



northern ireland commissioner
for children and young people

**NICCY's Overview of Speech and
Language Therapy Provision
in Northern Ireland
2004/2005**

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

Recommendations

1. The Secretary of State for Northern Ireland should ensure that children's right to speech and language therapy is accepted and prioritised by relevant Government Departments and Commissioners and Providers of Service.

2. The Ministers for Health and Education should make this right a reality by ensuring that policy, planning and service commissioning at a strategic level is strengthened to allow a child centered approach to be developed which meets children's speech, language, communication and swallowing needs.

3. The Ministers for Health and Education should set up a regional Task Force consisting of Government Officials and Commissioners/ Providers of Services with Health and Social Services Boards/Trusts, Education and Library Boards, School Principals, Parents, Carers, children/young people and NGO representatives in order to identify, agree and develop an action plan. This group should consider the following actions:

- More indepth, detailed research to identify the full extent of the relevant issues.**
- Joined up child-centred strategy which incorporates policy; resources, including funding of service and workforce planning; models of delivery; skill mix; service improvement methods.**

4. The Task Force should agree maximum waiting times for assessment and follow-up intervention programmes; continuity of SLT programmes to meet the needs of the child; review and evaluation.

5. Specific consideration should be given by the Task Force to SLT provision for school aged children being provided within the curriculum, and a full evaluation of the benefits of the school service being funded and/or managed by the Education sector should be carried out.

6. Speech and Language Therapy Managers should continue to audit and evaluate the services provided, and ensure that good practice is shared.

**Nigel Williams
Northern Ireland Commissioner for Children and Young People**

EXECUTIVE SUMMARY

In the period between November 2003 and October 2004, the Legal & Complaints Department of the Northern Ireland Commissioner for Children and Young People (NICCY) received eighteen complaints relating to lack of SLT services in Northern Ireland, of which sixteen were made formally. From the overall complaints, thirteen were made specifically in relation to the provision of SLT services, while in the remaining five, the lack of SLT provision was a significant factor in a range of other educational and health issues.

NICCY decided to carry out a **preliminary** survey of SLT provision and liaise with the Service Improvement Unit of the DHSSPS in relation to piloting alternative models of delivery.

FINDINGS/ISSUES RAISED

See Section 2 (pp.12-30)

School Population and Statementing (Tables 2 & 3, p.13)

- The total number of children and young people statemented for SLT as a primary need or an additional need remains unclear.
- The majority of children and young people receiving SLT do not have statements of special educational needs

Speech and Language Therapists (Table 4, p.16)

- There are presently 333 practicing Speech & Language Therapists in Northern Ireland, of which 186.71 WTE work with children/young people within the 14 Health & Social Services Trusts providing SLT Services.
- 64% of Trusts identified a lack of resources/SLTs as a gap in service provision that needs to be addressed

Speech and Language Therapy Assistants (Table 5, p.17)

- Speech & Language Therapy Assistants exist in 86% (12) of Trusts, however the total WTE is only 24.95 across Trusts.
- There is inequity between Trusts in relation to the employment of speech and language therapy assistants.
- 36% (5) of Trusts specifically highlighted that an increase in the numbers of SLTAs is required.

Informal Complaints (p. 18)

- The number of informal complaints cannot be accurately estimated.

Formal Complaints (Table 6, p.19)

- The total number of formal complaints received by Trusts (excluding Royal Group of Hospitals) between 2002 and December 2004 is 101.

Number of children/young people waiting for SLT assessment (Table 7, p.20)

- The number of children/young people currently awaiting assessment for SLT across Trusts is 2,488.
- There is clear inequity between Trusts in relation to the length of waiting times for speech and language assessment.

Average length of waiting for Speech & Language Therapy (Table 8, p. 21)

- There is clear inequity in relation to waiting times from date of referral to first therapy appointment. Where a child/young person lives in Northern Ireland determines the length of the wait for SLT.
- Only 21% (3) of Trusts have waiting times of three months and below.

Gaps in assessment and provision

- When asked about gaps in assessment and provision and any further comments they would like to add, **a range of concerns** were identified by the Trusts (**Table 9, p. 23**)

CONTENTS

	Page
<u>SECTION ONE</u>	8
Context	
Background	
Process	
<u>SECTION TWO</u>	12
HSS Trust Questionnaire Results	
Main Findings/Issues Raised	
Children’s Rights in Relation to SLT (UNCRC)	
Concluding Comments	
<u>SECTION THREE</u>	29
Questionnaire Responses	
<u>SECTION FOUR</u>	58
Appendix 1 – Complaints to NICCY	
Appendix 2 – Service Improvement Projects	
Appendix 3 - Questionnaire	

SECTION ONE

Context

It is important that we set this overview into the context of the developments on children's rights in Northern Ireland. The Northern Ireland Commissioner for Children and Young People (NICCY) was appointed with the principal aim of safeguarding and promoting the rights and best interests of children and young people in Northern Ireland. In 2001, the Deputy First Minister stated that the Commissioner should act as the 'Children's Champion', making sure that the voices of children, so often marginalised and ignored, should be heard. The Deputy First Minister also acknowledged that, in order for the Commissioner's Office to be effective, it needed to be part of an overall strategy for children where their rights were addressed.

We now have a draft strategy – 'r wrld 2' ⁽⁶⁾, which sets out the strategic direction of the Government in relation to children's rights. Of particular significance in the draft strategy is the recognition of the need for Government Departments to work positively together in the interests of children and young people. In the context of speech and language therapy, it is critical that the boundaries between Departments of Health, Social Services and Personal Safety and the Department of Education become blurred so that the over-riding aim is to afford children and young people the right to therapy and support to help develop their communications skills, in order for them to fulfill their potential in life.

The Commissioner for Children and Young People (Northern Ireland) Order, 2003, states under Article 6(2)(a) that, 'in determining whether and, if so, how to exercise his functions under this Order in relation to any particular child or young person, the Commissioner's paramount consideration shall be the rights of the child or young person' ⁽⁷⁾. The legislation also goes on to state in Article 6(3)(a) that, 'in determining whether and, if so, how to exercise his functions under this Order, the Commissioner shall have regard to the importance of the role of parents in the upbringing and development of their children'; and (b) 'any relevant provisions of the United Nations Convention on the Rights of the Child' ⁽⁸⁾.

6. 'Making It R Wrld 2': Consultation on a Draft Strategy for Children and Young People in Northern Ireland, Office of the First Minister and Deputy First Minister (OFMDFM), November 2004

7. Article 6 (2) (a) 'Principal Aim of the Commissioner' in The Commissioner for Children and Young People (Northern Ireland) Order 2003, HMSO, 2003, p.6

8. Article 6 (3) (a) (b), Ibid, pp.6-7

Many children in Northern Ireland currently '**need**' access to, and suitable provision of, speech and language therapy, but it is also their fundamental '**right**' under Articles 2; 3; 4; 6; 12; 13; 23; 24; 28; and 29 of the UNCRC. As a result of information that the Commissioner's Office has uncovered from a short survey of HSS Trusts, this paper will go on to briefly explore at the end of Section 2 how these articles are not met in relation to the many children and young people requiring Speech & Language Therapy Services in Northern Ireland.

Background

One of the functions of NICCY under Article 7 (3) of the Commissioner's Order is to, 'keep under review the adequacy and effectiveness of services provided for children and young persons by relevant authorities' (9). From early inception, complaints were made to the Commissioner by parents in relation to their experiences of the inadequacy of speech and language therapy provision for their children. The volume and geographic spread of the complaints led the Commissioner to be concerned about the existing provision of speech and language therapy (SLT) services in Northern Ireland, which appeared, anecdotally, as insufficient and failing children and young people.

In the period between November 2003 and October 2004, NICCY's Legal & Complaints Department received eighteen complaints relating to lack of SLT services in Northern Ireland, of which sixteen were made formally. From the overall complaints, thirteen were made specifically in relation to the provision of SLT services, while in the remaining five, the lack of SLT provision was a significant factor in a range of other educational and health issues.

A significant number of all complaints (9) were made in relation to provision within the Western Health & Social Services Board, particularly in the Foyle HSS Trust area. The other complaints were against HSS Trusts within the Northern and Southern Health & Social Services Boards (HSSBs) and three Education & Library Boards (ELBs). In January 2005, another complaint, so far informal, was made about lack of SLT services, bringing the total number of complaints received by NICCY to 19 (16 Formal) (See Appendix 1). Furthermore, the Children's Law Centre in Belfast indicate that they have also received complaints, and we understand that they are currently dealing with a number of cases regarding inadequate speech therapy provision in Belfast.

9. Article 7 (3) 'Duties of the Commissioner' in The Commissioner for Children and Young People (Northern Ireland) Order 2003, HMSO, 2003, p.7

The complaints made to NICCY included comments from parents such as:

‘it is extremely frustrating to accept that she is being denied what we consider to be a basic human right, the right to communicate in the best manner possible....the lack of SALT provision has been going on for a long time and I feel that my child has been unequally treated and discriminated against because of her disability in an appalling manner’

‘...he only gets a 6 week block [of speech therapy] and then nothing for 6 months, so by the time the next block is due, he has forgotten everything’

‘Every time I raise this issue [with the Board], I’m told there is no funding, no resources and that all the parents are complaining about the situation. I am told that there is nothing that can be done.....’

‘As parents of a learning disabled child, we feel that we have to fight and battle for any help with his speech therapy....we must see to it that health providers be made accountable and give us a solution to this problem’

Also, in 2004, the Commissioner for Children and Young People, Nigel Williams, met with Principals, teachers and deputations of parents of children from several Special Schools, including some in Lisburn, Magherafelt and Lurgan, where a range of issues relating to inadequate provision of SLT services were raised. Indeed, in further written correspondence to NICCY expressing concern that the speech and language needs of children with profound and multiple learning difficulties are not being met by the local HSS Trust, one Special School alarmingly indicated that they have full classes where all the children are statemented for speech and language therapy but have not seen a therapist for a number of years.

Despite substantial increases in the number of pupils attending this school and the likely possibility that they will continue to rise, SLT services have not been provided to meet the growing, or existing, demand. Although these concerns have been repeatedly raised by parents and educators with the Trust, the local council, political representatives, ELBs and Social Services, no action has been taken to address the fact that children and young people are continuing to be seriously disadvantaged by the Trust’s failure to deliver an effective and efficient SLT service.

Therefore, in response to the widespread concern about children’s access to SLT services, NICCY decided to commission external research in this area and a Steering Group was established to help address the relevant issues. The main aim of the proposed research was to produce comprehensive and factual evidence which would clarify the scale of the shortfall in service and enable NICCY to lobby for improved and adequate provision of speech and language

therapy for children. Consideration was given to two research proposals, one of which was a very academic piece of work while the other favoured more 'action' based research. However, as neither proposal was felt to fully meet the needs of the Review, it was decided in the interim that NICCY would carry out a **preliminary** survey of Health and Social Services (HSS) Trusts who provide SLT services in Northern Ireland, and also liaise with the Service Improvement Unit of the DHSSPS in relation to the piloting of alternative models (See Appendix 2).

Process

All Health and Social Services (HSS) Trusts who provide SLT services in Northern Ireland (14) were asked to respond to a short questionnaire (Appendix 3) based on areas that were highlighted as being important by the NICCY Steering Group, for example: statementing; number of Speech & Language Therapists/Assistants; waiting times; complaints; and models. They were also contacted and asked to indicate the numbers of children/young people currently waiting for initial assessment. Additionally, the Education and Library Boards (ELBs) were also asked to provide details in relation to the numbers of children statemented with Speech and Language difficulties. The main outcomes of the preliminary work are presented and briefly discussed in Section 2 of this report, and the full responses from the Trusts are provided in Section 3.

SECTION TWO - QUESTIONNAIRE RESULTS

Table 1 is a list of the 14 Health and Social Services (HSS) Trusts operating within 4 Health & Social Services (HSS) Boards in Northern Ireland who offer a Speech and Language Therapy service. The table also indicates those Trusts who, upon request, provided NICCY with information about this service.

Overall, the response rate from the Trusts was 100%.

Table 1: Health & Social Services (HSS) Boards/Trusts (Northern Ireland)

Health & Social Services (HSS) Boards/Trusts	Response
Eastern Health & Social Services Board	7
South & East Belfast Trust	1
Green Park Healthcare Trust	1
Belfast City Hospital Trust	1
Ulster Community & Hospitals Trust	1
Royal Group of Hospitals Trust	1
Down Lisburn Trust	1
North & West Belfast Trust	1
Southern Health & Social Services Board	3
Armagh & Dungannon Trust	1
Craigavon & Banbridge Community Trust/CAHGT (Craigavon Area Hospital Group Trust)	1
Newry & Mourne Trust	1
Northern Health & Social Services Board	2
Causeway Trust	1
Homefirst Community Trust	1
Western Health & Social Services Board	2
Foyle Trust	1
Sperrin & Lakeland Trust	1
Total Responses:	14

Following a brief outline of the main findings and issues raised by the returned questionnaires, all the responses are fully presented in table format in Section 3.

FINDINGS/ISSUES RAISED

Number of children and young people statemented for Speech & Language Therapy

The total population of Northern Ireland is estimated as being 1,702,628 of which 28% (469,319) are aged between 0-18yrs ⁽¹⁰⁾. The school population, including numbers statemented, is as follows:

Table 2: School Population ⁽¹¹⁾

Setting	No. of Children
Pre-School	20,971
Primary (P1-P7)	165,347
Post-Primary (up to 16yrs)	143,175
Post-Primary (16-18yrs)	11,687
Total	341,180
With a statement	10,985
With S&L difficulties recorded on their statement	3,211

Figures provided by the Department of Education from the Northern Ireland School Census 2003 indicate that the total number of children in the 5 Education and Library Board areas in Northern Ireland with statements for special educational needs in Northern Ireland is 3% of the school population (10,985). Of these children, 29% (3,211) have speech and language difficulties recorded on their statement:

Table 3: Number of pupils statemented for speech and language difficulties in Northern Ireland ⁽¹²⁾

Setting	No. of children
Primary Schools	931
Special Schools	2157
Mainstream Classes (post primary only)	98
Special Units (post primary only)	25
Total	3211

10. Mid-Year Estimates 2003, Northern Ireland Statistics & Research Agency (NISRA) @ www.nisra.gov.uk

11. NI School Census 2003, Department of Education (NI)

12. Note: This is not a strict count of pupils with disabilities. The tables record pupils by disability and so some pupils may be recorded more than once: Source: [Department of Education](#)

Of the children with speech and language difficulties on their statement, 68% attend Special Schools/units. A total of 4,834 children attend Special Schools (13), of which 45% are statemented for speech and language difficulties. However, the number of children and young people statemented for SLT as a primary need or an additional need is not distinguished, and the figures are not broken down per HSS Trust.

