SPECIAL EDUCATION NEEDS POLICY REVIEW (PART II):

THE STATEMENTING PROCESS

CONSULTATION QUESTIONNAIRE

RESPONSE FROM THE ROYAL COLLEGE OF SPEECH AND LANGUAGE THERAPY IN WALES.

1. **Introduction**

    1. The Royal College of Speech and Language Therapy (RCSLT) is pleased to provide a response to this Welsh Assembly Government consultation being led by the Education and Lifelong Learning Committee.
    2.

        The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists and support workers in the UK. The College provides leadership in order that issues concerning the profession are reflected in public policy and people with communication, eating, drinking or swallowing difficulties receive optimum care. The RCSLT leads an inclusive profession whose members deliver quality services to meet diverse needs

    3. RSCLT represents around 12,000 Speech and Language Therapists, Technical Instructors, Assistant Speech and Language Therapists and students in the UK.
    4. Approximately 400 qualified Speech and Language Therapists practice in Wales.
    5. RCSLT members work primarily in the NHS but also in the independent sector,

Education, Research and the Voluntary sector. About 70% of the profession work primarily with children with speech and language and communication difficulties, 30% with adults.

6. RCSLT is a professional body for its 12,000 members in the UK. 92% of all HPC registered Speech and Language Therapists are members of the Royal College of Speech and Language Therapists.
7. Registered Speech and Language Therapists, their technicians and assistants provide treatment and support for their patients, clients and carers in a variety of different clinical environments in the course of NHS treatment. In children's services these include intensive care, special care baby units, acute hospital wards, multidisciplinary children's centres. Speech and Language Therapists also work within Special Schools and specific units for children with speech and language impairment or autism, within mainstream schools, within health centres working closely with GP practices and their Health Visitors and in people's own homes.
8. Speech and Language Therapists play a strong role in universal service initiatives such as Sure Start aiming to improve speech and language skills in the general population particularly in areas of socio-economic deprivation where children can be particularly vulnerable. Improving speech and language skills of children empowers them to access education and improve their behaviour. Some Speech and Language Therapists work with young offenders; 70% of young men in prison have been identified as having speech and language difficulties (Bryan 2004).
9. Speech and Language Therapy is the Healthcare profession concerned with human communication; speech, language and also eating, feeding and swallowing difficulties. It uses physical, psychological, linguistic and educational approaches to promote, maintain and restore functional communication to maximum potential and/or safe feeding working in close collaboration with multi-agency partners and carers. It is science based with the Royal College of Speech and Language Therapists publishing systematically reviewed clinical guidelines (www. rcslt.org) and professional standards of practice (Communication Quality 2). The profession is committed to continuing professional development, extending, applying, evaluating and reviewing evidence that underpins and informs its practice and delivery. The exercise of clinical judgement and informed interpretation is at its core.
10. Evidence shows that children with speech, language and communication needs have difficulties reading and writing. Early intervention is crucial to reducing their level of disadvantage when they enter school. It is important to remember that children do not 'grow out of' having speech and language difficulties, though the nature and extent of the problem may change and it may become less visible. Given that the education curriculum is heavily language based, these children may never catch up, leading to lower educational attainment and restricted employment opportunities. Evidence shows that without effective support these children are at risk of behavioural problems, social exclusion, crime and youth offending

2. General Comments

2.1 The Royal College of Speech Therapists welcomes the review of the statutory assessment framework for Special Education Needs more commonly known as the Statementing Process.

2.2 The Royal College of Speech and Language Therapists is concerned that the Welsh Assembly Government's recognition of a shortage in Speech and Language Therapists and a general lack of resources identified in June 2003 (Working Together: Speech and Language Services for Children and Young People WAG) should not be solved by removing a driver for providing resources for services by removing legislative powers. However the Royal College of Speech and Language Therapists is very aware that where there are limited resources current legislation delivers an inequitable service and believes there is a need for change.

3. The RCSLT Country Policy Officer for Wales facilitated a focus group of Speech and Language Therapy Service Managers and clinical experts, and HEI representation in Wales to inform this consultation response. Held on 6th September 2004 representatives from all Trusts who provide children's SLT services contributed. This response contains the qualitative evidence of the themes emerging across Wales. The themes are presented under appropriate consultation questions to assist in the collation of the consultation responses that will be done by Government. RCSLT are now collating further quantitative evidence which we will present verbally to the ELL committee in November 2005
4. RCSLT recognises that it is difficult to identify 'Good Practice' without a clear set of criteria with which to benchmark. RCSLT is working on guidelines for evaluating good practice with DoH currently. RCSLT hopes the current WAG Joint Pilot Projects for Speech, Language and Communication Services recognise this is a piece of work to be taken forward, which could be undertaken jointly if required. Further, the Joint Pilot Projects (JPP) should be project managed to include a robust system of external evaluation of good practice, specifically in this case for the statementing process, so that the external reference group can make recommendations.

