2012-2014 of SEN at nursery and reception reaching a peak at Year 1. In Year 2 there is a significant drop with decreasing numbers through to Year 14 (12.5% of all children).

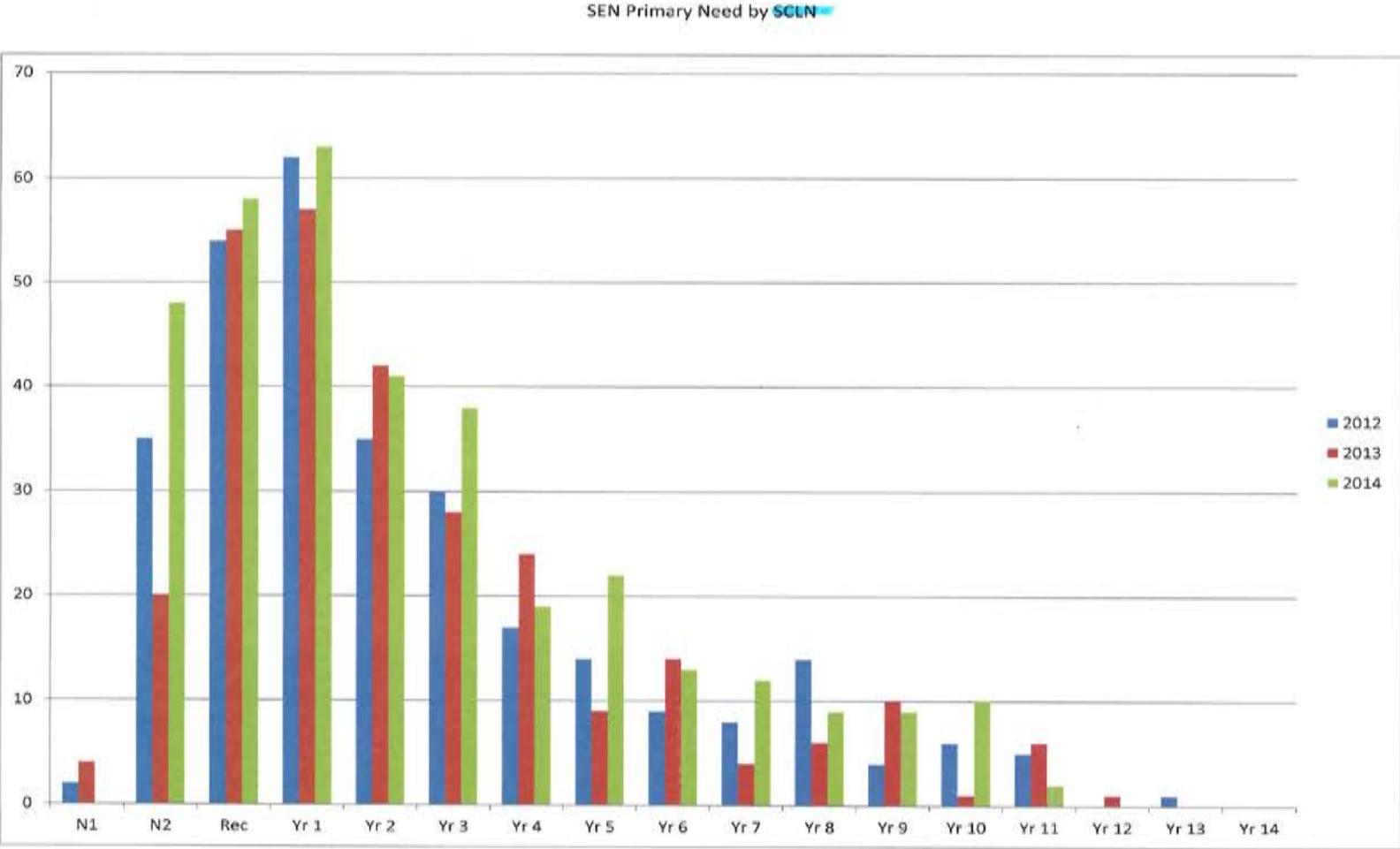
Early Years performance data for children in group settings (daycare, nursery school and pre-school playgroup) illustrates that there are 107 children presenting with Communication and Language needs in 2014/15. These children are not included in the above school census data.