As part of the questionnaire, each Trust was asked to provide details about the number of children and young people statemented for Speech & Language Therapy within their individual area, and their responses are presented in Section 3, Table 10(a). However, upon receipt of the questionnaire, some Trusts contacted NICCY to say that they could not provide **any** figures relating to statementing, rather this information was held by the Education & Library Boards (ELBs). Therefore, NICCY formally requested all ELBs (5) to send the relevant figures/statistics for the **total** number of children statemented between 2002 and December 2004. The ELBs were also contacted via telephone/email correspondence to try and ascertain whether it was possible to provide a further break down of the numbers, into categories of primary and additional need, and their full responses are recorded in Table 10(b).

- The majority of children and young people receiving SLT do **not** have statements of special educational needs. One HSS Trust has indicated that 80% of children who require SLT in their Trust are **not** statemented, and NICCY has been advised that this is a fairly typical representation across Trusts in Northern Ireland.
- 29% of the overall school population who have statements of educational needs have speech and language difficulties recorded on their statement.
- 68% of children with speech and language difficulties on their statement attend special schools/units.
- 45% of children in special schools with statements of educational needs have speech and language difficulties recorded on their statement.
- 57% (8) of Trusts were able to provide figures in relation to the total number of children and young people statemented for SLT.
- 100% (5) of ELBs responded to a request for statistics/information about SLT Statements.
- Essentially, the Trusts/ELBs differed in the type of statistics they could provide. While some Trusts referred to ELBs as the agency responsible for retaining figures about statementing, not all ELBs routinely recorded this information, could supply complete sets of data, or their responses were conflicting. Some examples include:

13. Northern Ireland School Census 2003, Department of Education (NI)

- Only 1 ELB (NEELB) could provide the total number of SLT statements for each year between 2002-2004, while at the same time also indicating how many of those were primary or additional need. However, those figures were not broken down for each Trust.
- The SEELB returned two separate, different sets of figures, one clearly indicated numbers for those SLT stated as a secondary requirement, the other stated that, 'Unfortunately, the Board does not hold statistics of a secondary reason for a statement'.
- The figures for statementing supplied by Sperrin & Lakeland Trust are estimates and they refer to WELB as having this information. However, although asked for the total numbers of children SLT stated, WELB did not break them down per Trust and provided figures for 'new statements made only', therefore Sperrin & Lakeland's estimates cannot be compared. Foyle Trust gave figures for the total number of children with SLT statements (obtained from WELB), but again this cannot be compared with the information provided by WELB.
- BELB do not record the total number of statements for SLT, they can only provide figures for pupils attending speech and language units.
- 14% of Trusts (2) have suggested that more children are being statemented. In order to ascertain whether statementing for SLT is increasing, any future research should consider the following:
 - Request statistics for the number of new statements made each year so that a comparison can be made, as well as the total number.
 - Request a breakdown of primary/additional need
 - Request a breakdown per individual Trusts
- However, it should also be requisite that all ELBs routinely record the numbers of children/young people who are being statemented for SLT (primary and additional need) and maintain accurate, up-to-date and comprehensive data in relation to this.

Speech & Language Therapists Employed In Trusts

All respondents provided figures for whole time equivalent (WTE) SLTs, however the majority (8) of these did not also indicate the actual number employed within their individual Trusts (compared to, for example, 10.88 WTE = 15 SLTs as per Ulster Community & Hospitals Trusts). Therefore, although the total number of individual SLTs working with children/young people cannot be calculated at the present time, it is possible to provide complete data for the number of WTE SLTs working with children/young people within Trusts in Northern Ireland. The Trusts also provided information about the settings in which SLTs are based in or working between (See Section 3, Table 11).

Table 4: Speech & Language Therapists

Health & Social Services Board/Trust	WTE SLTs	Population 0-18yrs
Eastern Health & Social Services Board	74.04	172,838
South & East Belfast Trust	16.02	
Green Park Healthcare Trust	04.99	
Belfast City Hospital Trust	02.00	
Ulster Community & Hospitals Trust	10.88	
Royal Group of Hospitals Trust	02.40	
Down Lisburn Trust	23.32	
North & West Belfast Trust	14.43	
Southern Health & Social Services Board	30.42	93,403
Armagh & Dungannon Trust	08.92	
Craigavon & Banbridge Community Trust/CAHGT	12.50	
Newry & Mourne Trust	09.00	
Northern Health & Social Services Board	51.75	117,059
Causeway Trust	10.33	
Homefirst Community Trust	41.42	
Western Health & Social Services Board	30.50	86,019
Foyle Trust	16.10	
Sperrin & Lakeland Trust	14.40	
Total:	186.71	469,319

- There are presently 333 practicing Speech and Language Therapists in Northern Ireland ⁽¹⁴⁾, of which 186.71 WTE work with children/young people within the 14 Health & Social Services Trusts providing SLT Services.
- The number of WTE SLTs working in, for example, Special Schools, appears to vary across Trusts. Indeed, in South & East HSS Trust there are 7.16 WTE SLTs for 8 Special Schools but only 4.94 for the same number of Special Schools in Homefirst Community Trust. For 5 Special Schools within Foyle Trust there are only 1.70 WTE SLTs. **However, without knowing whether these schools are similar in size, settings and abilities, comparisons and objective analysis cannot be made.**
- 64% of Trusts identified a lack of resources/SLTs as a gap in service provision that needs to be addressed. For example:
 - in Causeway Trust, the number of referrals of children for SLT has increased by 110% in the last five years without a similar increase in SLT staff.

- significant understaffing within the Cleft SLT Service (Royal Group of Hospitals Trust) prevents the delivery of services as per National Guidelines for Cleft Care.
- Down Lisburn Trust indicated the number of children seen within their Trust for SLT as being 1,851 which equates to 1.0 WTE SLT = 79.4 children.
- **It would be useful for future formal research to make comparisons in relation to the number of SLTs per children receiving speech and language therapy within all Trusts, and also within Special Schools and Community Clinics.**

Speech & Language Therapy Assistants Employed In Trusts

Again, the total WTE is presented in Table 5 as opposed to the individual numbers of SLTAs. Furthermore, more detailed information about the settings in which SLTAs are based in or working between is available at Section 3, Table 12.

14. Membership Database, Royal College of Speech and Language Therapy, 2005

Table 5: Speech & Language Therapy Assistants (SLTAs)

Health & Social Services Board/Trust	WTE SLTAs
Eastern Health & Social Services Board	9.37
South & East Belfast Trust	0.41
Green Park Healthcare Trust	0.85
Belfast City Hospital Trust	1.00
Ulster Community & Hospitals Trust	3.30
Royal Group of Hospitals Trust	None
Down Lisburn Trust	2.00
North & West Belfast Trust	1.81
Southern Health & Social Services Board	00.67
Armagh & Dungannon Trust	0.17
Craigavon & Banbridge Community Trust/CAHGT	0.50
Newry & Mourne Trust	None
Northern Health & Social Services Board	06.11
Causeway Trust	1.00
Homefirst Community Trust	5.11
Western Health & Social Services Board	08.80
Foyle Trust	4.00
Sperrin & Lakeland Trust	4.80
Total:	24.95

- Speech & Language Therapy Assistants exist in 86% (12) of Trusts, with only 2 Trusts (Newry & Mourne; Royal Group of Hospitals) indicating that they do not have such positions.
- However, across Trusts, the WTE is only 24.95. Indeed, for example, the single 0.17 WTE SLTA in Armagh & Dungannon Trust is employed for two sessions (one session of 3 hours in each of the two special schools); one 0.85 WTE assistant is shared between 2 special schools for children with physical disabilities in Green Park Trust; South & East Belfast Trust has one 0.41 WTE assistant; while the SLTA in Causeway Trust is employed on a temporary basis until December 2005 across all settings.
- There is inequity between Trusts in relation to the employment of SLTAs. For example, while the two Trusts within Western Health & Social Services Board have 8.80 WTE SLTAs, three Trusts in Southern Health & Social Services Board employ 00.67 WTE SLTAs, with one of those Trusts (Newry & Mourne) not having any assistants .
- 36% (5) of Trusts specifically highlighted that an increase in the numbers of SLTAs is required.

Number of Informal Complaints about the Provision or Lack of SLT between 2002 and December 2004

- The number of informal complaints cannot be accurately estimated when the system for collecting such complaints is clearly different within each Trust. For example, Sperrin & Lakeland Trust estimate that they receive an average of 10 enquiries per month (120 each year), either verbal or written, where concern is expressed about the lack of SLT provision, while both Armagh & Dungannon and Foyle Trusts do not record verbal complaints, and South & East Belfast Trust can only provide an estimate as 'it is difficult to quantify and define 'informal' complaints'.
- Furthermore, School Principals and professionals within the SLT Service have indicated that they receive many complaints from parents which would not be officially recorded.

Number of Formal Complaints about the Provision or Lack of SLT between 2002 and December 2004

The total number of formal complaints across all Trusts cannot be calculated as one Trust (Royal Group of Hospitals) has not provided these details. However, figures are presented in relation to the remaining majority of Trusts (13).

Table 6: Formal Complaints

Health & Social Services Board/Trust	Formal Complaints
Eastern Health & Social Services Board	20
South & East Belfast Trust	5
Green Park Healthcare Trust	1
Belfast City Hospital Trust	0
Ulster Community & Hospitals Trust	4
Royal Group of Hospitals Trust	Not Available
Down Lisburn Trust	5
North & West Belfast Trust	5
Southern Health & Social Services Board	27
Armagh & Dungannon Trust	2
Craigavon & Banbridge Community Trust/CAHGT	15
Newry & Mourne Trust	10
Northern Health & Social Services Board	23
Causeway Trust	0
Homefirst Community Trust	23
Western Health & Social Services Board	31
Foyle Trust	3
Sperrin & Lakeland Trust	28
Total:	101

- The total number of formal complaints received by Trusts (excluding Royal Group of Hospitals) between 2002 and December 2004 is 101. The largest number of complaints were made against Sperrin & Lakeland Trust, while the Trusts that received least complaints were Belfast City Hospital and Causeway who both recorded none for this period.

Number of children/young people waiting for SLT assessment

The Trusts have provided figures for the numbers of children/young people presently on waiting lists for SLT assessment as follows:

Table 7: Waiting for Assessment

Health & Social Services Board/Trust	Total
Eastern Health & Social Services Board	978
South & East Belfast Trust	104
Green Park Healthcare Trust	14
Belfast City Hospital Trust	0
Ulster Community & Hospitals Trust	123
Royal Group of Hospitals Trust	10
Down Lisburn Trust	559
North & West Belfast Trust	168
Southern Health & Social Services Board	806
Armagh & Dungannon Trust	507
Craigavon & Banbridge Community Trust/CAHGT	69
Newry & Mourne Trust	230
Northern Health & Social Services Board	367
Causeway Trust	64
Homefirst Community Trust	303
Western Health & Social Services Board	337
Foyle Trust	104
Sperrin & Lakeland Trust	233
Total:	2488

- The number of children/young people currently awaiting assessment for SLT across Trusts is **2,488**
- 2 Trusts account for **43%** of the overall waiting list (Down Lisburn with 559 and Armagh & Dungannon with 507).

Average length of waiting for assessment

- Some Trusts provided figures for the average waiting time while others gave the maximum waiting time.
- There is inequity between Trusts in relation to the length of waiting times for speech and language assessment. For example, in Community Clinics within Homefirst Community Trust, the average waiting time for assessment is 1-2 months, whereas in Armagh & Dungannon it is up to 15

months. In Craigavon & Banbridge Community Trust/CAHGT, assessment in Community SLT Clinics is within 8 weeks from the date of referral. In North & West Belfast Trust, the average wait is less than 2 months, and 4-5 weeks in Causeway Trust, whereas in both Ulster Community & Hospitals and Down Lisburn Trusts it is 3 months. While children/young people in South & East Belfast Trust can wait up to a maximum of 7 months for assessment, and in Newry & Mourne Trust up to 8 months, within Sperrin & Lakeland Trust the maximum waiting time is usually 4 months.

Average length of waiting for Speech & Language Therapy

Again, some Trusts provided the average wait for therapy, while others stated the maximum waiting time for therapy within their Trust. The following table indicates waiting periods for assessment, therapy and then the overall **possible** waiting time for initial therapy from the date of referral. Where an average time is stated, clearly some children and young people wait lengthier periods.

Table 8: Length of Waiting for Speech & Language Therapy

Trust	Assessment Wait	Therapy Wait	Possible Waiting Time From Referral Date
South & East Belfast*	6 weeks – 7 months	4 weeks – 7 months	Up to 14 months
Green Park	Up to 3 months	None	Up to 3 months
Belfast City Hospital	Up to 3 months	None	Up to 3 months
Ulster Community	Average 3 months	Average 5 weeks	Average 17 weeks
Royal Group	Average 1 month	None	Average 1 month
Down Lisburn	Average 3 months	Average 6 months	Average 9 months
North & West Belfast	Average 57 days	Average 135 days	Average 192 days
Armagh & Dungannon	Up to 15 months	None	Up to 15 months
Craigavon&Banbridge	Average 7 weeks	Average 5 months	Average 6.5/7 months
Newry & Mourne	Up to 8 months	Up to 12 months	Up to 20 months
Causeway	Average 4/5 weeks	Up to 12 months	Up to 13+ months
Homefirst	Average 0-2 months	Average 9-11 months	Average 11-13 months
Foyle	Average 2-3 months	Average 4-15 months	Up to 18+ months
Sperrin & Lakeland	Up to 4 months	Up to 16 months	Up to 20+ months

* Note: In South & East Belfast Trust there is an average wait for SLT of 7 months, in consultant-led clinics, however, in the community clinic service, due to the implementation of a triage approach to case management, **the current length of wait for assessment and therapy is 4 weeks.**

- Only 21% (3) of Trusts have waiting times of three months and below, with only 1 of these (Royal Group of Hospitals) indicating an average waiting time from referral of 1month (although as it is an average, some children may wait longer).
- **There is clear inequity in relation to waiting times from date of referral to first therapy appointment.** Where a child/young person lives in Northern Ireland determines the length of the wait for SLT. For example, a child waiting in South & East Belfast Trust for SLT in a community clinic will receive assessment and therapy in 4 weeks, whereas in both Sperrin &

Lakeland and Newry & Mourne Trusts, it is possible that they might wait 20+ months, in Foyle Trust up to 18+ months, and up to 15 months in Armagh & Dungannon Trust. While the average is 11-13 months in Homefirst Community Trust, it is 9 months in Down Lisburn Trust and 6.5-7 months in Craigavon & Banbridge Community Trust/CAHGT. Where the figure provided is an average waiting time, there will be children/young people who have lengthier waits, sometimes up to 2 years.

