



Speech And Language Therapy (SALT)



December 2014

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CONTENT

	Page
Introduction	2
Summary of Findings	3
Brief History of the Service	4
The Service at Present	5
Feedback from Parents/Carers of Service Users and Professionals	9
Issues and Difficulties	12
Conclusions and Recommendations	17
Response	19

INTRODUCTION

Healthwatch Barking and Dagenham is the voice of local service users. Our role is to ensure that the views of local residents are heard by decision makers, and that their opinions influence the way that services are delivered. We are independent and therefore do not have a pre-set agenda or a pre-determined interest in influencing the outcome of the results of a consultation.

In past years, Barking and Dagenham has had a history of delays in providing Speech and Language Therapy (SALT) services to the children in the borough. Healthwatch therefore decided to investigate the current service to see if the remodelled service of 2008 had been able to keep up with the increased pressure caused by the increased number of children now resident in the borough.

In order to do this, Healthwatch felt it would be helpful to look into the history of the service to help us make sense of its current position and make appropriate recommendations.

This report outlines the views of parents, carers and professionals.

Copies of this report are available by contacting Barking and Dagenham Healthwatch on 020 8596 8200 or by emailing info@healthwatchbarkinganddagenham.co.uk.

Copies are also downloadable from our website:
www.healthwatchbarkinganddagenham.co.uk.

SUMMARY OF FINDINGS

Healthwatch collated evidence on the SALT services between September 2014 and December 2014.

Healthwatch started by talking to professionals to better understand the services. We quickly realised that the area of need had shifted from gaps in specialism to ones in capacity. When in the past there were not enough specialist Speech Therapists (ST) it had been remedied and the SALT team now has access to enough specialism within their team and nationwide.

The difficulty now resides with a longer waiting time than the expected 18 weeks between referral and treatment. The SALT department aims to keep an 18 week wait between referral and initial assessment as there is not enough staff to see all patients within a shorter time frame.

Parents and carers, whilst happy with the quality of the service, have to wait for up to 8 months for the therapy to start. Parents also requested more therapy sessions as they felt that an increase, in what is given as standard, would improve the outcomes for their children.

The lack of capacity within the SALT team has meant that keeping up with increased demand, created by the increase in population and the new schools opening in the borough, has added to their pressure. It is proposed that between now and 2020, 11 new schools (6510 places) will be provided in the borough.

This report will therefore look into the capacity issue the SALT service is facing and what effect this is having, and will increasingly have, on the service users.

BRIEF HISTORY OF THE SERVICE

Prior to 2003 the Barking and Dagenham Speech and Language Therapy service was made up of 3 generic speech therapists (ST) as well as 1 ST specialising in speech for deaf children. A further therapist was placed at Trinity School: a setting for children with special needs. At this time, prior to the creation of Children's Trusts, Barking and Dagenham therapists worked and shared resources with other local geographical areas.

In 2003, local people expressed their dissatisfaction because of the failure to deliver speech and language services to statemented children, a lack of specialism and the almost total absence of any service to mainstream schools, with parents having to use the private sector for the assessment and treatment of their children.

After a significant amount of consultation, a report by the Health Scrutiny Panel found that although the staff had been working very hard, the supply of SALT services had been insufficient to meet the demands over many years and that it had suffered from increasing demand with no increase in budget.

As a result these recommendations were made in 2004:

- *It is recommended that the Director of Public Health of Barking and Dagenham confirms the need for increased speech and language therapy services for children as a matter of urgency.*
- *It is recommended that more resources should be targeted at parents. These should include training, support and the provision of materials.*
- *The Scrutiny Panel strongly recommends that the PCT include the implementation of two speech and language therapists and the two speech and language therapy assistants for maintained schools by 2005-2006.*

Simultaneously the formation of the Children's Trust meant that each area wanted to deliver its own services and so Barking and Dagenham's SALT team was disaggregated from the other geographical areas it had previously worked with. This separation highlighted a lack of resources including finance. This caused a fundamental reshaping of the SALT provision in the borough.