According to the 2014 EYFS results, 29% of children are not reaching the Expected Levels of Communication and Language by the end of reception class. In some schools this can be 50% or more with one school having 61% of children entering year 1 underachieving in Communication and Language.

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One third of Darlington children are not reaching the expected level of development in Literacy. This lack of achievement is due to the underperformance within the strands of Communication and Language – if 21% plus children are not achieving expected levels in Listening and attention, Understanding and Speaking then they do not have the skills to build reading and writing on.

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7. Budget/Value for Money

The budget is £119,050 (9 places at £10,000 per place, plus £10,000 for outreach service plus top-up). 67% of the budget is allocated to staff costs, approximately 27.5% to premises and 5.5% for other resources including training costs.

The staff costs reflect the qualifications and experience employed and value for money is on a level with other DSG services that are currently being reviewed.

Conclusions

The process by which a child is recommended should include outreach provision. This does not consistently occur and children can enter the base without the staff having a prior relationship with the child.

The number of outreach hours declined from 2012/13 to 2013/14, with new requests for outreach support also marginally lower.

The outreach service report that some schools appear to be more likely to contact the resource base than others, this is evidenced in the survey results. Most schools prefer to use the SALT service once an SLC need is identified, either via school's own commissioned service, or through referral routes.

There has been a significant contribution by the outreach service to training and supporting the wider workforce to identify SLC through the use of Language or Speech Link, and other methods such as Talk Boost/ICAN, to embed high quality inclusive class teaching that promotes all children's language development.

These recommended assessment tools and teaching methods are the preferred approach of the resource base.

Schools have indicated that more support is required to advise on the delivery of personalised SALT programmes for children.

Schools report they are not clear as to how children have benefitted therefore any future commissioned services needs to ensure the therapist works with schools to ensure a continuous cycle of assess/record/review as ultimately, no matter what support the child receives, or from whom, any child regardless of support provided can be referred for a place at the resource base.

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There has been a growth in the enquiries by parents of EYFS children and the school is being recommended by settings and other specialists. This is giving the wrong message to parents, as children should be, as explained above, be only recommended to the base after following the agreed pathway.

Some children are not able to access the resource base as this would mean forsaking their home school place, which is not acceptable to some parents. Where parents are hesitant to take up a place at the resource base because their child will lose their place at the 'home school' there should be a process by which children could remain on the school roll, whilst being on dual roll at the resource base. In this case, the home school should be fully responsible for the child's transport, transition, and liaison.

In terms of Early Years supported, it could be suggested that the emphasis needs to be on supporting more children in Year 2 in the base, with more outreach in F2/Reception, as these children are less likely to make the quickest improvement.

In terms of secondary school support, there was not a large demand for outreach support, however, it may be appropriate to provide support beyond transition for an agreed time, and possibly to extend to young people with statements where SLCN is a primary need. This will ensure young people have the time to adapt and give young people the confidence towards leaving school.

There could be economies of scale if schools could strategically commission their speech and language support through North Tees and Hartlepool NHS Trust.

The staff costs reflect the qualifications and experience employed and value for money is on a level with other DSG services that are currently being reviewed.

Recommendation

The above approaches will ensure the resource base and outreach is working with the children most in need, and at the right level, therefore, it is recommended that schools@onedarlington adopt a strategic approach to SLCN. This is the best way to enhance and co-ordinate universal provision and provide support at an earlier stage of language development. A shared understanding of the role and services provided by the resource base can ensure there is no duplication of effort. By schools' adopting a common approach to the 'pathway' to access the resource base provision this will ensure children are prioritised and support directed in the right way.