- However, a professional within the SLT Service has indicated to NICCY that, in some Board areas, waiting times for assessment/therapy for children/young people can extend 2 years and beyond for a variety of reasons. For example, if a child waits 18 months for assessment and then does not appear for the appointment, they may be placed back on the original waiting list for a similar length of time.
- **Further research might examine the amount/frequency of SLT received and the waiting times for follow-up blocks of therapy. Indeed, one Trust has stated that there are 'hidden' waiting lists for further blocks of treatment and for further treatment/advice sessions.**

Supporting Change

Across Trusts, there appears to be a broad and innovative range of initiatives aimed at improving SLT Services and piloting alternative ways of working. The following are some of the examples included: (See Section 3, Table 17 for complete and detailed responses)

- Service Improvement Projects (Service Improvement Unit, DHSSPS)
- Comet Project – joint project with Education & Library Boards
- Interdepartmental Regional Steering Group (DE; ELBs, DHSSPS; HSS Boards & Trusts) established to promote and ensure collaborative and effective working, including SLT, in Special Schools. The 'Guidance for Promoting Good Practice Between Teachers and Therapists in Schools in Northern Ireland' is to be piloted in schools later in 2005.
- J.E.S.T. – partnership between Education & Library Board and SLT Managers
- 'Language and Learning' Project in primary schools - with Education & Library Board
- Surestart Projects
- Promotion of multi-agency/multi-disciplinary working
- Collaborative working with local communities/service users (more parental involvement)
- Paired placements to support increased student intake/alleviate recruitment difficulties
- Consultative/classroom based interventions
- Increased group therapy sessions (also outside school hours and in school holidays)
- Training for parents/teachers/nursery workers/childminders/others who work with children and young people

- Service development based on research data/employment of Research SLTs
- Introduction of different models of care, e.g. specific approaches for children with autism/SLT Service for children with ASD attending mainstream schools
- Development of skill mix/In-service training
- Service development based on health promotion and prevention
- Applications to various funding bodies for additional SLTs
- Facilitating return to work for therapists who have been out of the profession
- Partial Booking
- Computerisation
- Monitoring and evaluation of service provision/highlighting unmet need to Health & Social Services Board

Range of models: (See Section 3, Table 18)

The Trusts offer a range of models and therapy options, including direct/indirect therapy; individual/group therapy; parental training; multi-disciplinary assessment; advisory/outreach/home and school programmes.

- However, South & East Belfast Trust also indicate that they adopt a triage approach to case management, which is interesting to note considering their waiting time for assessment and therapy in community clinics is significantly lower, for example, within 4 weeks compared to up to 20+ months in other Trusts.

Issues/areas of concern:

When asked about gaps in assessment and provision and any further comments they would like to add, the following areas of concern were most identified by the Trusts:

Table 9: Gaps in assessment and provision (full details and also additional comments are provided in Section 3, Tables 19 and 21)

<ul style="list-style-type: none"> • 64% - Lack of Resources/Speech & Language Therapists to meet present needs. In relation to vacant posts, for example, significant understaffing within the Cleft SLT Service prevents the delivery of services as per National Guidelines for Cleft Care. • 43% - Lack of/non-existent clerical support • 36% - Increasingly complex needs of children and lack of service provision to address these, including, for example, increase in autism diagnosis, special educational needs, hearing impairments/cochlear implants, SLT associated with emotional/ behavioural difficulties • 36% - Lack of SLT Assistants • 29% - Lack of collaboration and joint health care planning between educational and Trust staff/needs to be strengthened • 29% - Accommodation constraints/unsuitable accommodation • 29% - Recruitment and retention difficulties • 29% - Recruitment difficulties relating to temporary cover for maternity and sick leave • 21% - Lengthy waiting lists • 21% - Limited contact/Require more collaboration with, for example, parents • 21% - Improved IT Infra-structure required

- 21% - Issues regarding time for training other professionals within Health & Education or training SLT Assistants
- 14% - Increase in statements
- 14% - Lack of provision to older children/young people
- 14% - Research limited/more time required for research
- 14% - Inequity in service provision
- 14% - Special Schools cannot meet demand

Other issues raised included:

- Bilingualism and Irish Medium: Increased demand for services for bilingual children which is not catered for within service growth.
- No preventative role with parents/carers of 0-2 year old children.
- More time required for therapy planning and evaluation.

Funding for SLT provision

Information provided by the HSS Trusts indicates that the total allocated funding for speech and language therapy provision in Northern Ireland is in the region of £7.5m as follows:

Table 10: Funding for SLT Provision: (15)

Health & Social Services Board/Trust	Funding £
Eastern Health & Social Services Board	3,766,412
South & East Belfast Trust	681,867
Green Park Healthcare Trust	173,830
Belfast City Hospital Trust	478,302
Ulster Community & Hospitals Trust	767,898
Royal Group of Hospitals Trust	112,000
Down Lisburn Trust	944,088
North & West Belfast Trust	608,427
Southern Health & Social Services Board	1,092,774
Armagh & Dungannon Trust	302,000
Craigavon & Banbridge Community Trust/CAHGT	465,774
Newry & Mourne Trust	325,000
Northern Health & Social Services Board	1,155,256
Causeway Trust	253,226
Homefirst Community Trust	902,030
Western Health & Social Services Board	1,457,929
Foyle Trust	854,929
Sperrin & Lakeland Trust	603,000
Total:	7,472,371

- It would be useful to have a detailed breakdown and subsequent review of present funding for the delivery of services for children and young people with speech, language and communication needs.

15. **Note:** 4 Trusts did not include goods and services in their total funding [South & East; Armagh & Dungannon; Causeway; Foyle] and 1 Trust [Sperrin & Lakeland] did not include administration costs

Children’s Rights in Relation to Speech and Language Therapy

Based on the UNCRC, NICCY believes that many children’s rights are being breached or ignored due to inadequate provision of assessment of the need for speech and language therapy, and then further inadequate provision of that therapy. For the purposes of this paper, we will briefly highlight our concerns relating to articles 2;3;4;6;12;13;23;24;28; and 29 of the UNCRC.

Article 2: Non-Discrimination

All rights in the Convention apply to all children without exception, and the State has an obligation to protect children from any form of discrimination

Comment: At present, it would appear that some children are being discriminated against in their right to education and health provision, which includes speech and language therapy, depending in which area of Northern Ireland they live. If such discrimination is not addressed, this will undoubtedly have a detrimental impact on their development, another fundamental right of the UNCRC, and ultimately effect their immediate and long term quality of life.

Article 3: Best Interests of the Child

All actions concerning the child should take full account of his or her best interests. The State is to provide adequate care when parents or others with responsibility fail to do so.

Comment: Any decision making in relation to education and health provision, including speech and language therapy should consider the best interests of children and it is the responsibility of government to provide this service. It does not appear from this overview carried out by NICCY, that the best interests of children are being taken account of when planning and resourcing speech and language therapy services.

Article 4: Implementation of Rights

The State has an obligation to translate the rights of the Convention into reality.

Comment: In child friendly language, this means a child has the right to have his/her rights made a reality by the Government. This article clearly relates to all

rights, but in the opinion of NICCY, there is a fundamental breach about the lack of adequate and timely assessment and therapy provision.

Article 6: Survival and Development

The child has an inherent right to life, and the State has an obligation to ensure to the maximum extent possible the survival and development of the child.

Comment: For some children and young people who are unable to access the services they require, the quality of their lives and their ability to develop and meet their potential must be questioned.

Article 12: The Child's Opinion

The child has the right to express an opinion, and to have that opinion taken into account, in any matter or procedure affecting the child, in accordance with his or her age and maturity.

Comment: Many of the children who have been brought to the attention of NICCY, through the complaints process, has been at the initiation of their parents/carers. The majority of the children are disabled, have autism, or special educational needs. Often, because of their inability to articulate their feelings, they rely on their parents to champion their cause. We believe that through the provision of appropriate speech and language therapy, many of the children could directly express their opinions, without needing to rely on the support of their parents/carers.

Article 13: Freedom of Expression

The child has the right to obtain and make known information, and to express his or her own views, unless this would violate the rights of others.

Comment: Again, as above, children who do not have appropriate communication skills are impaired in their ability to freely express themselves.

Article 23: Children with Disability

Children with physical disability or learning difficulties have the right to special care, education and training, designed to help them to achieve the greatest possible self-reliance and to lead a full and active life in society.

Comment: It almost goes without saying how this Article is breached across Northern Ireland in relation to the absence of adequate speech and language therapy for children who require this to develop their communications skills.

Article 24: Health and Health Services

The child has the right to the enjoyment of the highest attainable standard of health possible and to have access to health and medical services. In its provision of health services, the State shall place special emphasis on

primary and preventative health care, public health education and the diminution of infant mortality. The State has an obligation to work towards the abolition of harmful practices prejudicial to the health of children. States which ratify the Convention have an obligation to promote international co-operation to advance the realisation of the child's right to health especially in developing countries.

Comment: NICCY's brief overview of speech and language therapy leads us to believe that not all children in Northern Ireland are able to access the highest attainable standard of healthcare and do not have access to adequate health services. It is clear that delays in assessment and provision of therapy run contrary to ideas of preventative health care and equality provision.

Article 28: Education

The child has the right to education; the State has a duty to make primary education compulsory and free to all and to take measures to develop different forms of secondary education and to make this accessible to all children. School discipline should be administered in a manner consistent with the child's human dignity. States which ratify the Convention have an obligation to encourage international co-operation to ensure implementation of the child's right to education, taking particular account of the needs of developing countries.

Comment: In order for children to fully engage in education, they need to be provided with adequate support and help. This overview has highlighted huge disparities in resources available across special educational establishments in Northern Ireland.

Article 29: Aims of Education

Education should be directed at developing the child's personality and talents, preparing the child for active life as an adult, fostering respect for basic human rights; developing respect for the child's own cultural and national values and those of others; and, developing respect for the natural environment.

Comment: As above, the disparate provision of Speech and Language Therapy across educational establishments would suggest that not all schools are able to adhere to this right.

Conclusion

It must be remembered that this report is a brief overview of existing demand for, and provision of, speech and language therapy provision. A more formal, indepth analysis or research into the issues highlighted here would provide a more comprehensive and informative picture. However, even within this document,

NICCY has presented a range of issues of concern that must be addressed as a matter of urgency. We strongly recommend that the DHSSPS, DE and relevant Trusts/Boards review the information presented in this report and put into place an immediate remedial action plan, which includes resources available to address the needs of the children highlighted here who require assessment and speech and language therapy. It would be wrong to adopt a piecemeal Trust based approach, as this could lead to further inequities.

SECTION THREE - QUESTIONNAIRE RESPONSES:

Table 10(a): Health and Social Services (HSS) Trusts and Speech & Language Statements

HSS Trust & Response Details																			
<u>Eastern Health & Social Services Board</u>																			
<p>South & East Belfast Trust: This information is not routinely collected within the Trust. Perhaps the ELBs may be able to supply this information. The research that NICCY commission should consider the following caveats in relation to SLT provision for children and young people:</p> <p>a) A statement for SLT does not equate with severity, e.g. a child with moderate learning difficulties and speech and language problems is lower priority than a non-verbal two and a half year old who may have an underlying language problem.</p> <p>b) Many parents of young children prefer to defer the statementing process for as long as possible and only initiate this when they realise their child will have long-term needs, e.g. a child with severe learning disabilities and speech and language needs could be statemented at aged 2, but it could take up to 2 years to statement a child with a speech and language disorder. We would view both these children as having equal need and would be treated accordingly.</p> <p>c) Many pre-school children are not statemented until they start mainstream education but would have SLT support from the date of referral.</p> <p>d) Within this Trust there are 8 Special Schools & Language Units. The geographical boundaries for BELB and SEELB are not co-terminus with Trust boundaries. There are many children from other EHSSB Trusts attending these Schools/Units who receive their SLT support from SEBT staff.</p> <p>Green Park Healthcare Trust: 174. The majority of children have been statemented before school entry. 2 additional children are currently being statemented.</p> <p>Belfast City Hospital Trust: 90+ children & young people statemented for SLT in the community. They attend the Regional Cochlear Implant Centre at Belfast City Hospital for assessment and post op follow up.</p> <p>Ulster Community & Hospitals Trust: 253</p> <p>Royal Group of Hospitals Trust: Regional Services covering all Board areas – no records kept regarding those seen who are statemented, although a very high number of our patients will be statemented or will be babies with syndromes who are likely to be statemented in future.</p> <p>Down Lisburn Trust: The Trust does not hold this data.</p> <p>North & West Belfast Trust: This information was requested from Belfast Education & Library Board (BELB). BELB advised that the information cannot currently be provided as it is not available in this format.</p>																			
<u>Southern Health & Social Services Board</u>																			
<p>Armagh & Dungannon Trust: These figures can be supplied by the Southern Education & Library Board (SELB).</p> <p>Craigavon & Banbridge Community Trust/CAHGT: 353</p> <table> <tr> <td>Mainstream School Learning Support Centres</td> <td>65</td> </tr> <tr> <td>Educational Centre for Speech & Language (SLI Unit)</td> <td>20</td> </tr> <tr> <td>Community Clinics</td> <td>70</td> </tr> <tr> <td>Special Schools</td> <td>114</td> </tr> <tr> <td>Multi-disciplinary Children's Centre</td> <td>62</td> </tr> <tr> <td>Area Child Development Team</td> <td>4</td> </tr> <tr> <td> CBCT</td> <td></td> </tr> <tr> <td> ADT</td> <td>4</td> </tr> <tr> <td> NMT</td> <td>4</td> </tr> </table>		Mainstream School Learning Support Centres	65	Educational Centre for Speech & Language (SLI Unit)	20	Community Clinics	70	Special Schools	114	Multi-disciplinary Children's Centre	62	Area Child Development Team	4	CBCT		ADT	4	NMT	4
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CBCT																			
ADT	4																		
NMT	4																		

Partial Hearing Unit	10
TOTAL	353
Newry & Mourne Trust: 338 approximately. 168 of these children are in Special School/Units/LSC settings.	

Northern Health & Social Services Board

Causeway Trust: The NEELB holds information on children with a Statement of Special Education need. Some children are 'statemented' because they have a Specific Language Impairment, or some children may have a speech and language therapy need and are 'statemented' because they have a learning disability or ASD for example. SLT support may be a recommended provision in the statement. Some children may have a statement where SLT support has not been included in the recommendations but where there is (perhaps at a later date) a SLT need identified. Also there are a very large number of children who have a need for SLT support who do not have a statement of Special Educational need. These may be pre-school children or children who are at Stage 1-3 of the Code of Practice. As a Trust, we aim to provide SLT to children (in accordance to RCSLT National Guidelines), as based on their assessed needs and this is not dependent on whether the child has a statement or not.

