

EXECUTIVE SUMMARY

INTRODUCTION

The Northern Ireland Commissioner for Children and Young People (NICCY) has recently completed a follow-up review of SLT services within Northern Ireland in order to comparatively assess current provision with that recorded in our previous review of 2004/05.

This year's review followed the same process as before with a request being made to Health and Social Services Trusts to provide information about their Speech and Language Therapy Service, in terms of waiting times for assessment and therapy, numbers of Speech and Language therapists etc. It is important to note that the information presented in the current overview report is based on data provided by Trusts.

NICCY wish to gratefully acknowledge the time and effort invested by the Speech and Language Therapy teams in compiling the survey responses, and is pleased to have received a 100% response rate from HSS Trusts.

Whilst NICCY is very concerned about the general lack of improvement, the issues identified in the report are not a reflection on the work of Speech and Language Therapy managers, therapists, therapy assistants or technical assistants. NICCY believes the issues at the core of this review are both more strategic and pervasive in nature; manifested in the unacceptable outcome of both inadequate and inequitable service provision across HSS Trusts in Northern Ireland.

SUMMARY OF FINDINGS

It is important to state at the beginning, that there continues to be great difficulty accessing information uniformly across Trusts. It would appear that information, which NICCY believes is critical to effective service planning, is not yet routinely collated, analysed or easily accessible. The urgent need to address this deficiency cannot be over-stated as the collation and analysis of data about target populations, that is easily accessible, is vital for effective service planning.



The Extent of the Need

Numbers Receiving SLT

Statistics provided by the HSS Trusts reveal that up to 21,004 children and young people may presently require access to SLT services within Northern Ireland. This equates to 4.5% of the overall 0-18 year old population within NI.

A total of 15,547 children and young people are currently receiving SLT within Northern Ireland. This means that just under three-quarters (74%) of all children and young people who may require SLT (i.e. those awaiting assessment, those between assessment and therapy and those in receipt of therapy) are currently in receipt of the service.

Numbers Awaiting Assessment

A further 2,055 children and young people are currently awaiting assessment for SLT. Although this represents a 17.4% decrease from last year's figures, it is difficult to ascertain whether this lower figure means that greater numbers of children and young people are actually receiving therapy or whether, as has been suggested to NICCY by some professionals in the field, these children are now alternatively recorded amongst those who have been assessed but not yet received the therapy they require (see below).

Although there is an overall decrease across all four Boards, a closer look at the figures reveals that the WHSSB has actually experienced a 14.5% increase within the last year in numbers of children and young people waiting for assessment.

Furthermore in spite of the overall decrease, it is still the case that one in every ten children who potentially need SLT have not yet even received an assessment (this ranges from one in every six children in the SHSSB to one in every twenty in the NHSSB).

Numbers Awaiting Therapy Post Assessment

A further 3,402 children and young people within NI are still waiting to commence any form of therapy, despite having been assessed to be in need.

As highlighted below, these individuals can experience delays of up to 24 months (Homefirst Trust) between assessment and therapy. Average delays between assessment and actual receipt of therapy range from 2.5 weeks in South and East Belfast Trust to 9 months in Causeway and Sperrin Lakeland Trusts; this is clearly



an unacceptable situation given the identified need of these children and young people.

In terms of numbers awaiting therapy as a percentage of those potentially in need of the service, figures range from only 1.9% in the EHSSB to 42.9% in the WHSSB. Taken as a percentage of those assessed as definitely requiring SLT, the figures at the upper end of the scale are even more alarming. Whilst only 2.1% of those assessed as in need of SLT are not currently receiving therapy in the EHSSB, 48.2% are not yet receiving the service they require in the WHSSB.

Numbers Awaiting Assessment or Therapy

Considered together, these figures reveal that 5,457 children and young people are still awaiting assessment and/or therapy. Over one third (34.7%) of these children and young people are within the WHSSB, where there are actually more children and young people awaiting assessment or therapy (1894) than those currently receiving the service (1619).

In short, over one quarter (26%) of children and young people who require SL assessment or therapy are still waiting to access the services they require. As highlighted above, the situation is particularly dire in the WHSSB where over half (53.9%) of all children and young people requiring assessment or therapy are not accessing the required services.

Waiting Times

The geographical inequity observed last year between Trusts is still very much evident in terms of both assessment and therapy waiting times. Whilst some Trusts have managed to decrease their overall waiting times (with varying degrees of success), many others note little change or indeed an increase in possible waiting times.

Not all Trusts have provided directly comparable figures but of particular note at the positive end of the scale is South and East Belfast Trust which has managed to decrease its maximum waiting times for assessment from 7 to 4 months and therapy from 7 months to 5 weeks. Particularly notable at the other end of the scale are Belfast City Hospital Trust whose maximum waiting time for assessment has doubled from 12 to 24 weeks within the past 12 months and Sperrin Lakeland



Trust whose corresponding figures have risen from 4 to 7 months within the same period.

Community settings

There appears to be some degree of progress in terms of overall waiting times for assessment, although the situation remains far from satisfactory. For example, in 2004/05 children and young people could wait up to 15 months for assessment within a community setting; this year the maximum wait stated by any Trust for community settings was just over 10 months (North & West Belfast), a decrease of 5 months.

Unfortunately, this progress is not repeated in terms of subsequent waiting times for therapy. Whereas the maximum waiting time recorded between assessment and therapy last year was 16 months, this year the corresponding figure is 24 months (Homefirst), an increase of 8 months.

The geographical inequity observed last year is still very much evident in terms of both assessment and therapy waiting times.

Average waiting times for assessment currently range from 3 weeks (Foyle) to 5 months (Armagh & Dungannon), while average waiting times for therapy following assessment range from nil (UCHT) to 9 months (Causeway and Sperrin Lakeland).

The lowest average waiting time, from referral to therapy in a community setting, is 6.5 weeks within South & East Belfast Trust. This compares to an average of 13 months in Sperrin Lakeland Trust at the other end of the scale. Maximum possible waiting times from referral to therapy range from 15 weeks (South and East Belfast) to 29 months (Homefirst); an increase on last year's corresponding figures of 3 to 20 months across all Trusts.

Special School settings

The waiting times recorded for special schools are of particular concern to NICCY given that 95% of all SLT complaints registered with us in the past year have related to this setting.

Waiting times for assessment and therapy within special schools is similarly varied across Trusts, with average waiting times for assessment ranging from nil (Armagh



& Dungannon and Foyle) to 2 months (Sperrin Lakeland), and average waiting times for therapy ranging from nil in five Trusts¹ to 7 months in Foyle.

The lowest possible waiting time from initial referral to receipt of therapy in a special school setting ranges from nil in eight Trusts to 4 months (Sperrin Lakeland). The corresponding maximum waiting times range from nil in Armagh & Dungannon Trust to 14 months in Foyle.

Other Settings

Four Trusts provided information on waiting times for assessment and therapy within hospital settings. Their average figures for assessment ranged from 1-2 days in UCHT and Royal Hospitals to 12 weeks in Belfast City Hospital Trust, whilst maximum waiting times for assessment across these Trusts ranged from 2 days (Causeway) to 24 weeks (City Hospital). Only one of the four Trusts (Royal Hospitals) recorded any subsequent wait for therapy post assessment; this ranged from 1-2 days on an inpatient basis to 3-4 weeks if an outpatient.

Minimum waiting times from referral to therapy within 'other' recorded settings range from nil in UCHT Scrabo Children's Centre to 3 months plus in Homefirst Autism Social Skills Programme. Corresponding maximum waiting times range from 4 weeks in Craigavon and Banbridge Learning Support Centres to 24 months plus, again in Homefirst Social Skills Programme.

Block Therapy

It is of further significance that over half of all Trusts (9 out of 14)² indicate that they operate additional waiting lists for subsequent treatment sessions once the original block of therapy has ended. Initial access to treatment does not therefore guarantee continuous receipt of the same. Again, the length of time between subsequent treatment sessions varies according to where a child lives, with maximum waiting times between treatments ranging from 2 months in UCHT to 15 months in Foyle.

Considering this alongside previous waiting times for assessment and therapy, only one conclusion can be drawn: It is still, and possibly more so, the case that

¹ UCHT; North & West Belfast; Armagh & Dungannon; Craigavon & Banbridge and Causeway Trusts.

² UCHT; Down Lisburn; North & West Belfast; Armagh & Dungannon; Craigavon & Banbridge; Newry & Mourne; Causeway; Homefirst; Foyle



where a child or young person lives in Northern Ireland determines the length of wait for receipt of Speech and Language Therapy.

Identified Gaps

The two most frequently identified difficulties as regard to service provision were inadequate financial resources and insufficient numbers of SLTs, both of which were identified by 11 of the 14 Trusts this year, compared to 9 last year.

Other issues identified by over half of all Trusts were:

- Lack of clerical administrative support, highlighted by 9 of the 14 Trusts (3 more than the previous year);
- Speech and Language Therapy Assistants, identified by 8 Trusts as opposed to 5 last year;
- Numbers on waiting lists and prolonged waiting times, identified by only 3 Trusts last year and 8 Trusts this year;
- Inadequate appointments system, identified by 8 of the 14 Trusts.³

Complaints

The number of formal complaints recorded across Trusts has significantly decreased, from 101 last year to 32 this year. One should not automatically assume however that this represents increased satisfaction with service provision; based on what many parents have told NICCY, it may be more reflective of disillusionment regarding the effectiveness of complaints procedures.

In stark contrast to Trust figures, a total of 86 new complaints about SLT provision within NI have been received by NICCY between March 2005 and March 2006. This represents more than a fourfold increase on the number of comparable complaints received in 2004/05. The significant majority of these complaints (95%) are in relation to SLT provision within Special Schools.

The recording of informal complaints to Trusts remains patchy, as was the case last year. It is therefore difficult to obtain a comprehensive overview of the number and nature of informal complaints.

³ There are no comparative figures for last year.



Statementing

One third (33%) of all children and young people who have a Statement of Special Educational Needs (SEN) are 'statemented with SLT'. This represents a slight increase on the figure of 29% recorded last year.

Funding

According to figures provided by the Trusts, there has been an overall increase in funding for SLT provision (for children and adults) within NI of 33.2% over the last year.

This increase in funding has not, however, been uniformly distributed across Trusts. Whilst ten Trusts recorded an increased SLT budget in 2005/06 compared to the previous year, the remaining four reported decreased funding levels over the same period.

Of the ten Trusts who reported increased funding levels, Homefirst reported the greatest increase, noting almost double (91.8%) levels of funding this year compared to last. Other particularly significant increases were recorded by Down and Lisburn Trust (51.2%), Sperrin Lakeland (28.6%), Foyle (27.3%) and Armagh and Dungannon (22.4%).

At the other end of the scale, the Trust which reported the greatest decrease in funding at almost one third (31.9%) less than the previous years budget was UCHT. The percentage decrease recorded by the other three Trusts with diminished budgets were 8.1% in Newry and Mourne, 1.8% in Royal Hospitals and 1.2% in South and East Belfast Trust.

Looking towards the future, NICCY welcomes the Government's recent announcement of an additional funding package for services to children and young people in Northern Ireland.

However, when asked to identify what percentage of funding from this package would be used to specifically target Speech and Language services for children and young people in Northern Ireland, the Department of Health and Public Safety (DHSSPS) indicated that no money had been specifically targeted for this service. According to their statement, money for SLT has been included in the £4 million



budget which has been allocated to establish Multi-Disciplinary Support Teams, some of which will be used to “further enhance services for children with speech and language difficulties”.

SLT Personnel

Across Northern Ireland as a whole there has been a slight increase in numbers of both therapists and assistants within the last year, with the former increasing from 186.71 to 189.94 WTE for the whole of NI (an increase of 1.7%) and the latter increasing from 24.95 to 27.67 WTE (a 10.9% increase).

