SPEECH AND LANGUAGE THERAPY

Introduction

Speech and Language Therapy (SLT) is provided to children and young people with a range of speech, language and communication needs. SLT can be delivered in school, community and other settings and therapists may, for example, work with babies with feeding or swallowing difficulties, children with learning and physical difficulties, language delay or impairment, hearing impairment, autism or dyslexia. The Royal College for Speech and Language state that around 7-10% of all children and young people are affected by speech, language and communication difficulties and that difficulties are more prevalent amongst vulnerable groups, such those with disabilities and those in contact with criminal justice agencies.

In the period November 2003-October 2004 NICCY received a number of complaints about SLT services and under the Commissioner’s duty to review the adequacy and effectiveness of law, practice and services, initiated a review of provision across special education, community and other settings. This was intended to provide a preliminary assessment of provision and to consider if the complaints received were indicative of wider structural problems in the planning, organisation and delivery of SLT services.

It is important to highlight that the complaints received by NICCY were not concerned with the quality of work undertaken by professionals but instead related to difficulties in accessing services.

2005 Service Review

The Review undertaken in 2004/05 showed that where a child lived determined waiting times for both SLT assessment and SLT treatment which ranged from one month to over 20 months depending on geographical location. Findings also raised concerns about insufficient levels of staffing and resourcing and highlighted a lack of effective coordination between health and education bodies. Throughout the Review, particular concerns regarding provision in one health and social services board area were identified.

The Review also noted there were rising numbers of children being referred to SLT services and drew attention to the increasingly complex needs of those requiring access to
provision. NICCY made a number of recommendations as part of the Review, including that strategic planning must be progressed on a regional basis and that a Task Force should be established to develop an action plan that included setting maximum waiting times.

**2006 Follow-up Review**

In the year following the Review, the number of complaints received by NICCY regarding SLT services increased significantly, with many of these noting particular concern with provision in special schools. The 2006 Review, in seeking to examine if improvements were underway, documented continuing concern that services were inadequate with more than one quarter of children who needed assessment or therapy still waiting to access this. While there had been some progress this was not consistent and waiting times continued to vary considerably across health and social care trusts with, for example, children waiting for treatment from 2.5 weeks to 24 months following assessment.

An overall lack of progress to address systemic failures at a strategic level was again highlighted by the Follow-up Review as were concerns about the resourcing of services. NICCY once more recommended the establishment of a Task Force and noted its intention to report concerns to the United Nations Committee on the Rights of the Child in the absence of effective action being taken by government.

**Taskforce and Action Plan**

Following this second Review, the Health Minister made a commitment to significantly invest in services and established a Taskforce in 2006 “to explore in greater depth the relevant issues identified in the NICCY reports ... and to develop a time bound action plan to deliver a more equitable service ...” The Taskforce report was published in 2008 and made 16 wide ranging recommendations, including emphasising the need for strategic planning and partnership working across health and education as well as highlighting the importance of addressing gaps in provision and developing the SLT workforce in order to better meet children’s needs.

While the Taskforce report did not include an action plan, in 2009 the Department of Health, Social Services and Public Safety (DHSSPS) established a multiagency team to develop this and take account of the Taskforce recommendations. NICCY acted as an
observer to this process. The Minister acknowledged the work of both the NICCY and the Taskforce reports in the published Action Plan which stated that NICCY’s Reviews resulted in an additional £1million funding for SLT in 2006/07 which was baselined from 2008/09. During this period, DHSSPS have stated a further £4.2million was invested in provision and also baselined.

The final Action Plan was launched in 2011 and includes a commitment to agreeing a commissioning framework and developing a care pathway approach to SLT services. Other identified tasks include the development of a partnership agreement between health and education bodies, reducing waiting times from referral to the receipt of treatment to 9 weeks, standardising data collection and undertaking workforce analysis. NICCY has had ongoing engagement with the Public Health Agency (PHA) who have lead responsibility for the implementation of the Plan. In March 2013 the PHA’s progress report outlined how the Agency have assessed that actions within the Plan have now been achieved. For example, a commissioning framework for SLT services has now been developed and identifies minimum staffing requirements and a Priorities for Action target of 9 weeks from the point that a child referred to SLT is assessed and receives their first treatment has been established. In order to support partnership working and progress on an ongoing basis, the PHA will lead a Speech and Language Therapy Reform Group which will meet on a quarterly basis.

**Conclusion**

NICCY, in assessing concerns reported to the office via the legal team, made use of duties to review the adequacy and effectiveness of SLT services and contributed significantly to the government decision to ensure a Taskforce report and an Action Plan were developed and implemented. Throughout the process of NICCY’s service reviews and the DHSSPS led Taskforce and Action Plan it is important to recognise the invaluable contribution of a wide range of committed professionals, organisations and families who worked to highlight and properly address failures in this area of service provision for children.

While progress achieved to date in the provision of SLT must be sustained and further improvements achieved, the work that has been undertaken by a number of bodies, including NICCY, has helped to improve services for many children and young people with speech, language and communication needs and, through this, to more effectively safeguard their rights and best interests.