Homefirst Community Trust: To be provided by the Education and Library Board.

Western Health & Social Services Board

Foyle Trust: These are WELB figures @ 4/4/04:

Total No. of children in FHSST with statements: 711

Total No. of children in FHSST with statements for SLT: **481** (approx.)

Sperrin & Lakeland Trust: Western Education & Library Board (WELB) will have this information. The following are estimates: Special School/Units = 160

Mainstream Schools = 106

Total = **266**

It is important to note that children may not actually have a statement yet and have complex speech and language needs, for example, pre-school and children attending language units.

Table 10(b): Education & Library Boards (ELBs) and Speech & Language Statements

Education & Library Board (ELB)	Response Details
Belfast Education & Library Board (BELB)	<p>The Belfast Board does not routinely record numbers of statements wherein speech and language difficulties have been identified as a special educational need. The Board can however provide you with information on the numbers of children attending speech and language units and schools. Currently the Board has a total of 166 pupils, with:</p> <ul style="list-style-type: none"> - 35 pupils attending Taughmonagh Speech & Language Unit; - 26 pupils attending St. Francis de Sales School; - 63 children attending Greenwood House Assessment Centre; - 11 pupils attending Thornfield House School. <p>There are also:</p> <ul style="list-style-type: none"> - 8 children in Ballygolan Partial Hearing Unit; and - 23 children in Ballygolan Speech and Language Unit <p>These numbers do not necessarily reflect the full picture since many children in mainstream school will be in receipt of speech and language therapy whether it is identified as a primary need or indeed</p>

<p>South Eastern Education & Library Board (SEELB)</p>	<p>one of a number of needs.</p> <p>The SEELB provided two separate responses:</p> <p>1) <u>From Special Education Officer:</u> Re: pupils statemented for speech and language difficulties, details are included of those pupils with a diagnosis of autism and/or aspergers. You will appreciate that many parents are unable to accept such labels, preferring to have their child's difficulties expressed as 'special, language and communication difficulties'.</p> <p style="text-align: right;">2002/03: 123 2003/04: 136 2004 : 4</p> <p>Unfortunately, the Board does not hold statistics of a secondary reason for a statement. On review of the above statistics, it is evident that there are significantly more pupils within the Down Lisburn Trust area that have statements due to autism/aspergers/speech and language difficulties, i.e.</p> <p style="text-align: right;">2002/03: 87 2003/04 90 2004: 3</p> <p>2) <u>From Information Officer:</u></p> <table border="1" data-bbox="552 909 1347 1200"> <thead> <tr> <th>Year/Date</th> <th>Primary Reason</th> <th>Secondary Reason</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>2002/3</td> <td>82</td> <td>53</td> <td>135</td> </tr> <tr> <td>2003/4</td> <td>77</td> <td>57</td> <td>134</td> </tr> <tr> <td>2004-Dec 04</td> <td>47</td> <td>23</td> <td>70</td> </tr> <tr> <td>Jan 2005*</td> <td>9</td> <td>5</td> <td>14</td> </tr> <tr> <td>Undergoing statutory assessment</td> <td>33</td> <td>22</td> <td>55</td> </tr> <tr> <td>Total</td> <td>248</td> <td>160</td> <td>408</td> </tr> </tbody> </table> <p>* as at 27th January 2005</p>	Year/Date	Primary Reason	Secondary Reason	Total	2002/3	82	53	135	2003/4	77	57	134	2004-Dec 04	47	23	70	Jan 2005*	9	5	14	Undergoing statutory assessment	33	22	55	Total	248	160	408
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<p>Southern Education & Library Board (SELB)</p>	<p><u>Children Statemented for Speech and Language 2002-04:</u> With regard to these figures, pupils would have Speech and Language as a primary need but there are other pupils who would have speech and language as part of their Statement, but not necessarily as a primary need. Therefore, statistics regarding the number of statemented pupils receiving SLT within the SELB as per the Special Needs Database are also included.</p> <p><u>Children Statemented for Speech and Language (Primary Need):</u></p> <p style="text-align: right;">2002/03: 78 2003/04: 56 2004+ : 21</p> <p><u>Number of Statemented Pupils Receiving Speech & Language Therapy (as per Special Needs Database 13/10/04):</u></p> <p style="text-align: right;">Total Statemented Pupils: 2897</p> <p>From this total, 52% (1500) are statemented pupils receiving SLT:</p> <ul style="list-style-type: none"> - Craigavon & Banbridge: 508 - Newry & Mourne: 434 - Armagh & Dungannon: 436 																												

	- Homefirst: 122 TOTAL 1500																				
Western Education & Library Board (WELB)	<p>Children and young people with statements of special educational needs within WELB, including SLT provision:</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Total Number of Statements</th> <th>Total with SLT provision in statement</th> </tr> </thead> <tbody> <tr> <td>2002</td> <td>259</td> <td>149</td> </tr> <tr> <td>2003</td> <td>239</td> <td>131</td> </tr> <tr> <td>2004</td> <td>280</td> <td>145</td> </tr> </tbody> </table> <p>Notes: Year refers to calendar year, i.e. 01 January – 31 December Statements – refers to new statements made only (does not include amended statements). The majority of children/young people with statements in WELB do not have speech & language therapy as their primary special educational need. WELB has three language units which provide short term intensive speech and language support within an educational setting for children with specific language impairment at Key Stages 1 and 2. A primary objective of this provision, which is provided at Stage 3 of the Code of Practice, is made without the need for a statement. It is only when the child/young person continues to have significant speech and language needs following such intervention that formal assessment and statementing procedures would be initiated. This policy thus reduces the numbers of children/young people being referred for formal assessment at primary level. I should also mention a recent initiative within WELB involving a partnership with ICAN which has resulted in the establishment of a language unit for children of nursery age within a controlled school in Omagh. This provides 20 places for children with speech and language needs, again without the formal assessment and statementing procedures.</p>	Year	Total Number of Statements	Total with SLT provision in statement	2002	259	149	2003	239	131	2004	280	145								
Year	Total Number of Statements	Total with SLT provision in statement																			
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North Eastern Education & Library Board (NEELB)	<table border="1"> <thead> <tr> <th>Year</th> <th>1st Need</th> <th>Additional</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>31/08/01 - Sept 02</td> <td>54</td> <td>35</td> <td>89</td> </tr> <tr> <td>31/08/02 - Sept 03</td> <td>83</td> <td>62</td> <td>145</td> </tr> <tr> <td>31/08/03 - Sept 04</td> <td>114</td> <td>112</td> <td>226</td> </tr> <tr> <td>Up to Dec 04</td> <td>124</td> <td>135</td> <td>259</td> </tr> </tbody> </table>	Year	1 st Need	Additional	Total	31/08/01 - Sept 02	54	35	89	31/08/02 - Sept 03	83	62	145	31/08/03 - Sept 04	114	112	226	Up to Dec 04	124	135	259
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Table 11: Speech & Language Therapists in Health & Social Services (HSS) Trusts

HSS Trust & Response Details
<p><u>Eastern Health & Social Services Board</u></p> <p>South & East Belfast Trust:</p> <ul style="list-style-type: none"> • 16.02 WTE • 15.02 WTE (Number of Trust Funded SLTs working with children – all posts filled as at 24/1/05)

- Within Settings:

8 Special Schools/Units x 12 Staff:	7.16
Consultant-led Paediatric Clinics x 4 Staff:	1.61
(includes Special Needs children)	
Community Clinic/Health Centre x 8 Staff:	4.85
Mencap Nursery x 2 Staff:	1.20
Hearing Impaired Community x 1:	0.20
- BELB have funded **1.0 WTE** under the Comet Project managed by SLT (refer to Question on change initiatives)

Green Park Healthcare Trust:

- **4.99 WTE** (working with children/young people)
- Within Settings – 2 Special Schools for children with physical disabilities and 4.99 WTE working in the Special Schools

Belfast City Hospital Trust:

- **2 WTE** in Cochlear Implant Centre and 9.2 WTE in remainder of hospital. This is a predominantly adult service with only a small percentage of children/teenagers requiring to be seen

Ulster Community & Hospitals Trust:

- **10.88 WTE** (15 SLTs)
- Within Settings:

Special Schools:	4.16 (5 SLTs)
CDC:	3.40 (5 SLTs)
Community Clinics:	2.92 (4 SLTs)
Surestart:	0.40 (1 SLT)

Royal Group of Hospitals Trust:

- There are **2.4 WTE** (5 SLTs) covering regional services within both the Royal Belfast Hospital for Sick Children and the Royal-Jubilee Maternity Hospital
- Within Settings:

Regional Cleft Palate Clinic:	0.7 (1 SLT)
Neonatal & Paediatric Dysphagia:	0.5 (1 SLT)
Ventilator Dependant/trached babies/ children & covering dysphagia caseload:	0.5 (1 SLT)
Acquired Neurology & Neurosurgery:	0.6 (1 SLT)
Paediatric Voice Disorder:	0.1 approx (1 SLT)
- These SLTs are based in the **Royal Belfast Hospital for Sick Children** providing input to the acute inpatient and regional outpatient services, e.g. Paediatric Neurology & Neurosurgery; Ventilator/trached babies and children; Paediatric Surgery re: Neonatal & Paediatric Dysphagia; Regional Cleft Palate Services (Paeds/teenagers/adults with cleft/craniofacial disorders & other aetiologies referred with speech difficulties related to palatal problems); and in the **Royal-Jubilee Maternity Hospital** (Paediatric Dysphagia & Complex Syndromic Dysphagia)

Down Lisburn Trust:

- We have a total of **23.32 WTE** SLTs employed to work with children in a variety of locations and many have a split between Health & Education locations (27.32 WTE SLTs employed in total in the Trust).
- The types of settings are: Outreach Service to Nursery Schools;13 Community Clinics;2 Schools for children with severe learning difficulty;5 Units for children with moderate learning difficulty; 4 Language Unit classrooms; 1 Specialised Early Years Centre (ICAN)
- This question does not fully capture the concept of Therapists working in a number of locations, which could be geographically widespread, they may work in isolation and be responsible for large caseload numbers.

North & West Belfast Trust:

- **14.43:** 13.43 WTE (19 SLTs) is the number of SLTs employed to provide Services to children and young people (0-19yrs), and COMET Project 1.0 WTE Speech & Language Therapist
- Settings: Health Centres/Clinics including Child Development Clinic, family homes, mainstream schools, nurseries, special schools/units uncluding Partial Hearing Units/Speech & Language Units
- Within Settings:

5 Special Schools/Units:	5.52
7 Community Clinics:	5.04
Child Development Clinic	2.87 (includes 0.5 WTE currently vacant)
Comet Project	1.00

Southern Health & Social Services Board**Armagh & Dungannon Trust:**

- **8.92 WTE** (Working with children/young people: does not included SLTs who work with adult clients)
- Within Settings (also includes domiciliary visits):

Community Clinics:	3.20
2 x Special Schools:	1.92
7 x Learning Support Units:	1.30
(on different sites) + 1 autism specific class)	
Communication Centre (SU):	1.00
Children's & Young Persons Centre (wraparound):	1.00
Surestart (Preventative Role):	0.50

Craigavon & Banbridge Community Trust/CAHGT:

- **12.5 WTE**
- Within Settings:

<u>Craigavon & Banbridge Community Trust</u>	
Community Team Manager:	1.0
Community SLT Clinics:	2.5
Multidisciplinary Children's Centre Team:	2.0
Surestart:	1.0
Special Schools (2):	1.0
Learning Support Centres (3):	0.5
Educational Centre for Speech & Language:	1.5
Hearing Impaired Service (Partial Hearing Unit & SLT Clinics):	0.4
<u>Craigavon Area Hospital Group Trust</u>	
SHSSB Area Child Development Team:	
(3 Trust remit)	2.6

Newry & Mourne Trust:

- **Total 9 WTE**
- 6.9 WTE SLTs and 1 Manager (For children & adult services)

Within Settings:	
1 Special School:	1.3
1 Diagnostic Unit:	0.2
2 Physical Disability Units:	0.2
4 Learning Support Centre:	0.7
12 Community Settings:	4.5
- Also, 1.1 WTE SLTs employed in early intervention and preventative work (Surestart) who do not see children who are on clinic caseloads, and 1.0 WTE SLT (S.E.L.B) funded by education who inputs to primary schools and

trains teachers to identify speech, language and communication problems and how to help.	
Within Settings:	
- Surestart:	0.5
- Surestart (S.Armagh)	0.6 (This post is currently vacant)
- S.E.L.B:	1.0

Northern Health & Social Services Board

Causeway Trust:

- **10.33** funded WTE SLTs for Services to Children
- Within Settings:

11 Community Clinics (inc. SLI, HI & Dysfluency):	6.0
1 Special School:	1.1
1 SLT Unit (attached to mainstream school):	0.3
1 Hearing Impaired Unit (attached to mainstream secondary school):	0.1
4 MLD Units (attached to mainstream primary schools):	0.6
2 MLD Units (attached to secondary schools):	0.1
Pre-School Special Needs/CDC/ Mainstream Nurseries/Domiciliary Service:	1.6
ASD Diagnostic Service:	0.5

(NB. Above figures include 0.4 WTE Management for children in community and 0.4 WTE Management for children with special needs)

Homefirst Community Trust:

- **41.42 WTE**
- Within Settings:

18 Community Clinics:	15.41
8 Special Schools:	4.94
2 Special Schools with Regional Remit:	8.51
5 Special Units:	0.70
*Special Needs (Non Educational Location):	6.18
Mainstream Schools:	1.50
1 Child Development Clinic:	0.80
Community Development Services e.g. Surestart:	1.916
Autism Diagnostic and Early Intervention Service	1.50

All figures relate to therapists working with children in permanent posts.

* non-educational location refers mainly to pre-school special needs therapy which may be provided in a variety of locations including community clinics and domiciliary.