3. Answers to the questions set within the Consultation

Question 1

What are the advantages and disadvantages of the current assessment process?

The RCSLT supports the recommendations provided in 2000 by research jointly commissioned by the DFES (Department for Education and Skills), the National Assembly for Wales and the Department of Health to improve service delivery and enhance collaborative working across agencies to meet the needs of children and young people with speech, language and communication disorders. (Law 2000).

RCSLT refers the Education and Lifelong Learning Committee to the numerous statements about the Statementing Process made in ‘Working Together: Speech and Language Therapy Services for Children and Young People’ consultation document June 2003 (Welsh Assembly Government)

The current advantages of the Statementing Process are

- Multi-agency involvement is assured.
- Time boundaries ensure multi-agency monitoring of the child’s needs.
- There is legislative support for families.
- It helps ring-fence resources.
- There is a skilling up of all multi-agency partners.
- Formal evidence, using standardised assessments ensures that evidence based practice is supported using evidenced based assessment tools.
- Parents are given an initiative to access resources for their child’s needs
- From a Health provider perspective a Therapist can say what a child needs without recourse to available resources (a disadvantage for the LEA with ultimate responsibility).
- The over-arching view has brought to a head the core issue of demand versus capacity.

Disadvantages of the current assessment process include:

- A legislative framework which leads to tension across agencies
- Is often confusing for parents seeking appropriate levels of support for their children.
- Tensions can be heightened with increasing use by parents and carers of the Special Education Needs and Disability Tribunal to settle disputes as well as increasing litigation.
- All agencies recognise "There are insufficient resources generally"
- Administration costs and time; Bridgend LEA estimate it costs £12,000 to take a child through the Statementing Process.
- Reviews of the child’s needs do not involve people who initially contributed to the Statement Assessment
- A Multi-agency process that relies on the LEA to move it forward
- Evidence from poor socio- economic areas suggest that these children do not access a Statement as readily as those from more advantaged areas. There is evidence they access statutory services less easily.
- LEA’s have to bow to parental pressure for Statement Assessment. This gives it an inequitable advantage to parents who are able to use systems.
- Assessment evidence can be manipulated to take account of resources rather than the need of the child.
- LEA have ultimate responsibility for delivering services. They do not necessarily commission.
- The Educational Psychologist opinion can outweigh those of other professions giving evidence at assessment. The Educational Psychologist is often the gatekeeper of resources. Children are targeted who are causing a behavioural problem in school. A child with Speech Language Impairment who is the least problem in class, because they are quiet, potentially can get ignored in this system.

- This current statementing process is at odds with the NHS modernisation agenda around skill mix, and the Wanless agenda around multiagency partnerships. Pressure by parents to state a qualified speech and language therapist must see their child occurs. Attempts to review skill mix both within the profession and with multiagency partners such as Learning Support Assistants and Specialist Teachers can be viewed with suspicion by parents. RCSLT draws attention to the work currently commissioned by WAG from HPW, aiming to use National Occupational Standards to develop competency frameworks for Assistant Practitioners in Speech and Language Therapy, which has the potential to be rolled out to other agency staff.
- The Statementing Process fuels inequity. In Health Care Trusts that are co-terminus with several LEA's inequity is common. Equity of provision of Speech and Language Therapy Service is impossible because each LEA's interprets and implements the statementing legislation differently. The postcode lottery exists where a Trust has access to a special education unit or Service Level Agreement in one LEA area, but not for a child living in the catchment of a different LEA.

Question 2

Should Statements of Special Educational Needs be scrapped – why or why not?

RCSLT supports the need for change in the current system. However it warns against creating a plethora of beaurocratic structures. Clearly, if the statementing process is removed, it is essential that different systems ensuring robust accountability and responsibility for those commissioning and providing services are established. These accountabilities also need to be performance-managed through mainstream systems, jointly with education and health. The RCSLT warns against leaving no clear responsibility for providing services and thus removing a driver for improving services through creative partnership working. The Royal College of Speech and Language Therapists advocates careful evaluation of evidence from current Joint Pilot Projects into Speech Language and Communication Services commissioned jointly by the Minister for Health and Social Care and the Minister of Education and Life Long Learning.

