
1.0 Introduction

The Northern Ireland Commissioner for Children and Young People (NICCY) was created under The Commissioner for Children and Young People (NI) Order 2003. NICCY’s primary aim under the 2003 Order is to safeguard and promote the rights and best interests of children and young people in NI.

Under article 7(2)(3) of the 2003 Order, the Commissioner has a statutory duty to keep under review the adequacy and effectiveness of law, practice and services relating to the rights and best interests of children and young people by relevant authorities. NICCY’s remit covers children and young people from birth up to 18 years, or 21 years of age where a child or young person has a disability, or experience of being in care.

In determining how to carry out her functions, the Commissioner’s paramount considerations are children’s rights. NICCY is required under the 2003 Order to base all its work on the United Nations Convention on the Rights of the Child (UNCRC).

1.1 The Action Plan in context

NICCY warmly welcomes the publication of the Department of Health, Social Services and Public Safety (DHSSPS) draft Action Plan on Speech, Language and Communication Therapy (SLCT) for children and young people. We would highlight that this Action Plan has been published following the Speech and Language Therapy Task Force report, in response to NICCY’s two Reviews of Speech and Language Therapy (SLT) provision for children and young people in NI, published in 2005 and 2006.

NICCY is disappointed that a considerable period of time has elapsed since the Task Force made its recommendations to the Health Minister, nevertheless, we now welcome this consultation exercise on the draft Action Plan.

We are pleased to note that the Minister’s Foreword to the draft Action Plan acknowledged NICCY’s Reviews as “a welcome contribution to this work in
that it helped identify key issues to be addressed” (page 3 of the consultation document).

As the Department is aware, the rationale for NICCY to undertake the Reviews of SLT stemmed from the complaints which NICCY had received from across NI about the level of provision of SLT services for children and young people, and the lengthy waiting times. NICCY sought to establish a snapshot picture of the level of services in order to obtain an overview of Community SLT services. The Reviews were not intended to replace a formal, robust investigative piece of research.

1.1.1 NICCY’s 2005 Review

The findings of NICCY’s first Review clearly indicated that SLT services in NI were failing to meet the needs of children and young people. Within the context of the Review, the quality of SLT provision was never in question; however, key issues which did arise included:

- The level of provision.
- The lengthy waiting times.
- The general lack of resources for SLT professionals.
- Increasingly complex needs of children and rising numbers being referred.
- Insufficient numbers of therapists.
- Recruitment and retention issues associated with therapists.
- The apparent failure of Trusts to provide suitable cover for therapist absences in special schools due to maternity or sickness leave, and the disjuncture between school holidays and SLT staff holidays.
- The apparent lack of collaboration between providers of Health and Education services.

NICCY’s first SLT Review, published March 2005, identified six recommendations, most notably that the Ministers for Health and Education should set up a Regional Task Force in order to identify, agree and implement an action plan as regards speech and language therapy provision within NI.

1.1.2 NICCY’s 2006 Review

NICCY’s follow up review, published March 2006, was conducted in order to undertake a comparative assessment of provision with that which was recorded in the first Review of 2004/05. The same process was followed. The findings indicated that there was little evidence of any significant action having been taken in relation to NICCY’s 2005 recommendations. The
recommendation to establish a Task Force had not been implemented. Among the range of concerns identified by the 2006 overview, NICCY highlighted:

- The continued existence of a postcode lottery (waiting times and service delivery not uniformly satisfactory across all Trusts)
- The significant number of children and young people who required access to SLT services, particularly those who were awaiting assessment and/or therapy, both in community and special schools (The Review observed that, while waiting times for assessment within community settings had decreased since the initial review, those for receipt of services post assessment had increased).
- The inadequate provision of resources specifically targeted at SLT services for children and young people.
- The disparity between the increased volume of complaints received by NICCY and the reduced number of formal complaints recorded by Trusts.
- The overall lack of action at a strategic and/or policy level as regards the concerns raised by NICCY, relevant professional and parents/carers.

