St Helens Paediatric Speech, Language and Communication Needs Assessment
2014
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1. Introduction

1.1 The aim of this needs assessment is to outline the need for paediatric speech, language and communication services in St Helens. The assessment will examine current service provision to ascertain whether the needs are being met and will identify any gaps to provision in the Borough.

1.2 Speech and Language skills are crucial, especially for children as they learn to interact socially and emotionally as well as academically. Speech and Language difficulties can have a detrimental effect on a child’s development and impact on their behaviour, academic progress and employability.

1.3 Delayed speech and language development is associated with a number of medical and social factors. Individual factors include cleft palate, language delay, learning difficulties, autism, swallowing difficulties and hearing impairment. Social factors include ethnicity, parenting and deprivation. For some, the problem will be short lived; although for others, problems may persist throughout adulthood.

1.4 Research from the Better Communication Research Programme demonstrates a range of interventions can be used to improve speech and language skills in children and young people. For all children, good universal provision is needed to develop speech and language skills that contribute to learning, literacy and good social skills. Some children will need targeted interventions to address short term difficulties. Other children will need specialist interventions that may have a focus on speech, language development or communication.

1.5 Terminology can be confusing as Speech and Language Therapy means different things to different people. Some professionals use the terms Speech, Language and Communication interchangeably. When the distinction is made, the following definitions can be used:

- Speech refers to the ability to articulate the sounds that make up language (‘b’, ‘w’, ‘sh’ etc.) clearly and accurately.
- Language is about understanding and using words and putting them together to make meaningful sentences and larger chunks of language.
- Communication refers to the appropriate use of language to facilitate effective interaction between people.

1.6 Traditional health based speech and language therapy is one part of the services needed to address the speech, language and communication needs of children. Within this report the needs will be identified, national guidance and best practice outlined and current services examined and proposals for future commissioning of services to meet these needs proposed.

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1 Royal College of Speech and Language Therapists, 2014
2 AFASIC voice for life, 2014
2. **National Policies**

2.1 The Bercow Report 2008 was commissioned to investigate the provision of and the experiences of children’s Speech, Language and Communication services. Five themes emerged:

- Communication is crucial
- Early identification and intervention are essential
- A continuum of services designed around the family is needed
- Joint working is critical
- The current system is characterised by high variability and a lack of equity.

2.2 A national programme of implementation and research has followed this initial report. Some of the samples of good practice are taken from this work. Every Child a Talker was a national programme to train and support people who work with children in early year’s speech and language development. The programme was designed to improve awareness and understanding of speech and language development, create an environment for language development and encourage best practice in support under 5s development.

3. **Local Strategies**

3.1 There are 8 priorities of St Helens Health and Wellbeing Strategy 2013-16. ‘Give every child the best start in life’ and ‘Support for young people’ the two most relevant to the Paediatric Speech and Language services in the Borough. Key objectives of the strategy include school readiness, early intervention and providing targeted services.

3.2 The St Helens Children and Young Peoples Plan 2011-2014 sets out three strategic themes to improve outcomes: Early Intervention; Integrated working and Think Family. These themes are akin to those of the Bercow Report (2008).

3.3 Paediatric speech and language therapy was identified as a priority area at the Children’s Health Summit in October 2013. This priority has been confirmed by the SEN task group and the Health and Wellbeing board.

4. **What Works- Evidence of Best Practice**

4.1 The Department for Education has published a number of good practice guides and reviews of evidence for impact. It is clear that a balance of interventions at universal, targeted and specialist levels are needed to achieve outcomes. Without the universal provision more children will be identified as needing targeted support. Without adequate targeted support, children who may have had a transient need for speech, language and communication support have a more persistent need, are referred on for specialist support where they may not be eligible and there may be delays in treatment. A model for provision is outlined below:
4.2 A comprehensive review of evidence was commissioned as part of the Better Communication Action plan and reviewed the initiatives, approaches and treatments available. The document describes these in terms of age group (preschool, primary, secondary), who delivers the intervention, level (universal, targeted or specialist), evidence of impact and robustness of the research evidence (Law et al 2010). The section below outlines those with the most robust evidence for universal and targeted approaches. More information and resources are available through the Communication Trust www.thecommunicationtrust.org.uk

4.3 ICAN provides a training and development programme for services, settings practitioners and parents to support the speech, language communication and development of children. Each programme targets a particular age group and setting and can cover universal, targeted and specialist needs. A range of resources are available. Evaluation found good evidence of professional learning although the outcomes for children weren’t measured directly. http://www.ican.org.uk

4.4 Every Child a Talker (ECAT) was part of a national funded programme in 2008, with a lead consultant funded in each local authority who would train and support practitioners in each area. ECAT was a process and structure used by early years’ settings to improve early years’ language. It links to the early years’ foundation stage and is a universal approach that engages practitioners and parents to develop communication friendly settings. It included top tips and activities to support children’s learning. There was indicative evidence from Peterborough that children in settings where it was implemented had better outcomes than settings areas where it had not been implemented. http://www.foundationyears.org.uk/2011/10/every-child-a-talker-guidance-for-early-language-lead-practitioners/

4.5 Thinking Together showed good evidence for improved language, reasoning and attainment in English and maths through using dialogue and language in learning.
Let’s Talk was a training programme for primary school staff in the Midlands who delivered language groups within the school setting. There is good evidence of the benefits to children, particularly in expressive language, although this was a small study.

