

## Breakout Group 1 Ballinderry

Facilitator: Kamini Gadhok CEO RCSLT

Note Taker: Stef Ticehurst RCSLT

**Question: How could Speech and Language (SLT) Services be delivered more effectively within a multi-professional and multi-agency context?**

### **Strategic level suggestions and actions**

#### **Short Term**

- Task force needs power
- Membership of task group represents other services
- Training
    - built in that ensures staff have the competencies
    - undergraduate and postgraduate level teachers
    - SLT undergraduate and existing staff
  - How do we identify unmet need
  - Service user involvement re: where service is received and associated with commissioners
  - Financial commitment to training
  - Change commissioning model away from activity just being face to face contact

#### **Operational**

- Culture shift
  - prevention and all children
  - sharing good practice - RCSLT
  - move away from going to profession to into the community
  - parents expectation re: SLT move away from solely 1:1 therapy
  - SLT raising awareness of different models
- All services audit time on clerical tie – to identify time that can be freed up
- Support change management in teams
- Local leaders - SLT managers supporting and valuing community SLT

- MDT/Trans-disciplinary teams
  - Flexible framework
  - Communication of good practice – bring down barriers/encourage SIGs to be used
  - Reflective practice re: improving services
  - Website/network to share and use reflection
  - Added value/outcomes to demonstrate quality and service (not just waiting lists) shared on a website.

### **Strategic**

- Joined up government policy
- Culture shift departments and staff on the ground come out of silos
- Review of public administration – removal of competitive barriers to good practise sharing
- Supported model that encourages change
- Retention of staff in community services – career progression
- Financial commitment to pilot projects that provide effective strategic long term view
- Pilot project agreement from start about where funding will come from to make it mainstream/sustainable – inform commissioning
- Representation in business planning at all levels – AHO Rep

\* strategic representation to inform quality policy \*

\* development and implementation \*

## Breakout Group 2 Tyrone

Facilitator: Maurice Crozier

Note Taker: R. McFeeters

### **Question: How can SLT programmes be better integrated into classroom practice?**

#### **Strategic Level**

##### **Short Term**

- Where pilots run are seen to be successful – then money should be provided to roll the pilots out as a service. Where a team approach comprising cross agency professionals are involved, the money should come down to employ a team and not to employ individuals.
- Increased cross agency communication which cascades down to the lower levels, so that plans happen jointly.
- Inclusion of Speech and Language training at teacher training level
- Joint training of SLTs and teachers at undergraduate level
- Joint training of SLTs and teachers as part of C.P.D.
- Additional pressures on teachers when supporting children with SLT difficulties and then the added burden of bilingual issues in schools especially mid Ulster area
- The importance of training classroom assistants in Speech and Language difficulties; some of the training may be done alongside teachers; other training may need to be more specific to identified C.R.A.

##### **Long Term**

- Development of training for SLTs to gain skills in working in the classroom
- Long term commitment to collaborative working recognising differences in geographical area

## **Operational Level**

### **Short Term**

- Develop on appreciation of each others roles
- Design and implementation of joint training for teachers and SLTs
- Identification of common training
- Development of shared culture
- Parent training to encourage parents to be active participants in the therapy programme. This may help to change their cultural attitude to the need for 1 to 1 therapy
- Audit of existing practice
- Agreement that language stimulation can be owned and delivered by all professions working with the children. However more specific problems need to be tackled by the SLT
- Group feel that the pilot approach is not the way forward. It is unsettling for staff in the pilot and in the mainstream schools. At the end of the pilot experienced staff leave and valuable resources are lost
- The enriched curriculum and SLT approaches are complementary to each other. Can this be developed further?
- Identified liaison time so professionals can communicate
- Issues with accommodation

### **Long Term**

- Recognition of good pilots and long term funding

## Breakout Group 3 Tully

Facilitator: Clare McGartland

Note Taker: Valerie Heron

**Question: How can we ensure that policy, planning and service commissioning at a strategic level is strengthened to allow for a child centred approach to meet children's needs?**

### Strategic Aims

- Set up Taskgroup/force: clear directive - clear guidance  
Should the Taskforce be for all AHP services or just SLT?
    - focus
    - timescales
    - power – Able to make decisions
- Clarity re remit of this group – it requires a very clear focused remit  
It also needs to be independent of Departments to allow criticism of stakeholders.