In terms of the number of children affected by the gap in service provision, the 2006 Review found that:

- 15,547 children and young people were receiving SLT within NI.
- 2,055 were waiting assessment for SLT.
- A further 3,402 children and young people were still waiting to commence any form of therapy, despite having been assessed as being in need.
- Average waiting times between assessment and receipt of services ranged significantly across NI, from 2.5 weeks in one Trust to 9 months in another, with some children waiting up to 24 months to receive services that they had been assessed as needing.

At the time of the 2006 Review, NICCY repeated its recommendation for a Task Force to be set up to review speech and language therapy provision within NI. It was recommended by NICCY that the Task Force develop a time-bound action plan to address the issues raised in both of NICCY’s Reviews.

**1.1.3 Government response to NICCY’s Review recommendations**

In follow-up to NICCY’s second Review, the Health Minister established a Task Force in September 2006. The Task Force terms of reference were to:
“Explore in greater depth the relevant issues identified in the NICCY reports relating to ‘SLT provision’ to children and young people and to develop a time bound action plan to deliver a more equitable service across Northern Ireland” (page 15 of the Task Force report).

The Task Force report was published by the Health Minister in July 2008. It emphasised the need for “partnership and collaborative working between health and education professionals to support the early identification of children’s needs and to secure better outcomes for them”\(^{(1)}\).

One year on in July 2009, DHSSPS established a “multi-agency Speech and Language Therapy Action Plan Project Team to develop and agree a Speech, Language and Communication Therapy Action Plan, taking account of the recommendations made in the Task Force Report”\(^{(2)}\).

This consultation exercise, initiated in September 2010, is a landmark step since the publication of NICCY’s two Reviews of SLT provision for children and young people in NI. NICCY is pleased to offer our comments on the draft Action Plan.

2.0 Children’s rights

The United Nations Convention on the Rights of the Child (UNCRC) provides the overarching framework which guides the work of NICCY. The United Kingdom (UK) Government, including Northern Ireland, is a signatory to the Convention and has agreed to uphold the rights of children and young people based on the Convention.

NICCY recommends that all policy proposals impacting on children and young people are reviewed against the following articles within the UNCRC and incorporated within the policy as underlying principles:

- Article 2: Children shall not be discriminated against in the exercise of their Convention rights.
- Article 3: All decisions taken which affect children’s lives should be taken in the child’s best interests.
- Article 6: All children have the right to life and to the fullest level of development.


\(^{(2)}\) As above.
• Article 12: Children have the right to have their voices heard in all matters concerning them.

Within NICCY’s 2006 Review of SLT provision, we recommended that the SLT action plan ensure that children and young people’s rights under article 6 and 23 of the UNCRC are fulfilled through the provision of timely and adequate access to speech and language therapy:

• Article 6: Children have 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.

• Article 23: children with a 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.

NICCY recommends that the action plan ensure that children and young people’s rights under article 6 and 23 of the UNCRC are fulfilled.

3.0 NICCY’s Children’s Rights Review

In 2009, NICCY launched its Children’s Rights Review, a large-scale report highlighting the gaps, problems and challenges in the protection, promotion and implementation of children’s rights in NI. Specific concerns were raised in relation to a significant gap in SLT service provision. These were identified by a number of different professionals and parents who participated in workshops during 2007:

‘Access to speech and language therapy is completely disastrous for the people we have spoken to. They have had to fight for everything, to make any headway in the services. I don’t know why this is, but I have certainly met parents whose child may have needed 3 sessions of speech and language therapy a week, and they have only been getting one session once a month or every 5 weeks. And obviously that has more repercussions down the line, because that child is getting even more frustrated because they can’t communicate and it manifests itself in behavioural problems’ (professional).

‘Absence of services – especially speech and language therapy. No complaint with therapists, just not enough of them’ (parent).

‘My disabled son has had little provision by education – he is still performing tasks that were introduced when he was 4 years old. He has
been denied speech and language therapy despite being diagnosed as having a communication disorder and when school can’t cope with his challenging behaviours, we as parents are sent for to bring him home’ (parent).