Talk of the town (TOTT) is an evidence based community led approach that is being rolled out by the Communication Trust across 64 schools in 3 boroughs including Wigan. It is focused on improving language in primary school children to improve literacy. The pilot study in Manchester showed positive results and the full evaluation should be available in September 2015.

Levels of Support

From the identification of needs and impact it is clear that all children need to develop good speech, language and communication skills. The factors that affect speech and language development are widespread in the population. For that reason the approach to supporting children’s speech & language development is commonly divided into three levels:

**Universal** - Approaches that can be used with all children in a population or group to help good speech & language development. These are often delivered by parents, universal children’s workers (teachers, health visitors, nursery teachers) and the voluntary sector following training by speech and language therapists.

**Targeted** - Approaches and techniques that can be used with children who have some delay or are at risk of delay in speech and language development, often due to the risk factors above. This can be for individuals or groups and can be delivered by universal workers under the direction of speech and language therapists.

**Specialist** - These are needs that require specialist input to address either on a one to one or group basis which may be for a period of time.

Targeted and Specialist services have often been involved in the delivery of training and skills to professionals involved in delivering universal and targeted support and this capacity development is part of the specialist provision. Within each of these levels there will be interventions that are based at a preschool level, primary school level and secondary school level. There will also be approaches and interventions that are primarily aimed at addressing speech issues, or at developing language and literacy and attainment or broader communication and social interaction. This helps to explain the complex nature of the commissioning and provision of services to meet this range of needs.
5. **Commissioning Responsibilities**

5.1 There is a mixed picture in terms of commissioning speech and language services. The responsibility for commissioning healthcare linked paediatric SALT currently lies with the Clinical Commissioning Group. Locally, a new service specification has been developed for this service.

5.2 Local authorities have commissioned or provided speech and language therapy services as part of their SEN offer. Some of this role has been training and capacity building and part in direct work with children and families.

5.3 Schools have commissioned therapists to provide language and communication support to children individually and in groups to address language, literacy and communication needs. This has included both children with SEN and mainstream schools wishing to close the gap in attainment associated with language impairment. The Royal College of Speech and Language Therapists and Association of Speech and Language Therapists in Independent Practice produced guidance on quality standards for local authorities and schools as commissioners of speech and language therapy services in the UK (2011)\(^3\).

5.4 In some areas an integrated commissioning model between local authority, Clinical Commissioning Groups (CCG) and Schools has been used to meet the variety of needs. In other areas, the local authority and CCG have commissioned a core offer with schools able to purchase additional support.

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\(^3\) RCSLT (2011) Guidance on quality standards for Local authorities and schools as Commissioners of speech and language Therapy services in the UK.
6. Epidemiology of need at a national level

6.1 It is estimated that one in 10 children in the UK have a persistent Speech Language and Communication Need (SLCN) and 7% have a speech and language impairment (SLI). SLCN are the most common type of special educational need (SEN) in 4-11 year old children, and numbers are rising; whether because of real growth or better identification.

![Diagram showing 10% of all children have persistent SLCN and 7% have SLI, with 1-2% have severe SLCN.]

Source: I CAN Talk Series (9), 2011,

6.2 The numbers of children diagnosed with Autistic Spectrum Disorder is increasing. Autism was once thought to be an uncommon developmental disorder, but recent studies have reported increased prevalence and the condition is now thought to occur in at least 1% of children (NICE, 2014). The majority of children on the ASD spectrum will have a degree of communication difficulty.

6.3 Evidence shows that children from lower socio-demographic backgrounds tend to have poorer language skills when they start school. According to the Communication Trust, more than half of children starting nursery school in socially deprived areas of England have delayed language; while their general cognitive abilities are in the average range for their age, their language skills are well behind.

6.4 At a population level speech, language and communication needs are associated with a number of factors:

- Gender is associated with the greatest increase in risk for both SLCN and ASD, with boys overrepresented relative to girls with a ratio of 2.5:1 for SLCN and over 6:1 for ASD.
- Birth season effects are strong for SLCN but not ASD. Pupils who are summer born (May-August) and therefore the youngest within the year group are 1.65 times more likely to have identified SLCN than autumn born (September-December) students.
- There is a strong social gradient for SLCN, with the odds of having identified SLCN being 2.3 times greater for pupils entitled to free school meals (FSM) and living in more deprived neighbourhoods. For ASD the socio-economic gradient is less strong but still important (the odds are 1.63 greater for pupils entitled to FSM).
- Having English as an additional language is strongly associated with being designated as having SLCN, but not ASD.

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5 Communication Trust, 2011
• There is a substantial reduction in the proportion of pupils with SLCN at School Action Plus over Key Stages 1 and 2, suggesting that for many pupils SLCN identified in the early years of primary school are temporary and transient. This applies to both those pupils for whom English is an additional language and those for whom it is their first language.

• Both SLCN and ASD are associated with low achievement, but pupils with SLCN are lower achieving compared to those with ASD.

• There is a pronounced variation across ethnicities for both SLCN and ASD:
  o A pupil of Asian heritage is half as likely to have ASD as a White British pupil;
  o A Black pupil is almost twice as likely to have SLCN as a White British pupil.