The Task group will need to

- 'Sign up' – commitment to go forward with recommendations
- Identify 'needs out there' – how many SLT children in need of SLT  
Change of focus is required to reflect Outcomes  
Not just a crude measurement of W/L  
It should reflect real needs
- New ways of working – share good practice
- Consistency of measures – between agencies
  - reference quality of joint standards trans-disciplinary working not benchmarking like with like

### Information Needs

- Measure outcome rather than output
- Misrepresentation of what is actually happening on ground i.e. SIP

- Reps from coal face alongside strategic and managerial reps  
Joint commissioning – Education/Health RPA – an opportunity
- Project – Policy, when does project become policy? Recurrent funding
- e.g. Education works on academic year  
Health works on financial year - this dilemma needs to be resolved - commonality!

Changes in working practices to ensure delivery of effective SLT

- Admin support – crucial  
Release professional capacity first, then invest in appropriate resourcing of professional staff
- ICATS model – translate into community service - 7% acute sector, 93% people treated in community

Identify and agree appropriate location of therapy

- Relocate to nursery school
- Strategic planning – to address e.g. accommodation issues  
Build schools with suitable purpose built accommodation – to allow flexible working
- Joint bidding for funding
- RCSLT to be source of info and advice for Commissioners re workforce, service planning e.g. competency, demographic – view on workforce planning
- Recruitment and retention – projects and temporary funding impacts on service and staff
- Projects – invest in training and skill development which can ‘live on’
- ‘Free up staff’ – to develop creative services

### **Strategic**

PFA - funding issues labelled under PFA and this may not be appropriate  
How to get funding to meet their needs

- Haine money – needs to get into PFA, targets set “driver for change”  
i.e that which matters to Chief Exec

## Breakout Group 4 Tyrone

Facilitator: Lorraine Coulter

Note Taker: Mary Anne Webb

**Question: How could we develop and implement a collaborative research framework that would highlight the relevant issues in relation to services for children with speech, language and communication needs?**

### Short Term

- Evaluate pilots – Is it worth it? – In the right areas

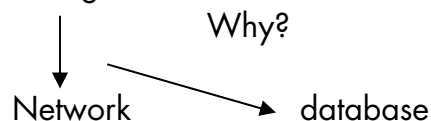
What could make research happen?

Academic support? It is ad hoc at moment

\*Should be planned for and factored in - at the minute it can be done on own time

- This should be the responsibility of DHSSPS/DE (departmental level) - as self evaluation is open to bias
- Availability of advice and support at start of the thinking/planning process
- Funding strategy – targeted resources – network/uni/joined up
- Release of staff – Time(real)/Resources/Cover/Training
- Policy decisions based on research – link to sub group? – will ID the key Q's  
\*fundamental\*

- Admin
- Measured/evaluated – dedicated personnel
- Collaborative approach – joint funding
- Research to identify relevant issues (joined up)
- Timespans re: evaluation of projects e.g. Sure Start
- Sharing info – What works?