These increased personnel figures are to be welcomed, but given the situation presented elsewhere in this report there is clearly a need for further development within this field. It should also be noted that while three of the four Boards record increased personnel capacity overall, the Northern Board recorded an overall decrease of 1.55 WTE in therapists.

Administrative Support for SLT Services

The lack of sufficient administrative support for SLT services is a key gap in service provision for the majority of Trusts, with 9 Trusts identifying this issue as a current problem.

When asked whether they had either received, or been allocated, additional resources for administrative support in the last twelve months, only 5 out of 14 Trusts (36%) reported that they had (South & East Belfast; North & West Belfast; Craigavon & Banbridge; Homefirst and Foyle Trusts).

The remaining 9 Trusts stated that they had neither received nor been allocated any additional resources for administrative support, despite recognising the acute need for such provision.



Developments within HSS Trusts

The self-audit questionnaire circulated by NICCY offered Trusts an opportunity to share details of any positive changes or developments within the last year relating to their provision of SLT to children and young people.

When asked if any changes in recording, practice or employment had taken place within the last twelve months, 12 out of 14 Trusts indicated that such changes had occurred. When further asked if any new models of service delivery had been implemented within the past twelve months, again 12 out of 14 Trusts indicated that this was the case, citing a variety of examples of how this has taken place.

Comment by NICCY

This time last year, NICCY met with the Chairpersons and Chief Executives of all Boards and HSS Trusts to inform them of the findings of our 2004/05 review and seek their cooperation in implementing our recommendations for service improvement.

Six key recommendations were made at this time, 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 SLT provision within Northern Ireland.

One year on, this recommendation has not yet been implemented; nor indeed is there much evidence of any significant action having taken place with regard to the other five recommendations made by NICCY this time last year.

The findings of this year's review reveal that just over one quarter (26%) of children and young people who are in need of either assessment or therapy are still waiting to access the service. In terms of waiting times experienced by such young people, the geographical inequity observed last year between Trusts is still very much evident. Whilst some Trusts have managed to decrease their overall waiting times (with varying degrees of success), many others note little change or indeed an increase in possible waiting times.



With regard to such figures, NICCY is particularly concerned to observe some Trusts indicating that there are no waiting times for accessing therapy in Special Schools, as this is contrary to information NICCY has received from parents and head-teachers via our complaints procedures.

Amongst the range of concerns identified within this overview, NICCY wishes to particularly highlight:

- The continued existence of a **postcode lottery**. NICCY would question why waiting times and service delivery are not uniformly satisfactory across all Trusts within Northern Ireland.
- The **significant number** of children and young people who require access to SLT services, particularly those who are presently **awaiting assessment and/or therapy**, both in the community and special schools.
- 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, professionals in the field and parents/carers.



Recommendations and Actions

1. 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.

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.

Article 23: Children with Disability

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.

2. NICCY will be seeking a legal opinion in order to establish if we can assist complainants to challenge the existing inadequacy of speech and language therapy provision for relevant children and young people within Northern Ireland.

3. In the absence of any significant progress within the area under review, NICCY will be reporting to the UNCRC on the current SLT related breach of children’s rights.



Chapter One: Introduction to the 2005/06 Review

1.1 The Role of NICCY

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 within Northern Ireland.

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'. The legislation also states 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' (UNCRC).

1.2 NICCY and the Provision of Speech and Language Therapy (SLT)

Under Article 6 of the UNCRC, the State has an obligation to ensure, to the maximum extent possible, the survival and development of the child.

NICCY considers that communication is vital to children's development. As stated by the Royal College for Speech and Language Therapy:

"children are surrounded by language and for those who have difficulties acquiring language, their difficulties pervade most aspects of their everyday lives – interactions with families, attempts to make and keep friends, learning about their world and their education"⁴

In response to a series of complaints from across Northern Ireland concerning the inadequate level of speech and language therapy provision for children and

⁴ Gasgoigne, M. (2006:12) 'Supporting Children with Speech, Language and Communication Needs within Integrated Children's Services' RCSLT



young people in need of the service, NICCY invoked its powers under Article 7 (3) of the Commissioner's Order and undertook a review of SLT service provision within NI in 2004/05.

The Commissioner, Nigel Williams, was so concerned by the findings of this review that he convened meetings with the Chairs and Chief Executives of Health and Social Services Boards to impress upon them the urgent need for remedial action. At this time, he further advised those he met that NICCY would review the situation again one year on in order to ascertain what progress had been made in the interests of children and young people in need of SLT. The information presented in this report is the outcome of this follow-up review.

NICCY has also been involved in other initiatives aimed at improving SLT services for children and young people within NI. Alongside our colleagues from the Royal College of Speech and Language Therapists (RCSLT), NICCY has been working with representatives from DHSSPS, DE, SLT services, parents and the voluntary sector to bring together a range of professionals and policy makers at a conference addressing the challenge of meeting children's future language and learning needs.

Issues to be explored and addressed at this conference in late March 2006 include:

- how a child-centred approach can be developed through strengthening policy, planning and service commissioning at a strategic level;
- collaborative working;
- improved integration of SLT into classroom practice;
- effective delivery of SLT services within a multi-professional and multi-agency context;
- supporting transitional periods throughout education;
- funding;
- models of service delivery; and
- development of standards.

It is hoped that the main outcome of this initiative will be the development of action plans with both short and long-term objectives that include informing government strategy, informing the commissioning of services and developing best practice. Within this, NICCY would hope to see the development and implementation of a



detailed, time bound action plan for improving SLT services for children and young people within Northern Ireland.

1.3 Overview of the Findings of the 2004/05 Review

The findings from the 2004/05 review revealed that significant numbers of children and young people across Northern Ireland in need of speech and language therapy were unable to access adequate levels of appropriately timed service provision.

The review revealed clear inequity across HSS Trusts in relation to waiting times for both speech and language therapy assessment and initial therapy appointments. The waiting times experienced by children and young people requiring SLT varied considerably depending on where they lived; so in effect children and young people's access to SLT services was determined by a postcode lottery system. The existence of lengthy waiting times was of particular concern to NICCY, given that delays in assessment and provision run contrary to the effective operation of preventative health care and equality provision.

In responding to a self-audit questionnaire, Trusts highlighted a range of concerns regarding their ability to deliver quality services. Most notable of these were a lack of resources; insufficient numbers of speech and language therapists and assistants to meet present need; vacant posts; recruitment and retention difficulties; lack of/non-existent clerical support; inability of current services to address increasingly complex needs and the lack of collaborative working and joint health care planning between the Departments of Health and Education.

On the strength of these findings, the 2004/05 report made the following six key recommendations:



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



1.4 Introduction to the Current Review

Actioning a previous commitment to reassess the state of service provision one year on, NICCY has recently completed a follow-up review of SLT services across NI in order to assess how the current situation compares to that previously recorded.

NICCY were particularly keen to undertake this next stage of the work in light of the fact our Legal and Complaints Department has received 86 new complaints about SLT provision post production of the original report one year ago. The significant majority of these complaints (95%) concern SLT provision in Special Schools.

1.5 The Process of Review

This year's review followed a similar process to the 2004/05 review.

A self audit questionnaire was circulated to the Chief Executives of fourteen Health and Social Services Trusts in December 2005. This questionnaire requested information about speech and language therapy services within the Trust, in terms of waiting times for assessment and therapy, numbers of children and young people awaiting treatment, numbers of Speech and Language therapists etc.

A more comprehensive range of information was requested of Trusts this year than last, having learned from our experience of undertaking the initial review and identified gaps in the information previously obtained (e.g. provision within Special Schools). Whilst this has allowed us to offer a more comprehensive insight into current SLT services across the Trusts, the absence of some key information from last year's review does somewhat restrict the comparative analysis that can be undertaken.

It is important to clarify parameters at this stage and highlight that the findings presented within this report are not based on a formal and robust investigative piece of research. Much of the information subsequently presented is derived solely from data provided by individual Trusts, the accuracy of which we cannot guarantee in the absence of a comprehensive cross-analysis of varying sources of data which is, unfortunately, beyond the capacity of this follow-up review.



Furthermore, though the report does reference the situation in special schools and other settings, the primary focus remains that of community settings, as was the case last year.

In spite of these limitations, the messages contained within this report are important to hear and heed. Although the data on which the findings are based emanates from those with responsibility for service provision, they do not portray an overly positive picture of their achievements regarding service delivery.

The data provided by Trusts both this year and last has enabled us to comparatively assess current provision with that recorded in the 2004/05 review. Analysis of the data has also enabled us to highlight both good practice and gaps in service provision across the Trusts and to identify key issues requiring further attention and redress at strategic level. The findings are presented in Chapter Two.



Chapter Two: Findings of the Current Review

2.1 Introduction

Table 1 below presents 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 to children and young people. The table also indicates those Trusts who, upon request, provided NICCY with information about this service.

NICCY wish to gratefully acknowledge the time and effort invested by the Speech and Language Therapy teams in compiling the survey responses, and is pleased to have received a 100% response rate from HSS Trusts.

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

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



2.2 Collation of Data by Trusts/Boards

It is important to state at the beginning of this chapter that there continues to be great difficulty accessing information uniformly across Trusts. It would appear that information, which NICCY believes is critical to effective service planning, is not yet routinely collated, analysed or easily accessible. The urgent need to address this deficiency cannot be over-stated as the collation and analysis of data about target populations, that is easily accessible, is vital for effective service planning.

To expand, both the findings of this review and feedback from managers and parents clearly indicate that sourcing accurate comprehensive statistics is problematic. Poor recording systems in some Trusts mean basic information such as age and gender ratios is not readily available. Subsequently, when required, such information has to be manually collected by SLT Managers or Therapists; a time consuming and complicated exercise that should not be necessary in this technological age.

It is indeed our understanding, based on anecdotal evidence, that clinics in a Child Development Clinic (CDC) in one Trust were actually suspended for one week to enable therapists to manually process the information required for this report from individual case files. A Speech and Language Therapist from another Trust further advised NICCY that “in the absence of any sophisticated databases from which to source the information, this has been a manual exercise, mainly undertaken by Community Speech and Language Therapists. There has been significant investment of clinic time.”

Personnel from yet another Trust reported that the absence of an adequate IT system means collecting information is a manual exercise. They highlighted that this takes up potential therapy time and noted that the present system means it can be difficult to locate client details. As well as being very time consuming, this process is not always accurate.

Further evidence for the absence of comprehensive recording systems is found in the fact that Trusts in one Board area were unable to provide a breakdown of the numbers of pre-school children receiving SLT, stating that they do not collect this information separately from primary and post primary figures. One Trust indicated that collating this data would have required a manual check of all dates of birth.



The difficulties of extrapolating accurate detailed statistical data illustrated above offer explanation for the occasional gaps in data or contradictory information found within this report, despite concerted efforts to address these.

The examples cited above also offer some insight into the difficulties posed by an absence of effective data collection. The time required to access statistical information is, however, only the tip of the iceberg in terms of the potential consequences of inadequate data collection and analysis. The question must be asked: "how can Trusts ensure effective use of resources and targeted service provision in the absence of detailed knowledge about the extent and nature of need across their diverse client population?"

2.3 The Extent of the Need

On the basis of information supplied by the 14 HSS Trusts, it can be estimated that up to 21,004 children and young people within Northern Ireland may presently require access to SLT services (see Table 2 below).

At its maximum, this figure of 21,004 includes all those who are currently receiving treatment, those who are waiting to commence treatment post assessment and those who are currently awaiting initial assessment. This figure of 21,004 equates to 4.5% of the overall 0-18 year old population within NI.

Even restricting the calculations to those officially assessed as definitely in need of therapy (i.e. excluding those still awaiting assessment) the figure remains high at 18,949 (4.1% of the total 0-18 year population in NI).