6.5 Speech impairment can be caused by medical needs such as cleft lip and palate or hearing difficulties. Learning difficulties result in delayed development of the understanding of language and the expression of language. Children with Autistic Spectrum Disorders have communication needs on the social use of language but tend to have better structural language skills than other children with language impairment.

6.6 Early identification
The Bercow Report (2008) recommended early identification of SLCN as key to the development of the person. According to Roulstone et al. (2011), children’s language development at the age of 2 years can predict school readiness at age 4. Many children slip through the net and are not picked up early enough. Forty per cent of 7 to 14 year olds referred to child psychiatric services had a language impairment that had never been suspected.

6.7 Impact of language and Communication Difficulties
6.7.1 Speech, language and communication difficulties have an impact on children’s educational attainment, behaviour, wellbeing, employability and inequalities (Office of Communication Champion, 2011).

6.7.2 Early speech, language and communication difficulties are a very significant predictor of later literacy difficulties (Snowling et al, 2010). Vocabulary at age 5 is a very strong predictor of the qualifications achieved at school leaving age and beyond (Feinstein and Duckworth, 2006). Speech and language skills are good predictors of educational attainment. Only 10% of children with SLCN achieve 5 good GCSEs including English and maths.

6.7.3 Speech and language skills also predict behaviour and wellbeing. Good language skills act as a ‘protective factor’ which reduces the likelihood of poor school attendance, truancy, delinquency and substance misuse (Snow, 2000). Two thirds of 7-14 year olds with serious behaviour problems have language impairment (Cohen et al, 1998).

6.7.4 Two thirds of young offenders have speech, language and communication difficulties, but only 5% of these cases had been identified prior to an offence being committed (Bryan, 2008).
6.7.5 Victims of bullying and those who are both bullies and victims are more likely to have had limited early language skills than other children (Gutman and Brown, 2008).

6.7.6 Without effective help a third of children with speech, language and communication difficulties will need treatment for mental health problems (Clegg et al, 1999).

6.7.7 The changing jobs market means that communication skills, along with influencing skills, computing skills and literacy skills, have shown the greatest increase in employer-rated importance over the last 10 years (UK Commission for Employment and Skills, 2009). 47% of employers in England report difficulty in finding employees with an appropriate level of oral communication skills (UK Commission for Employment and Skills, 2009).

6.7.8 Language development has a large impact on life chances. On average a toddler from a family on welfare will hear around 600 words per hour, with a ratio of two prohibitions (‘stop that’, ‘get down off there’) to one encouraging comment. A child from a professional family will hear over 2000 words per hour, with a ratio of six encouraging comments to one negative (Hart and Risley, 2003).

6.7.9 Low income children lag their middle income counterparts at school entry by nearly one year in vocabulary. The gap in language is very much larger than gaps in other cognitive skills (Waldfogel and Washbrook, 2010). Vocabulary at age 5 has been found to be the best predictor (from a range of measures at age 5 and 10) of whether children who experienced social deprivation in childhood were able to ‘buck the trend’ and escape poverty in later adult life (Blanden, 2006).
7. Local Epidemiology Profile

7.1 The numbers at a glance:

<table>
<thead>
<tr>
<th>40,581 children aged 0-19</th>
</tr>
</thead>
</table>

27% (aged 4/5) not meeting GLD in communication and language
930 school aged children known to SEN team
Estimated 10% some communicati on need (4058)

<table>
<thead>
<tr>
<th>306 children with ASD</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Hearing Impairment</td>
</tr>
<tr>
<td>118 MLD/SLD</td>
</tr>
<tr>
<td>86 SLCN</td>
</tr>
<tr>
<td>542 SEN other</td>
</tr>
</tbody>
</table>

Source: Public Health St Helens Council, 2014

7.2 Child Population

According to the Office of National Statistics (2012) mid-year estimates there are 12,202 school age (5-16 years old) males in St Helens and 11,438 females, giving a total of 23,640.

Figure 1: No. of children in school – in Borough and out of Borough

<table>
<thead>
<tr>
<th>School pupils as of January 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>Number of pupils residing in St Helens</td>
</tr>
<tr>
<td>Number of pupils residing and attending school in St Helens</td>
</tr>
<tr>
<td>Number of pupils from other LAs attending school in St Helens</td>
</tr>
<tr>
<td>Number of St Helens residents attending school in other LAs.</td>
</tr>
</tbody>
</table>

Source: Department of Education, Cross Border Movement, 2013

It is not possible to know the exact number of children with speech and language therapy needs although through the use of national estimates an approximate figure can be calculated. Based on a 10% estimate it is likely that 2,353 children living in St Helens will have a speech, language or communication need of some description.
There are also a further 161 children that reside out of borough but attend a St Helens school who may require speech and language support.

7.3  **Special Educational Needs (SEN)**

7.3.2 The SEN team at St Helens Council assess the educational needs of children in the Borough that may require additional support than other pupils of the same age. In St Helens a graduated response is in place to make sure children’s needs are identified and met appropriately. This means that most children who are identified as having special educational needs will have their needs met within a mainstream school using existing school resources or with some support or advice from professionals from outside the school. This type of support is referred to as School Action or School Action Plus and all monitoring of the child’s progress is the responsibility of the school. As of March 2013, there were 4,513 children in St Helens on School Action or School Action Plus. This equates to 18.5% of the total school aged population (as at March 2013), similar to both the national (18.7%) and regional (18.4%) figures.