**NICCY recommends that the Department take on board the Children’s Rights Review evidence as it develops the Action Plan.**

### 4.0 Consultation with children and young people

NICCY has frequently expressed concern that section 75 of the Northern Ireland Act 1998 is not being adequately enforced in respect of the age criterion and that public authorities are failing in their duty to meaningfully consult with children and young people on issues that have direct relevance to their lives. Article 12 of the UNCRC provides that children have the right to express their opinion in matters directly impacting upon them and have those views given due weight in accordance with the age and maturity of the child.

NICCY welcomes the efforts of the Task Force to engage with children and young people and their parents/carers to hear their views on SLT provision. **We would like further information on how the Department has sought the views of children and young people at this consultation stage.**

### 5.0 Implementation of NICCY’s SLT Review recommendations

This section considers the contents of the draft Action Plan alongside the recommendations which NICCY provided as part of its 2005 and 2006 Reviews of SLT.

NICCY provided six recommendations to Government in the 2005 Review, including the recommendation to establish a Task Force and Action Plan. This recommendation was repeated in the 2006 Review report. The Action Plan must meaningfully address these recommendations. These are explored below. Where relevant, we call for clarification, or further action to be taken.

### 5.1 Implementation of the 2006 Review recommendation

In the 2006 Review, NICCY’s reiterated its initial Review recommendation for a Task Force to be established:
“NICCY would urge the Children’s Minister to set up the Task Force recommended one year ago to review SLT provision within NI. NICCY recommends that the Task Force develops a time-bound action plan to address the issues raised in both this and the previous year’s review. These actions must ensure that children and young people’s rights under Articles 6 and 23 of the United Nations Convention on the Rights of the Child are fulfilled, through the provision of timely and adequate access to speech and language therapy.”

NICCY accepts that DHSSPS, in setting up the Task Force and producing the draft Action Plan for consultation, has achieved substantial progress in addressing this recommendation. We look forward to the Action Plan being finalised in a timely manner. We would note that a child-rights framework is absent from the draft Action Plan – NICCY strongly recommends that DHSSPS ensure that the Action Plan is underpinned particularly by articles 6 and 23 of the UNCRC, as recommended in Recommendation 1 of our 2005 SLT Review.

5.2 Implementation of the 2005 Review recommendations

The six recommendations outlined in NICCY’s 2005 Review are outlined below in italics. We have highlighted our initial interpretation of whether each recommendation has been adequately and appropriately addressed, below each each of the statements of recommendation.

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”.

NICCY has commented on the implementation of this recommendation below. While the draft Action Plan has now been published, NICCY requires further evidence to demonstrate that this recommendation has been addressed. We are not convinced that SLT is prioritised by all relevant stakeholders, given the concerns highlighted in section 7.2 below, regarding a lack of funding to meet increased demands on SLT provision. In addition, there appears to be a disparity in SLT provision in different areas of NI.

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 centred approach to be developed which meets children’s speech, language, communication and swallowing needs”.

We have commented on the implementation of this recommendation below. In summary, while we believe that the draft Action Plan demonstrates that effort is being made to adopt a joined-up approach, further information is required to demonstrate how Health and Education will jointly deliver provision. This must include details of any joint agreement and joint working practices. In addition, it is also important that information is provided with regard to how SLT will be financed in both health and education settings.

We would refer the Department to section 7.5 of our response, below.

3. The Ministers for Health and Education should set up a regional Task Force consisting of Government Officials and Commissioners/Providers of Services, 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 in-depth, detailed research to identify the full extent of the relevant issues.
   - A joined up child-centred strategy which incorporates policy; resources, including funding of service and workforce planning; models of delivery; skill mix and service improvement methods”.

NICCY has welcomed the setting up of the Task Force and the subsequent report.

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 and review and evaluation”.

The Task Force report (published July 2008) referred to the previously agreed target: “no patient to wait more than 13 weeks from referral to treatment by March 2009” (page 41 of the Task Force report). The draft Action Plan provides an updated picture of targets, highlighting that “as part of service improvement, waiting times for access to allied health professions services (including speech and language therapists) reduced from 28 weeks in 2008 to 9 weeks by March 2010 from referral to commencement of AHP treatment” (paragraph 68 of the draft Action Plan). This is reflected in action point A9 of the draft Plan. Despite these targets NICCY is aware of concerns that waiting times are not being consistently
met across different areas in NI\textsuperscript{3}. We have addressed this issue in detail in section 7.2 of our response below.