Western Health & Social Services Board

Foyle Trust:

- **16.1 WTE** (17 SLTs working with children)
- Settings are: 8 Local Health Centres; Creggan Healthy Living Centre;

<p>Brandywell Bogside Centre; 5 Special Schools; 1 Language Unit – 4 classes; Child Development Clinic; 2 Hearing Impaired Units; Surestart projects in Strabane, Shantallow, Crevagh/Springtown</p> <ul style="list-style-type: none"> • Within Settings (only some figures supplied): Language Unit 1.50 Hearing Impaired Unit: 0.35 Special Schools: 1.70 <p>Sperrin & Lakeland Trust:</p> <ul style="list-style-type: none"> • 1 Manager of service • 14.4 WTE (15 SLTs working with children) 3 teams – paediatric learning disability team: 3.7 WTE (4SLTs) community paediatric team: 8.7 WTE (9SLTs) adult team : 2.5 WTE (4 SLTs) 1.0 WTE SLT employed by WELB supporting teachers in school 1.0 WTE SLT in Surestart • There are 8 Special Schools/Units and 8 Community Clinics
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Table 12: Speech and Language Assistants in Health and Social Services (HSS) Trusts

HSS Trust & Response Details
<p><u>Eastern Health & Social Services Board</u></p> <p>South & East Belfast Trust:</p> <ul style="list-style-type: none"> • 0.41 WTE (1 SLTA) • This Assistant works in an SLD School on a term-time contract <p>Green Park Healthcare Trust:</p> <ul style="list-style-type: none"> • 0.85 WTE (1 whole time, term time SLTA) • This one Assistant is shared between 2 Special Schools for children with physical disabilities <p>Belfast City Hospital Trust:</p> <ul style="list-style-type: none"> • 1.0 WTE • 1 SLTA employed in Belfast City Hospital, however this post does not have input into Cochlear Implant Centre <p>Ulster Community & Hospitals Trust:</p> <ul style="list-style-type: none"> • 3.3 WTE (5 SLTAs) • Within Settings: CDC: 1.0 WTE (1 SLTA) School: 2.3 WTE (4 SLTAs) <p>Royal Group of Hospitals Trust: None</p> <p>Down Lisburn Trust:</p> <ul style="list-style-type: none"> • 2.0 WTE (2 SLTA Posts) • 2 within Special Education (1 currently vacant) – 1 in Speech & Language Unit and in Moderate Learning Disability and Language Unit <p>North & West Belfast Trust:</p> <ul style="list-style-type: none"> • 1.81 WTE (2 SLTAs) • Special Schools/Units – 1.81 WTE
<p><u>Southern Health & Social Services Board</u></p> <p>Armagh & Dungannon Trust:</p> <ul style="list-style-type: none"> • 1 x 0.17 WTE • Employed in Special Schools (0.17 WTE 2 sessions per week)

<p>Craigavon & Banbridge Community Trust/CAHGT:</p> <ul style="list-style-type: none"> • 0.5 WTE (SLTA) • Employed in the Community SLT Clinic <p>Newry & Mourne Trust: None</p>										
<p><u>Northern Health & Social Services Board</u></p> <p>Causeway Trust: No recurring funding for SLT Assistants (we are currently employing 1.0 WTE SLT Assistant on a temporary basis who works across all settings, including community clinics/domiciliary and special school settings, – this contract will end December 2005). Note: for all SLT staff we have allocation of 0.5 WTE Clerical Officer Grade 2, i.e. 12 Staff 10.33 WTE with 0.5 WTE Grade 2 Clerical Support</p> <p>Homefirst Community Trust:</p> <ul style="list-style-type: none"> • 5.11 WTE • Special Schools: 3.61 • Community Clinics: 1.50 										
<p><u>Western Health & Social Services Board</u></p> <p>Foyle Trust:</p> <ul style="list-style-type: none"> • 4.0 WTE (5 Technical Instructors (SLTAs); 3 full-time/2 part-time) – January 2005 (Special Schools initially). These people are appointed but will not be working hands on in Schools until March/April when they complete their training • Within Settings: <table border="0"> <tr> <td>Special Schools – Foyle View</td> <td>2.0</td> </tr> <tr> <td>Glenside</td> <td>0.5</td> </tr> <tr> <td>Belmont House</td> <td>0.5</td> </tr> <tr> <td>Limegrove</td> <td>0.5</td> </tr> <tr> <td>Glasvey</td> <td>0.5</td> </tr> </table> <p>Sperrin & Lakeland Trust:</p> <ul style="list-style-type: none"> • 4.8 WTE (5 SLT Assistants) • Started in January 2005 – all attached to school age children with special needs and statements – will be serving children in mainstream and special schools/units. 	Special Schools – Foyle View	2.0	Glenside	0.5	Belmont House	0.5	Limegrove	0.5	Glasvey	0.5
Special Schools – Foyle View	2.0									
Glenside	0.5									
Belmont House	0.5									
Limegrove	0.5									
Glasvey	0.5									

Table 13: Informal Complaints about the Provision or Lack of SLT recorded by Health & Social Services (HSS) Trusts

<p>HSS Trust & Response Details</p>
<p><u>Eastern Health & Social Services Board</u></p> <p>South & East Belfast Trust:</p> <ul style="list-style-type: none"> • Please note that the following figures are an estimate: It is difficult to quantify and define ‘informal’ complaints. Many parents would complain directly to the therapist involved with the child and therapists would deal with this locally. I have an informal record of the number of complaints I personally dealt with when parents contacted me directly, usually by phone. • 2002-2003: 35 • 2003-2004: 20

- 2004-Dec.2004: 2
- All complaints refer to Wilson complaints
- Comments: A significant number of parents of ASD children with statements request a higher level of therapy provision than the therapist considers in her professional opinion the child requires, e.g. daily or intensive therapy. This often results in the case going to an independent Tribunal. In this Trust, there are many instances where this has been prevented because of good collaborative working between SLT and Education, particularly with the Assistant Advisory Officers.

Green Park Healthcare Trust:

- 2002-2003: 0
- 2003-2004: 0
- 2004-Dec.2004: 8 - Parents and Education staff express their concerns regarding therapy provision each time there is a vacancy. This may be due to staff leaving, going on maternity leave etc. They are aware of our recruitment difficulties.

Belfast City Hospital Trust:

- 2002-2003: 0
- 2003-2004: 0
- 2004-Dec.2004: 0

Ulster Community & Hospitals Trust:

- 2002-2003: 2
- 2003-2004: 1
- 2004-Dec.2004: 1

Royal Group of Hospitals Trust: None for paediatric services for the periods 2002-2004, but as a regional service, significant number of complaints to us as parents unable to get SLT locally – this have been particularly noted for children and teenagers with Cleft Palate. 50%-80%+ of children with Cleft will require SLT and the CSAG report of 1998 recommended SLT across the age ranges. The Royal College of Speech & Language Therapists Recommendations are that these SLTs are appointed to the Regional Cleft team and either provide outreach services or have split posts. No funding received from the Boards regional Medical Services Consortium for this so inequity of access to services by Trust.

Down Lisburn Trust: We do not collate data on enquiries about lack of Speech and Language Therapists. Most of these come from individual parents/carers who all praise the service they receive, but comment that all want more, and queries such as these are all addressed at the first contact, only recorded in individual child's file.

North & West Belfast Trust:

- 2002-2003: 16
- 2003-2004: 10
- 2004-Dec.2004: 10
- These figures represent comments made to and recorded by Speech & Language Therapy Team Leaders regarding requests for increased level of provision.

Southern Health & Social Services Board

Armagh & Dungannon Trust:

- 2002-2003: 3
- 2003-2004: 4
- 2004-Dec.2004: 4
- Verbal complaints are not recorded. The above complaints were letters to

<p>SLT Manager regarding the shortfall in service provision.</p> <p>Craigavon & Banbridge Community Trust/CAHGT:</p> <ul style="list-style-type: none"> • 2002-2003: 0 • 2003-2004: 4 • 2004-Dec.2004: 0 • All complaints relating to length of waiting list for therapy. <p>Newry & Mourne Trust:</p> <ul style="list-style-type: none"> • 2002-2003: • 2003-2004: 1 • 2004-Dec.2004: • All enquiries are dealt with by the SLTs concerned as far as is possible. They are not all recorded. If persons are not satisfied they can submit a formal complaint.
<p><u>Northern Health & Social Services Board</u></p> <p>Causeway Trust:</p> <ul style="list-style-type: none"> • 1/4/02-31/3/03: 2 • 1/4/03-31/3/04: 2 • 1/4/04-31/12/04: 3 <p>Homefirst Community Trust: Please note that the system for collecting informal complaints may not be the same in all Trusts.</p> <ul style="list-style-type: none"> • 2002-2003: 30 • 2003-2004: 18 • 2004-Dec. 2004: 7
<p><u>Western Health & Social Services Board</u></p> <p>Foyle Trust: We do not keep a record of internal complaints taken verbally. The following figures relate to written correspondence which we do record:</p> <ul style="list-style-type: none"> • 1/1/02-31/12/02: 7 • 1/1/03-31/12/03: 2 • 2004-Dec.2004: 4 <p>Sperrin & Lakeland Trust: On average, we have 10 enquiries/expressions of concern per month, i.e. 120 per annum – some of these are verbal and some are written.</p>

Table 14: Formal Complaints about the Provision or Lack of SLT recorded by Health & Social Services (HSS) Trusts

<p>HSS Trust & Response Details</p> <p>Eastern Health & Social Services Board</p> <p>South & East Belfast Trust:</p> <ul style="list-style-type: none"> • 2002-2003: 2 • 2003-2004: 2 • 2004-Dec.2004: 1 • No complaints received under the Children Order, all of the above are Wilson Complaints. The 2004 complaint refers to a complaint from a Principal in a Language Unit regarding lack of provision for children placed in the Unit. This matter was first raised with EHSSB in June 2004 and

<p>again in October 2004. EHSSB identified that the Board had already committed its revenue funding for the year.</p> <p>Green Park Healthcare Trust:</p> <ul style="list-style-type: none"> • 2002-2003: 0 • 2003-2004: 1 • 2004-Dec.2004: 0 • In relation to the above formal complaint (2003-04), following an investigation, the lack of provision was resolved satisfactorily for the parents of this child. <p>Belfast City Hospital Trust:</p> <ul style="list-style-type: none"> • 2002-2003: 0 • 2003-2004: 0 • 2004-Dec.2004: 0 <p>Ulster Community & Hospitals Trust:</p> <ul style="list-style-type: none"> • 2002-2003: 1 • 2003-2004: 2 • 2004-Dec.2004: 1 <p>Royal Group of Hospitals Trust: No figures provided. See answer at Table 5</p> <p>Down Lisburn Trust:</p> <ul style="list-style-type: none"> • 2002-2003: 2 • 2003-2004: 3 • 2004-Dec.2004: 0 <p>North & West Belfast Trust:</p> <ul style="list-style-type: none"> • 2002-2003: 1 • 2003-2004: 4 • 2004-Dec.2004: 0 • All Wilson Complaints: This information was provided by the Trust's Complaints Officer
<p>Southern Health & Social Services Board</p> <p>Armagh & Dungannon Trust:</p> <ul style="list-style-type: none"> • 2002-2003: • 2003-2004: 2 approx. • 2004-Dec.2004: • Not kept as separate complaints – generally global complaint involving range of services. <p>Craigavon & Banbridge Community Trust/CAHGT:</p> <ul style="list-style-type: none"> • 2002-2003: 7 • 2003-2004: 5 • 2004-Dec.2004: 3 • All complaints relating to length of waiting list for therapy. <p>Newry & Mourne Trust:</p> <ul style="list-style-type: none"> • 2002-2003: 3 • 2003-2004: 4 • 2004-Dec.2004: 3 • These were all in written form and received a written response (in line with Trust Policy – a response is required in 20 days)
<p>Northern Health & Social Services Board</p> <p>Causeway Trust: No formal complaints during 2002-2004.</p> <p>Homefirst Community Trust:</p> <ul style="list-style-type: none"> • 2002-2003: 11

<ul style="list-style-type: none"> • 2003-2004: 6 • 2004-Dec.2004: 6 • SLT in Homefirst does not receive complaints under the Children Order Complaints procedure
<p>Western Health & Social Services Board</p> <p>Foyle Trust:</p> <ul style="list-style-type: none"> • 2002-2003: 0 • 2003-2004: 1 • 1/1/04-31/12/04: 2 (includes one on behalf of all children who required SLT in Foyle View School) <p>Sperrin & Lakeland Trust:</p> <ul style="list-style-type: none"> • 2002-2003: 12 • 2003-2004: 8 • 2004-Dec.2004: 8 • Details about the complaints are not available

Table 15: Length of Average Waiting Time for Speech & Language Assessment in Health & Social Services (HSS) Trusts

<p>HSS Trust & Response Details</p> <p><u>Eastern Health & Social Services Board</u></p> <p>South & East Belfast Trust: The range is 6 weeks – 7 months as at 31/12/04 Green Park Healthcare Trust: Until September 2004 waiting time was a maximum of 2 weeks. However, from September 2004 this can now be as long as 12 weeks as we currently have a member of staff on maternity leave and have not been successful to date in recruiting to this post. Belfast City Hospital Trust: Within 3 months. Waiting times are dependant on the availability for consultant ENT Surgeon. Ulster Community & Hospitals Trust: 3 months Royal Group of Hospitals Trust: 4 weeks Down Lisburn Trust: 3 months North & West Belfast Trust: Average wait 57 days (at 31/12/04) – Information relates to Community Clinics: This information was provided by Trust’s Management Information Services.</p> <p><u>Southern Health & Social Services Board</u></p> <p>Armagh & Dungannon Trust: The range is 0-15 months – maximum 15 months (Community Clinics only; there is no waiting list for children seen in schools or language unit). Craigavon & Banbridge Community Trust/CAHGT: <u>Learning Support Centres</u> – assessment commenced within 4 weeks of starting school placement. <u>Educational Centre for Speech & Language</u> – assessment commenced within 1 week of placement. <u>Community SLT Clinics & Multidisciplinary Children’s Centre SLT Service</u> – appointment within 8 weeks from referral received. <u>Special Schools</u> – assessment commenced within 4 weeks of starting school placement. No wait if referral for Dysphagia.</p>

<p><u>Area Child Development Centre</u> – average 10 weeks. <u>Hearing Impaired Service</u> – average 10 weeks. Newry & Mourne Trust: Up to maximum of 8 months</p>
<p><u>Northern Health & Social Services Board</u></p> <p>Causeway Trust: 4-5 weeks Homefirst Community Trust: Community Clinics: 1-2 months Special Schools/Units: 0-2 months</p>
<p><u>Western Health & Social Services Board</u></p> <p>Foyle Trust: 8-12 weeks Sperrin & Lakeland Trust: Average 2 months for initial assessment but can be up to 4 months</p>

Table 16: Length of average waiting time for Speech & Language Therapy within Health and Social Services (HSS) Trusts

<p><u>HSS Trust & Response Details</u></p>
<p><u>Eastern Health & Social Services Board</u></p> <p>South & East Belfast Trust: Services for children fall into 3 areas: a) The 'community clinic' service. This service undertook a re-engineering project in January 2001 and implemented a triage approach to case management. This service holds only 1 waiting list for entry to this service. Current length of wait for assessment and therapy is 4 weeks. b) Consultant-led clinics. Therapists working in this area continue to hold a waiting list for therapy with an average wait of 7 months. c) Special Schools & Language Units: See Section regarding gaps Green Park Healthcare Trust: This starts immediately after assessment. Belfast City Hospital Trust: Once referred, individuals are seen immediately by all members of the Cochlear Implant Team. Therapy consists of advice and rehabilitation post surgery. This follows on post-operatively and there is no delay. Ulster Community & Hospitals Trust: 5 weeks Royal Group of Hospitals Trust: None Down Lisburn Trust: 6 months North & West Belfast Trust: 63 children are waiting for initial block of treatment – average wait of 135 days. An additional 275 children are waiting for further intervention – average wait 31 weeks (figures as at 31/12/04). This information relates to services provided in Community Clinics. The schools services model provides rotational individual/group/advisory intervention.</p>
<p><u>Southern Health & Social Services Board</u></p> <p>Armagh & Dungannon Trust: Once assessed, therapy slot is available. Craigavon & Banbridge Community Trust/CAHGT: <u>Learning Support Centres</u> – maximum 6 weeks post assessment. <u>Educational Centre for Speech & Language</u> – no wait. <u>Community SLT Clinics & Multidisciplinary Children's Centre SLT Service</u> – range of 2-9 months; variation due to changes being implemented through Service</p>

Improvement Process; Average maximum wait across 5 clinics Trustwide is 20 weeks.