7.3.2 The needs of a small number of children may not be able to be met by the school within existing resources. In such instances the SEN team will consider the needs of the child and may put in place top-up funding to provide additional support or services, this level of support is called Enhanced School Action Plus. As of March 2014, there were 453 children known to the SEN team at Enhanced School Action Plus.

7.3.3 If a child has very complex needs or requires a special school placement, an assessment will be undertaken to put in place a Statement of SEN. This legal document details the specific needs of the child and how these should be met. As of March 2014, there were 477 children known to the SEN team that have had a statement.

7.3.4 Of all children on Enhanced School Action Plus or a statement, the majority are males (77%). The age of children known to the service ranges from 2 years to 18 years old.
Figure 2: Children in St Helens with Enhanced School Action Plus or Statemented as classified by SEN by condition, as of March 2014

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech and Language</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>Hearing Impairment</td>
<td>10</td>
<td>1%</td>
</tr>
<tr>
<td>Physical and Medical Difficulties</td>
<td>11</td>
<td>1%</td>
</tr>
<tr>
<td>Unknown</td>
<td>10</td>
<td>1%</td>
</tr>
<tr>
<td>Visual Impairment</td>
<td>7</td>
<td>1%</td>
</tr>
<tr>
<td>Attention Deficit Hyperactivity</td>
<td>19</td>
<td>2%</td>
</tr>
<tr>
<td>Developmental Delay</td>
<td>14</td>
<td>2%</td>
</tr>
<tr>
<td>Social and Communication Difficulties</td>
<td>16</td>
<td>2%</td>
</tr>
<tr>
<td>Specific Learning Difficulties</td>
<td>14</td>
<td>2%</td>
</tr>
<tr>
<td>Physical Difficulties</td>
<td>31</td>
<td>3%</td>
</tr>
<tr>
<td>Under Consideration</td>
<td>25</td>
<td>3%</td>
</tr>
<tr>
<td>Severe Learning Difficulties</td>
<td>53</td>
<td>6%</td>
</tr>
<tr>
<td>Moderate Learning Difficulties</td>
<td>65</td>
<td>7%</td>
</tr>
<tr>
<td>Speech, Language or Communication Difficulties</td>
<td>86</td>
<td>9%</td>
</tr>
<tr>
<td>Medical</td>
<td>99</td>
<td>11%</td>
</tr>
<tr>
<td>Behaviour Emotional and Social Difficulties</td>
<td>163</td>
<td>18%</td>
</tr>
<tr>
<td>Autistic Spectrum Disorder</td>
<td>306</td>
<td>33%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>930</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: St Helens CYPS, 2014

7.3.5 As of March 2014, 86 children were known to the SEN team to have specific speech, language or communication difficulties. This equates to 9% of all children within the service. However it is likely that many more will have speech and language needs for example children with; autism, hearing impairment, developmental delay, moderate or severe learning difficulties, behaviour, emotional and social difficulties or social and communication difficulties. If these are added to those with specific speech, language or communication difficulties, the number of children with an SEN statement or enhanced funding likely to have a speech and language need rises to 714 children (77%). The percentage of the total school age population of St Helens that are statemented or on Enhanced School Action Plus is 4%. It should be noted that trend data is unavailable to show numbers in the service from previous years.

7.3.6 According to national estimates, 1% of all children or 235 school-aged children in St Helens will have Autism. Data from SEN show that as of March 2014, there were 306 children (1.3%) with autistic spectrum disorder, higher than the estimated number of 235. There are significantly more boys with Autism than girls with 86% male and only 14% female. This equates to a 6:1 ratio, the same as the national figure.
7.4 Early Years

7.4.1 In general, there has been an upward trend over the last five years in terms of children (aged 4-5) reaching the Good Level of Development (GLD) at the end of the Early Years Foundation Stage. At the same time, the gap in attainment between the lowest achieving 20% and their peers has narrowed. The percentage of children reaching the GLD has tended to be greater in St Helens than regionally and nationally. In September 2012 the measure used to define the GLD changed, for example with the inclusion of mathematics for the first time; for this reason, comparison with previous years is not possible.

7.4.2 In 2013, the GLD for St Helens was 57%, higher than the national average of 52% and the North West average of 50%. In general, girls have a better GLD than boys locally, regionally and nationally with an average difference of 16%.

7.4.3 The percentage of children reaching an expected level of literacy for St Helens is 63%, slightly above the national and regional levels (61% and 59%, respectively). The percentage of children achieving at least the expected level for Communication and Language was at 73%, slightly higher than England average of 72% and North West average 71%. Within the Communication and Language area of learning there are 3 strands; listening and attention, understanding and speaking. As Figure 3 demonstrates, a higher percentage of girls achieved at least the expected level in Communication and Language skills.