As recommendations from the Scrutiny Panel were implemented and improvements made, the general SALT services were felt to run more efficiently.

This continued until 2009 when there was a surge in the borough's population and the service was again stretched beyond its capacity to meet the demand.

THE SERVICE AT PRESENT

The Speech and Language Therapy Service for Children in Barking and Dagenham is based on 3 NHS sites:

- Child and Family Centre, Barking
- Julia Engwell Health Centre, Dagenham
- Marks Gate Health Centre, Chadwell Heath

Therapy is delivered in the community in schools, nurseries, children's centres and at home, except for specialist services such as fluency, feeding and specific speech difficulties.

The team comprises 34 members.

The service specifies that children and young people registered with a Barking and Dagenham GP, aged 0-16 years (up to the age of 19 years for those with a Statement of Special Educational Need) are eligible for the service.

The team must give priority to Looked After Children (LAC) and those with educational and healthcare plans.

In October 2014 there were 3119 children being seen by the SALT team and there were 228 waiting to be assessed. In 2013-2014, 1327 (or 111/month) children were referred to the service.

The service is made up of:

- a prevention service.
 - an intervention Service
 - a schools service
 - other services
- **The Prevention Service**
The prevention service is a universal service run jointly with the local authority (LBBD). The service aims to improve communication outcomes for all children and to prevent children needing to access the intervention service.

LBBD fund one full-time Speech and Language Therapist (SALT) and 16 Early Intervention Workers (EIW) (one for each Children's Centre). The NHS fund 2 full-time SALTs.

Training and support to the EIWs is provided by 3 SALTs.

The EIWs identify families with needs.

The team run prevention services such as baby massage, *Messy Play*, *Toddler Talk*, *Babbling Babes*, *Play with Story* and *Little Rhyme Makers*.

They also run half hour speech and language advice sessions once a month at 16 Children's Centres.

- **The Intervention Service**

Children are referred into the intervention service by professionals and parents. The referral is triaged and allocated to one of the following caseloads:

- Early Years (0-4 or until they start school),
- 5-11 or key stage 1&2,
- 11-16 or key stage 3&4
- 16+ (for those with statements/ EHC plans)
- Portage (up to 3 years for children with complex conditions)
- Complex needs caseload (children in units attached to mainstream schools e.g. Richard Alibon, Warren, Jo Richardson, Manor Longbridge, George Carey , Sydney Russell, Monteagle, for children with ASD, learning difficulties)
- Complex needs outreach (children with complex needs in mainstream schools)
- Specific speech and language difficulties (outreach and 2 Units at Hunters Hall primary and Eastbrook secondary schools)
- Fluency (stammering): outpatient clinic at Child and Family Centre (up to 8 years) and Julia Engwell Health Centre (8 years to 16+)
- Voice
- Deafness (outreach and units at Five Elms School, Eastbury Primary and at Eastbury Secondary)
- Feeding (outpatient clinic at Child and Family Centre)
- Out of Borough caseload (children with a B&D GP who attend schools out of the Borough or who are home educated children: many of these are rising 5s who do not have a school place. They are asked to come into clinic but a therapist will go to the out of borough school if there is a need.

- **The Schools Service (key stage 1&2 / key stage 3&4)**

There are currently 35 primary and 9 secondary schools in the borough and the SALT team cover all the schools as per recommendations made in 2004.

Therapists are allocated to a school half-termly, on a consultancy basis, to assess specific children. They write and review a programme with specific targets which are carried out by a Teaching Assistant (TA) in the school or nursery, or parents in the home.

TA training is provided on a regular basis to the schools by 2 teachers who work for the Education Inclusion Team (funded by LBBB). The Education department has increasingly restricted budgets and the training programme is vulnerable. The SALT service is highly dependent on these skills existing in schools.