Table 2: Numbers of Children and Young People Potentially Requiring SLT

HSS Trust	Numbers Receiving SLT	Numbers Waiting for Assessment	Numbers Waiting for First Appt Post Assessment	Total Numbers Potentially Requiring Access to SLT
EHSSB	6624	683	142	7449
South & East	892	205	3	1100
Green Park	156	0	0	156
Belfast City Hospital	4	2	0	6
UCHT	954	143	0	1097
Royal Hospitals	790	15	0	805
Down Lisburn	1829	186	78	2093
North & West	1999	132	61	2192
SHSSB	2995	639	326	3960
Armagh & Dungannon	1047	161	53	1261
Craigavon & Banbridge	1012	255	93	1360
Newry & Mourne	936	223	180	1339
NHSSB	4309	347	1426	6082
Causeway	1103	155	185	1443
Homefirst	3206	192	1241	4639
WHSSB	1619	386	1508	3513
Foyle	820	87	728	1635
Sperrin Lakeland	799	299	780	1878
Total	15,547	2,055	3,402	21,004

As illustrated in Table 3 below, all but one Board have less children and young people waiting for assessment or therapy than those currently in receipt of the service.

The notable exception is the WHSSB within which Foyle exhibits largely comparable figures (820 in receipt of treatment; 815 waiting assessment/therapy) and, even more alarmingly, Sperrin Lakeland which records significantly more children and young people awaiting assessment/therapy (1079) than those actually receiving the same (799).



Table 3: Numbers Waiting for Assessment/Therapy Compared to Numbers Currently In Receipt of Treatment.

	Numbers Receiving Therapy	Numbers Waiting for Assessment or Therapy
EHSSB	6624	825
South & East	892	208
Green Park	156	0
Belfast City Hospital	4	2
UCHT	954	143
Royal Hospitals	790	15
Down Lisburn	1829	264
North & West	1999	193
SHSSB	2995	965
Armagh & Dungannon	1047	214
Craigavon & Banbridge	1012	348
Newry & Mourne	936	403
NHSSB	4309	1773
Causeway	1103	340
Homefirst	3206	1433
WHSSB	1619	1894
Foyle	820	815
Sperrin Lakeland	799	1079
Total	15,547	5457

Although, as stated above, 3 of the 4 Boards have lesser numbers awaiting assessment or therapy than those receiving the same, this does not necessarily mean the overall picture is a positive one.

Whilst 15,547 children and young people are receiving some form of SLT at present, 3402 of their peers, who have been identified as in need of SLT, are still not receiving any therapy. A further 2055 children and young people are still waiting for initial assessment post referral.

In short, over one quarter (26%) of children and young people who require SL assessment or therapy are still waiting to access the services they require.

The situation is particularly dire in the WHSSB where over half (53.9%) of all children and young people requiring assessment or therapy are not accessing the service they require (see Table 5).



2.4 Children and Young People Currently Receiving SLT

According to figures provided by the fourteen HSS Trusts, a total of 15,547 children and young people are currently in receipt of SLT across Northern Ireland. This figure excludes both those who are awaiting assessment and those who are waiting for therapy post assessment, which together total a further 5,457 children.

The numbers of children and young people receiving SLT are broken down by age band and Trust in Table 4 below. Unfortunately neither Trust in the Western Board was able to provide a breakdown by age, therefore, while the total numbers of children and young people in receipt of therapy is provided for each Trust, an age-breakdown is absent from the WHSSB figures.

Table 4: Children and Young People Receiving SLT by Trust and Age Band

	Pre-school	Primary	Post Primary	Total
EHSSB	1988	3784	852	6624
South & East	364	472	56	892
Green Park	18	76	62	156
Belfast City Hospital	0	2	2	4
UCHT	256	638	60	954
Royal Hospitals	260	350	180	790
Down Lisburn	737	959	133	1829
North & West	353	1287	359	1999
SHSSB	721	1978	296	2995
Armagh & Dungannon	233	676	138	1047
Craigavon & Banbridge	282	694	36	1012
Newry & Mourne	206	608	122	936
NHSSB	1547	2258	504	4309
Causeway	385	623	95	1103
Homefirst	1162	1635	409	3206
WHSSB	Cannot calculate	Cannot calculate	Cannot calculate	1619
Foyle	672 in pre-school and primary: system cannot differentiate		148	820
Sperrin Lakeland	Trust's system cannot provide age breakdown for those currently receiving treatment			799 ⁵
TOTAL	Cannot calculate	Cannot calculate	Cannot calculate	15,547

⁵ Estimated from manual count by Trust personnel.



Table 5 below reveals that, on average, just under three-quarters (74%) of all children and young people who may require SLT (i.e. those awaiting assessment, those between assessment and therapy and those in receipt of therapy) are currently in receipt of the service.

Table 5: Numbers Receiving SLT as a Percentage of Those Potentially Requiring the Service

	Numbers Receiving SLT	Total Numbers Potentially Requiring Access to SLT	Numbers Receiving as % of Those Potentially Requiring Access to SLT
EHSSB	6624	7449	88.9%
SHSSB	2995	3960	75.6%
NHSSB	4309	6082	70.8%
WHSSB	1619	3513	46.1%
Total:	15,547	21,004	74.0%

Considering these figures by Board, the EHSSB must be both commended and encouraged to further build on its success, as its current figures reveal that 88.9% of all children and young people within its catchment area, who may be in need of SLT, are currently receiving the same.

Alarming at the other end of the spectrum, only 46.1% of children and young people potentially in need of SLT within the WHSSB are actually accessing the service at present.

2.5 Children and Young People Awaiting Assessment for SLT

A total of 2,055 children and young people within NI are currently awaiting assessment for SLT (Table 6). This figure represents 9.8% of all children and young people who may require SLT, which means that one in every ten children who potentially need SLT have not yet even received an assessment (this ranges from one in every six children in the SHSSB to one in every twenty in the NHSSB).



**Table 6: Children and Young People Awaiting Assessment
 As Percentage of Those Potentially Requiring SLT**

	Numbers Awaiting Assessment	Total Numbers Potentially Requiring Access to SLT	Numbers Receiving as % of Those Potentially Requiring Access to SLT
EHSSB	683	7449	9.2%
SHSSB	639	3960	16.1%
NHSSB	347	6082	5.7%
WHSSB	386	3513	11.0%
Total:	2055	21,004	9.8%

The numbers of children and young people awaiting assessment for SLT are broken down by age band and Trust in Table 7 below. Unfortunately neither Trust in the Western Board nor Homefirst Trust in the Northern Board were able to provide a comprehensive breakdown by age. Therefore, while the overall numbers of children and young people still waiting assessment is provided for each Trust, an age-breakdown is absent from the NHSSB and WHSSB figures.



Table 7: Children and Young People Waiting for Assessment

	Pre-school	Primary	Post Primary	Total
EHSSB	435	236	12	683
South & East	167	38	0	205
Green Park	0	0	0	0
Belfast City Hospital	0	1	1	2
UCHT	72	69	2	143
Royal Hospitals	0	13	2	15
Down Lisburn	126	58	2	186
North & West	70	57	5	132
SHSSB	439	197	3	639
Armagh & Dungannon	117	42	2	161
Craigavon & Banbridge	155	99	1	255
Newry & Mourne	167	56	0	223
NHSSB	Cannot calculate	Cannot calculate	Cannot calculate	347
Causeway	112	20	23	155
Homefirst	Not able to provide age breakdown			192
WHSSB	Cannot calculate	Cannot calculate	25	386
Foyle	80 in pre-school and primary		7	87
Sperrin Lakeland	Not provided	281 ⁶	18	299
TOTAL	Cannot calculate	Cannot calculate	Cannot calculate	2055

As highlighted above, a total of 2,055 children and young people are currently awaiting assessment for SLT across NI. This represents a 17.4% decrease on last year's comparative figure of 2488.

Although the figures presented by the Trusts reveal a 17.4% decrease in numbers waiting for assessment within the last year, it is difficult to ascertain whether this lower figure means that greater numbers of children and young people are actually receiving therapy. Another possible explanation, suggested to NICCY by some professionals in the field, is that these children are now alternatively recorded amongst those who have been assessed but not yet received the therapy they require.

⁶ It is not clear from Trust information whether this figure includes pre-school children



Furthermore, although there is an overall decrease across all four Boards, a closer look at the figures reveals that the WHSSB has actually experienced a 14.5% increase within the last year in numbers of children and young people waiting for assessment.

Examining the figures by Trust, even greater variation can be observed, with seven Trusts recording decreases ranging from 3% to 100% and seven Trusts recording increases ranging from 16% to an alarming 270% (see Table 8 below). The two extremes are represented by Green Park, recording a 100% decrease in numbers waiting for assessment, and Craigavon and Banbridge recording a 270% increase in the same.

**Table 8: Numbers of Children and Young People Awaiting Assessment
2004/05 to 2005/06**

Trust	2004/05	2005/06	Numerical Difference	Percentage Change
EHSSB	978	683	- 295	30.2% decrease
South & East	104	205	+ 101	97% increase
Green Park	14	0	- 14	100% decrease
Belfast City Hospital	0	2	+ 2	200% increase
UCHT	123	143	+ 20	16.3% increase
Royal Hospitals	10	15	+ 5	50.0% increase
Down Lisburn	559	186	- 373	66.7% decrease
North & West	168	132	- 36	21.4% decrease
SHSSB	806	639	- 167	20.7% decrease
Armagh & Dungannon	507	161	- 346	68.2% decrease
Craigavon & Banbridge	69	255	+ 186	269.6% increase
Newry & Mourne	230	223	- 7	3.0% decrease
NHSSB	367	347	- 20	5.4% decrease
Causeway	64	155	+ 91	142.2% increase
Homefirst	303	192	- 111	36.6% decrease
WHSSB	337	386	+ 49	14.5% increase
Foyle	104	87	- 17	16.3% decrease
Sperrin Lakeland	233	299	+ 66	28.3% increase
Totals:	2488	2055	- 433	17.4% decrease



2.6 Children and Young People Awaiting Therapy Post Assessment

In addition to those 2,055 individuals who are currently waiting for assessment, there exist a further 3,402 children and young people who, despite having been assessed as definitely in need of SLT, are still waiting to commence any form of therapy.

Table 9: Children and Young People Awaiting Therapy Post Assessment as Percentage of Those Potentially Requiring SLT

	Numbers Awaiting Therapy Post Assessment	Overall Numbers Potentially Requiring SLT	Numbers Awaiting Therapy as % of Those Potentially Requiring SLT	Overall numbers Assessed as Requiring SLT	Numbers Awaiting Therapy as % of Those Assessed to Require SLT
EHSSB	142	7449	1.9%	6766	2.1%
SHSSB	326	3960	8.2%	3321	9.8%
NHSSB	1426	6082	23.4%	5735	24.9%
WHSSB	1508	3513	42.9%	3127	48.2%
Total:	3402	21,004	16.2%	18,949	18.0%

As illustrated in Table 9 above, the numbers awaiting therapy, both as a percentage of those potentially requiring SLT and those assessed as definitely in need of the same, vary significantly across Boards.

In terms of numbers awaiting therapy as a percentage of those potentially in need of the service, figures range from only 1.9% in the EHSSB to 42.9% in the WHSSB.

Taken as a percentage of those assessed as definitely requiring SLT, the figures at the upper end of the scale are even more alarming. Whilst only 2.1% of those assessed as in need of SLT are not currently receiving therapy in the EHSSB, 48.2% are not yet receiving the service they require in the WHSSB.

Put simply, virtually half of all children and young people assessed as requiring SLT in the WHSSB are, in spite of the recognised need, currently receiving no form of therapy. Table 10 below presents these figures numerically, by Trust.