Scrapping Statementing would stop the current focus of the desire for parents and teachers to access a 'Speech and Language Therapist' distracting from real clinical needs. A truly joint commissioned service could be equitable because it would be clear who would be responsible for what.

Without the establishment of a new robust system, there are, therefore, risks to scrapping the current system. Currently some Welsh LEA's do commission some services for Speech and Language Therapy. If they were not pressured by Statementing legislation this may stop. Currently an LEA commissioned Service Level Agreement protects that service. The threat of litigation ring-fences funding for services albeit causing inequity. A big cultural change is required to safely scrap SEN statementing. A culture change of trust is required. Multi-agency partners need to develop joint working arrangements that facilitate trust in each other (Zac Arif 2005).

Parents need to trust an effective service will be there for their children. However, Services need to be commissioned using Health Economic criteria of best value for the majority, not ‘shroud-waving’ of the minority.

All appropriate agencies must have a say in the child’s needs. Monitoring of a child’s progress may weaken without statementing review process. So to safely scrap the current system early and robust identification process and monitoring processes must be in place.

Speech and Language Therapy (and Physiotherapy, Occupational Therapy and Dietetics) are the only NHS treatments in which access to the service for children is affected by legislative framework. This is inequitable in the context of, for example, access to cardiac or orthopaedic surgery for children.

In addition, no other health needs a child might have, would fall into such a very statutory framework resulting in a legislative framework that only requires fulfilment of a portion of a child’s health needs, and very often, only a small portion of the overall health needs. Evidence from some of the early Joint Pilot Projects are showing that partners indeed can agree that some children with just pure health speech and language difficulties (eg Cleft palate) also have strong prioritisation criteria, even in the absence of a statement of need.

Meeting local speech, language and communication needs, has to be one of the priorities for CEOs of provider services and on which they are performance-managed. RCSLT is currently working with the DH (England) to identify the best process for achieving this goal and for ensuring that the right levers are in place to provide adequate funding into the system to support effective service commissioning and provision. This will be for both adult and children’s services. (To ensure that we do not ‘rob Peter to pay Paul’.)

These levers, along with a framework to support coherent care pathways, need to be established. This framework could include:

- Assessing needs at a local population level
- Demand/capacity analysis
- Skills analysis
- Information required to inform the commissioning of services
- Identification of models of service delivery and evidence to support decision-making eg what models are more effective for different client groups.

  For example:
  - for health promotion/prevention the role of an SLT is to develop education/training packages for early years staff/support workers and for parents.
  - for children with severe and complex needs the model and care package will depend on the child’s needs and may vary from 1:1 intensive SLT input, group therapy to modelling therapy for others and providing education/training to staff in school settings and to parents.

The RCSLT recommends the Education and Lifelong Learning Committee requests that the external reference group for the Joint Pilot Projects in Speech Language and Communication Disorders (JPP) (jointly commissioned by the Minister for Health and Social Care and the Minister for Education and Life Long Learning) share learning for this framework development.

Currently only 2 out of 12 Trusts in Wales use Care Aims and Outcomes in Statement Assessment. RCSLT suggests this could be introduced as a performance measure for the JPP external reference group to use.

The RCSLT position paper 'Supporting Children with Speech, Language and Communication Needs within Integrated Children's Services' will also inform this work at a local level (in press).

Question 3

If the statementing process were abolished what should be put in its place?

In order to provide services that are trusted by all agencies and parents early identification of need is really important. Health and Well Being Services, Pre-school services, universal services are required. It is variable across Wales whether identification is left to chance. Where it works well there are good processes of early identification. We need a team of people who can identify a need early, be able to do something that is supportive and timely. The Statementing process is too little too late.

Admin and bureaucracy type costs supporting the current Statementing process should be invested into resources of staff particularly Multi-agency teams of Speech and Language Therapists, Specialist Teachers, support workers and Speech and Language Therapy Assistants and Assistant Practitioners.

Adequate funding in core services has been eroded with short term funding streams. If core services for early years were adequate, the need for a legislative framework to obtain resources at later age would not be required. RCSLT suggest a Health Economic Evaluation should be done to look at, for example, the effect of an LHB removing funding for services such as tattoo removal and giving it to core Speech and Language Therapy Services for early identification and intervention. Investment in core services would help change and break the cycle of Statementing by building trustworthy services for early identification. Investment in a team of the correct skill mix including clerical support, support workers, accommodation and IT service is required. It is suggested that evidence from the Joint Pilot Projects is used to inform this.