- \*Body to give advice/consistency in guidance/evaluation\*
- Undergrads – access to patients
- Establish research teams

- Feed into research projects in universities
- \*Template of best practise\*
- Change in structures may provide an opportunity

\*Inter professional research - regional\*

Health/Education

- Involvement parents/ID local needs of users
- Draw on other research – particularly models  
Breakdown professional territorialism/defensive
- Informing research (ideas)
- Action research model (ST)  
ST – ID questions – (using research evidence)

**Longer term**

Plan services  
Sub group/task force: "driver"  
Ethical considerations  
Research philosophy (feeding upwards)  
Service models  
IT system – centralised database – consistent across boards etc.  
Agree what needs to be known – collection of key info (sharing)/access statistics  
Joined up: agree at policy level: ethics/consent

### **Key Recommendation**

\*Framework/clear strategy\*  
Who? – a research sub group within the  
proposed Taskforce

**Taskforce is the driver**

## Breakout Group 5

Drum

Facilitator: Mary Wright

Note Taker: Helen Beckett

**Question: How can we support transitions, e.g. Primary to Post Primary to ensure that the needs of children and young people are supported throughout their education?**

### **Strategic**

- SEN code of practice
- Collaborative working – Comm
- Clearer info for parents
- Voluntary sector and Statutory sector working together – good example
- Under SENDO Boards have advisory service – parents concerned they are not independent
- DARS (Dispute Avoidance Resolution Service)
  - independent of SE Dept in each board
  - managed across 5 boards
  - independent of existing services
- Teachers have to tell parents about services
- SENCO – key role but up to parent to fill them
  - may have full-time teaching timetable
  - need to strengthen their role – but up to budget of individual school
  - children need help for work experience and employers need support
- Liaising
- Transition not prioritised in workloads in trusts, AHPs not considered for transition workers in trusts but need to be part of that team, its s/workers
- S&E – SLT appointed as transition workers in Jan
- Involve parents
- Afasic has put in funding application for secondary school package – school group of children
- CHILD – participation
- As parent, feel child doesn't want to know at 14 - recognise this and develop strategies
- School – WK:DE: career service up to 25yrs, training for specialist advisors (12) 14-10 yrs
- Repeat of transitions Inter Dept working group

- Stakeholders groups – DEL
- Employers on board

## **Operational**

- Communication
- Time for communication
- Key worker – consistent across both agencies – family support worker (N+W)  
to end primary, needs planned early
- Encourage parents to share info – may not see SLT as SEN
- Checklist booklet for parents – specific, non threatening
- Planning for transition
- (S) Equipment doesn't move with you bw different kinds of units – need planning
- parents need info on options by P6
- role of teacher in encouraging this
- wouldn't be time for educational psychologists to review in P6 + 7
- issues known even though destination not, P5 would be premature for decision/answers
- ASD and DE have transition workers – 2 per ELB funded: advertised now. Pilot. For children with statements. To be reviewed in 2 yrs
- Annual review at 14 - engage child
- Some health trusts also have transition workers
- Will all be brought together – dealing with 14
- To develop info leaflet for parents
- Transition workers won't be skilled in SL
- Access to SL in secondary school in cw, choice after 18
- More credibility if said by professor not parent
- Money not ring fenced for PS depends on needs of child, some trusts do provide for additional through community health service
- OK for parents with background knowledge
- Transition times

## Early years Assessment • Unit

- School
- Playgroups/Nursery

Unit • Mainstream

Primary • Post

Key Stages

Unit to unit

School to School

Class to Class

#### Further Education

- Home programmes
- Work experience/Work  
Out of SL  
Children vanish in secondary schools

#### Reintegration to mainstream

- Transition of staff  
'Post School options'  
Child • Adult services

Needs? Varies by child, communication b/w professionals  
Parents scared to mention needs to school

## Breakout Group 6 River Room

Facilitator: Nuala McArdle

Note Taker: Teresa Devlin

### **Question: What opportunities will the new organisational structures offer in terms of funding of services and models of delivery to meet the needs of individuals and local communities?**