Table 10: Numbers of Children and Young People Currently Waiting For Therapy Post Assessment, by Trust

Health & Social Services (HSS) Boards/Trusts	Numbers Waiting For Therapy Post Assessment
Eastern Health & Social Services Board	142
South & East Belfast Trust	3
Green Park Healthcare Trust	0
Belfast City Hospital Trust	0
Ulster Community & Hospitals Trust	0
Royal Group of Hospitals Trust	0
Down Lisburn Trust	78
North & West Belfast Trust	61
Southern Health & Social Services Board	326
Armagh & Dungannon Trust	53
Craigavon & Banbridge Community Trust/CAHGT (Craigavon Area Hospital Group Trust)	93
Newry & Mourne Trust	180
Northern Health & Social Services Board	1426
Causeway Trust	185
Homefirst Community Trust	1241
Western Health & Social Services Board	1508
Foyle Trust	728
Sperrin & Lakeland Trust	780
Total	3402

Table 10 above confirms the particularly alarming situation in the Western Board, which accounts for 44.3% of all those children and young people awaiting therapy post assessment, despite having the smallest 0-18 year population of all four Boards.

At a Trust level, concern must be raised regarding Homefirst Trust which alone accounts for 36.5% of all children and young people waiting for therapy post assessment. This figure offers interesting insight into the previously cited figure of a 16.3% decrease in numbers waiting for assessment within the Trust and raises the question "have these individuals simply moved to the post assessment waiting list and not yet received any treatment?"



As highlighted below, children and young people can experience delays of up to 24 months between assessment and therapy, as indeed is the case in Homefirst Trust. Average delays between assessment and actual receipt of therapy range from 2.5 weeks in South and East Belfast Trust to 9 months in Causeway and Sperrin Lakeland Trusts. This is a clearly unacceptable situation given the identified need of these children and young people.

2.7 Waiting Times for Assessment and Therapy

Table 11 below indicates waiting periods for assessment and therapy in community settings across all four Boards, highlighting the minimum, maximum and average waiting times within each applicable Trust. The minimum and maximum possible waiting times from initial referral to commencement of therapy are also indicated.

Tables 12 and 13 provide comparative data for Special School and Hospital settings, whilst Table 14 presents waiting times for alternative settings recorded under 'other setting' in Trust responses.

Community Settings

Average waiting times for assessment in community settings currently range from 3 weeks in Foyle to 5 months in Armagh & Dungannon, while average waiting times for therapy following assessment range from nil in UCHT to 9 months in both Causeway and Sperrin Lakeland Trusts.

The lowest average waiting time from initial referral to actual receipt of therapy in a community setting is 6.5 weeks within South & East Belfast Trust. This compares to an average of 13 months in Sperrin Lakeland Trust at the other end of the scale.

Maximum possible waiting times from referral to therapy range from 15 weeks in South and East Belfast to 29 months in Homefirst; an increase on last year's corresponding figures of 3 to 20 months across all Trusts.



Table 11: Waiting Times for Assessment and Therapy (Community Setting)

Trust	Assessment Wait			Therapy Wait			Possible Waiting Time from Referral to Therapy
	Min	Max	Ave	Min	Max	Ave	
South & East Belfast	1 wk	10 wk	4 wk	1 wk	5 wk	2.5wk	2 weeks – 15 weeks (Ave 6.5wk)
Green Park	not applicable - see figures for special school setting below						
Belfast City Hospital	not applicable - see figures for hospital setting below						
Ulster Community	Nil	22 wk	11 wk	nil	nil	nil	0 weeks – 22 weeks (Ave 11wk)
Royal Group	not applicable - see figures for hospital setting below						
Down Lisburn	1 mth	8 mth	3 mth	1 mth	7 mth	4 mth	2 months – 15 months (Ave 7mth)
North & West Belfast	Nil	301 days ⁷	91 day	nil	308 day	88 day	0 weeks – 609 days (approx 20 mths) (Ave 6mth)
Armagh & Dungannon	3 days	7 mth	5 mth	nil	12 wk	6 wk	3 days – 10 mths (Ave 6.5 mth)
Craigavon & Banbridge	8 wk	32 wk	16 wk	nil	30 wk	20 wk	8 weeks – 62 weeks (Ave 9 mth)
Newry & Mourne	1 mth	6 mth	3 mth	2 mth	7 mth	4-5 mth	3 months – 13 months (Ave 7-8 mth)
Causeway	3 wk	15 wk	8 wk	2 mth	13 mth	9 mth	3 months – 17 months (Ave 11mth)
Homefirst	<1 mth	5 mth	0-2 mth	9 mth	24 mth	8 mth ⁸	9 months – 29 months (Ave 8-10 mth)
Foyle	Nil	6 wk	3 wk	nil	15 mth	8 mth	0 weeks – 16.5 months (Ave 9 mth)
Sperrin Lakeland	1 mth	7 mth	4 mth	2 mth	15 mth	9 mth	3 months – 22 months (Ave 13 mth)

Considering these figures against the corresponding data from last year (see Table 15) there appears to be some degree of progress in terms of overall waiting times for assessment in community settings, although it must be reiterated that the

⁷ According to the Trust, “this is an unusual occurrence. The next maximum wait is 205 days, which is more reflective of maximum waiting time for assessment in the Service”. However, taking 205 days as maximum waiting time for assessment, the possible waiting time from referral to therapy could still be 17months

⁸ It is recognised that the average time stated is less than that given as the minimum, but these were the figures provided by the Trust.



situation remains far from adequate. In 2004/05, for example, children and young people could wait up to 15 months for assessment within a community setting; this year the maximum wait stated by any Trust for community settings was just over 10 months (North & West Belfast), a decrease of 5 months.

Unfortunately, this progress is not repeated in terms of subsequent waiting times for therapy. Whereas the maximum waiting time recorded between assessment and therapy last year was 16 months, this year the corresponding figure is 24 months in Homefirst, an increase of 8 months.

Special School Settings

The waiting times recorded for Special Schools are of particular concern to NICCY given that 95% of all SLT complaints registered with us in the past year have related to this setting.

The information provided by Trusts (see Table 12 below) reveals that maximum waiting times for assessment in Special School settings range from 2 weeks in UCHT to 4 months in Sperrin Lakeland. Average waiting times for assessment within this setting range from nil in Armagh and Dungannon and Foyle Trusts to 2 months in Sperrin Lakeland.

Trust statistics also reveal that maximum waiting times between assessment and therapy within Special School settings range from nil in five Trusts⁹ to 14 months in Foyle Trust. Average waiting times between assessment and therapy range from nil in the same five Trusts to 7 months in Foyle, closely followed by Newry and Mourne and Sperrin Lakeland Trusts, both of whom record an average wait of 6 months.

The lowest possible waiting time from initial referral to receipt of therapy in a special school setting ranges from nil in a number of Trusts to 4 months in Sperrin Lakeland. The corresponding maximum waiting times range from nil in Armagh & Dungannon to 14 months in Foyle.

Although, as highlighted above, five Trusts have indicated that there are no waiting times for therapy in their Special Schools, information received by NICCY's Legal & Complaints Department appears to contradict this. Further investigation is therefore recommended.

⁹ UCHT, North & West, Armagh & Dungannon, Craigavon & Banbridge and Causeway Trusts.



Table 12: Waiting Times for Assessment and Therapy (Special School Setting)

Trust	Assessment Wait			Therapy Wait			Possible Waiting Time From Referral to Therapy
	Min	Max	Ave	Min	Max	Ave	
South & East Belfast	no information provided			0 wk	4 wk	1 wk	0 – 4 plus weeks
Green Park	0 mth	2 mth	0-2 mth	n/a	n/a	n/a	0 – 2 months
Belfast City Hospital	not applicable – see figures for hospital setting below						not applicable
Ulster Community	0 wk	2 wk	1 wk	nil	nil	nil	0 – 2 weeks
Royal Group	not applicable – see figures for hospital setting below						not applicable
Down Lisburn	No wait at present		3 wk	1 wk	4 wk	2 wk	0 – 4 plus weeks (average 5 weeks)
North & West Belfast	0 day	65 day	42 day	nil	nil	Nil	0 – 65 days (average 42 days)
Armagh & Dungannon	Nil	Nil	nil	nil	nil	Nil	0
Craigavon & Banbridge	no information provided			nil	nil	Nil	Cannot calculate
Newry & Mourne	1 day	1 mth	2 wk	1 mth	12 mth	6 mth	1 – 13 months (average 6.5 mths)
Causeway	1 wk	4 wk	2 wk	nil	nil	Nil	1 – 4 weeks (average 2 weeks)
Homefirst	Nil	2 mth	1 mth	0 mth	8 mth	4 mth	0 – 10 months (average 5 months)
Foyle	Nil	Nil	nil	0 mth	14 mth	7 mth	0 – 14 months (average 7 months)
Sperrin Lakeland	1 mth	4 mth	2 mth	3 mth	9 mth	6 mth	4 – 13 months (average 8 months)

Hospital Settings

Four Trusts provided information on waiting times for assessment and therapy within hospital settings. Their average figures for assessment ranged from 1-2 days in UCHT and Royal Hospitals to 12 weeks in Belfast City Hospital Trust, whilst maximum waiting times for assessment across these Trusts ranged from 2 days (Causeway) to 24 weeks (City Hospital).

Only one of the four Trusts (Royal Hospitals) recorded any subsequent wait for therapy post assessment; this ranged from 1-2 days on an inpatient basis to 3-4 weeks if an outpatient.



Table 13: Waiting Times for Assessment and Therapy (Hospital Setting)

Trust	Assessment Wait			Therapy Wait			Possible Waiting Time from Referral to Therapy
	Min	Max	Ave	Min	Max	Ave	
Belfast City Hospital	6 wks	24 wks	12 wks	n/a	n/a	n/a	6 wks – 24 wks (average 12 wks)
UCHT	Unable to access info		2 days				
Royal Hospitals	0 days	3 wks	1-2 days inpatient; 3 wks outpatient	1-2 days	3-4 wks	1-2 days inpatient; 3 wks outpatient	1 day – 8 weeks (ave 2-4 days inpatient; 6 weeks outpatient)
Causeway	0 days	2 days	No figure given	0	0	0	0 – 2 days

Other Settings

Waiting times for assessment and therapy in any other settings cited by the Trusts are presented in Table 14 below. Such settings include Child Development Clinics, Mainstream Schools, Pre-school Services and Learning Support Centres.

Minimum waiting times from referral to therapy within these settings range from nil in UCHT Scrabo Children’s Centre to 3 months plus in Homefirst Autism Social Skills Programme. Corresponding maximum waiting times range from 4 weeks in Craigavon and Banbridge Learning Support Centres to 24 months plus, again in Homefirst Social Skills Programme.

Table 14: Waiting Times for Assessment and Therapy (Other Settings)

Trust	Assessment Wait			Therapy Wait			Possible Waiting Time from Referral to Therapy
	Min	Max	Ave	Min	Max	Ave	
South & East Belfast Speech and Language Unit	0 days	4 mths	3 wks	1 wk	4 wks	2 wks	1 wk – 5 mths (ave. 5 wks)



UCHT Mainstream Setting	1 wk	12 wks	6 wks	0	0	0	1 wk – 12 wks (ave. 6 wks)
UCHT Scrabo Childrens Centre (multi-disciplinary assessment)	0 days	31 wks	9 wks	0	0	0	0 – 31 weeks (ave. 9 wks)
Down Lisburn Nursery Outreach Service and Pre-school special needs	1 wk	4 wks	3 wks	1 wk	4 wks	2 wks	2 wks – 8 wks (ave. 5 wks)
North & West Belfast CDC	0 days	71 days	91 ¹⁰ days	0 days	308 days	112 days	0 – 379 days (ave. 203 days)
Craigavon & Banbridge Learning Support Centres	0 days	4 wks	4 wks	0	0	0	0 days – 4 wks (ave 4 wks)
Newry & Mourne Learning Support Centre	2 wks	6 wks	No figure given	No figure given	No figure given	1 mth	2 wks + - 6 wks +
Newry and Mourne Mainstream School	2 wks	6 wks	4 wks	0 days	4 mths	4 mths	2 wks – 5.5 mths (ave. 5 mths)
Causeway Domiciliary Basis	2 wks	4 wks	3 wks	1 mth	3 mth	2 mths	1.5 mths – 4 mths (ave. 11 wks)
Causeway CDC	No figure given	No figure given	No figure given	1 mth	3 mths	2 mths	1-3 months +
Homefirst Autism Social Skills	No figure given	No figure given	No figure given	3 mths	24 mths	24 mths	24 months +

¹⁰ It is recognised that the average figure exceeds the maximum in the previous column, but these were the figures provided by the Trust.



