

March 2005

SPEECH AND LANGUAGE THERAPY (SLT) IN NORTHERN IRELAND
OVERVIEW OF THE PROVISION OF SERVICES

Foreword From The Commissioner

At the outset, I feel it is important that people understand the reasons for doing this piece of work, and the context in which we worked. My Office had received a number of complaints from across Northern Ireland about the level of provision of Speech and Language Therapy (SLT) services for children and young people, and lengthy waiting times. We therefore set out to establish, with the help of the relevant statutory agencies and especially Health and Social Services (HSS) Trusts, a snapshot picture of the level of service. Although this snapshot gives a good overview of Community SLT services, more work is needed to examine the adequacy of SLT services based in schools, particularly Special Schools.

This overview was never intended to replace a formal and robust investigative piece of research. Therefore, although some differences in service are highlighted, it does not provide objective analysis in relation to population statistics, demographic trends, referral and user rates and numbers of speech and language therapists per Trust or Special School/clinic/unit etc. While such work is no doubt necessary, and should be urgently considered by all HSS Trusts, discussions with a range of parties, complaints from users and professionals and information supplied by HSS Trusts all suggest that speech and language services in Northern Ireland are failing to meet the needs of children and young people.

The critical importance of developing effective communications skills to cognitive, social and emotional development has been well documented, indeed they are central to positive self esteem, learning and the development of relationships (1). Therefore, bearing in mind how many children and young people may require some type of SLT intervention, the inadequate provision of speech and language therapy may have potentially serious implications. Indeed, 6-8% is the figure widely accepted by academics and policy makers as the percentage of children aged 0-11 years presenting with speech, language and communication needs (2).

1. Royal College of Speech and Language Therapists, 2005

2. Professor James Law, Director of the Centre of Integrated Healthcare Research undertook a review of prevalence of speech and language difficulties in: Law, J., Boyle J., Harris F., Harkness, A., Nye, C. 'Screening for Speech and Language Delay – A Systematic Review of the Literature', Health Technology Assessment – Vol.2, No.9, pp.1-184, 1998. Within this review, Bruce Tomblin, who undertook the most authoritative and recent research, cites 7.8% as the prevalence for children with specific language impairment in the 0-11years age group.

Taking 7% as the reasonable benchmark for prevalence in this population, it can therefore be estimated that in the region of 20,000 children aged 0-11 years in Northern Ireland may, at some point, require access to speech and language therapy services (3). However, this figure does not include children with more severe and complex needs, which may be a further 1%, or those with autism as prevalence in this area cannot be categorically determined (4). What is still unclear, and warrants further investigation, is the number of children receiving speech and language therapy in Northern Ireland as opposed to those with unmet needs.

Although further research is required to inform current strategy, policy and practice, I believe that this document is an extremely useful starting point to the process of reviewing Speech and Language Therapy (SLT) provision in Northern Ireland. In effect, it provides a snapshot of the relevant issues and problems facing both users and professionals within the existing Service.

I would also like to state that the quality of speech and language therapy itself has never been in question; indeed all parents speak positively of the therapists and their interventions. However, parents are frustrated about the lengthy waiting times for initial assessments, and then the additional prolonged delays before therapy is started. Furthermore, when finally received, therapy is often offered within insufficient timescales and at such irregular intervals that it fails to meet the needs of their children.

Additionally, many working within the SLT profession have themselves expressed concern about these issues and have highlighted other problems that delay efficient and effective delivery of SLT services. These include a general lack of resources, little or no clerical support, increasingly complex needs of children and rising numbers being referred, insufficient numbers of SLTs, and recruitment and retention difficulties.

Amongst concerns expressed by School Principals in Special Schools is the apparent failure of Trusts to provide suitable cover for SLT absences due to maternity or sickness leave, and the disjuncture between school holidays and SLT staff holidays which results in weeks during the school term without therapists.

Another issue which has been repeatedly raised in discussions with NICCY is the apparent lack of collaboration between providers of Health and Education Services in addressing the needs of children and young people with speech and language difficulties, and the requirement of a more integrated approach. However, it is our understanding that a report is due to be published soon as a result of a partnership between an inter-departmental working group in Health and Education Services. I reiterate again, although this issue is not unique to speech and language therapy, there is an urgent need for the development of an

3. Based on population figures from Mid-Year Estimates 2003, Northern Ireland Statistics & Research Agency (NISRA) @ www.nisra.gov.uk

4. Law, J., et al., *ibid.* Note 1

integrated framework of care for children and young people incorporating all of their health and educational needs. I would urge you to receive and read this report with the same constructive and co-operative approach that has been characteristic of its development. In the course of this work we have found some examples of very good practice, however my Office has also identified concerns about the uniform availability of assessment for children who have speech and language needs. I would also urge strong leadership from those who fund, commission and deliver speech and language services to work positively together with parents and children to identify and put in place service improvements across community, health and education settings. I am happy to facilitate and support a meeting with the aforementioned professionals (and parents) to ensure that action follows this report.

To conclude, the issue of good communication in children and young people is a concern for us all. I welcome Ian Pearson's recent comments that investment in Health remains a top priority in Northern Ireland and that, "By March 2008, all patients who ask for a clinical appointment will be able to see a primary care professional within two working days". (5)

Finally, the Minister's announcement of an independent review of health and social care provision in Northern Ireland is also a very welcome development.

5. Speech by Ian Pearson, MP, 'A Budget for Investment and Reform'; Northern Ireland – Priorities and Budget 2004-06