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

NICCY notes a number of action points within theme D of the draft Plan (entitled “Collaboration between Speech and Language Therapists and Teachers and Education Professionals to Enable them to Promote Early Recognition, Assessment, Intervention and Support”) which could potentially support implementation of Recommendation 5 of our 2005 Review. For example, action point D4 of the draft Plan (“teachers and SLTs respect and understand each others’ roles and work in a trans-disciplinary manner, sharing knowledge and skills to ensure that delivering education and therapy needs is the responsibility of both teachers and therapists to encourage maximum participation of the child”) is cited as requiring the following outcome: “integration of individual care plan into educational curriculum in classroom setting”. NICCY would welcome further information from DHSSPS (in collaboration with the Department of Education) in relation to how this would work in practice. NICCY would also require information in relation to how this would contribute to fulfilling recommendation 5 of NICCY’s 2005 Review.

NICCY also notes the potential relevance of action point D1 of the draft Plan: “initiate discussions with training organisations around inclusion of understanding of child development and the relevance of speech and language to learning within undergraduate teacher training courses”. We would welcome further as to how this would be implemented in practice.

Finally, we would turn our attention to the second part of recommendation 5 of NICCY’s 2005 Review (“A full evaluation of the benefits of the school service being funded and/or managed by the Education sector should be carried out”), and ask DHSSPS (in collaboration with DE) to clarify whether there are any plans to undertake such an evaluation, and if so, to outline how, and when, this will be conducted.

\textsuperscript{3} http://www.niassembly.gov.uk/record/reports2010/101019.htm#7, accessed 29 November 2010.
6. “Speech and Language Therapy Managers should continue to audit and evaluate the services provided and ensure that good practice is shared”.

NICCY welcomes a number of action points which we would interpret as relevant to auditing and evaluation of practice and provision. We would welcome further clarification from DHSSPS in relation to the action points which DHSSPS will take forward in support of the implementation of recommendation 6 of NICCY’s 2005 Review.

**In concluding this section, NICCY requests that DHSSPS demonstrates how the Action Plan addresses each of NICCY’s recommendations arising from our SLT Reviews.**

**6.0 Implementation of the Task Force recommendations**

In section 5 above, NICCY provided commentary in relation to the extent of the implementation of our recommendations of the two Speech and Language Therapy Reviews.

In this section we reiterate the need for the Action Plan to implement the subsequent Speech and Language Therapy Task Force’s recommendations, as outlined in pages 10 to 11 of the Task Force report (July 2008) (included in Appendix 1 to this consultation response).

An analysis of the extent to which the draft Action Plan delivers on each of the Task Force recommendations is beyond the scope of this consultation response. However, NICCY believes that it is important that DHSSPS recognises the relevance of these recommendations and considers each of them in taking forward this Action Plan.

NICCY notes that, in terms of demonstrating the implementation of the Task Force recommendations, the draft Action Plan notes which of the five key areas corresponds with each of the 33 action points. NICCY is concerned that, as a consequence of adopting this approach, it is not at all clear how the Action Plan will actually meet the Task Force’s 16 recommendations. While we welcome DHSSPS’ efforts in reviewing the Task Force recommendations, we would welcome further clarification in relation to how the Task Force recommendations will be met in practice.

**NICCY recommends that the Action Plan fully ensure that the existing recommendations of the Task Force report are fully implemented through the Action Plan. The Plan should give**
more clarity to the issue of how the Task Force recommendations are being addressed through the action points.

7.0 Additional comments on the draft Action Plan

7.1 Provision of accurate and useful statistics and research

NICCY is concerned about the ongoing absence of accurate, up-to-date statistical and qualitative research evidence regarding the provision of speech and language therapy for children and young people in NI. The draft Action Plan notes the lack of robust research on the speech, language and communication needs of children and young people in paragraph 36. In order to plan, deliver and evaluate appropriate and effective SLCT provision, it is essential that accurate and robust research is made available.