It is recommended that serious consideration be given to one Joint Pilot Project being a robust Cost Benefit Analysis, supported by an expert Health Economist. RCSLT is aware that Government expects Children's and Young Peoples Partnership Frameworks to prioritise and commission services locally. Cost Benefit Analysis would provide them with data to do that in an informed way. The recent consultation document 'Stronger Partnerships' recommended that children with the most need had the

highest priority. This contradicts the Wanless agenda which points out resources are scarce and finite. A Cost Benefit Analysis provides concrete evidence to make rationale and logical decisions about resource allocation, removing emotiveness. For example, children with mild speech problems do not have the highest need. However, clinical evidence shows they can be effectively treated, helping them to also develop reading skills. A CBA would quantify the benefit of this spend compared to another type of treatment.

The RCSLT respectfully points out that it takes a huge amount of resources and time in skilling up other agencies to provide Speech and Language Therapy programmes. This is taken for granted in all aspects of the statementing process, Speech and Language Therapists are expected to remove time from core services to train teachers and support workers without any clear funding. Multi-agency training to do this is required.

This multiagency liaison must be supported by a change in the Education system culture. Schools must release staff and provide flexibility in working hours to liaise with the Multi-agency partners when required.

Speech and Language Therapists need to comment on teacher training curriculum.

Where time has been invested in training education support workers in communication skills this resource is not always used in a logical way. Evidence of support workers trained in communication skills being used to support a child who is physically disabled has been presented to RCSLT. The appropriateness of intervention and the appropriacy of support workers is unclear because their competencies are not clearly identified. This should be addressed by widening the Skills for Health competency developments into skills for all generic support workers from Education or Social Services backgrounds.

Question 4

Is information on the statutory assessment process easily accessible and understandable? - if possible please give examples of good practice.

RCSLT has no comment (see 2.4)

Question 5

Is support for parents/carers of children and young people currently undergoing statutory assessment readily available? – If possible please give examples of good practice

In one Trust the local solicitor advertises his support for parents of children currently undergoing statementing. This encourages a litigious atmosphere.

Question 6

Is support for children and young people with a statement of special educational needs appropriate and timely? If possible please give examples.

The Royal College of Speech and Language Therapists interprets support as intervention and therapy in this question.

From the RCSLT facilitated focus group (2.3) key themes emerged:

- Inequalities in access to speech and language therapy assessment and treatment, reflected by differences in waiting times
- Differences in local multiagency policies which impact on care pathways and the statementing process

Quantitative evidence is available in the Diagnostics and Therapies waiting times data collated by WAG from speech and language therapy services across Wales, due to be published in the public domain in February 2006. These show there is a wait for Speech and Language therapy provision beyond 72 weeks for some children. This varies across Wales according to local waiting lists and local policies. Some Trusts prioritise a request for an assessment of educational needs, other Trusts do not and the child can wait for two years for an assessment. There is then a wait for the provision for that child to go into a Special Education Unit or a school placement according to LEA policy and provision. Goals are often changed so that it will not be stated that a child needs a place in the Unit but that the child needs a place in a school.

RCSLT recommends an analysis of the published WAG Diagnostic and Therapies Waiting times to establish how many children are waiting. RCSLT supports the use of Waiting Times as a driver to improve services as suggested in Designed for Life (WAG 2005).

RCSLT attaches the results of a similar piece of work in London region, which showed that the best service for a pre school child was a wait of 6 months from referral to intervention; a child referred at 2 years 9 months received help at 3 years 3 months. The worst waits were a child referred at 2 years 9 months receiving help at 4 years old. It is clear these waits are unacceptable, missing the crucial language development years of a child. (Maria Luscombe 2002)

Evidence from areas using a triage system suggests that referrals to a service reduce with triage, because referrers to a service become more appropriate and selective. They do not have to get a child onto the waiting list ‘just in case.’ RCSLT recommends an access and prioritisation expert be commissioned to work with All Wales Speech and Language Therapy Service Managers and commissioners to establish equitable access across Wales.

Statementing assessment process can skew timeliness of intervention; it demands a longer time scale for intervention than may be necessary. It may delay discharge. Parents, who have fought hard for a statement, will be reluctant to give up intervention, which may no longer be clinically necessary.

There can be a tension as to what appropriate intervention means between professionals, parents, carers and teachers. Clinical evidence suggests that intervention is more effective at an early age. Statementing can be a process for school placement and so delays timely intervention. Experience across Wales varies as to whether a child is already known to Speech and Language Therapy Department when a request for a statementing assessment is received. Most Trusts already usually know the child within their statutory services; only the 3 largest Trusts regularly experience a request for a child to be assessed who they do not already know. This may be a reflection of the sudden influx of populations such as Asylum Seekers.