Special Schools – no waiting list held, but children are given therapy on the basis of greatest need; some children will have no direct intervention for up to a school year.

Area Child Development Centre – no wait following assessment.

Hearing Impaired Service – maximum 8 weeks.

Newry & Mourne Trust: Between 6-12 months

Northern Health & Social Services Board

Causeway Trust: As of 30th September 2004: Average 5-6 months. Maximum waiting time for therapy is 12 months.

Numbers waiting:

Less than one month: 4

1-3 months: 2

3-6 months: 73

6-9 months: 40

9-12 months: 56

More than 12 months: 0

- There are also 'hidden' waiting lists for further blocks of treatment and waiting lists for further treatment/advice sessions, which are not incorporated in these figures.

Homefirst Community Trust:

Community Clinics: 9-11 months

Special Schools: 5-6 months

Western Health & Social Services Board

Foyle Trust: 4-15 months

Sperrin & Lakeland Trust: Normally 6-9 months, but can be 16 months in some clinics.

Table 17: What is happening to support change?

HSS Trust & Response Details

Eastern Health & Social Services Board

South & East Belfast Trust: The service has been innovative and identified short-term funding to pilot new ways of working:

- The Comet Project – joint project with SLT in North & West Belfast and BELB. The Department of Education funded 2 posts (1 for each Trust area) to work with teachers to identify and support children with speech, language and communication problems. This programme commenced in May 2003 and has been extended to 2006. There is a similar project with SEELB, managed through Down Lisburn Trust.
- Joint initiative with Sure Start funded through BRO to appoint 2 SLTs to work with families of young children with speech and language difficulties – a prevention/early intervention programme. This project will also focus on the needs of ethnic minority groups living in the Trust area. 3 year project commencing April 2005.
- The Safe Hands Project, funded from a £10,000 grant from the Equality and Social Needs Division, DHSS, to promote independence in young people

with severe learning disabilities and communication problems. This was a tripartite project with Torbank School and Morrison's supermarket. The project commenced in March 2003 and was completed May 2004. It was awarded 1st place in the Partnerships category for the EYPD-EHSSB Awards. We plan to mainstream this project subject to funding.

- The Attract Project in 2000 explored the viability and effectiveness of teletherapy for pre-school children with Special Needs.

- Partnership working between BELB's Advisory Officers, SLT Manager in North & West Belfast and the Trust's SLT Manager. The group, called JEST (Joint Education and Speech & Language Therapy), meets quarterly and provides a forum to discuss present and future issues relating to statementing and service issues relevant to both parties.

- Within the Trust, there is ownership of problems at senior management level. Issues have been highlighted to EHSSB and the Trust has used every opportunity to press for resources (Regarding provision to Units mentioned above).

- The Service is proactive and continually reviews its processes and procedures through streamlining and the use of technology and skill mix to ensure staff use their time efficiently and effectively.

Green Park Healthcare Trust: We have introduced an assistant grade post in schools from September 2004. Also, we are providing paired placements to support increased student intake at the University of Ulster to alleviate recruitment difficulties in future.

Belfast City Hospital Trust: No changes planned to service unless extra staff appointed.

Ulster Community & Hospitals Trust:

- Further development of consultative/classroom based interventions.

- Group work and class work and advice leaves space for essential individual treatments.

- Addressing needs of clients through training, e.g. nurseries, teachers/SENCOs, Education Board level SLT project, Surestart, parents.

- Ongoing review of current practice in light of evidence based practice.

- Work at unit level to ensure all SLTs are using their clinical skills in a timely and effective manner.

- Outcome measures.

- Care Aims: highlighting need for SLTs to continually review their rational intervention.

Royal Group of Hospitals Trust: Regarding Cleft Services, annual Business plans submitted (1998 to date) for additional staffing centrally in line with CSAG report for Cleft services nationally – no funding as yet.

Down Lisburn Trust:

- skill mix
- different models of care

In Down Lisburn Trust we pride ourselves in being continually mindful of the need to develop services based on research data to ensuring evidence based practice throughout the Trust. We were the first Trust in Northern Ireland to employ 2 Research Speech & Language Therapists to assess local need and test alternative ways of working.

North & West Belfast Trust: The Speech & Language Therapy Service is committed to:

- Improve efficiency and performance providing value for money
- Give priority to the delivery of evidence based good quality care
- Promote effective multi-agency and multi-disciplinary working to best meet the needs of children and their families
- Develop a service that can shift emphasis from the treatment of difficulties to health promotion and prevention

Speech and Language Therapy Service remains committed to ensuring delivery of a responsive efficient, effective service for children. In October 2004 the SLT Service completed a **Service Improvement Project – ‘Communication Counts’** which was supported by the Service Improvement Unit (DHSSPS). This project focused on Community Children’s Services – the unseen caseload and the processes involved in the patient’s journey from referral to initial assessment in one community facility. It resulted in streamlining of those steps which did not add value to the patient or the efficient working of the department – eliminating delays and duplication. The Service plans to share learning and skills and roll out to other Community clinics. The Service is currently working with the Trust’s ICT Department in the development of an Appointment Management System (Partial Booking System).

COMET – Communication and Education Together

In 2003, the Service was successful in partnership with Belfast Education & Library Board and South & East Belfast Health & Social Services Trust in securing funding from Department of Education to finance a project – COMET. Funding was initially identified for two years 2003-05 and following early success in year one, the Department has extended funding for a third year until June 2006. This project aims to enable education staff to identify and support children with speech and language difficulties in mainstream classrooms. The project involves collaborative working between education and speech and language professionals offering advice and encouragement to parents as they support their children’s language development at home. The project recruited two Advisory Speech and Language Therapists who work in selected primary schools across both North and West Belfast and South and East Trust areas. The project has had a very successful first year 2003/04 and a second cohort of 16 schools has been selected for the second year 2004/05 of the Project. Research findings for year one have been very encouraging and demonstrate how a multi-agency collaborative approach benefits both professionals and children and helps prevent speech and language difficulties from impacting negatively upon children’s literacy and learning.

‘Guidance for Promoting Good Practice Between Teachers and Therapists in Schools in Northern Ireland’

The purpose of this Guidance is to promote collaborative service planning and delivery between Health & Social Services Trusts and Education & Library Boards to ensure that the educational and therapy needs of children and young people are met effectively within the Special School setting. It is planned that the Guidance will be piloted in schools later this year. An Interdepartmental Regional Steering Group with representatives from the Department of Education, Education and Library Boards, DHSSPS, HSS Boards and Trusts was established to promote collaborative working and to agree the key action required to ensure effective joint working. As part of the outworking of the Interdepartmental Regional Steering Group, a Working Group was established to take forward the issue of collaborative working in Special Schools. Speech & Language Therapy is represented on this Working Group. A Seminar, ‘Education and Therapy: Shared Practice’ was held in April 2003, the outcome of the discussions on this day informed the development of the Guidance.

Integrated Development Fund

A bid has been made by North & West Belfast Health Action Zone partners from Health (N&WBH&SST)/Education (BELB) to the Integrated Development Fund for an additional Advisory Speech & Language Therapist to provide input to mainstream schools in Shankill/West Belfast areas.

Early Intervention Initiatives

- The Service is keen to promote collaborative working with local communities/service users. Funding for an additional 0.5wte Speech & Language Therapist has been secured by a Surestart Programme in North Belfast. Recruitment initiated January 2005. The therapist appointed will offer training and support in the Surestart area.

- The community children's team provide an ongoing programme of training to a range of early years providers, e.g., in 2004/05 the ELKLAN Training package was delivered to early years workers – this package is NVQ accredited.

- The SLT teams in special schools/units offer training programmes for teaching staff, e.g. Intervention Strategies.

J.E.S.T. – Joint Education Speech & Language Therapy Group

This group with a membership of SLT Managers from North & West Belfast HSS Trust/South & East Belfast HSS Trust and Assistant Advisory Officers Belfast Education & Library Board meets three times each year and was established to promote and support multi-agency collaborative working.

Autistic Spectrum Disorder (ASD)

In May 2004, the Trust successfully recruited a specialist SLT (1.0WTE) to establish a service for children with autistic spectrum disorder attending mainstream schools. The Trust is currently recruiting a specialist SLT (0.5WTE) as a member of a new established team providing assessment and early intervention for children presenting with autistic spectrum disorder.

Southern Health & Social Services Board

Armagh & Dungannon Trust:

- Computerisation
- Involvement of Assistant (non-funded and pilot)
- Groups
- Parent events, talks to play group/nursery/childminders
- Ongoing participation in D.E.L.T.A programme in special schools
- Surestart Projects

Craigavon & Banbridge Community Trust/CAHGT:

We have been involved in a Service Improvement Project redesigning the service within the Community SLT Clinics. This has successfully changed the referral and discharge protocols, appointments and waiting list management systems, models of service, delivery, clinic administration procedures and administrative and support infrastructure for the service. Report available. **(Copy obtained)**

Newry & Mourne Trust:

- Group Work
- Look at areas to use SLT Assistants
- More work with parents (to educate and enable)
- More collaborative work with education and introduction of programmes and specific approaches for children with autism

Northern Health & Social Services Board

Causeway Trust:

- In the past three years, Causeway HSS Trust has received recurring funding for 2 posts:

- 1.0 WTE Specialist post for Specific Language Impairment to address waiting lists and provide input to the Speech and Language Unit at Ballymoney Primary School.
- 0.5 WTE Specialist post to support multi-disciplinary Autistic Spectrum Disorder Diagnostic Service.

- We have also employed a temporary SLT Assistant to complete routine tasks and preparation to free up SLT professional time.

- All referrals for children are now processed centrally so that SLTs are not completing this aspect of administration (however, SLTs are still sending out

appointments and completing other administration tasks).

- Causeway HSS Trust and Homefirst HSS Trust are working with the NEELB and OT Services in Homefirst in a 'Language and Learning' Project which aims to work together to meet the needs of children with speech and language difficulties in mainstream schools. This project is operating in 14 primary schools across both Trusts and evaluation will start in June 2005.

- More group therapy sessions are being offered to children, particularly outside school hours and in the school holidays. Sixteen groups held during July/August 2004 were evaluated using parent surveys and feedback has been positive.

- There has been an increase in the number of parent training sessions/programmes held. These sessions for groups of parents are labour intensive and are about improving the quality of service, not increasing 'quantity'.

- Generally, the SLT Service is working towards a changing model of intervention where the Speech and Language Therapist works in a consultative/training role to empower others who have daily contact with children (i.e. parents, teachers and nursery staff) to work through SLT programmes provided by the Speech and Language Therapist.

Homefirst Community Trust:

- Further development of skill mix

- Partial booking

- Introduction of new models of provision

- Service Improvement Project in the East Antrim Sector to reduce waiting lists/times – during 2005

Western Health & Social Services Board

Foyle Trust:

- DHSSPS Modernisation Unit Service Improvement Project currently being undertaken within the service

- Restructuring and skill mix introduced with the appointment of Team Leaders and Technical Instructors

- Ongoing monitoring and evaluation of service provision

- Unmet need highlighted quarterly to FHSST and to Western Health & Social Services Board

- Development bids for service improvement to WHSSB via FHSST

- Training and empowerment of parents, early educators and other disciplines to help children

- Career talks/visits/work experience to encourage both students to pursue a career in SLT.

- In-service training/rotational experience and development of own staff (growing our own)

- Facilitating return to work for therapists who have been out of the profession

Sperrin & Lakeland Trust: The appointment of the SLT Assistants. Adaptations to Service Delivery, for example, more groups, more parent training, opening up an ICAN Unit, Surestart, also due to undergo process mapping.

Table 18: Models offered by Health and Social Services (HSS) Trusts

HSS Trust & Response Details
<p><u>Eastern Health & Social Services Board</u></p> <p>South & East Belfast Trust:</p> <ul style="list-style-type: none"> - Triage approach to case management for staff working in community clinics - Through the 'Comet' Project with BELB, a model of training and in-class support to P.1 teachers in 16 Primary Schools in TSN areas. - From April 2005 an outreach early intervention service for families of children with ASD. The model will have a strong emphasis on collaborative working with Education. Funded from HWIP money within EHSSB. 0.5 WTE to be appointed 1/4/05. - Through Sure Start an early intervention and prevention programme to commence April 2005. - A rolling programme of training for parents of children with identified speech, language and communication problems. - A range of therapy packages which includes direct and indirect intervention. <p>Green Park Healthcare Trust:</p> <ul style="list-style-type: none"> - Individual and group treatment; - Interdisciplinary treatment programmes with both AHPs and Education staff including classroom based therapy; - Training of classroom assistants in management of feeding difficulties; - School based summer treatment programmes with AHP colleagues, and home visits; - Parent training in signing, feeding and early language intervention. <p>Belfast City Hospital Trust: A range of models is provided – determined by the type of advice required, the functioning of the Cochlear Implant and the nature of local SLT input.</p> <p>Ulster Community & Hospitals Trust: Service provided in a range of locations and varied models.</p> <ul style="list-style-type: none"> - Range of therapy models are available to meet the needs of the individual child. - Direct: individual, multi-disciplinary, group, clinic/class based (all of varying frequency). - Indirect: home/class programmes. - Consultative: advice, information to parents/education etc. - Training: e.g. nurseries, teachers/SENCOs, Education Board level SLT project, Surestart, parents. - Classroom work with educational staff. - Advice and review. <p>Royal Group of Hospitals Trust:</p> <ul style="list-style-type: none"> - Restricted largely by complexity of caseload as these are regional services and mainly one:one input is required. - Primarily Individual SLT. - Group Therapy occasionally (voice/cleft) - Occasionally one:one therapy but care is shared with Community Services <p>Down Lisburn Trust: Direct Therapy; Indirect Therapy; Individual Treatment; Group Therapy Training Models; Outreach Services.</p> <p>North & West Belfast Trust: The Service offers a range of Therapy options including direct/indirect intervention, individual/group intervention, advisory support, e.g. to nursery staff and Training.</p>

Southern Health & Social Services Board

Armagh & Dungannon Trust:

- training: parents, childminders, early educators etc.
- partnership with Surestart
- collaboration and joint working with educational staff and autism teams
- joint assessment
- groups therapy
- home/school programmes
- 1:1 direction/intervention
- consultative/advisory

Craigavon & Banbridge Community Trust/CAHGT:

Learning Support Centres – class based SLT programmes, direct individual/group therapy, review/home programmes, joint teacher/therapist class groups.