The difficulties in assessing the adequacy of provision in different areas of NI is exacerbated through the absence of comparable data. The draft Action Plan details the SLT workforce for children and young people across the five Trusts. However, children recorded with registered speech and language difficulties are compiled from Education and Library Board data. This presents immediate difficulties in assessing the match between provision of support and the level of need.

7.2 Service provision and funding

Within our comments in section 5, we cited the concern that, in practice, maximum waiting times for treatment are still not being consistently met across Trust areas.

According to Action point A9, no child should wait longer than 9 weeks from initial referral to treatment, from April 2009. While NICCY acknowledges and welcomes the fact that improvements have been made to fill the gap in SLT provision in recent years (the Health Minister indicated that the additional £1 million and £4 million funding pots assisted in meeting the nine week target by March 2010 by all Trusts), increasing

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demands in the Western Trust have led to concerns that waiting time targets are deteriorating in assessment and referral⁶. NICCY understands that the Minister has cited a lack of financial investment as the cause of deteriorating waiting times⁷.

Given the significant time period which has passed between the publication of NICCY’s two Reviews of SLT (March 2005 and March 2006), and the time lapsed since the Task Force report was published (July 2008), NICCY views it as unacceptable that concerns of postcode lottery provision still persist in terms of SLT for children and young people.

If insufficient investment is at the heart of the issue, as the Health Minister has indicated, NICCY would question whether the provision of SLT for children and young people is being adequately prioritised by Government and by relevant authorities. The first of NICCY’s six recommendations in the 2005 SLT Review called for children’s access to SLT to be accepted and prioritised by relevant Government Departments.

The Task Force report (published July 2008) provided clear warning to Government in relation to the need to sustain targets in the longer term:

“Although the targets will be met within the Ministerial time scales, the challenge for the SLT profession will be to sustain the targets in the longer term and ensure access for children requiring reviews. SLT Managers also report that implementing Access Targets impacts upon the ability of services to deliver continuous treatment packages” (page 42 of the Task Force report).

The final Action Plan must clearly address this concern, particularly the matter of securing funding, to ensure a consistent, needs-based approach to SLT provision at a regional level. NICCY recommends that the Department clearly explain in detail, how the Action Plan will sustain targets in the long-term and how it will ensure consistent delivery of treatment across all Trust areas.

We also note that action point A5 of the draft Plan (“Scope SLT services in NI”) is cited as being a completed action (this is linked to the March 2010 target of securing a maximum of nine weeks waiting between referral and treatment). Given the concern that the waiting times have lapsed in some areas, NICCY would recommend that the Department reconsider this action.

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⁶ See note 5 above.
⁷ See note 6 above.
point. If the fundamental issue is investment, as cited by the Health Minister, then this must be addressed within the Plan.

7.2.1 Current workforce and associated funding

In relation to the issue of sustaining targets concerning waiting times for assessment and referral to treatment, and continuous service delivery, is the ensuring that there are an adequate number of professionals delivering therapy on a needs-basis.

NICCY notes that section 2 of the consultation document provides a useful table, outlining “Current service provision” (page 24 of the consultation document). We note that this table provides the SLT workforce of children and young people as of December 2009. It would be helpful to have the most up to date figures made publicly available. It would further be beneficial for the Department to periodically publish these figures for comparative purposes. We note that at paragraph 66 of the consultation document it is stated that:

“At March 2010 there were 426 (359.64 WTE) Speech and Language Therapists supporting children and adults in the Health and Social Care sector in Northern Ireland, as well as 70 (54.63 WTE) SLT support staff, with more workforce development expected as a consequence of this Action Plan” (page 25).

While further analysis of the figures for each Trust area would be required, NICCY notes the significant disparity in the numbers of WTE therapists, assistants, technical instructors, administrative and clerical support working in each Trust area.

We must reiterate the need for these figures to be published regularly, including a breakdown of how many of these therapists were employed in permanent posts, and how many in temporary posts.