Figure 3: Communication and Language levels by gender, England

<table>
<thead>
<tr>
<th></th>
<th>St Helens (%)</th>
<th>National (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Boys (%)</td>
<td>Girls (%)</td>
</tr>
<tr>
<td>Listening and attention</td>
<td>72</td>
<td>84</td>
</tr>
<tr>
<td>Understanding</td>
<td>75</td>
<td>85</td>
</tr>
<tr>
<td>Speaking</td>
<td>72</td>
<td>83</td>
</tr>
</tbody>
</table>

Source: Early Years Educational Attainment, DoE, 2013

7.4.4 Nationally, children eligible for free school meals perform less well than other pupils, with 36% achieving a GLD compared to 55% respectively. In St Helens, 43% of those eligible for Free School Meals achieved a GLD; lower than the average for the Borough (57%). In terms of level of attainment in communication, children eligible for free school meals in St Helens is similar to the national percentages.

Figure 4: Percentage of children achieving expected levels of Communication and Language by Free School Meal eligibility

<table>
<thead>
<tr>
<th></th>
<th>St Helens (%)</th>
<th>National (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Free School Meal</td>
<td>Other pupils</td>
</tr>
<tr>
<td>Listening and attention</td>
<td>68</td>
<td>82</td>
</tr>
<tr>
<td>Understanding</td>
<td>70</td>
<td>83</td>
</tr>
<tr>
<td>Speaking</td>
<td>68</td>
<td>81</td>
</tr>
</tbody>
</table>

Source: Early Years Educational Attainment, DoE, 2013
7.4.5 Nationally, 14% of pupils with SEN achieved a GLD compared to 56% with no identified SEN. Speaking showed the largest difference between children with and without an SEN with a percentage difference of 46%.

Figure 5: Percentage of children reaching the expected level of communication and learning indicators by SEN

<table>
<thead>
<tr>
<th></th>
<th>School Action (%)</th>
<th>School Action Plus (%)</th>
<th>No SEN (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listening and attention</td>
<td>39</td>
<td>34</td>
<td>83</td>
</tr>
<tr>
<td>Understanding</td>
<td>48</td>
<td>37</td>
<td>84</td>
</tr>
<tr>
<td>Speaking</td>
<td>38</td>
<td>33</td>
<td>82</td>
</tr>
</tbody>
</table>

Source: Early Years Foundation Score 2013, 2014.

7.4.6 In St Helens the percentage of children with SEN that reach the expected level of communication and language skills is considerably lower than those with no identified SEN. A slightly higher percentage of children on School Action support receive the expected level compared to pupils receiving School Action Plus support. These figures demonstrate that it is not only children with specific speech and language needs that may struggle with reaching the expected level of communication and language, but all children with an SEN.
8. Current Services in St Helens

8.1 Speech and Language Therapy Service

8.1.1 The Speech and Language Therapy service in St Helens is commissioned by the Clinical Commissioning Group (CCG) and provided by 5 Boroughs Partnership NHS Foundation Trust. The service is based at St Helens hospital.

8.1.2 The aim of the service is to improve the quality of life for children with communication disorder in a community setting. In order to achieve this, the service objectives are to provide early intervention, assessment, treatment and recommendations for children and young people with communication disorder, delays or dysphagia, assisting them to achieve their optimum level of functionality in all aspects of daily life.

8.1.3 All children between 0-16 years of age and children in special schools between 0-19 years with communication disorders, delays or dysphagia, will be able to have an assessment, diagnosis, advice and either direct or indirect treatment as appropriate. There is a gap for 17 year olds requiring speech and language support as they are not able to access either paediatric or adult services.

8.1.4 The service currently operates 9am-5pm (core hours), 5 days per week however hours can be flexible depending on venue.

8.1.5 Children are supported in different ways depending on their need;

- Mild pathway – children are expected to receive a maximum of 6 sessions before discharge / review or change of pathway
- Moderate pathway – children are expected to receive a maximum of 24 sessions before being discharged / review or change of pathway
- Severe children – children are expected to receive a maximum of 20 sessions before moving pathway or being placed on review.

Pathways are interchangeable dependant on need. There are also specialist pathways for children with complex needs for example, dysphagia.

Children can be seen twice weekly, weekly, monthly or quarterly for intervention sessions. This is determined by the needs of the child.

Intervention can be on a 1:1 basis in the therapy room or within class. It can be delivered within small groups as long as targets for the children are similar.

8.1.6 Referrals

The number of referrals to the Speech and Language Therapy service has been increasing in recent years. Between April 2013 and January 2014, there were 1,128 referrals to the service, of which 1,119 were appropriate. This equates to a 67% increase on the previous year (April 2012-March 2013). New referrals to the service have nearly tripled since 2009/10 (figure 6).
8.1.7 The total number of contacts seen by the SALT team is 5,285 for the 10 months between April 2013 and January 2014, an 11.7% increase on the target for that period of 4,733. If it is assumed that the number of contacts seen each month is equal throughout the year, the estimated total for the full year (2013/14) will be 6,342, slightly lower than 2012/13.

8.1.8 The number of discharges has decreased due to an increase in appropriate referrals and therefore fewer people being discharged at the initial assessment stage. The increase in appropriate referral is largely due to strengthened criteria and training of Health Visitors to use an initial checklist prior to referral.