As illustrated in Table 15 below, the geographical inequity observed last year between Trusts is still very much evident in terms of both assessment and therapy waiting times. Whilst some Trusts have managed to decrease their overall waiting times (with varying degrees of success), many others note little change or indeed an increase in possible waiting times.

Not all Trusts have provided directly comparable figures but of particular note at the positive end of the scale is South and East Belfast Trust which has managed to decrease its maximum waiting times for assessment from 7 to 4 months and therapy from 7 months to 5 weeks.

Of particular note at the other end of the scale is Belfast City Hospital Trust whose maximum waiting time for assessment has doubled from 12 to 24 weeks within the past 12 months, and Sperrin Lakeland whose corresponding figures have risen from 4 to 7 months within the same period.



**Table 15: Assessment and Therapy Waiting Times (across settings)
2004/05 to 2005/06**

	Assessment Wait 2004/05	Assessment Wait 2005/06	Therapy Wait 2004/05	Therapy Wait 2005/06	Possible Waiting Time from Referral to Therapy 2004/05	Possible Waiting Time from Referral to Therapy 2005/06
South & East	6 wks – 7 mths	1-16 wks	4 wks – 7 mths	1-5 wks	10 wks – 14 mths	2-15 wks
Green Park	Up to 3 mths	0-2 mth	None	n/a	Up to 3 mths	0-2 mths
Belfast City Hospital	Up to 3 mths	6-24 wks	None	n/a	Up to 3 mths	6-24 wks
UCHT	Ave. 3 mths	0-31 wks	Ave. 5 wks	nil	Ave. 17 wks	0-31 wks
Royal Hospitals	Ave. 1 mth		None		Ave. 1 mth	
Down Lisburn	Ave. 3 mths	0-8 mths	Ave. 6 mths	1-7 mths	Ave. 9 mths	1-15 mths
North & West	Ave. 57 days	0-301 days	Ave. 135 days	0-308 days	Ave. 192 days	0 – 609 days
Armagh & Dungannon	Up to 15 mths	3 days – 7 mths	None	0 – 12 wks	Up to 15 mths	3 days – 10 mths
Craigavon & Banbridge	Ave. 7 wks	8-32 wks	Ave. 5 mths.	0-30 wks	Ave. 6.5 – 7 mths.	8-64 wks
Newry & Mourne	Up to 8 mths	1 day-6 mths	Up to 12 mths	0-12 mths	Up to 20 mths	1 day – 18 mths
Causeway	Ave. 4-5 wks	0-15 wks	Up to 12 mths	0-13 mths	Up to 13+ mths	0-17 mths
Homefirst	Ave. 0-2 mths	0-5 mths	Ave.9-11 mths	0-24 mths	Ave. 11-13 mths	0 – 29 mths
Foyle	Ave. 2-3 mths	0-6 wks	Ave. 4-15 mths	0-15 mths	Up to 18+mths	0-16.5 mths
Sperrin Lakeland	Up to 4 mths	1-7 mths	Up to 16 mths	2-15 mths	Up to 20+ mths	3-22 mths



Block Therapy

In considering overall waiting times from referral to commencement of treatment, one further point must be given due consideration; that of block treatment service models.

As Table 16 below reveals, over half of all Trusts (9 out of 14) indicate that they operate block treatment service models (i.e. additional waiting lists for subsequent treatment sessions once the original block of therapy has ended). Initial access to treatment does not therefore guarantee continuous receipt of the same.

Table 16: Operation of Block Treatment Model

South & East	Do not operate block model
Green Park	Do not operate block model
Belfast City Hospital	Do not operate block model
UCHT	Wait of up to 2 months for multidisciplinary treatment in Scrabo
Royal Hospitals	Do not operate block model
Down Lisburn	Wait of 1-12 weeks in special school setting. No info for other settings
North & West	Timing of further treatment varies, but no figures given
Armagh & Dungannon	Generally no wait unless specific appt time requested
Craigavon & Banbridge	Up to 30 week wait in community setting
Newry & Mourne	Up to 6 months in mainstream school; up to 10 months in community setting
Causeway	2 months beyond recommended time in CDC; 5 months beyond recommended time in community setting
Homefirst	Refers to delay in some instances but doesn't form waiting list – no times given
Foyle	Up to 14 months in special school; up to 15 months in community setting
Sperrin Lakeland	Do not operate block model

Again, the length of time between subsequent treatment sessions varies according to where a child lives, with maximum waiting times between treatments ranging from 2 months in UCHT to 15 months in Foyle.

Considering this alongside previous waiting times for assessment and therapy, only one conclusion can be drawn: It is still, and possibly more so, the case that where a child or young person lives in Northern Ireland determines the length of wait for receipt of Speech and Language Therapy.



2.8 Continued Gaps in Service Provision

Each HSS Trust was asked to identify whether the following eight areas (based on issues raised by the Trusts last year) were currently issues of concern:

- Inadequate financial resources
- Insufficient numbers of Speech and Language Therapists (SLT)
- Insufficient numbers of Speech and Language Therapy Assistants (SLTA)
- Inadequate appointments system
- Inadequate system for recording complaints
- Insufficient administrative support
- Numbers on waiting lists
- Lengthy waiting times

Table 17 below illustrates the number of Trusts who identified each issue as currently pertinent to their service provision.

Table 17: Identified Gaps in Service Provision

	EHSSB				SHSSB				NHSSB		WHSSB				
Inadequate Financial Resources		Y		Y		Y	Y	Y		Y	Y		Y	Y	9 = 64%
Insufficient SLT's	Y	Y			Y	Y	Y	Y		Y	Y	Y	Y	Y	11 = 79%
Insufficient SLTA's					Y	Y	Y			Y	Y	Y	Y	Y	8 = 57%
Inadequate appointments system					Y	Y	Y			Y	Y	Y	Y	Y	8 = 57%
Inadequate system for recording complaints										Y					1 = 7%
Insufficient admin support	Y			Y		Y	Y	Y		Y	Y	Y		Y	9 = 64%
Numbers on waiting lists				Y		Y	Y	Y		Y	Y	Y		Y	8 = 57%
Lengthy waiting times				Y		Y	Y	Y		Y	Y	Y		Y	8 = 57%
Other			Y			Y		Y	Y	Y		Y			6 = 43%



The two most frequently identified difficulties as regard to service provision were inadequate financial resources and insufficient numbers of SLTs, both of which were identified by 11 of the 14 Trusts this year, compared to 9 last year.

Other issues identified by over half of all Trusts were:

- Lack of clerical administrative support, highlighted by 9 of the 14 Trusts (3 more than the previous year)
- Speech and Language Therapy Assistants, identified by 8 Trusts as opposed to 5 last year.
- Numbers on waiting lists and prolonged waiting times, identified by only 3 Trusts last year and 8 Trusts this year.
- Inadequate appointments system, identified by 8 of the 14 Trusts.¹¹

Only one Trust identified 'system for recording complaints' as a current gap in service provision, however as highlighted previously three Trusts indicated that they did not keep any record of informal complaints.

Each Trust was asked if there were any other issues they wished to raise as negatively affecting their ability to deliver effective services. The issues raised in response included:

- Lack of regional strategy/framework for supporting children with speech, language and communication needs within mainstream and special educational settings. This translates into the absence of a local focussed interagency development/improvement action plan
- Increasing numbers of children from minority ethnic families taking up residence in Trust.
- Increasing numbers of complex cases in special schools, learning support centres and the community.
- Lack of IT systems mean collecting information is a manual exercise which detracts from therapy time and is not always accurate.
- Difficulties sourcing appropriate accommodation for clinics.

¹¹ There are no comparative figures for last year.



2.9 Complaints Regarding SLT Provision

Table 18 below records the number of formal complaints received by Trusts in relation to SLT for children and young people in both 2004/05 and 2005/06.

Table 18: Formal Complaints to Trusts 2004/05 to 2005/06

Trust	Formal Complaints 04/05	Formal Complaints 05/06	Change
South & East	5	5	0
Green Park	1	1	0
Belfast City Hospital	0	0	0
UCHT	4	3	-1
Royal Hospitals	Not available	0	Cannot calculate
Down Lisburn	5	0	-5
North & West	5	1	-4
Armagh & Dungannon	2	2	0
Craigavon & Banbridge	15	0	-15
Newry & Mourne	10	2	-8
Causeway	0	0	0
Homefirst	23	11	-12
Foyle	3	4	+1
Sperrin Lakeland	28	3	-25
Total:	101	32	- 69

The number of formal complaints recorded across Trusts has significantly decreased, from 101 last year to 32 this year. One should not automatically assume however that this represents increased satisfaction with service provision; based on what many parents have told NICCY, it may be more reflective of disillusionment regarding the effectiveness of complaints procedures.

As illustrated in Table 19 below, the recording of informal complaints to Trusts remains patchy, as was the case last year. It is therefore difficult to obtain a comprehensive overview of the number and nature of informal complaints. Given the absence of comparative data from last year, it is also difficult to offer comment on whether numbers of informal complaints have increased or decreased over the past year.



Table 19: Formal and Informal Complaints 2005/06

Health & Social Services Board/Trust	Formal Complaints	Informal Complaints
Eastern Health & Social Services Board	10	22 known
South & East Belfast Trust	5	6
Green Park Healthcare Trust	1	Not Recorded
Belfast City Hospital Trust	0	0
Ulster Community & Hospitals Trust	3	0
Royal Group of Hospitals Trust	0	0
Down Lisburn Trust	0	5
North & West Belfast Trust	1	11
Southern Health & Social Services Board	4	2 known
Armagh & Dungannon Trust	2	2
Craigavon & Banbridge Community Trust/CAHGT	0	0
Newry & Mourne Trust	2	Not Recorded
Northern Health & Social Services Board	11	14
Causeway Trust	0	2
Homefirst Community Trust	11	12
Western Health & Social Services Board	7	1 known
Foyle Trust	4	Not Recorded
Sperrin & Lakeland Trust	3	1
Total:	32	39 known

In stark contrast to Trust figures, NICCY have received a total of 86 new complaints about SLT provision within NI between March 2005 and March 2006. This represents more than a fourfold increase on the number of comparable complaints received in 2004/05. The significant majority of these complaints (95%) are in relation to SLT provision within Special Schools.

Under Article 23 of the UNCRC, children with a physical disability or learning difficulty have the right to special care, education and training, designed to help them to achieve the greatest possible self-reliance and lead a full and active life in society.



The 86 complaints received by NICCY in the past year would suggest that this right is being breached in the case of many children and young people within NI. Repeated reference is made to inadequate levels of service provision and to a total absence of access to speech and language therapy in situations where intervention has already been deemed necessary in order to develop the child's communications skills.

NICCY have been told, for example, that many children and young people in special schools who have statements of SEN for SLT do not presently have access to a therapist, and indeed have not for a number of months.

Principals of Special Schools have informed us that they are not receiving adequate cover for maternity leave. They have also stated that therapists are regularly absent because of attendance at meetings and courses. One Principal commented that, from their experience, they cannot see any improvements to SLT services over the last twenty years. They noted that the level of service within their school has not increased, even though the number of pupils to the school has doubled. They further noted that the relevant Education Board employs therapists on contracts that enable them to take annual leave when children are in school and work during the summer when the children are not available for therapy within the school setting.