**NICCY recommends that the Department publish regular figures outlining the number of speech and language therapists provided for children and young people. This should include a breakdown of the workforce across the Trusts, and should indicate how many of the therapists are employed in permanent posts and how many are in temporary posts.**

The consultation document acknowledges at paragraph 67 that the NICCY SLT Reviews assisted in achieving an additional £1 million funding for SLT
provision for children and young people. **NICCY recommends that the Department provide a breakdown as to how the additional £1 million has been spent by the Trusts.**

The consultation document also highlights the £4 million recurrent funding provided to Trusts in order to establish multidisciplinary teams comprising speech and language therapists, occupational therapist, nurses, psychologists and social workers. It would be beneficial if information were provided to demonstrate how much of this funding has and is being used for SLT. **NICCY recommends that DHSSPS outline what proportion of money allocated from the additional £4 million funding has been used for the purposes of speech and language therapy. DHSSPS should include a detailed breakdown of how the money allocated to SLT was spent, for example, including details of the number of permanent therapist posts created through the funding.**

NICCY notes that at paragraph 66 of the draft Action Plan it is stated that more workforce development is expected as a consequence of the Action Plan. We welcome this statement, and would welcome further information from the Department in relation to the posts it expects to create, and what funding this is linked to.

### 7.3 Timescales for implementation of the Action Plan

NICCY welcomes the time-bound nature of the action points outlined within the Plan. However, given the delay in reaching the consultation stage, some of the completion dates and key milestones cited in the draft Plan have already passed, or indeed are fast approaching, despite the fact that the Action Plan is still at the consultation stage. As the draft Action Plan aims to cover the period 2010/11 - 2011/12, amendments to the timescales may need to be made in order to reflect the time lapse in reaching the consultation phase.

**NICCY recommends that the Department assess the timescales stated within the Action Plan in order to ensure that the timescales outlined in the final Plan are meaningful and realistic.**
7.4 Monitoring and evaluation of the Action Plan

NICCY understands that the Action Plan will be subject to ongoing monitoring by the Regional Health and Social Care Board and Public Health Agency, and that “further consideration will be given to how the overall Plan might be evaluated to ensure effective implementation and improved outcomes” (paragraph 114). **NICCY recommends that monitoring and evaluation mechanisms must be key elements of the Action Plan.**

We have noted that there are 33 action points in total allocated across the four key themes of the draft Plan. This is a substantial number of actions, and while we welcome the time-bound nature of the actions, it will be essential that a robust approach is adopted in monitoring and evaluation of the actions, in order for the Department to be held to account in terms of delivery. Indicators may be useful in demonstrating whether the outcomes have been achieved. In some cases this should be a relatively straightforward exercise, for example, measuring whether “no one waits longer than 9 weeks from initial referral to treatment”, as per action point A9. However, monitoring and evaluation will present more of a challenge in terms of complex action points. For example action A5, “standardise speech and language therapy input into Sure Start schemes”, has highlighted as its required outcome, “enhance child development and early recognition and support for children in need”. In such cases, measurable indicators will be essential in ensuring that delivery of action points is meaningful.

**NICCY recommends that DHSSPS develop measurable indicators in order to determine whether outcomes have been achieved in relation to the action points.**

7.5 Collaborative working between education and health sectors

NICCY believes that the draft Action Plan does indicate that effort has been made to promote a partnership and collaborative approach between health and education sectors. However, we also believe that further steps must be taken in order to ensure that the finalised Action Plan maximises the opportunities that a truly collaborative approach will provide.
7.5.1 Joint responsibility for the delivery of action points

In terms of the draft Action Plan table, NICCY welcomes the fact that responsibility for delivery of each of the actions tends to fall cross-departmentally. We have noted that, where the draft Plan names those responsible for the delivery of key actions points, a specific body/profession is identified where the actionee falls under DHSSPS’ remit (for example, HSC Trusts, Public Health Agency, etc.). However, where action is required by those within the remit of relevant education stakeholders, in most (but not all) cases, a specific education body/profession is not directly assigned to the action. Instead the Action Plan tends to state that “education sectors” (together with named health bodies/professions) hold responsibility for delivering the action. **For continuity purposes, NICCY recommends that the Action Plan should adopt the same approach in terms of naming the relevant bodies within the remit of the Department of Education who will be responsible for delivering actions.**