The number of people who did not attend (DNA) has reduced by just under half since 2009/10 although it appears to be rising slightly. This could be due to a steep rise in new referrals to the service.
Figure 8: Number of referrals by age and gender, as of November 2013

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Patient Gender</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Age Range</td>
<td>Male</td>
<td>Female</td>
<td>Grand Total</td>
</tr>
<tr>
<td>0-3</td>
<td>245</td>
<td>90</td>
<td></td>
<td>335</td>
</tr>
<tr>
<td>4-5</td>
<td>183</td>
<td>79</td>
<td></td>
<td>262</td>
</tr>
<tr>
<td>6-11</td>
<td>162</td>
<td>77</td>
<td></td>
<td>239</td>
</tr>
<tr>
<td>12+</td>
<td>44</td>
<td>21</td>
<td></td>
<td>65</td>
</tr>
<tr>
<td>Grand Total</td>
<td>634</td>
<td>267</td>
<td></td>
<td>901</td>
</tr>
</tbody>
</table>

Source: 5 Borough Partnerships NHS foundation Trust, 2014.

Figure 7 demonstrates that as of November 2013, there were over twice as many males referred than females. This is similar to the national ratio of 2.5:1. The difference in referrals by gender is particularly noted in the 0-3 year age range in which there are nearly 3 times more males than females. Children above the age of 12 had the least numbers in the service.

8.1.9 Source of referrals

The service accepts referral from the following health professionals for all children registered with a St Helens GP or who reside in St Helens and have other on-going input from the St Helens Services (Social care and Educational):

- GPs
- Health Visitors / School Health Advisors
- Paediatric Physiotherapists / Paediatric Occupational Therapists
- Special Needs Nurses
- Consultants
- Education Settings
- Self / parents
- Community Paediatrics
- Youth Offending Staff *(currently being developed)*

Between April and September 2013, the primary source of referral was Health Visitors (30%). A quarter came from schools and 18% were unknown. Work is currently underway to specify the unknown sources and to clarify the nature of school referrals (i.e. teacher, nursery teacher, SEN co-ordinator).
8.1.10 Children are seen in a number of settings including schools, nurseries and the child’s home. A clinic setting is not always suitable for the child or family subsequently there is flexibility in the venues used by the team. Furthermore, it is conducive for the child to hold the therapy session in a setting in which they are both comfortable and able to interact with staff and children.

8.1.11 Waiting times

The national target of 18 weeks from referral to treatment is unmet. As of 31st January 2013 there were 119 children on a waiting list for individual therapy and 21 children waiting for group intervention. 79 children (7% of new referrals) had been waiting for more than 18 weeks with the longest wait at 42 weeks (4 children).

As of February 2014, waiting times from referral to initial appointment ranged from 9-12 weeks with an average of 10 weeks. The capacity in terms of numbers as the referral rate has increased is a major factor.

Anecdotal evidence suggests that parents/carers consider the location of the initial assessment a barrier to accessing the service. These assessments are based in a clinic and it may be the nature of the venue that deters the parent/carer or child from
attending. Some speech and language therapists in the Borough have carried out an initial assessment (with parental consent) in the child’s school. This seems to be successful although it is not always appropriate to do so.

8.1.12 Performance indicators

At present outcome data is not recorded for the Speech and Language Therapy service in St Helens. Evaluation methods, key performance indicators and targets should be put in place in order for the service to be monitored and evaluated.

Limited service user feedback is currently available although at present the dataset is not rich enough to provide robust evidence.

8.1.13 Training

The Speech and Language Therapy service provide Early Communication groups for pre-school children and provide strategies for parents to use. The team also provide Elklan and Makaton training.

8.2 Early Years provision

8.2.1 Early identification of speech and language difficulties and early intervention is essential in tackling the problem and progressing well.\(^6\) Ensuring the early years workforce are skilled in recognising speech and language difficulties and that appropriate pathways are in place so that the child gets the best possible intervention for their need is crucial to the development of the child.

8.2.2 The Early Years Inclusion team at St Helens Council provide a termly session at the Town Hall for the Early Years Special Educational Needs (EYSEN) and Disability Network and the Speech and Language Therapy Support group. This training session uses Every Child a Talker materials to raise awareness of speech and language in young children. All professionals working with Early Years are invited to attend, including schools, Private Voluntary Independents and child minders. A therapist from the Speech and Language Therapy service have been involved in the past but due to capacity they are no longer able to attend.

8.2.3 The Early Years Inclusion team have ensured that most early years settings in the Borough are aware of the Every Child a Talker monitoring tool. This allows early identification of speech and language difficulties, key to the development of the child.

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\(^6\) Bercow Report, 2008
8.2.4 Children’s Disability Service Early Years Team

The Early Years team provides specialist support, assessments and interventions for young disabled children (aged 0-5 years) and their families in St Helens. The Early Years team carry out joint assessments and interventions with Speech and Language Therapists from 5 Borough Partnerships to provide holistic care and support for children with a range of complex needs including Cerebral Palsy, Complex Health Needs and ASD. This includes joint home visits as well as assessment and intervention sessions in small, specialist groups at The Bridge Centre, the Early Years Team’s centre based in Fingerpost.

8.2.5 Children’s Centres

St Helens Children's Centres offer a wide variety of programmes to provide social opportunities for children and parents/carers. Children get the chance to learn new songs, listen to stories, play with a variety of toys and, most importantly, socialise with other children. In St Helens there are 8 centres providing support for ages from 0-19 years old.