Information on the number of children and young people potentially affected by such policies and practices is presented in Section 2.10 below.

2.10 Statementing for Special Educational Needs

A series of questions relating to children 'statemented with SLT' were included in the self-audit questionnaire for Trusts. Unfortunately, however, an inability to provide such information on the part of several Trusts meant there was insufficient information to facilitate any worthwhile comparative analysis.

Corresponding figures were also requested, and received, from the Department of Education. According to figures they provided (Table 20 below), one third (33%) of all children and young people who have a Statement of Special Educational Needs (SEN) are 'statemented with SLT'. This represents a slight increase on the figure of 29% recorded last year.



Table 20: Children Statemented with SLT 2004/05 to 2005/06

	2004	2005
Primary and post-primary school population	320,209	313,737
Numbers of Children and Young People statemented	10,985	11,199
Numbers statemented as % of school population	3.4%	3.6%
Numbers 'statemented with SLT'	3,211	3,672
Numbers statemented with SLT as % of total numbers statemented	29.3%	32.8%
Numbers statemented with SLT as % of school population	1.0%	1.2%

The numbers of children and young people 'statemented with SLT' are presented by educational setting and Board in Table 21 below.

Table 21: Children Statemented with SLT: Educational Settings by Board 2005

	Special school	Primary school	Post primary main	Post primary unit	Total
BELB	301	103	10	7	421
WELB	409	127	67	0	603
NEELB	623	261	78	17	979
SEELB	602	315	30	10	957
SELB	292	339	35	46	712
Total:	2,227	1,145	220	80	3672

2.11 Funding for SLT Provision

According to figures provided by the Trusts, there has been an overall increase in funding for SLT provision (for adults and children) within NI of 33.2% over the last year (see Table 22).

This increase in funding has not, however, been uniformly distributed across Trusts. Whilst ten Trusts recorded an increased SLT budget in 2005/06 compared to the previous year, the remaining four reported decreased funding levels over the same period.



Table 22: SLT Budget by Trusts, 2004/05 to 2005/06

	2004/05	2005/06	Difference	Percentage Change
EHSSB	3,766,412	4,474,551	+ 708,139	18.8% increase
South & East	681,867	673,757	- 8110	1.2% decrease
Green Park	173,830	179,400	+ 5570	3.2% increase
Belfast City Hospital	478,302	511,679	+ 33,377	7.0% increase
UCHT	767,898	522,902	- 244,996	31.9% decrease
Royal Hospitals	112,000	110,000	- 2000	1.8% decrease
Down Lisburn	944,088	1,427,000	+ 482,912	51.2% increase
North & West	608,427	697,813	+ 89,386	14.7% increase
SHSSB	1,092,774	1,198,386	+ 105,612	9.7% increase
Armagh & Dungannon	302,000	369,796	+ 67,796	22.4% increase
Craigavon & Banbridge	465,774	530,000	+ 64,226	13.8% increase
Newry & Mourne	325,000	298,590	- 26,410	8.1% decrease
NHSSB	1,155,256	2,418,456	+ 896,401	77.6% increase
Causeway	620,025 staffing	688,092 staffing	+ 68,067	11.0% increase
Homefirst	902,030	1,730,364	+ 828,334	91.8% increase
WHSSB	1,457,929	1,863,789	+ 405,860	27.8% increase
Foyle	854,929	1,088,146	+ 233,217	27.3% increase
Sperrin Lakeland	603,000	775,643	+172,643	28.6% increase
Total:	7,472,371	9,955,182	+2,480,811	33.2% increase

Of the ten Trusts who reported increased funding levels, Homefirst reported the greatest increase, noting almost double (91.8%) levels of funding this year compared to last. Other particularly significant increases were recorded by Down and Lisburn Trust (51.2%), Sperrin Lakeland (28.6%), Foyle (27.3%) and Armagh and Dungannon (22.4%).

At the other end of the scale, the Trust which reported the greatest decrease in funding at almost one third (31.9%) less than the previous years budget was UCHT. The percentage decrease recorded by the other three Trusts with diminished budgets were 8.1% in Newry and Mourne, 1.8% in Royal Hospitals and 1.2% in South and East Belfast Trust.



In light of the significant variation recorded across Trusts, it is NICCY's recommendation that a 'per head' expenditure figure be calculated for 0-18s within each Trust, in order to ascertain the exact nature of regional funding differences in terms of SLT provision to children and young people.

Looking towards the future, NICCY welcomes the Government's recent announcement of an additional funding package for services to children and young people in Northern Ireland.

However, when asked to identify what percentage of funding from this package would be used to specifically target Speech and Language services for children and young people in Northern Ireland, the Department of Health and Public Safety (DHSSPS) indicated that no money had been specifically targeted for this service. According to their statement, money for SLT has been included in the £4 million budget which has been allocated to establish Multi-Disciplinary Support Teams, some of which will be used to "further enhance services for children with speech and language difficulties".

2.12 SLT Personnel

Table 23 below presents the information submitted by Trusts regarding their current staffing levels in terms of Speech and Language Therapists and Assistants. All figures are presented as whole time equivalents, rather than overall numbers of personnel.

The overall picture shows a slight increase in numbers of both therapists and assistants, with the former increasing from 186.71 to 189.94 WTE for the whole of Northern Ireland (an increase of 1.7%) and the latter increasing from 24.95 to 27.67 WTE (a 10.9% increase).

These increased personnel figures are to be welcomed, but given the situation presented elsewhere in this report there is clearly a need for further development within this field, for example, in relation to providing cover for absent staff. One SLT Manager took the opportunity to highlight some of the problems around personnel that exist in their Trust by stating,



"...during the 12 month period May 2005-May 2006, 4 full-time experienced staff will have taken maternity leave. It has been possible to provide a little SLT 'backfill' within resources. However, there are no resources to backfill the full period of maternity leave. Also temporary cover if available tends to be from newly qualified basic grade posts who need significant induction and supervision".

It should also be noted that while three of the four Boards record increased personnel capacity overall, the Northern Board recorded an overall decrease of 1.55 WTE in therapists.

Variation also exists between Trusts within all four Boards, with six Trusts reporting a decreased WTE number of therapists compared to this time last year, and eight reporting a corresponding increase. As regards SLTA's, six Trusts reported no change in WTE levels over the past year; two Trusts reported a slight decrease, whilst the remaining six reported slight increases ranging from to 0.1 to 1.31 WTE

In light of the continued staffing shortages reported by many Trusts, NICCY recommend that concerted efforts be made to utilise the available expertise that exists amongst trained therapists currently working in other sectors of employment.



**Table 23: Numbers of Speech and Language Therapists and Assistants
By Trust 2004/05 to 2005/06**

	2004/ 05 SLT (WTE)	2005/ 06 SLT (WTE)	Change	2004/ 05 SLTA (WTE)	2005/ 06 SLTA (WTE)	Change
EHSSB	74.04	76.22	+ 2.18	9.37	9.91	+ 0.54
South & East	16.02	18.09	+ 2.07	0.41	1.72	+ 1.31
Green Park	4.99	3.2	- 1.79	0.85	0.85	0
Belfast City Hospital	2.0	1.6	- 0.4	1.0	1.0	0
UCHT	10.88	10.86	- 0.02	3.3	3.23	- 0.07
Royal Hospitals	2.4	2.8	+ 0.4	0	0	0
Down Lisburn	23.32	23.7	+ 0.38	2.0	1.2	- 0.8
North & West	14.43	15.97	+ 1.54	1.81	1.91	+ 0.1
SHSSB	30.42	31.42	+ 1.0	0.67	2.16	+ 1.49
Armagh & Dungannon	8.92	8.02	- 0.9	0.17	0.66	+ 0.49
Craigavon & Banbridge	12.5	14.6	+ 2.1	0.5	1.5	+ 1.0
Newry & Mourne	9.0	8.8	- 0.2	0	0	0
NHSSB	51.75	50.2	- 1.55	6.11	6.6	+ 0.49
Causeway	10.33	11.8	+ 1.47	1.0	1.0 temp	0
Homefirst	41.42	38.4	- 3.02	5.11	5.6	+ 0.49
WHSSB	30.50	32.1	+ 1.6	8.8	9.0	+ 0.2
Foyle	16.1	17.1	+1.0	4.0	4.0	0
Sperrin Lakeland	14.4	15.0	+ 0.6	4.8	5.0	+ 0.2
Total:	186.71	189.94	+ 3.23	24.95	27.67	+ 2.72

2.13 Administrative Support for SLT Services

The lack of sufficient administrative support for SLT services is a key gap in service provision for the majority of Trusts, with 9 Trusts identifying this issue as a current problem.

Correspondence to NICCY from a professional working in the field indicated that therapists frequently spend a significant proportion of their time typing reports and



completing other administrative tasks. This individual further indicated that Speech and Language Therapists in special schools and units tended to have no form of administrative support, and as a result, had to complete administrative tasks such as the typing up of children's annual review reports.

When asked whether they had either received, or been allocated, additional resources for administrative support in the last twelve months, only 5 out of 14 Trusts (36%) reported that they had (South & East Belfast; North & West Belfast; Craigavon & Banbridge; Homefirst and Foyle Trusts).

The remaining 9 Trusts stated that they had neither received nor been allocated any additional resources for administrative support, despite recognising the acute need for such provision. One Trust stated that the absence of sufficient administrative assistance is:

"a major stress across the Department, but particularly on the education service as we do not have a dedicated admin resource to this team. Currently all staff type our reports for annual reviews and statement advice. They are largely responsible for all admin tasks e.g. photocopying, filing, making resources for use in therapy, etc. This significantly reduces the contact time available for working with children. More admin support would ensure more effective and efficient use of the Speech and Language Therapists and Speech and Language Therapy Assistant's time".

2.14 Recent Changes/Developments within Trusts

The self-audit questionnaire circulated by NICCY offered Trusts an opportunity to share details of any positive changes or developments within the last year relating to their provision of SLT to children and young people.

When asked if any changes in recording, practice or employment had taken place within the last twelve months, 12 out of 14 Trusts indicated that such changes had occurred.

When further asked if any new models of service delivery had been implemented within the past twelve months, again 12 out of 14 Trusts indicated that this was the case.



Details of which Trusts indicated that such changes had occurred can be found in Table 24 below.

Table 24: Developments within Trusts/Models of Service Delivery

Trust	Developments in Recording, Practice or Employment	New Models of Service Delivery
South & East Belfast	Y	Y
Green Park Healthcare		Y
Belfast City Hospital	Y	
UCHT	Y	Y
Royal Group of Hospitals		
Down Lisburn	Y	Y
North & West Belfast	Y	Y
Armagh & Dungannon	Y	Y
Craigavon & Banbridge	Y	Y
Newry & Mourne	Y	Y
Causeway	Y	Y
Homefirst Community	Y	Y
Foyle	Y	Y
Sperrin Lakeland	Y	Y

Developments in Recording, Practice or Employment

Some Trusts provided a more comprehensive list of developments in recording, practice or employment than others. Table 25 below provides some of the key examples cited by each of the twelve Trusts who offered comment on such developments.