- Don't get efficient service at present
- No child centred planning
- Lisnally School – Don't have personnel to do it, 1 speech therapist for 103 children, seeing children in groups may not be effective
- All about quantity not quality
- New Policy dept under RRA, new regional authorities overseeing commissioning etc
- 5 new trusts supported by 7 commissioning bodies
- 1 Educational Authority
- 5 trusts will impact on local service delivery – will need good communication and all voices being heard
- As a parent welcomes idea of change because current situation is so bad, opportunities with RPA to share good practice
- Framework akin to England
- Workforce planning and expanding workforce, can't ask people to do more, need to recruit properly
- IT x support systems
- Organisational arrangements are critical they need to be properly provided for in corporate planning
- Partnership arrangements
- Governance issues – accountability at all levels
- Co-ordination of planning between DE and DHSSPS at ground level – collaborative working
- Statement (SEN) S&L in educational provision, yet education doesn't employ S&L staff
  - ELB need to manage S&L
  - Professional management and line management can be different
- Need a joint vision, joint policy

- Need time out for education, training, planning and liaising with others, too much contact time (S&L)
- Creative and innovative ways of working
- Need to look at model and service delivery e.g. whole schools approach
- Audit of what is happening everywhere
- Assessment of resources required, no clarity, accounting, continuity
- Statementing process needs to be standardised in NI, currently there are regional criteria – some opt out, statement to resources not need
- Huge difficulty in assessing therapy in mainstream
- Professional isolation CPD, equity building, pool of therapists required, paper assessment need, a balance between graduate availability and advertising of posts
- Therapist competency
- Funding streams – special schools and look after children

## **Funding**

- Proper allocation and workforce planning caseload management system
- Need DHSSPS perspective – review of all AHPS – will make firm recommendations, will identify emerging good practice, will have insight into current position and drive things forward RQIA role
- IT Systems
- Need ring fenced money to allow changes, recruitment of new graduates (additional) to allow the changes to happen
- Many graduates don't want to work in SEN – need more money to do this – need incentive reward
- £4M investment goes over all children
- Need to remember children in mainstream school
- Don't forget technology dependant children
- Need to be creative and innovative
- Physiotherapy needs of children can't be forgotten
- Accommodation needs in schools for AHPs
- Standardisation of practice across P1
- Joint training – teachers/therapists/AHPs

## Breakout Group 7 Tyrone Annex

Facilitator: Ruth Nesbitt

Note Taker: Barbara McCreesh

**Question: How can we develop standards for service delivery including maximum waiting times for assessment and follow-up intervention. What key strategic and operational issues need to be addressed to achieve this?**

### **Strategic level suggestions and actions**

Identify champions – SLT needs to have a higher profile

#### **Short Term**

- Identify/map need
- Workforce/remuneration
- Recruitment and retention
- Admin infrastructure to increase capacity – free up therapist time.
- ITC/Info systems – agreed measures.
- Undergrad training – SLTs/Teachers knowledge of curriculum/ range of SLT models
- Joint training and undergraduate training teachers/SLTs
- Policy – Health Education Policy SENDO
- Short term clinical teams to address backlogs

#### **Long Term**

- Reshape service - mainstream model
- Workforce
- Career pathway/progression, SLTs/SLTAs – retention of staff in community Services.
- ITC integrated systems, health/education

## **Operational level**

### **Short Term**

- Identify/map need
- Identify what SLT can impact – what can we change?
- Identify current models
- Capturing stakeholders opinions – identify priorities
- Working as partners with parents and others – user involvement
- Offer Placement opportunities in mainstream educational projects (skills working in the classroom).
- ICT identify needs

### **Long Term**

- New model of service delivery – communicate with parents
- Mainstream environment
- Workforce – Career structure/admin infrastructure. Retention of staff in Community.
- Partnership working including parents
- Equity of access - review

- ❖ Different models of service delivery
- ❖ Trans disciplinary working
- ❖ Mainstream practice
- ❖ Communication of good practice
- ❖ Parents and Others

### **Other Comments/Suggestions**

- ❖ Standards should measure outcomes and quality not just waiting times.
- ❖ Waiting times only one measure.
- ❖ Too early to set standards for waiting times.
- ❖ Developmental approach to meeting standards.