8.2.6 Small Talk is a local programme currently delivered once a week at all children’s centres with the exception of Sutton, Parr, and Haydock. Sutton delivers a similar weekly programme called Chatterbox. Small Talk is aimed at children aged 2-3 years who have been identified as having a speech and language need and have been referred by either Speech and Language Therapists or Early Intervention workers at the Centre. Staff delivering the programme have undergone ICAN training. Unfortunately there is no hard evidence of the impact of the programme or whether it is successfully targeting those children at most need although anecdotal evidence suggests that Small Talk is popular with families and staff and achieves positive changes in children’s language skills.

8.2.7 The ICAN qualification at the Council has recently expired therefore centres can no longer be accredited through the council.

8.2.8 The Department of Education have funded the charity ICAN to provide free training and resources to early year’s practitioners in order to support early language development in 2014/15. The Early Language Development Programme is targeted at professionals working with children aged 0-3 year old in areas of significant deprivation. An expression of interest in ICAN training (funded by the Department of Education) has been put forward from the Early Years team with the aim to get key members of staff qualified to disseminate the training to Early Years workers.

8.2.9 Health Visitors

Some resources have been developed and used by Health visitors locally to encourage parents to develop attachment and promote speech and language skills in young children. These resources were developed following research with local parents. Other local areas (Wigan and Halton) have implemented specific training for health visitors in developing language for children.
8.3 Home-Start Language Resource Support

8.3.1 Since September 2011 Home-Start St. Helens has been funded by BBC Children in Need to provide language resource bags in order to improve the speech and language skills of disadvantaged pre-school children.

8.3.2 The aim of the project is that through everyday fun and interesting activities which reflect children’s interests, the resources will encourage early language development right from the outset, extending children’s vocabulary and help them build sentences so that before they start school children are confident and skilled communicators. Home-Start volunteers use these resources at their weekly 3 hourly visits to the family home to engage the young children in a range of basic speech and language activities.

8.3.3 The resources are categorised into different age groups i.e. 0 – 18 months, 18 months - 3 years and 3 years and above. Activities and resources include nursery rhymes, songs, reading books, building blocks, textured equipment and craft/creative materials.

8.3.4 Parents and carers in the home are also encouraged to take part in the activities so that the parents/carers can continue the learning process in their own time. Parents and carers learn by example by watching the volunteer interact with their children.

8.3.5 All volunteers and families taking part in the project are visited every four months by Home-Start staff to monitor and evaluate the project as it progresses. Home-Start report that as a result of the Home-Start volunteers using the speech and language resources, the children have increased speech and language skills. These include better early communication skills such as listening, attention, imitation and turn-taking. The children also have better expressive and receptive language such as understanding and expressing verbally, speech sounds and increased vocabulary. They will then be able to use their skills as they progress onto the next stage of the education process i.e. nursery or full time school.

8.3.6 The BBC Children in Need funding for this project finishes in August 2014. The cost of the project per year is £7,673.
8.4 School-aged services

8.4.1 Language and Social Communication (LASC) team
The Language and Social Communication team, part of St Helens Council Children’s Disability Services, provide a language and social communications therapy service for children in mainstream schools in St Helens. The service is funded by schools through a top slice of the schools budget. LASC provides targeted services to children, as well as training and support to schools to enable them to deliver both universal and targeted support. The team encourage schools to develop skills and expertise in Speech and Language which ensures more effective referrals to the service and enables early intervention.

8.4.2 The team consists of one language support teacher and two learning assistants. A speech and language therapist from 5 BP also works for the team. The size of the team limits the remit of the services provided.

8.4.3 What the service offers:
- Advice on strategies and target setting for the child
- Help with incorporating language targets into the curriculum
- Advice on creating a language enriched classroom
- Support for writing IEPs and attendance at review meetings
- Contribution to the planning and review process
- Advice on teaching and learning styles
- Training for school staff on language issues
- Work with individuals or groups of children on specific aspects of language e.g. expressive language, i.e. concentrating on oral skills, receptive language, i.e. concentrating on processing and comprehension skills, social use of language.
- Further assessment by Specialist SALT, within the team
- Support for children at educational transitions e.g. primary to secondary transfer
- Support for parents

8.4.4 The service concentrates on language and communication needs rather than speech. However, a speech and language therapist is available for all needs.

8.4.3 The service is complementary to the Speech and Language service provided by 5 Boroughs Partnership. Both the LASC team and SALT team receive referrals from schools and can provide the same individual with support. Although the teams provide differing services to children, it appears there can be an overlap of provision due to inadequate communication between the two services.

8.4.4 Referrals to the LASC are from schools. However, before a referral is made, the team request that the Every Child a Talker assessment tool is utilised by the school to ensure that the referral is suitable for the child’s needs.

There were 497 referrals to the LASC team from September 2011 to July 2013. These were from 75 schools in St Helens. The number of complex cases or those requiring intensive support is 70.
8.4.5 Interventions that the team provide include:

- A 6-7 week intensive intervention for reception year children (up to 20 children per group), 3 mornings a week. Teaching assistants observe in order to sustain the work after the intervention. Assessments pre and post intervention are carried out.
- Individual interventions – specialist Teaching Assistant provide individual, tailored support after an assessment from the specialist teacher. A Teaching Assistant from the school will be present in order to continue treatment.