7.5.2 Joined-up implementation

As the draft Action Plan acknowledges, a key message of the Task Force report was the need for partnership and collaborative working between health and education professionals. NICCY notes that accountability for the implementation of the Action Plan will lie with an implementation group which will be led by the HSC Board/Public Health Agency. We have an expectation that the Department of Education/relevant statutory education bodies will be appropriately represented within the implementation group. **NICCY recommends that the Action Plan name relevant statutory education stakeholders who will sit on the implementation group, and what role they will play.**

7.5.3 Joined-up funding

NICCY would welcome further information in the Action Plan in relation to how a joined-up approach will be taken forward with regard to SLT funding.

In addition to funding issues outlined in section 7.2 of our response with regard to the health sector, funding from the education sector for the promotion of speech and language therapy has also been a cause of concern in recent times.
It is essential that strategic, long-term funding solutions are agreed and implemented, whether they are the responsibility of education, health, or both.

NICCY believes that the Action Plan should outline in detail the shared approach in terms of funding the implementation of the Action Plan. Recommendation 5 of the Task Force report stressed the need for “a shared vision underpinned by joint financial and organisational structures to ensure that the education and therapy needs of each child are met successfully within a collaborative approach”. **NICCY recommends that the Action Plan highlight a joint funding structure agreed between DE and DHSSPS in order to ensure that the SLCT needs of every child are delivered through a collaborative approach, as outlined in recommendation 5 of the Task Force report.**

8.0 Conclusion

NICCY appreciates the opportunity to provide our views on the draft SLCT Action Plan. If the Department wishes to discuss the issues with NICCY in further detail, in first instance please contact Caroline Cunningham, Policy and Research Officer, on 90316384 or caroline@niccy.org.
APPENDIX 1:
Recommendations of the Speech and Language Therapy Task Force

“Strategic Policy, Planning and Commissioning

1. Policy makers, planners, commissioners and service providers urgently ensure that current gaps in provision for children and young people with speech, language and communication difficulties are identified, prioritised and met.

2. There is an urgent review of current NI legislation to ensure that children and young people with long term communication support needs are recognised as having a communication disability and that an appropriate legislative framework is in place to ensure the delivery of services to meet these needs at all ages.

3. Clear lines of accountability are identified to ensure a change from single agency, service-based planning, to joint agency planning and commissioning that meets the assessed needs of children and young people with SLCN.

Partnership and Collaborative working

4. Policies and practices are developed to ensure a collaborative framework for the early identification of children and young people with SLCN.

5. There is a shared vision underpinned by joint financial and organisational structures to ensure that the education and therapy needs of each child are met successfully within a collaborative approach.

6. All services for children and young people work together to ensure that the goals and outcomes for therapy, learning and education relate to improving: Educational attainment, Health and Social Well Being, Mental Health and Employment prospects and are managed by those most relevant to the child or young person.

7. A regional Information Forum is established to define information sharing protocols that meet the strategic and operational requirements for both Health and Education.

Delivering equitable and effective models of service delivery

8. All children with SLCN have equitable access to seamless SLT provision.

9. Service planning and delivery takes account of evidence based models which provide the most functionally communicative and socially appropriate environment for effecting change.

10. DHSSPS and DE ensure that transfer and transition planning meets the needs of children and young people with SLCN.
11. The DHSSPS working with DE ensure that young people not in education training or employment (NEET) and young offenders with SLCN have an identified person with lead responsibility for ensuring the coordination of their individual ‘care’ plan.

**Education and Training**

12. Training of others including parents is viewed as a central activity for SLT services within universal, targeted and specialist services.

13. There is a central source of accessible local information for children and young people with SLCN and their parents, carers and families detailing the range of services relevant to those with SLCN needs.

**Workforce**

14. The workforce is resourced with the appropriate skill mix competent to work in new ways that ensure the best outcomes for children and young people with SLCN.

15. Regionally agreed workforce planning protocols and structures are implemented to ensure efficient use of skill mix and physical resources to maximise clinical activity, efficiency and effectiveness.

16. A research framework is put in place to support the development of evidence based practice and advancements in service improvement.”