If LBBB are no longer able to fund the training of education staff to implement speech and language therapy programmes in schools, the SALT team are planning to run a rolling programme of training in the borough. The time for this will have to be taken from the SALT school service time table. Whilst this is regrettable, it is a measure of the importance the SALT team attach to having well trained support staff within the schools.

The responsibility to support pupils rests with each school and the SALT services reported that the system has worked well as each school has been keen to provide the support.

- **Other Services**

The SALT team also provides other services to children with additional, special and complex speech and language needs.

The service has access to the full range of specialism within their team which cover the following areas:

- feeding (mainly for children with swallowing issues)
- hearing impairment
- stammering
- Specific Language Impairment (SLI)
- voice (behavioural issues)
- cleft palate
- portage (children with a minimum of 2 difficulties)

The team can also access national resources such as Great Ormond Street Hospital and the Michael Palin Centre.

The SALT team supports Trinity School with the more complex organic feeding cases (e.g. weaning from tube feeding or vice-versa).

- **Individuals**

The SALT Services have an effective system in place to gather feedback from the parents/carers of their Early Years service users.

The summary of therapy evaluations for 2013 showed that out of 112 parents interviewed:

- 100% were satisfied or very satisfied.
- 90% of parents reported their child had changed the way he/she communicates (101 of 112 responses).
- 99% reported that their child learned / developed in at least one skill area (111 of 112 responses).

The feedback is overwhelmingly positive and this demonstrates the excellent work the SALT services do provide.

General feedback also shows that most parents would be really grateful for more sessions. Here are some of the comments parents/carers made when asked what could be made better with the service they receive:

'Sessions is very useful, only I prefer more session, may be more than six'

'Come regularly and need more speech therapy so that it can be longer not only six weeks'

'More session'

'Sessions could be longer and more. His nursery staff trained up to be doing the same activities'

'Less children, too many distractions for my child'

- **Main Stream Schools**

The SALT services received feedback from 35 TAs in 2013:

- 100% of them expressed they were satisfied or very satisfied with the service in their school. (i.e. the support received from the SALT team)

- 83% reported that the children they were seeing had changed the way he/she communicates in the classroom (29 of 35).
- all of them (100%) reported the child had learned / developed in at least one skill area.

Here are some of the comments illustrating the general feedback from TAs:

- *‘An hour daily rather than weekly.’*
- *‘More sessions please. Have learned so much from Jo.’*
- *‘D could do with more sessions, 3 wasn't enough. I'm concerned as she will be changing schools in Sept so it would be good if we could get more sessions in the summer term before she leaves.’*

Healthwatch also interviewed the Special Educational Needs Coordinators from two different mainstream schools as well as Trinity School, special educational needs school to find out what the SALT services in their school are like.

- **St Peter’s Catholic Primary School Goresbrook Road, Dagenham, RM9 6UU**

St Peter’s is a primary school that caters for 452 pupils all aged between 4 and 11. They also admit children at 3 years into the nursery on a part-time basis.

The school has 2 Teaching Assistants who are trained in SALT.

The school SENCO really appreciates the input from the SALT team and expressed how helpful and professional the speech therapist visits always are. The team are easily accessible and very effective in returning calls or emails. It was also said that the pupils and staff would really benefit from more frequent visits: further activity demonstrations and training for teachers and TAs would really help to make staff more confident in delivering the service in the school.

- **James Cambell Primary School (Langley Crescent, Dagenham, RM9 6TD)**

James Campbell is a primary school for boys and girls that caters for pupils all aged between 4 and 11. They also admit children at 3 years into the nursery on a part-time basis, either mornings or afternoons.

James Cambell caters for 900 pupils including nursery age children.

The school has 6 trained Teaching Assistants who are trained in SALT.

The school SENCO was very positive about the relationship they experience in their school with the SALT advisors. The provision is good although it has recently been reduced and this is felt the most with high level need children especially those with autism. For those, more input at more regular interval would be really appreciated.