Table 25: Developments in Recording, Practice or Employment

Trust	Cited Developments
South & East Belfast	<ul style="list-style-type: none"> Changes in the deployment of staff in the Community team (Mainstream Service). Staff have been deployed from the provision of longer term therapy (Stage 3 of the Therapy 2000 System) to assessment and therapy (Stages 1 and 2) Two Speech and Language Units within the Trust re-prioritised therapy provision to ensure all children placed in Language Units had access to class-based therapy pending funding for the requested SLT provision
Belfast City Hospital	<ul style="list-style-type: none"> New referrals are telephoned regarding their initial appointment so that a suitable date and time can be organised



UCHT	<ul style="list-style-type: none"> • Waiting list validation • Piloting of clerical appointment system
Down Lisburn	<ul style="list-style-type: none"> • Introduction of new contracts/agenda for change for new members of staff • Within one special school, training for SLT staff of a multi-disciplinary approach within a sensory integration framework
North & West Belfast	<ul style="list-style-type: none"> • Employment of 1wte SLT across two Sure Start projects, with a focus on prevention – training and support for parents and early years workers. This service works in collaboration with the Community SLT Children’s Service extending the range of intervention options • SLTs working collaboratively with class teachers within a special school, integrating SLT aims/care plans with Individual Education Plans (I.E.P.) • Skill Mix – The SLT service to children has reconfigured the deployment of SLTAs within Children’s Services, with Assistants now aligned to Specialist Teams, e.g. Learning Disability Schools Team
Armagh & Dungannon	<ul style="list-style-type: none"> • Rotate Developing Specialists to support development of Autism classes also provides opportunity for in-service training and continuing professional development • SLT assistant hours increased as non-recurrent funding permitted
Craigavon & Banbridge	<ul style="list-style-type: none"> • Recruited permanent Admin Officer, Clerical Officer and SLT Assistant • Implemented electronic clinic diaries for SLTs in SLT clinics – all appointments are entered into the computer schedule by admin staff and all relevant staff can view available and booked appointments • Delivered accredited training programme (10 sessions) to 11 local Playgroup leaders/staff enabling them to deliver enhanced speech and language support for under 5’s
Newry & Mourne	<ul style="list-style-type: none"> • Waiting list figures for initial interview and therapy are collected for all the Trust’s community clinics each quarter. Referral numbers to each clinic per month are collected and compared • Currently looking at the amount of time spent by SLT professionals on clerical and administrative tasks
Causeway	<ul style="list-style-type: none"> • Monthly figures are now kept to monitor the numbers of children whose further block of treatment is outstanding at end of month • The joint role of parents in delivering and reinforcing the SLT programme was always explained but is now being made more explicit at assessment • Wte post within the trust to develop mainstream services and 0.5wte post to input multi-disciplinary ASD Diagnostic Service
Homefirst Community	<ul style="list-style-type: none"> • Implementation of records management policy • Involvement in CMAC – discharge of children with complex needs • Changes in procedure at interview to identify sickness record issues
Foyle	<ul style="list-style-type: none"> • As a result of a service improvement project there have been long term changes to the delivery and organisation of the SLT service including computerisation of waiting list information; validation of waiting lists; new standardised referral form; triage of referrals with more experienced staff seeing children for initial assessment; partial booking • 4 wte Technical Instructors have completed their training and are now working in Special Schools



Sperrin Lakeland	<ul style="list-style-type: none"> • Validation of Waiting Lists • Partial Booking • Triage System of Screening Referrals
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Models of Service Delivery

As with developments in recording, practice and employment, some Trusts provided more detailed information than others about new models of service delivery. Table 26 below provides some of the key examples cited by Trusts in terms of new service delivery initiatives implemented within the last 12 months:

Table 26: New Models of Service Delivery

Trust	Cited Developments
South & East Belfast	<ul style="list-style-type: none"> • Sure Start received funding from Belfast Regeneration Office for 2.0 wte SLTs to implement the 'Language for Life' project (3 years). An outreach and preventative service has been established to make SLT services more accessible to young children who may be at risk of speech and language delay or for whom English is not their first language • At one special school, a full review of the caseload was undertaken in order to verify and quantify existing caseload requirements and gaps in provision. The existing workforce structure in the school was redesigned to introduce a service to meet the needs of the school population and to support and develop new models of service delivery, resulting in the appointment of 0.5wte Support Worker
Greenpark	<ul style="list-style-type: none"> • A new programme is being developed for transition pupils/school leavers • Increased SLT input to Individual Education Plans (IEPs)
UCHT	<ul style="list-style-type: none"> • More class-based groups and advice to educational staff within class environment in special schools • Initiation of work with nursery schools to further develop co-ordinated and consistent collaborative practice between health and education including provision of training • More SLT group therapy in schools and within a Children's Centre • Training for teachers and others in ASD, language development, collaborative practice etc. to develop the evidence based model of collaborative practice within mainstream and special schools
Down Lisburn	<ul style="list-style-type: none"> • Reshape of Trust Play and Development Service in association with SLT, to provide a specialist service to very young children with Autistic Spectrum Disorder and severe communication difficulties. • Nursery Outreach Project has become a rolling programme. The Trust has re-engineered current service provision within resource, currently 35% of Nursery Outreach children have special needs and are able to avail of timely intervention avoiding long waiting times through this type of intervention • Development of multi-disciplinary Child Assessment Clinics in Nursery Schools, a joint project with Education and Child Health.



North & West Belfast	<ul style="list-style-type: none"> • Children with ASD in mainstream school – development of an integrated team approach to supporting children in mainstream including provision of training for Special Educational Needs Coordinators, teachers and classroom assistants • SLT service involved in the establishment of multidisciplinary ASD Assessment Clinic for primary school aged children in the Trust • Nursery Outreach – a pilot project has been initiated in partnership with Sure Start • Service Review in one special school as a result of increased caseload within existing resources has led to a more focused evidence-based model
Armagh & Dungannon	<ul style="list-style-type: none"> • A range of service models which have been further developed and extended across settings, including individual direct/indirect therapeutic intervention; home/class programmes, advice support and review; joint working with teachers and education staff and class group work; training for parents and early years educators; partnership with Sure Start • SHSSB child care partnership to fund training package to Early Years staff which will be delivered by Speech and Language Therapist
Craigavon & Banbridge	<ul style="list-style-type: none"> • The development and delivery of a whole school training package for Teachers and Classroom Assistants. This has resulted in the SLT needs of a large group of children being integrated within their individual Education Plans and many of these having all their SLT support delivered within the curriculum without the need for attendance at a local clinic • Capacity building work with a local nursery via training with a view to establishing a new inclusive/integrated model of SLT support
Newry & Mourne	<ul style="list-style-type: none"> • The implementation of group therapy in 2 community clinics • The allocation of sessions in the Trust's busiest clinic to deal with initial interviews in an effort to help manage waiting lists for first appointment • More time spent delivering therapy in the classroom and liaising with teachers
Causeway	<ul style="list-style-type: none"> • SLT input into new model of assessment with multi-disciplinary ASD Diagnostic Service • Extended training programme for early years workers within 2 Sure Start projects • Provision of Specialist SLT to babies with hearing impairment • Extended provision of group therapy during school holidays • SLT Assistant trained to provide direct therapy (in some areas, as appropriate), under direction from SLT
Homefirst Community	<ul style="list-style-type: none"> • SLT Assistants in Special Schools and Community settings have been trained and are now able to deliver group and individual therapy under the guidance of an SLT • Introduction of service to babies with hearing impairment • Service Improvement Project in the East Antrim area, including validation of waiting lists resulting in a significant reduction in waiting lists and waiting times in some clinics; increased user involvement; appointment of clerical assistant to support this work
Foyle	<ul style="list-style-type: none"> • Skill Mix – Technical Instructors working in Special Schools to e.g. carry out programmes devised by the SLT; work jointly with parents, SLT and education staff; demonstrate specific activities for individual children or groups to education staff; support SLTs when delivering training to education staff and



	through development of resources; provide more opportunities for parents to contact the SLT service
Sperrin Lakeland	<ul style="list-style-type: none"> • Skill Mix – Introduction of 5 Technical Instructors in January 05 • Care Aims Model

2.15 Auditing/Evaluation and Sharing Good Practice

NICCY recommended in the 2004/05 review that HSS Trusts should both audit and evaluate the service they provided and ensure that good practice is shared across Trusts. Table 27 below presents some of the key examples cited by each Trust when asked to demonstrate how they have achieved this aim within the last 12 months:

Table 27: Developments in Auditing/Evaluation and Sharing Good Practice

Trust	Cited Developments
South & East Belfast	<ul style="list-style-type: none"> • The Therapy 2000 system has been audited and evaluated. The results were shared with regional SLT peer support group; Trust Senior Managers; presentation at a professional conference • The Comet Project (Communication and Education Together) in partnership with BELB and North & West Belfast Trust
Greenpark	<ul style="list-style-type: none"> • Continue to actively organise and participate in Special Interest Groups (SIGs) • Completed audit on paired placement
Belfast City Hospitals	<ul style="list-style-type: none"> • Audit for SLTs (Cochlear Implant Centre) • Contact with Community SLTs
UCHT	<ul style="list-style-type: none"> • Evaluation through case review • Review of models of care across teams • Development of SLT Community Clinic Team Leader meetings across EHSSB to share and develop good practice models
Royal Hospitals	<ul style="list-style-type: none"> • Annual clinical and administrative audit programmes • Monthly clinical and administrative audit meetings • Publications/conference presentation in relation to clinical audits undertaken
Down Lisburn	<ul style="list-style-type: none"> • Evaluation of DENI project (31 schools and 119 education staff who have received training from SLTs are involved) • Proposed a review of service in MLD Units • Ongoing regular audit of case files to ensure best practice
North & West Belfast	<ul style="list-style-type: none"> • EHSSB/AHP Waiting List Action Plan – the Board in partnership with Community Trusts has developed an area wide Waiting List Action Plan, addressing community waiting lists in SLT Children’s Services • A validation with Trusts Information Service of SLT waiting list information • Communication & Education Together (COMET) • Involvement in a number of research projects • Evaluation of speech and language approaches for the management of



	children with autistic spectrum disorders
Armagh & Dungannon	<ul style="list-style-type: none"> • User audit undertaken in 2005 with families attending initial appointments and findings advised to SLT service • SHSSB workshop which scoped current models of SLT support for children with Special Educational Needs in mainstream schools and units, overview of Best Practice and consideration of models for the future
Craigavon & Banbridge	<ul style="list-style-type: none"> • Sharing good practice and learning from Service Improvement Project at 4 Open Sessions open to all Trust Staff & SLTs throughout the region • User (parent/carer) meetings have been held in the Special Schools and for users of the Children's Centre to ascertain user views and share service information • Waiting list information reported regularly to Trust Operational Board • A follow-up survey of all SLT service users (following on from Nov 2004) is planned within 2006
Newry & Mourne	<ul style="list-style-type: none"> • The reinstatement of meetings with SELB to discuss 'joint' issues, e.g. statementing, new units etc. • An audit into "Group Therapy Approach to Develop the Pragmatic Skills of Children with Autistic Spectrum Disorder"; presented at Trust Audit Conference
Causeway	<ul style="list-style-type: none"> • Ongoing audit of clinical case files and waiting lists • Benchmarking with other Trusts • Audit of new ASD Diagnostic Service • Peer review and review of practise within current National Clinical Guidelines • Attendance at Regional Groups to share good practice
Homefirst Community	<ul style="list-style-type: none"> • Service Improvement Project in East Antrim area – shared with other SLT teams in the Trust • Monthly audit of staff activity • Random clinical case file audit • Peer review to share practice issues • Attendance at Regional Groups to share good practice • Liaison with other SLT services in NI in relation to Service Improvement Projects
Foyle	<ul style="list-style-type: none"> • Service Improvement – the principles of service improvement which inform the good practice in Foyle Trust SLT Department were shared with other Trusts at a Service Improvement Conference in Sept 2005 • Re-audit of clinical files carried out by Foyle Trust Audit Department to maintain high standards of clinical note keeping – the format used was shared with SLT Team Leaders from other Trusts in Nov 2005 • Irish language materials were devised to meet the needs of bilingual children and young people and published by Black Sheep Press. Nominated for a HPSS Quality Award and will be included in the compendium of good practice
Sperrin Lakeland	<ul style="list-style-type: none"> • ICAN accreditation • Following Service Improvement Guidelines • Regional/Local Special Interest Groups



2.16 Suggestions for Improving Current Service and Reducing Waiting Times

All Trusts were given the opportunity to share suggestions for improving current SLT services for children and young people and reducing waiting times. The majority of Trusts (11 out of 14) availed of this opportunity and submitted suggestions for service improvement.