In terms of skill mix, treatment programmes for children may be delivered by Speech and language therapists, by support workers or by specialist teachers. Evidence of the effectiveness of these options is not currently available.

Question 7

Is support for children and young people with special educational needs, but without a statement, appropriate and timely? (for example 'school action' and 'school action plus')

For a child on school action and school action plus at the point of delivery the service is only as good as the school. Any system that provides support that is school based is not available for 1/3 of the time during school holidays. A system where a child's needs could be met at any time would be better. Learning support assistants are only employed term time in the majority of LEAs in Wales. Support workers that are employed the whole year are required to meet clinical need. Further there should be recognition by schools that education support workers are assigned to an individual child, not the classroom. Currently if a child is sick and or absent from school, their support worker remains in school and does not follow the child.

RCSLT members have the experience that false time scales are created by school term times; September shows a peak in referrals for Speech and Language Therapy assessments caused by the new school year. Reviews of need coincide with decisions for education placements not change in child needs.

Early Years support requires parental education and involvement. Although the code of practice encourages involving parents, school based services find that parents do not come to appointments in school as often as clinic based appointments.

Question 8

With regards to statutory assessment, can you give examples of good practice in joint working between local education and health authorities?

There is variation across Wales in the way Joint working occurs between local education and health authorities. Some local authorities are trying to reduce the number of children with a Statement of Education Need. This ‘good practice’ can be interpreted as a way to reduce wasted costs in terms of Tribunal and the beaurocracy surrounding this process. It may not be good practice in terms of identifying needs. RCSLT recommends an overhaul of the whole approach to ensure that both happen.

Question 9

Is information and support for parents/carers of children and young people currently undergoing statutory assessment readily available through the medium of Welsh? If possible, give examples of good practice

The Royal College of Speech Therapists advises the Educational Lifelong Learning Committee to consult the National Officer for Welsh Medium Speech and Language Therapy currently employed through the NHS Welsh Language Unit for further information. A website is currently in development to provide resources and information through the medium of Welsh. RCSLT would like to respectfully point out that there are Welsh and Welsh/English bilingual issues to consider, as well as bilingual issues of 22 other languages spoken in Wales.

The assessment is what intervention is based on and therefore should be carried out in bilingual children in both languages. Ideally the same therapist should carry this out so the there are no inconsistencies in administration. Bilingual co- workers cannot address this issue. Best practice should enable the child to have therapy tailored to his/her needs that should include language needs.

Question 10

What improvements to the statutory assessment process would you like to see implemented as soon as possible

RCSLT recommends that a whole system approach to change is used.

A framework to ensure the right levers for adequate funding into the system to support effective and efficient service commissioning and provision needs developing.

RCSLT recommends that any ‘improvements’ implemented take account of the dilemma between resource allocation in a scarce environment and the clinical need of the individual child. RCSLT recommends a robust Cost Benefit Analysis be commissioned with an expert Health Economist to inform these choices. These should be combined with cost effectiveness analysis. This could ease a statementing assessment process that is fraught by the limitation of resources to provide all demanded intervention without recourse to cost effectiveness.

RCSLT recommend the external reference group for the Joint Pilot Projects draws up a stepped action plan facilitated by the Joint Pilot Project Coordinator so that evidence from all agencies can inform future processes. The complexity of the problem demands careful planning. WAG are currently investing in many cross cutting themes which could all lead to improvement if brought together under one action plan:

- Investment in increased training of Speech and Language Therapists
- Changes in initial teacher training
- HPW development of Assistant Practitioners
- Joint Pilot Projects
- Care pathway development
- Clinical Guidelines
- Children and Young Peoples Partnership Frameworks as joint commissioners
- Diagnostics and Therapies waiting times as drivers
- Welsh Language resource website

The old ‘Speech and Language Therapy Action Group’ (SALTAG) now in the guise of the JPP external reference group, could, with the addition of a few key experts be a ready made vehicle to do this piece of work. This group drew up many of the key recommendations in the ‘Working Together’ document (WAG 2003) but never reconvened specifically to draw up an action plan from the consultation. There is a danger that many of the excellent efforts and investment by WAG now fall into silos without an overarching plan.

The External evaluation of the joint pilot projects should be progressed and charged with including evaluation of evidence to inform statementing assessment.

Data from Diagnostics and Therapies waiting times should be combined with robust data from LEAs on current statementing, so that the effects of changes can measured. Currently LEAs are not happy with the quality of data around statementing and improvement in data quality should be facilitated.

To safely change the current system a robust early identification and monitoring system must be in place.

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In association with

All Wales Speech and Language Therapy Managers Committee

RCSLT Children's services clinical experts

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