## Breakout Group 8 Clonavaddy

Facilitator: Pamela Hannigan

Note Taker: Susan Carnson

### **Question: How can we ensure effective and efficient use of Speech and Language Therapy resources through collaborative working at a strategic level?**

- Piloting/Short term funding
  - needed to tease out best practice
- Action needed at higher strategic level
- Security of funding
- Undergraduate training (teacher training)/awareness needed - Emphasised as vital
- Also SLT training needs education experience
- Short term courses useful
- Teacher/SLT need better understanding
- Specialist teacher can act as mediator
  - conduit to understanding
- BELB – 2 SLTs are integral part of school
- Mutual benefit
- Different HEIs can cause problems
- Perhaps ITE not most appropriate
- CPD – Continued Professional Development
- Pre-school
- Parent perspective
  - interested in KSI project
- Need for mainstreaming to allow all schools to benefit

### **What can be done strategically within existing resources?**

- Look at patterns/types to ensure resources and staff are used to best effect
  - Takes time – need to involve all in decisions
- Further develop the role of SL assistant/classroom assistant
  - Sometimes the parent
- Sure Start – links with education
- Collaboration welcome

- Need to encourage more to be involved
- Awareness raising?
- No constraints on time

<b>Suggestions and Actions</b>	
<b>Short Term</b>	<b>Long Term</b>
<b>Strategic</b>	
Task Force to consider available research/evaluations - collation and evaluation of outcomes (more than waiting lists and times) Review current information and establish baselines	Consider provision across the sectors – special school/mainstream school/community Equity Service improvement Focus on early intervention/prevention through CYP package Government inter-departmentally to promote ACTIVE JOINT working at every level Empowerment of parents More joint planning/commissioning of services (pooling of resources)
<b>Operational</b>	
Review of infrastructure to support SL therapy provision Review information needs/parents/schools/higher education/teacher training/SLT training	

## Breakout Group 9 Tyrone Annex

Facilitator: Alison McCullough

Note Taker: Roslyn Cunningham

**Question: How can we ensure that policy and commissioning at strategic and operational levels is responsive to developing services which take account of changing demographics and promotes language and communication skills in children within a community setting?**

### **Trends**

- More profound and severely disabled children coming through
- Ethnic minorities
- Apparent rise in autism
- Rise in parental expectations of services – lack of parental understanding of who develops what
  - Transparency/no false expectations
  - Choice
  - Co-ordination of all agencies involved
  - Child minding issues
  - Knowledge about partnership working – opportunities/funding etc
  - Access to non-mainstream funding
  - Working with early access workers e.g. Health Visitors, Health for all

### Children

- Inequity in services
- Evidence base for intervention – driver for planning
- ↑ In poor language skills (environmental impact on communication skills)
- Teacher Training re: deficits
- Huge staff turnover in childcare
- Change in nursery provision
- Curriculum for teacher training extremely limited on language development
- Inclusion policy (in Belfast and in Children and Special Schools (LD) varies throughout NI)

## Strategic level suggestions and actions

Short Term	Long Term
<ul style="list-style-type: none"> <li>• Data collection – need to collect same stats</li> <li>• Steering Group re: data collection but <u>what</u> type of data, this depends on common language classifications used</li> <li>• Identify local trends i.e. ethnic minorities, incidences of disability</li> <li>• Learning from England</li> <li>• Communication between agencies re: data being collected/areas of work (need info to influence)</li> <li>• Identify unmet need e.g. high level functioning asperger children</li> <li>• Appropriate clerical support – to be taken out of admin budgets or SLT budgets include admin budget</li> </ul>	<ul style="list-style-type: none"> <li>• Boundaries for health and education – be coterminous (having the same boundaries, location, duration)</li> <li>• Equality of service locally and regionally? Impact of RPA</li> <li>• Projection of data</li> <li>• Identification of needs in ethnic minority groups</li> <li>• Equity i.e. ring fenced funding for children with autism, throughout all of NI</li> <li>• Protocols re: places/opening units need joint work between DE/DHSS</li> <li>• Models of good practice for all areas to be identified</li> </ul>