8.4.6 All interventions take place within the classroom rather than taking the child out of a lesson. This is to support the child in communicating with others. All records of children referred to the team are inputted into the Council’s Education Management System and termly Multi-Agency Planning Meetings are held to discuss individual needs and progress. Therapists from SALT are not always present at these meetings.

8.4.7 The LASC team provide training for both parents and school staff in speech and language therapy. Specific training is available for parents regarding developmental delay.

8.4.8 The team also provide ELKLAN training to schools. It is a train the trainer approach to enable teachers and teaching assistants to provide specialist speech and language support to children. This in turn reduces the caseload for therapists and ensures individuals receive support as soon as a need is identified. Furthermore, the training provides widespread awareness and intervention techniques for teachers and teaching assistants. The SALT team are not currently taking part in this training scheme although it has been suggested that it may be beneficial to work together with LASC to broaden the programme.

8.4.9 Specialist schools
Mill Green and Lansbury Bridge are specialist schools in St Helens that provide an environment for children with complex learning difficulties. The Speech and Language Therapy team deliver to both schools although staffing is dependent on caseload across the Borough.

As of March 2014, Mill Green has one session of Band 7 SALT staff and one session of Band 4 staff a week. Speech and Language Therapy staffing at Lansbury Bridge school is as follows:-

- 3 sessions of Band 6 staff
- 2 sessions of Band 5 staff
- 4 sessions of Band 3 staff
- Input provided for one child with dysphagia by Band 7 SLT.

In addition, Lansbury employ a full time independent Speech and Language Therapist.

The school commissioned services are separate from the LASC and SALT teams and questions have been raised about how governance issues are addressed. Guidance for schools commissioning speech and language therapy services is available.
8.4.10 School nursing

School nurses in St Helens use a health assessment tool which encompasses a small section on speech and language difficulties. If a need is identified, either through the assessment or through a parent/teacher or pupil, they will carry out more in depth assessments. This includes the use of Health Visitor records, sending a questionnaire to parents and liaising with teachers. If a need is apparent, a referral to the speech and language therapy service will be made.

8.4.11 The School nursing team are hoping to have a standardised assessment tool that can be used to ensure that they are making appropriate referrals to the speech and language therapy service. The school nursing service felt that links with the LASC team could be strengthened.

8.5 Young Peoples services

8.5.1 The Youth Offenders Service (YOS) and Young Peoples drug and alcohol team (YPDAAT) are based at the same site in St Helens and both provide support services to young people who are more at risk of having speech, language or communication needs (Snow, 2000).

8.5.2 When entering the YOS or YPDAAT, all young people have a health assessment by the specialist nurse, although speech and language is not extensively covered. The nurse and managers of the services are currently addressing the gap in provision by investigating screening tools and assessment tools for their staff to utilise.

8.5.3 The national recommendations are to use the CHAT assessment toolkit for every young offender; however this takes up to 3 hours to complete and would therefore require additional resources.

8.5.4 In neighbouring Boroughs (Wigan and Knowsley), a speech and language therapist works alongside the YOS team due to the young people being a population of high need.

8.5.5 Currently, the YOS and YPDAAT do not have a screening tool to identify speech and language need for young people in their services.
9. **Weaknesses of the current system**

9.1 The current system is fragmented with services working in isolation. Better coordination between universal services (schools, health visitors, school nurses) the LASC and SALT teams would ensure the most appropriate support for children when they need it.

9.2 The needs for speech and language therapy are increasing and capacity needs to increase to match the need. However, a different model of care could produce more efficiency and better outcomes.

9.3 Care pathways and screening assessment tools need to be agreed and standardised so there is a clear pathway for professionals who identify a need to support a child and refer when appropriate.

9.4 There is a gap in early years provision both for universal and targeted support for parents and children to address early speech, language and communication development. Addressing this issue may help to reduce the number of children needing more specialist support and increase the number of children who are ready for school.

9.5 Many professionals providing universal services at both school age and preschool are not receiving the training that they need to support children and parents. Barriers include difficulty releasing teaching assistants to attend training and lack of training for health visitors and early years professionals.

9.6 In many areas the Speech and Language Team are the lead health professional in the SEN process and autism pathway. In St Helens this role is fulfilled by the community paediatrician. Taking on this lead professional role would strengthen engagement between SEN and SALT teams.

9.7 There is little information on the outcomes of the different services and approaches taken within the borough on which to evaluate impact at an individual or group level.
10. Recommendations

10.1 Professionals to develop a new model of care and care pathways and assessment tools with clarity of roles and responsibility of services around speech, language and communication needs.

10.2 To develop better joint working between services engaged in providing speech, language and communication support is needed, including LASC, SALT, & universal services.

10.3 There is a need to commission or re-commission services to better meet needs. There are some commissioning options. This will include increased capacity and more integrated services. There are a number of options for how this commissioning could be taken forward but it should involve:

- Tender for a specialist SALT service to provide leadership and some additional capacity based on the Procurement, Patient Choice and Competition Regulations - CCG
- Commission early years universal and targeted support to include Homestart programme
- Increased capacity within SEN/ LASC team for speech, language & communication for children with SEN

10.4 Training for professionals needs to be expanded and made more systematic as part of the commissioning process above. This includes health visitors, school nurses, school staff and early years professionals. There may be value in schools being able to buy into additional training and support to achieve their learning objectives.

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