Educational Centre for Speech & Language – joint collaborative planning and implementing Education and SLT targets within class; ongoing access to assistant supported intervention in school setting.

Community SLT Clinics – direct individual/group therapy, parent training, review/home programmes, school liaison/consultative approach.

Special Schools – consultative role, training of staff, information to parents and parent meetings, joint and collaborative approach with other AHP professions and educational staff; Individual and group SLT; multi- disciplinary group therapy.

Multi-disciplinary Children's Centre SLT Service – school/nursery based collaborative approach. Group therapy; Individual therapy; Joint intervention with SELB Autism Advisory Service; Joint intervention with multi-disciplinary team in Children's Centre.

Area Child Development Centre – multi-disciplinary model and multi-agency model, i.e. including statutory and voluntary agencies; individual direct SLT; indirect intervention/consultative model in collaboration with parents/nursery staff in clinic, home or school setting; training role, i.e. HSS staff, education, statutory and voluntary agencies.

Hearing Impaired Service – collaborative approach with educational staff; indirect and direct individual SLT.

Newry & Mourne Trust:

- Individual Therapy (direct)
- Group Therapy
- Review Appointment – with advice and support
- Therapy Programmes to be carried out at school and at home

Northern Health & Social Services Board

Causeway Trust: Yes, Causeway HSS Trust SLT Department does offer a range of therapy models as outlined below. Assessment/Diagnosis followed by:

- Parental advice/home programme, updated at agreed intervals.
- School advice/school programme/joint IEP setting, updated at agreed intervals.
- Parent training sessions for groups of parents.
- Specialist multi-disciplinary assessment/advice clinics.
- Input to joint SLT/Education initiatives, e.g. Toy Library/Early Years Group.
- Training for teachers.
- Training for other early educators/care staff.
- Individual and group therapy in clinics/schools.
- Blocks of regular therapy followed by consolidation and further blocks, if necessary.
- Domiciliary assessment and regular advice sessions to families.

- Public health/preventative model – information to new parents and parents/ carers of young toddlers.

Homefirst Community Trust:

- Joint Therapy Programmes with O.T.
- Provision with Community Development services (e.g. Surestart & Larne Parental Project)
- Hanen Programmes (e.g. family focused language intervention programme)
- Individual Therapy
- Group Therapy
- Home Programmes
- Therapy Programmes carried out by education staff under the direction of an SLT
- Class-based Therapy
- Rotational Therapy
- Review
- NEELB/Homefirst/Causeway Mainstream Project
- Autism Diagnosis and Early Intervention Service
- Elklan support and training for Assistants

Western Health & Social Services Board

Foyle Trust:

- Home Programmes
- School/Parental/Early Years Worker Programmes
- 1:1 Therapy
- Group Therapy
- Summer Groups
- Advisory SLT Model
- Multi-disciplinary assessment and treatment at Child Development Clinic
- Training for parents/classroom assistants/early years settings re: speech and language problems

Sperrin & Lakeland Trust: Yes – individual, group therapy, parent training, class and home-based programmes.

Table 19: Gaps in assessment and provision identified by Health and Social Services (HSS) Trusts

HSS Trust & Response Details

Eastern Health & Social Services Board

South & East Belfast Trust: There is under-provision to:

- 1) 2 Speech & Language Units as a result of developments with BELB and SEELB. This matter has been raised with EHSSB along with an historical under-funding to these 2 Units of 2.0 WTE SLTs and 1.0 WTE SLT Assistant.
- 2) BELB opened a Diagnostic Unit in Harberton School in September 2003. These children are now in P.1 in Harberton along with a new intake of children in September 2004. This Unit remains un-funded and requires 0.5 WTE SLT/1.0 WTE SLT Assistant.
- 3) Support for consultant-led clinics. The growth in the number and range of clinics that this service now provides has a resulting impact on therapy provision. Combined with this, is support for children with Special Needs attending mainstream Nurseries and Schools. In the past many of these children would have attended

Special Schools where SLT is part of the educational provision. Identified shortfall 1.0 WTE SLT.

Green Park Healthcare Trust: There is a lack of provision for older children whose needs change and whose condition can deteriorate.

Belfast City Hospital Trust: Current 0.5 WTE vacant SLT post in the Cochlear Implant Centre. Filling this post would allow the service to teenagers to be addressed. Such service development would allow issues with regard to disability to be addressed within the context of the Multi-Disciplinary Team.

Ulster Community & Hospitals Trust:

1) Increased resources needed to cover the following areas:

Acute Sector: Inpatients/Special Care Baby Unit

Autistic Spectrum Disorder: Full range of ability and age groups (0-16)

Mainstream Schools: School aged assessments. Increased need for collaborative working between educational and Trust staff. Constraints of time and increase in number of statemented children requiring therapy.

Glencraig Community and School.

Increased SLT cover to release staff to training for Health Visitors, Nurseries, mainstream and special schools.

Clerical Support: Increased support of clerical/SLTA to update files including language materials/handouts, prepare materials for cases, training, therapy, minor articulation therapy, do videoing of sessions.

2) Further time for therapy planning and evaluating.

3) Further time for collaborative working/classroom working.

4) Further time for research in specialist field.

Royal Group of Hospitals Trust:

1) Significantly understaffed within the Cleft SLT Service and not able to deliver services as per National Guidelines for Cleft Care

2) 0.5 SLT required for dysphagia in Gastroenterology

3) 0.5 SLT required for paediatric cancer

Down Lisburn Trust: Across the Trust area we have very large caseloads with increasingly complex groups of children. There are gaps in funding within all areas of the service.

North & West Belfast Trust: The Service continues to experience an increased demand for services, e.g., increase in the number of children attending special schools, increase in the number of children with a diagnosis of Autism. It is anticipated that the proposed legislation, Special Education Needs & Disability Order (SEND), will offer increased parental choice and will see an increase in the number of children with special educational needs attending mainstream education. Meeting the needs of these children in either mainstream or special school environment will increase pressure on the SLT Service.

Child & Adolescent Mental Health Services – CAMHS

The Service identified an increase in the number of children referred to the Service presenting with speech, language and communication disorders in association with emotional and behavioural difficulties. The Service is committed to contributing to the development of a specialist multi-disciplinary service for this group of children.

Hearing Impairment/Cochlear Implant

Children with speech, language and communication difficulties in association with a Hearing Impairment/Cochlear Implant. The number of children undergoing cochlear implantation at the Regional Cochlear Implant Centre, Belfast City Hospital, continues to increase and many require ongoing SLT support. Further investment in this service area is required to support this regional programme by providing complementary community services.

Health for All Children (Hall 4)

By April 2005 all Trusts must ensure that their community child health services are provided in line with the recommendations contained in Health for All Children. With an increased emphasis on preventative pre-school care rather than formal

screening, it is important that in relation to speech, language and communication skills, professionals are competent in this area and are adequately trained to support parents and families. The Trust would wish to discuss/explore implications for practice in the implementation of this programme and work in collaboration with key stakeholders, including community nursing, to ensure appropriate training in health promotion and prevention is set in place.

Bilingualism

The SLT Service has identified an increased demand for services for bilingual children with speech, language and communication difficulties. Whilst there has been a growth in the demand for Irish medium/bilingual education, there has not been similar growth in bilingual services for children's speech, language and communication disorders. Training needs for staff have also been highlighted. The Service Manager has been involved in submission of a multi-agency research proposal to the Department of Education on the Special Needs of bilingual (Irish-English) children from birth to eighteen years.

Southern Health & Social Services Board

Armagh & Dungannon Trust:

- 1) Increase in the numbers of statemented children and increase in facilities within education, e.g. autism specific classes with no parallel funding for SLT.
- 2) Increase in the numbers of children being referred for diagnosis of ADHD and ASD.
- 3) Additional resources needed for joint assessment clinics and ongoing therapy intervention.

Craigavon & Banbridge Community Trust/CAHGT:

Learning Support Centres – inequity in models of service provision, for example, only 3 primary LSCs have onsite SLT provision; children attending other LSCs receive a clinic based service. Limited time/opportunities to be involved in teacher or parent training. Lack of SLT support staff and difficulty accessing admin/clerical support in educational settings.

Community Clinics – inadequate level of permanently funded admin/clerical support; currently no designated preventative role with parents/carers of 0-2 year children; currently limited opportunities for providing training for other professionals within Health and Education.

Special Schools – inability to meet the demand for SLT due to increasing numbers of children placed in schools and no additional SLT resources. Limited range of therapy options; limited training for other staff; limited contact with parents.

Multi-disciplinary Children's Centre – no permanently funded multi-disciplinary assessment clinics in the community; gaps in coordinated provision for specific client groups, i.e. ASD.

Child Development Centre – fewer SLT staff than other AHP staff means that SLT cannot always be represented in multi-disciplinary assessment and interventions.

Other Gaps:

- Gaps in service development in Paediatric Dysphagia Service due to lack of resources and adequately trained staff.
- Gaps in the availability of multi-disciplinary intervention and joint care planning within the home, clinic and nursery environments.
- A major issue around the hearing impairment service is the increased demand on SLT due to increasing numbers referred from Regional Cochlear Implant Team and the lack of local SLT resources to maximize the outcome of implant procedure.

Newry & Mourne Trust:

1. Lengthy waiting lists for initial appointment and assessment. It should be less than three months.
2. No special provision/unit in Trust area for children with specific language impairment.

3. No designated service for children with hearing impairment.
4. Cannot provide intensive therapy for fluency.
5. Although one of our therapists is involved in a diagnostic clinic for children with autism/aspergers, we have limited therapy to offer to these children in terms of the amount of therapy. This is due to:
 - rising numbers referred to our service/children referred to our service of increasing complexity
 - there has been no increase in our staffing level to take account of the time spent on assessment and the increasing numbers being referred
 - recognised increase of children presenting with autism
6. In outlying clinics, staff have to carry out administrative/clerical tasks out of their professional time – as there is **no clerical help** available.
7. Accommodation can be difficult to secure in schools and clinics.

Northern Health & Social Services Board

Causeway Trust:

- 1) Insufficient resources to address waiting lists. Demand for SLT outstrips supply. The number of referrals of children to SLT has increased by 110% in the last 5 years without a similar increase in staffing.
- 2) Significant need for additional clerical and administrative support to free up professional SLT time. Currently SLT staff are completing most of the administrative duties, e.g. filing case notes, sending appointments, photocopying. To achieve benefits, for example, from a partial booking system there would need to be additional investment in administration/clerical staff.
- 3) Skill Mix – Causeway HSS Trust SLT Department have no permanent SLT Assistant posts – SLT Assistants can complete routine tasks and preparation, therefore freeing up SLT professional time for assessment and intervention.
- 4) Improved access to IT for communication, e.g. email/intranet/internet and IT access for therapy.
- 5) Provision to meet the needs of children attending mainstream schools. Increasing numbers of children are being identified as having speech and language difficulties at Stage 1-3 Code of Practice, and an increase in the number of statemented children.
- 6) Need for increased resources to allow early assessment/intervention and, therefore, aim to decrease the long-term need.
- 7) Early intervention may use a range of models, e.g. parent training/group and individual therapy/advice to carers etc.

Homefirst Community Trust:

- 1) Administration and Clerical support
- 2) I.T. infra-structure
- 3) Early intervention
- 4) Accommodation

Western Health & Social Services Board

Foyle Trust:

- 1) Staffing Levels
- 2) Problems with recruitment for some specialist posts and temporary vacancies
- 3) Problems with recruitment for Maternity Leave/Sick Leave/Unpaid Leave/ Career Breaks, as there is a shortage of available staff

Sperrin & Lakeland Trust: Insufficient clerical and IT support; insufficient professional staff and skill mix.

Table 20: Total allocated funding for speech and language therapy provision in Health and Social Services (HSS) Trusts

HSS Trust & Response Details
<p><u>Eastern Health & Social Services Board</u></p> <p>South & East Belfast Trust: Salary Costs: £681,867 (This includes pay award uplift to the end of December 2004)</p> <p>Green Park Healthcare Trust:</p> <p style="padding-left: 40px;">Payroll: £172,777</p> <p style="padding-left: 40px;">Goods & Services: £ 1,053</p> <p style="padding-left: 40px;">Total: £173,830</p> <p>Belfast City Hospital Trust:</p> <p style="padding-left: 40px;">For year 2004/05, £478,302</p> <p>Ulster Community & Hospitals Trust: £767,898</p> <p>Royal Group of Hospitals Trust: The SLT Service in the Royal covers Adult & Paediatric Services – the funding for the paediatric component of the service would be approximately: £112,000</p> <p>Down Lisburn Trust: £944,088 including Goods and Services Budget</p> <p>North & West Belfast Trust: £608,427 relating to Children's Services. This information was provided by Trust's Finance Department.</p>
<p><u>Southern Health & Social Services Board</u></p> <p>Armagh & Dungannon Trust:</p> <p>- Salary Costs £302,000</p> <p>(Goods and Services not included)</p> <p>Craigavon & Banbridge Community Trust/CAHGT: For children's services in CBCT and CAHGT, £465,774</p> <p>Newry & Mourne Trust: £325,000 (including Management)</p>
<p><u>Northern Health & Social Services Board</u></p> <p>Causeway Trust: The total allocated payroll funding for SLT Services to children (including 10.33 WTE SLTs, 1.0 WTE SLT Assistant, 0.5 WTE Administration Staff, and 0.8 WTE Team Management sessions) is £253,226 (NB: Non-payroll goods and services are not included)</p> <p>Homefirst Community Trust:</p> <ul style="list-style-type: none"> - Salaries & Wages: £850,460 - Goods & Services: £ 51,570 <p>Total: £902,030</p>
<p><u>Western Health & Social Services Board</u></p> <p>Foyle Trust: Salaries & Wages Budget: £854,929</p> <p>Sperrin & Lakeland Trust: Approximately £603,000 per annum, excluding administration.</p>