Also the school experiences a cross over with the Early Years provision in the borough. More liaising and updating on children already being seen by the SALT services when they start school would be helpful.

- **Trinity School, Specialist SEN (Special Educational Needs) School for Cognition and Learning**

Funded by the NHS and LBBD, Trinity School runs an independent SALT service. Almost 300 pupils (all with autism or Profound and Multiple Learning Difficulties (PMLD)) attend the school and all of them receive speech and language therapy in the form of *Messy Play*, *Tac Pac* (sensory activities), intensive interaction, interactive stories. There are 5 full-time speech therapists as well as a manager who work with the children. They work mostly in group setting but also cover individual sessions, assessment and observation. They review planning with teachers for each child on a half-term basis. They consult with parents and teachers are involved with feeding, make home visits, have time in the multisensory room, monitor new colleagues and provide and receive training.

The main SALT team advises on more complex organic feeding cases (e.g. weaning from tube feeding or vice-versa). They also do joint clinics at the school aiming to further skill up the school's therapists who already carry out the generic feeding work.

The team at Trinity provide an excellent dedicated service in a very challenging environment and no pressures were mentioned by either staff or users.

ISSUES AND DIFFICULTIES

Healthwatch Barking & Dagenham would like to commend the SALT team for their continuous hard work with restricted resources and their resourcefulness in difficult circumstances.

Parents and carers' feedback about the SALT services is very positive but they also very much expressed that the waiting time and too few sessions reduced the positive impact on their children.

There were 2 recent formal complaints around this issue.

These are some of the comments made by parents:

'Come regularly and need more speech therapy so that it can be longer not only six weeks'

'Sessions could be longer and more. His nursery staff trained up to be doing the same activities'

'Less children, too many distractions for my child'

The clinical lead therapist for the SALT service offered the following explanations for time delays and the offer of limited sessions:

- **Lack of time and/or staffing**

The situation in the Early Years caseload is particularly pressing. The 18 week referral to treatment target is met by completing initial assessments only within the 18 weeks.

Children are then placed on therapy waiting lists and the wait time is as follows for Early Years:

Area	Wait time for Initial Assessment therapy	Wait time for therapy once assessment has taken place
East Dagenham	8-12 weeks	8 months
North Dagenham	8-12 weeks	5 months
Barking	14 weeks	8 months

This is due to a lack of capacity. Despite the increase in the number of referrals in the recent 3 years, there has been no increase in staffing.

- An increase in population/caseload

As the population in the borough has increased so have the referrals and caseload:

Referrals (total numbers across the service)				
	Referrals Received	Average per month	Average accepted per month	% increase
2011-12	1066	88	55	
2012-13	1259	105	81	47%
2013-14	1327	110	88	9%

Open Caseload					
		Open caseload March 12	Open caseload Oct 14	% increase	Waiting for initial assessment Oct 14
EY East	Dagenham	132	184	39%	53
EY North	Marks Gate	180	247	37%	41
EY West	Barking and East Dagenham	131	189	44%	33
Portage		62	75	21%	5
KS1/2 East	Dagenham	369	535	45%	27
KS1/2 North	Marks Gate	288	397	38%	34
KS1/2 West	Barking and East Dagenham	210	444	111%	13
KS3/4		181	310	71%	3
Post 16		15	22	46%	0
OOB	Children who have a B&D GP but who attend school outside of B&D or who are Home Educated	63	65		6
CNN/ ARPs	ARP: Additional Resourced Provision. These are units within mainstream schools. All children have statements or Plans. They specialise in one area of difficulty providing for children with Autism/ Learning difficulties/Behaviour difficulties.	105	157	50%	0
SLI ARPS		23	25		0
SLI Outreach	Stammering. Children seen in clinic. Outreach to schools. Group work for older groups	26	33	27%	0
Fluency		182	185		6
Voice		3	9		0
Feeding		193	180		23
Deafness		45	62	37%	1

The prevention service currently have 16 full-time Early Intervention Workers (EIWs) but this is due to be decreased to 12 by April 2015 due to council cuts. This coupled with an increase in caseload will inevitably put further pressure on the service.