Those most frequently cited suggestions for improvement were as follows (the figure in brackets represents the number of Trusts who submitted this suggestion):

- Increased and adequate clerical support (5)
- Parent Education/Training for Educational Staff; Early intervention/prevention posts engaging with parents and early educators (5)
- Improved IT Infrastructure (3)
- Public Education/Awareness; Regional advertising campaign to help parents support their children in developing communication (3)
- The role of SLTAs could be extended to a wider number of Special Schools and other settings (2)
- Partial Booking System (2)
- Collaborative working with Education (2)
- Increased SLT outreach to mainstream schools (2)
- Mainstreaming and development of Sure Start (2)
- Commitment to providing staff to cover planned/unplanned absence with additional funding (2)
- Undergraduate Training (2)
- Development of new models of service delivery (2)
- Multi-agency service planning (2)

Further suggestions, less frequently raised, include:

- Increased resource allocation in core services
- Process map the referral to discharge process within Community Clinics and Children's Centres
- Research
- Participation in next Workforce Planning (DHSSPS) review of SLT Workforce to produce a plan that will address recruitment and retention issues
- Development of new roles



- Outreach service for statemented children at primary and post primary level
- Increasing numbers of statemented children in mainstream schools
- Central Referral Point
- Regional or Board wide Telephone help-line to provide information to parents anxious about child's communication
- Validation of Waiting Lists
- Roll out of Nursery Outreach Service
- Improved information systems/sharing between agencies – Health/Education
- Re-focus of services for children towards Early Intervention
- Review/further training for Health Visitors Pack and revamp their information, in light of Hall 4
- Use of Care Aims Model
- Development of Hall 4
- Audit of Group Therapy
- Audit of success of Technical Instructors
- Autism Core Team



Chapter Three: Conclusion

3.1 Concluding Comments

It is NICCY's view that, under Articles 2;3;4;6;12;13;23;24;28 and 29 of the UNCRC, many children's rights continue to be breached or ignored due to inadequate provision of speech and language therapy services.

NICCY made an attempt in 2004/05 to encourage Government, commissioners and providers of services to accept and prioritise children's right to speech and language therapy by setting up a regional Task Force in order to identify, agree and implement an action plan to redress the unacceptable situation uncovered during the first review.

One year on, this recommendation has not yet been implemented; nor indeed is there much evidence of any significant action having taken place with regard to the other five recommendations made by NICCY this time last year.

If this situation is not urgently addressed, many children and young people will continue to be discriminated against in their right to education and health provision and thereby denied the opportunity, and fundamental right, to fulfil their potential in life. It cannot be stressed enough that speech and language is a fundamental building block to a range of life skills and is therefore of critical developmental importance. If such discrimination is not urgently addressed, this will continue to have a detrimental impact on their development, with negative consequences for immediate and long term quality of life.

It must be noted that there are some encouraging examples of good practice appearing and, as highlighted within this report, some progress occurring through the piloting of improved and new models of service delivery. Indeed, NICCY had the recent pleasure of attending the launch of one such project; Sure Start's 'Language for Life' project in South and East Belfast. NICCY has also been made aware of some encouraging developments at Board level. For example, a review group has been established within the Eastern Board to address AHP waiting times including speech and language therapy. Additionally, in partnership with the RCSLT and WELB, the Western Board have committed funding for a workforce planning pilot project.



However, in spite of these developments, there still remains a lack of adequate and timely assessment and therapy provision. Just over one quarter (26%) of children and young people who are in need of either assessment or therapy are still waiting to access the service, with waiting times of up to 29 months between referral and therapy.

Most of the children brought to the attention of NICCY's complaints process have a disability, autism or special educational need. Without the necessary speech and language therapy, these children and young people are unable to fully articulate their views and feelings. This represents a breach of Article 12 of the UNCRC, which states that children have the right to express an opinion and have their voices heard and listened to. In addition, the emotional development of these children could be adversely affected.

It is our view that children's fundamental Article 12 right will continue to be breached if children and young people, who do not have the requisite communication skills, are impaired in their ability to freely express themselves by an absence of adequate services. The inadequate provision of essential treatment services such as speech and language therapy to children and young people represents a failure by government to actively protect and promote the rights of children.

Amongst the range of concerns identified within this overview, NICCY wishes to particularly highlight:

- The continued existence of a **postcode lottery**. We would question why waiting times and service delivery are not uniformly satisfactory across all Trusts within Northern Ireland.
- The **significant number** of children and young people who require access to SLT services, particularly those who are presently **awaiting assessment and/or therapy**, both in the community and special schools.
- 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, professionals in the field and parents/carers.



3.2 Next Steps

The Commissioner for Children and Young People (Northern Ireland) Order 2003 states, as per Article 11, that the Commissioner may provide children and young people with assistance in making a complaint to a relevant authority where “the rights of the child or young person have been infringed by any action taken by that or another relevant authority; or that the interests of the child or young person has been adversely affected by any such action”.

NICCY continues to be active, on behalf of many children, young people and parents, in bringing to the attention of Health and Education Boards and Trusts a range of issues with regards to the continual and routine failure to deliver appropriate speech and language services.

Under Articles 14 and 15 of the Commissioner for Children and Young People (Northern Ireland) Order 2003, the Office of the Commissioner has certain powers in relation to bringing legal proceedings concerning the rights or welfare of children or young people. NICCY is presently considering a number of circumstances in which legal interventions may prove necessary with regards to the provision of speech and language services for children and young people.



Recommendations and Actions

1. 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.

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.

Article 23: Children with Disability

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.

2. NICCY will be seeking a legal opinion in order to establish if we can assist complainants to challenge the existing inadequacy of speech and language therapy provision for relevant children and young people within Northern Ireland.

3. In the absence of any significant progress within the area under review, NICCY will be reporting to the UNCRC on the current SLT related breach of children’s rights.



Appendix 1: Children’s Rights in Relation to Speech and Language Therapy (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

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.

Article 4: Implementation of Rights

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

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.

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.

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.



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.

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.

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.

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.



SPEECH AND LANGUAGE THERAPY:
TRUST QUESTIONNAIRE

Section 1: Your Details

Trust: _____

Contact Name: _____

Position: _____

Email: _____ Phone: _____

Section 2: Children and Young People Within Your Trust

2.1 ...Who Are Currently Receiving SLT

2.1.1 How many children and young people are currently in receipt of SLT? Please breakdown figures by age, gender and setting in the relevant tables below:

Total numbers currently in receipt of SLT	
---	--

Primary	Post Primary

Male	Female



Mainstream school	Special school	Hospital setting	Community setting	Other (please specify)

2.2 ...Who Are Waiting for Assessment

2.2.1 How many children and young people are currently awaiting assessment for SLT? Please breakdown figures by age, gender and setting in the relevant tables below:

Total numbers currently awaiting assessment for SLT	
---	--

Primary	Post Primary

Male	Female

Mainstream school	Special school	Hospital setting	Community setting	Other (please specify)



2.2.2 What are your average waiting times for assessment? Please breakdown figures by setting in the table below:

Mainstream school	Special school	Hospital setting	Community setting	Other (please specify)

2.2.3 What are your minimum AND maximum waiting times for assessment? Please breakdown figures by setting in the table below:

	Mainstream school	Special school	Hospital setting	Community setting	Other (please specify)
Minimum waiting time					
Maximum waiting time					

2.3 ...Who Are Waiting for Therapy

2.3.1 How many children and young people are currently awaiting their initial therapy appointment post assessment? Please breakdown figures by age, gender and setting in the relevant tables below:

Total numbers currently awaiting initial therapy appointment post assessment	
--	--



Primary	Post Primary

Male	Female

Mainstream school	Special school	Hospital setting	Community setting	Other (please specify)

2.3.2 What is the average waiting time between assessment and an initial therapy appointment? Please breakdown figures by setting in the table below:

Mainstream school	Special school	Hospital setting	Community setting	Other (please specify)



2.4.3 What are the minimum and maximum waiting times for further treatment? Please breakdown figures by setting in the table below:

	Mainstream school	Special school	Hospital setting	Community setting	Other (please specify)
Minimum waiting time					
Maximum waiting time					

2.5 ...Who Are Statemented

2.5.1 How many children and young people who are currently statemented have an identified need for SLT? Please breakdown figures by age and gender in the relevant tables below:

Total numbers currently statemented with SLT as an identified need.	
---	--

Primary	Post Primary

Male	Female



2.5.2 How many of these have been stated in the last year (01/12/04 to 30/11/05 inclusive)?

2.5.3 Overall, how many children and young people who are stated have SLT as a primary need? Please breakdown figures by age and gender in the relevant tables below:

Total numbers stated with SLT as a primary need	
---	--

Primary	Post Primary

Male	Female

2.5.4 Overall, how many children and young people who are stated have SLT as a secondary need? Please breakdown figures by age and gender in the relevant tables below:

Total numbers stated with SLT as a secondary need	
---	--



Primary	Post Primary

Male	Female

Section 3: Special Schools

3.1 How many Special Schools are there within your Trust with pupils requiring SLT?

3.2 What percentage of children statemented within your Trust are currently attending special schools? Please breakdown figures by age and gender in the relevant tables below:

% of statemented children attending special schools	
---	--

Primary	Post Primary

Male	Female



Section 4: Personnel

4.1 How many Speech and Language Therapists (full and part time) are currently employed within your Trust? Please breakdown figures by setting in the table below:

Mainstream school	Special school	Hospital setting	Community setting	Other (please specify)

4.2 How many WTE Speech and Language Therapist posts are there within your Trust at present? Please breakdown figures by setting in the table below:

Mainstream school	Special school	Hospital setting	Community setting	Other (please specify)

4.3 How many WTE vacancies are there for Speech and Language Therapists within your Trust at present? Please breakdown figures by setting in the table below:

Mainstream school	Special school	Hospital setting	Community setting	Other (please specify)



4.4 How many Speech and Language Assistants (full and part time) are currently employed within your Trust? Please breakdown figures by setting in the table below:

Mainstream school	Special school	Hospital setting	Community setting	Other (please specify)

4.5 How many WTE Speech and Language Assistant posts are there within your Trust at present? Please breakdown figures by setting in the table below:

Mainstream school	Special school	Hospital setting	Community setting	Other (please specify)

4.6 How many WTE vacancies are there for Speech and Language Assistants within your Trust at present? Please breakdown figures by setting in the table below:

Mainstream school	Special school	Hospital setting	Community setting	Other (please specify)



4.7 What are the administrative support arrangements attached to the SLT provision within your Trust? Please breakdown answer by setting in the table below:

Mainstream school	Special school	Hospital setting	Community setting	Other (please specify)

Section 5: Complaints

5.1 What is the process within your Trust for recording formal complaints?



Section 6: Developments within the Trust

6.1 In the last 12 months, what changes, if any, have been implemented within your Trust, in terms of recording, practice and employment?

6.2 Has your Trust implemented any new models of service delivery in the last 12 months?

YES/NO

If yes, please provide details:



Section 7: Future Developments

7.1 Please identify any gaps in service provision that still need to be addressed. Tick all relevant areas and offer further explanation:

	Tick if relevant	Explanation
Inadequate Financial Resources	<input type="checkbox"/>	
Insufficient SLT's	<input type="checkbox"/>	
Insufficient SLTA's	<input type="checkbox"/>	
Inadequate appointments system	<input type="checkbox"/>	
Inadequate system for recording complaints	<input type="checkbox"/>	
Insufficient admin support	<input type="checkbox"/>	
Numbers on waiting lists	<input type="checkbox"/>	
Lengthy waiting times	<input type="checkbox"/>	
Other (please state)	<input type="checkbox"/>	