Table 21: Further Comments

HSS Trust & Response Details
<p><u>Eastern Health & Social Services Board</u></p> <p>South & East Belfast Trust:</p> <ul style="list-style-type: none">• The Trust serves two Education & Library Boards – BELB and SEELB. Issues related to this have been recorded above. However, the SLT Service is currently coping with both ELBs having made a decision to extend the current numbers of children in their Speech and Language Units at the same time – September 2004. This has placed the staff based in the Language Units under intolerable pressure and the existing service has had to be re-prioritised. The matter has been raised with EHSSB but the Board confirmed that the Units are unlikely to receive additional funding in the short-term.• Contracts with EHSSB based on face- to face contacts rather than outcome and effectiveness.• Recruitment issues – the service has no recruitment difficulties for basic-grade posts but has found specialist posts more difficult to fill, e.g. hearing impaired post. This issue has been raised with the DHSS Workforce Planning Group.• Supporting inclusion of children in mainstream education when these children traditionally would have attended Special School possibly in another Trust.• Increasing complexity of children referred to the service, e.g. young children with feeding problems who in the past would have been followed up by SLT staff based in RBHSC or UHD. <p>Green Park Healthcare Trust:</p> <ol style="list-style-type: none">1. The introduction of an assistant and paired placements, while necessary, decreases available clinical time, as staff need to provide training, support and supervision.2. Finding additional accommodation and managing timetables during the school day, for students, is always challenging. This is particularly so when a skilled and experienced clinician is unavailable due to maternity leave and we are unable to recruit appropriately skilled and qualified staff.3. The perception that statemented children will receive intensive individual treatment if they attend a Special School can lead to disappointment for parents when different intervention is provided. This could be avoided if parents were informed that a range of treatment models would be offered to their child. <p>Belfast City Hospital Trust: The Cochlear Implant Centre specialises in specialist surgery, allowing the implantation of devices to assist the hearing of individuals who are profoundly deaf. The information provided refers to children and young people referred to the Regional Cochlear Implant Centre. SLT is an integral part of the services provided by the Centre.</p> <p>Ulster Community & Hospitals Trust: No further comments</p> <p>Royal Group of Hospitals Trust: No further comments</p> <p>Down Lisburn Trust: This questionnaire does not address the key issues affecting SLT provision across Northern Ireland...it would be prudent to consider the following issues:</p> <ol style="list-style-type: none">1. Waiting lists and unmet need: Numbers of children currently being seen, e.g. in Down Lisburn Trust – 1851. Numbers of children on waiting lists, e.g. in Down Lisburn Trust – 5592. SLT is normally commissioned by Health – scope for examining other potential commissioners, i.e. Education Services3. Apparent rise in the numbers of children who require SLT, for example:<ul style="list-style-type: none">- the increased prevalence of specific language difficulties- the increased numbers of children diagnosed with Autism4. Wide differences in the way SLT is commissioned across Boards and Trusts5. Differences between urban and rural Trusts, i.e. proportionality – Number of Therapists: Number of Children in the local population

6. Impact of Retention and Recruitment difficulties
7. Issues relating to Continuing Professional Development
8. Key themes of equity, equality consistency as contained in the Children (N.I.) Order 1995; Cooperating to Safeguard Children
9. Acknowledge the fact that it is impossible to meet all the needs of children who require SLT as consumer expectations arise, and demand outstrips resources. Need for increased awareness of the role and function of SLT.
10. Need to explore issues regarding consistent prioritisation in service delivery – provide wide
11. Consider use of Hardiker Model against different ways of service delivery
12. Strengthen and develop partnerships more fully between Health & Education, for example, Down Lisburn Trust and South Eastern Education Library Board have signed an agreement to work in partnership
13. Implications for profession for future within wider political and strategic context, for example, Review of Public Administration
14. Are we fully aware of all the unmet need and how can this be fully tracked?
15. Many SLTs work across a number of programmes of care: Disability/Community/Primary Care
16. Need to establish appropriate caseload numbers per Therapist and priority weighting system

North & West Belfast Trust:

Workforce Planning

The skills, experience and commitment of the workforce determine the quality of care provided by the HPSS. A workforce that is skilled, suitably trained and motivated is essential. The SLT Service is committed to working with the Trust/Department to produce a workforce plan that will address **recruitment and retention** issues.

Clinical Placements

The Department of Health Personal Social Services has increased the annual intake of undergraduate SLT training places at the University of Ulster. This has resulted in an increased demand for clinical placements.

Collaborative Working

Mechanisms and structures are required to support joint planning/joint training, multi-agency working.

ICT

Need for systems to support sharing of information across agencies to support/facilitate multi-agency planning, e.g. Health/Education

Southern Health & Social Services Board

Armagh & Dungannon Trust:

- Service is affected by no cover for sickness leave – difficulty in recruiting temporary staff and cost of using agency staff to cover vacancies.
- Children at pre-school level and some school age children require SLT input but are frequently not stated for SLT.
- Complaints about SLT can be to other professionals, e.g. School Principal, Autism Team etc. May never be discussed at SLT Department level.
- Increasing number of children with complex health care needs.
- Increasing parental expectation of SLT services.

Craigavon & Banbridge Community Trust/CAHGT:

Community SLT Clinics

- Adequate clerical/admin support is critical to the provision of an efficient service and effective utilisation of clinical skills and have not traditionally been available.
- Accommodation constraints are present in a number of facilities – including small room size and lack of suitable rooms. Parent users and staff have identified these environments as of a poor standard and this impacts on the range of services which can be provided.
- Importance of developing more effective ways if working with Education to ensure that all children with communication difficulties are supported optimally within schools.

- Need for investment in training for Early Years and Nursery providers in supporting development of Speech and Language skills and providing an appropriate language environment.
- Need for targeted investment in early preschool intervention for children with Speech and Language needs. This core service area receives no targeted investment – its activity falls within Programme of Care 2 Maternal & Child Health, and accounts for a substantial percentage of SLT activity.

Special Schools

- Difficulty in delivery of coordinated therapy service in a special school setting with different AHP staffing levels.
- Inadequate admin. support – except for typing for reports. School based SLTs do all photocopying and clerical activities and preparation of therapy materials.
- No additional SLT provision to Special Schools over past 5 years despite school population having doubled during this time.
- The complexity of the caseload has increased, with 23% in Donard and 30% in Ceara having complex medical problems and 37% in Ceara with ASD.
- Need to establish a more partnership ethos among all those working within an Educational environment.
- Because of constant pressures on staffing resources, there is little/limited opportunities for service development, new initiatives and collaborative working with other agencies, for example, parents, Learning Disability Team.
- Limited time for research and development.
- Increased stress on staff.

Child Development Team

- Increasing demand and expectations from parents, statutory and voluntary agencies for more SLT support.
- Insufficient administration and SLT assistant support which, if in place, would ensure more effective use of SLT resources.
- Suitable accommodation for multi-disciplinary team assessment and intervention is difficult to acquire on an equitable basis throughout the SH&SSB area.

Strategic Planning & Allocation of Resources

- Lack of coordinated planning at interdepartmental level for children who require interagency intervention/support, for example, preschool and school aged children with special educational needs who require SLT support within educational settings. This leads to divergent and uncoordinated service development across agencies, which in turn creates local conflicts of interest. Need for better mechanisms for joint planning re: provision of SLT support for children with special needs. Need for a partnership approach with education at all levels.

Newry & Mourne Trust:

- Re: Caseload:
 - There are approximately 170 children with SLT Statement in mainstream schools.
 - Some sessions in the community are designated for 'special needs', however all community settings have sizeable caseloads of non-statemented children, i.e. 90% of new referrals. Therapy is provided on the basis of SLT need.

Northern Health & Social Services Board

Causeway Trust: No further comments

Homefirst Community Trust:

- It should be noted that SLT Services are not provided on the basis of a statement of special educational need. Therapy is provided following assessment of SLT need. There are many pre-school children who have SLT needs but do not have a statement and in fact early SLT intervention may prevent the need for a statement of special educational needs.

- The population of children in Homefirst Trust 0-18 years of age is 84,910
- The number of children in Special Schools in Homefirst area in receipt of services from Homefirst Trust = 783

Western Health & Social Services Board

Foyle Trust: The number of therapists employed does not reflect the staff currently available to provide services as our profession in Northern Ireland has difficulty recruiting temporary staff posts such as for maternity leave, long-term sick leave, unpaid leave, career breaks or secondments.

Sperrin & Lakeland Trust: No further comments

SECTION FOUR - APPENDICES

APPENDIX 1

<u>Complaints received by NICCY</u>	<u>No.</u>
Southern Health & Social Services Board	1
Craigavon & Banbridge Community Trust/CAHGT	1
Western Health & Social Services Board	10
Foyle Trust	9
Sperrin & Lakeland Trust	1
Northern Health & Social Services Board	1
Homefirst Community Trust	1 (Informal)
Belfast Education & Library Board (BELB)	2
South Eastern Education & Library Board (SEELB)	2
Southern Education & Library Board (SELB)	3
	(1 Formal & 2 Informal)
Total Informal Complaints	3
Total Formal Complaints	16
Total Complaints	19

APPENDIX 2

Towards Change (Recent Initiatives)

Service Improvement Unit Projects:

Set up in 2003, the Service Improvement Unit (DHSSPS) aims to, 'improve access for patients and clients by engaging multi-disciplinary teams in redesign to reduce waits and delays at all stages of the care pathway. Service Improvement is committed to ensuring that the patient or client experience is at the centre of the redesign process' (1).

Thirty-eight Service Improvement Projects from across the HPSS began in October 2003, of which two were in relation to improving Speech and Language Therapy provision for children. One Project was based within Craigavon and Banbridge Community HSS Trust, the other in the North and West Belfast HSS Trust. The following brief summaries of these two Projects highlights the main improvements made to the existing SLT service for children and their impact.

1. 'Making a Difference' (for Children in Community Speech and Language Therapy Clinics) – Craigavon and Banbridge Community HSS Trust (2)

Prior to this Project, there was a general dissatisfaction amongst users, staff and management in SLT Clinics within the Trust. The administration systems for managing waiting lists, patient registration and appointments were manually operated by qualified SLTs, and there was a fixed booking system, with up to 33% of patients not appearing for appointments. Furthermore, there were multiple waiting lists, with children waiting up to 8 months for an initial assessment and then up to a maximum of 14 months for therapy.

Improvements made included:

- The replacement of multiple waiting lists with a single list. This has been coded so that the varying intervention needs are reflected.
- All Manual administration systems across the Trust have been replaced by electronic systems, which are now maintained and coordinated by an Administrative Coordinator.
- The introduction of Partial Booking for all first and review appointments. Those who have been waiting longest are seen first via Primary Targeting Lists.
- Redefining of roles (SLTs, Parents, Administration) to make sure skills are best utilised.
- New referral forms/guidelines/training; electronic referral forms will also be used.

1. 'Tried, Tested, Shared: Summaries from the Service Improvement Projects 2003-04', DHSSPS, November 2004, p.5

2. 'Making a Difference' (for Children in Community Speech and Language Therapy Clinics), Craigavon & Banbridge Community HSS, *ibid.*, pp.32-34

- The development and implementation of SLT discharge policy/interagency follow-up.
- Collection of data to provide information about, for example, service demand and the backlog of patients waiting for appointments.
- Community Development approach: SLTs working with parents in an 'enabling and training role'; service users more effectively involved.

As a result of these improvements:

- There has been a reduction in the maximum waiting time for SLT - now down to 6 months; children waiting in Project Clinic significantly reduced from 161 to 56; DNA's at 1st Appointment Clinics reduced to 6%.
- Increased efficiency in relation to clinic planning, appointments and use of SLTs time and skills.
- Service information has been significantly improved
- The matching of service demand and capacity has also been improved
- The service is more accessible – greater choice for users
- Less workplace stress for staff
- Early identification of vulnerable children and follow up by other appropriate agencies
- Improved referrals system – better information provided and more appropriate referrals being made

Some of the 'next steps' identified by the Project include obtaining funding for administrative and SLT support staff, the development of a Clinical Administrative Database, a review/reset of waiting list targets, and the maintenance and extension of user involvement at various service levels.

2. 'Communication Counts' – North and West Belfast Health and Social Services Trust ⁽³⁾

This project aimed to improve the SLT Service for children at Lincoln Avenue Clinic by ensuring that it was efficiently and effectively delivered and that the clinic was being fully utilised. Previously, the Service was hampered by an administration system that was unmanageable and therefore inefficient, a fixed appointment system, high DNA/CNA rates, long waiting lists for SLT assessment and therapy, and little communication with users.

Improvements made included:

- Better communication and more involvement by stakeholders
- New Service leaflet; installation of direct dial telephone; answer phone available 24/7; streamlined referral process; the administration system has been redesigned; implementation of user satisfaction survey
- The numbers of patients not appearing for their first assessment and subsequent appointments has been reduced, as have those waiting more than 12 weeks for an initial appointment, where the number has been reduced from an average of 12 to 5 per month.

- Greater satisfaction amongst SLT staff/more team work

As a result of these improvements:

- Access to the SLT Service has been improved
- SLT Service users now have more choice/involvement
- Previous duplication and delays in the processing of new referrals have now been eradicated, resulting in a more efficient SLT Service
- SLT users and staff have a better Service

The Project indicated that 'next steps' would include, the implementation of an Appointments Management System; ongoing performance monitoring; sustaining improvements; possibility of using more focus groups involving key stakeholders; extension to other clinics; Project results influencing future service development and business planning.

3. 'Communication Counts' (Improving the Speech and Language Therapy Service for Children), North and West Belfast HSS Trust, included in 'Tried, Tested, Shared: Summaries from the Service Improvement Projects 2003-04', DHSSPS, November 2004, pp.75-76

APPENDIX 3: QUESTIONNAIRE

NICCY Research into Speech & Language Provision for Children and Young People in Northern Ireland

Trust Name	
Number of children and young people statemented for Speech & Language Therapy?	
Number of therapists employed in the Trust? Types of settings for speech and language therapists, e.g. community or school etc? Numbers of Speech and Language therapists employed within each setting	
Number of speech and language assistants? Types of settings for assistants? Numbers of Assistants employed within each setting	
Number of informal complaints regarding provision or lack of it in years: 2002 – 2003? 2003 – 2004? 2004 – to December, 2004 (Can you provide details under the Children Order Complaints procedure and the Wilson Complaints procedure)	

<p>Number of formal complaints regarding provision or lack of it in years: 2002 – 2003</p> <p>2003 – 2004</p> <p>2004 – December, 2004</p> <p>Can you provide details under the Children Order Complaints procedure and the Wilson Complaints procedure)</p>	
<p>Average length of waiting for assessment?</p>	
<p>Average length of waiting for therapy?</p>	
<p>What is happening to support change?</p>	
<p>Does the Trust offer a range of models? Please specify.</p>	
<p>What gaps in assessment and provision have you identified in your trust?</p>	

What is the total allocated funding for speech and language provision in your Trust.	

Further Comments (Continue on additional paper if necessary).