The population of Barking and Dagenham is due to continue to increase rapidly especially in the 0-19 population. SALT need is calculated as being 10% of the child population.

The caseload is likely to expand by one third in the next 5 years:

Population Projections until 2020				
Males	2012	2020	Increase by Numbers	Increase by %
0-4	9,682	11,650	1,969	20.3%
5-9	8,038	10,302	2,263	28.2%
10-14	6,458	8,354	1,896	29.4%
15-19	6,710	6,824	114	1.7%

Population Projections until 2020				
Females	2012	2020	Increase by Numbers	Increase by %
0-4	9,382	11,030	1,648	17.6%
5-9	7,376	9,903	2,527	34.3%
10-14	6,363	8,198	1,835	28.8%
15-19	6,294	6,617	324	5.1%

- **Did Not Attend (DNA) / Parents involvement**

The numbers of parents and carers who do not bring their children to appointments is a huge issue and represent 8-10% of all the appointments. This obviously wastes already precious therapists' time.

For Early Years, a new procedure has been put in place which has caused the DNA figures to drop from 20% to 6%.

The service would like to text out to remind parents/carers of the appointment but this is not often possible due to the lack of capacity.

- **Complexity of cases**

The cases referred are much more complex in nature than in past years due to a general increased knowledge in the universal services (children's centres and schools) so milder problems are dealt with at that level and not referred to the SALT service.

Anecdotally, professionals in Education, Social Care and Health say that in the local population of Barking and Dagenham there has been a significant increase in the level of need over time. This is supported by evidence from the Joint Strategic Needs Assessment (JSNA) which shows Barking & Dagenham's need for SALT to be twice the national average.

Finally there a high incidence of families with second and third languages being spoken at home which make assessments and reports very time consuming and complex.

- **Rooms**

It is becoming harder to find rooms to book in children's centres and health centres to carry out therapy sessions due to borough cuts and children's centres closing down.

ADDITIONAL DIFFICULTIES

- **Mainstream schools**

The Education department has increasingly restricted budgets and the training programme for TAs is vulnerable. The teachers who run this training are also in the process of retiring and are unlikely to be replaced by LBB. The SALT service in B&D is highly dependent on the skills already existing in schools.

The service would also like to be able to provide two blocks of therapy for every child per year. At the moment they see only 4-5 children for one block of therapy per year in each school (each school has a caseload of between 15-40 cases across the borough).

The SALT team expressed concerns over how schools will spend their given funding as they fear some may choose not to prioritise the service and others may choose to use the private sector.

They would like to establish a 'Buy In Service' where they can offer the needed therapy rather than the school employing their own therapists. This will ensure a coordinated approach to the management of caseloads and guarantee competency. They would invite schools to buy in therapy time or assistant time. They would like to implement this in January 2015.

In addition the TAs expressed a need for more input from the therapists.

- **New schools**

New schools opening are an area of concern for the service as it will create extra pressure on their already overstretched resources.

Primary schools opening projection between September 2014 and 2020:

United Learning Free School at Goresbrook	630
Sydney Russell at Fanshawe	630
Eastbury Secondary Primary provision	420
Eastbrook Secondary Primary Provision	630
Robert Clack Primary Provision at Lymington	630
Gascoigne Primary - Abbey Depot	630
Thames Road - City Farm Primary	630
Barking Riverside Free School Primary Provision	630
New Primary Free School - Dagenham	420
New Primary School - Barking Retail	630
New Primary School Gascoigne Estate Renewal	630
TOTAL number of places	6510

SALT need is considered to be 10% of the population so the estimate is for 650 more cases just for the school team by 2020.

Although the SALT services do not give a dedicated service to all nurseries the increase in nursery places within the borough, due to increase in 2 year-old funded places, will undoubtedly increase the number of Early Years referrals made to the SALT team as nursery nurses identify more need.

CONCLUSIONS AND RECOMMENDATIONS

The 'B&D Census 2011 key Information tells us that Barking and Dagenham is amongst the four poorest London boroughs as far as:

- unemployment
- out-of-work benefits
- mortgage repossession orders
- and affordable housing in social renting are concerned.

Past studies have shown that the links between social disadvantage and speech, language and communication are very real.

Barking and Dagenham also rate amongst the worst four London boroughs for attainment at KS2 and 19 year-olds lacking level 3 qualifications. These facts in turn affect the employment prospects of those children and young people. The 2013 'All Party Parliamentary Group on Speech and Language Difficulties' states: "The development of a child's communication ability has an impact on their literacy, school performance and employment prospects as well as on their emotional wellbeing and behaviour."

Research¹ indicates that

- an economically deprived background
- low parental education
- poverty
- high levels of parental stress
- adolescent mother
- lack of stable residence or dangerous living conditions
- parent or primary caregiver with drug/alcohol dependence

are factors that impact on speech and language delay and, or difficulties.

In turn, the consequences of language difficulties will encourage:

- poor social competence
- social problems
- poor academic achievement²

¹ Horwitz et al, 2003 - Locke et al, 2001 - Toppelberg et al, 2000 - Maas, 2000 - Beitchman et al, 1996 - Rossetti, 2001

² Law et al, 1998 - Irwin et al, 2002

The 2011 census show that Barking & Dagenham has the highest number of children aged 0 to 19 in England and Wales. This is 31% of our population. There has also been almost a 50% growth in 0-4 year olds. This is the highest growth for this age group of any local authority in England and Wales and this growth is foreseen to continue³. This demonstrates the pressure and increase demands the local SALT team have had to face in the last 3 years, and will continue to have to deal with.

It therefore seems vital that SALT services are given to children as early on as possible to offer them the best chance to improve their lives. An 8-months waiting time for therapy is unacceptably long. Therapy given in a more timely and concentrated way would improve the life chances of a child.

Although there has been up to 111% increase in caseload, there has been no increase in establishment of therapy posts in the last 3 years. This has reduced therapy to the bare minimum of a few sessions, especially for Early Years. Most parents and carers are requesting more therapy sessions for their children and a shorter waiting time.

School age children (5-11, 11-16 and 16+) will continue to need therapy and as the population in the borough keeps increasing as it has and new schools are opening.

Healthwatch would therefore recommend that

the borough of Barking & Dagenham:

- continues to fund the Early Intervention service.
- continues to fund Teaching Assistants within schools.
- continues to fund two teaching posts for speech and language within The Education Inclusion Team.

that the Clinical Commissioning Group:

- increases its funding to the SALT team in line with increased referrals to the team. This should reflect the increase in the child population of the borough and the undoubted increase in the number of school sites between now and 2020. The complexity of need is a further pressure.

³ The predicted increase for 0-4 year olds is 17-20% and 5-7 year olds is 30% by 2020.

The findings (positive outcomes as well as issues) were presented at a Children and Maternity Group meeting on the 19th May 2015.

- **From LBBD**

‘You stated in the report that an issue with SALT delivery is that "it is becoming harder to book in children's centres and health centres to carry out therapy sessions due to borough cuts and children's centres closing down." A more accurate description of the current situation with children's centres would be: "As children's centre services are now being offered more from community venues rather than children's centre buildings, with a drive towards the community hub model, there is less availability in children's centres in some localities to run speech and language therapy sessions.”’

- **From the CCG**

‘I have read report and appreciate the hard work that has gone into it. As you know William Balakrishnan is leading a piece of work to review CCG commissioned SALT services as part of wider review of Allied Health Professionals and which is due to report back to the CMG later this year. From our perspective there is an interplay between getting the model of care right to deliver the input needed/developing workforce and that is very much the focus of the work Will is leading.’