Evaluation of Speech and Language Service Pilots in Wales

CRG Research Ltd.

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CRG Research Ltd Evaluation of Speech and Language Service Pilot Projects – Response to Recommendations

Audience:	Speech and Language Therapists, Interested parties and all bodies concerned with education and training in Wales.
Overview:	This document presents the Welsh Assembly Government response to the recommendations noted in CRG Research Ltd report on the Evaluation of Speech and Language Service Pilots
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Additional Copies	This report is available online at http://new.wales.gov.uk
Related documents	'Working together' Speech and Language Services for Children and Young People
	Summary of consultation responses

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Executive Summary

i. In response to the recommendations made in the Working Together consultation document in 2005 the Welsh Assembly Government invited bids from consortiums of Local Authorities, Local Health Boards (LHBs) and NHS Trusts to establish pilot projects across Wales that would explore approaches to the implementation of joint commissioning services for children and young people with speech, language and communication difficulties.

ii. The speech, language and communication pilots commenced in April 2005, with four Phase 1 pilots. In 2006 and additional seven pilots joined Phase 2 of the pilot programme. A final pilot joined the programme in 2007 in Phase 3.

iii. In October 2007, CRG Research Ltd. were commissioned by the Welsh Assembly Government to conduct an evaluation of the speech, language and communication pilots.

Key Findings

iv. The overarching targets set for the pilots by the Welsh Assembly Government challenged the partners within each pilot to reassess both their strategic vision and operational practices for their speech and language services. In order to effectively respond to this dual level challenge the pilots opted to set up Strategic Boards/Groups and Operational Groups to oversee the pilot.

v. In the majority of cases LEAs and health Trusts are not coterminous, which meant that most pilot projects consisted of combinations of multiple LEAs Trusts and/or LHBs. As a result, a great degree of variation was found between the pilot projects regarding the number and complexity of their Strategic Boards and Operational Groups. At its simplest level, Powys consists of one LEA, and a combined Trust and LHB. While at its most complex, Gwent consists of five LEAs, five LHBS, and one Trust.

vi. How well co-ordinated or managed the pilots were, was affected considerably by the degree to which effective joint working existed prior

to the pilot commencement and crucially, the number of stakeholders involved.

vii. At the heart of the challenge faced by the pilot projects is the fact that although speech, language and communication difficulties is an issue common to both health and education, the targets and priorities which heath and education operate to are very different. Each sector therefore approaches the same issue with very different perspectives and legal obligations.

viii. The phased introduction of the Speech and Language Services Pilots by the Welsh Assembly Government inevitably meant that the amount of time available to each pilot to consult, design and implement their pilot programme varied across the pilots. Those pilots that participated from Phase 1 were able to operate for three years, while Phase 2 entrants had two years and the sole Phase 3 pilot had one year.

ix. The different entry points into the pilot programme, and the variation in approaches/objectives employed by the pilots means that it is not possible to generalise the impacts of the pilots across all pilots. In addition, the timing of the evaluation was also felt by many of the pilots to be inopportune as it did not allow for impacts of some pilot objectives (e.g. staff training) to 'work through the system' and be fully effective. However, where impacts were noted they can be grouped under four themes:

- Improved communication
- Capacity building
- Improved service delivery
- Improved client outcomes

x. Improved communication between the education and health sectors was a common theme across the pilots, and could be seen at strategic, operational and client levels. The creation of Strategic Boards comprising representatives from health and education facilitated discussion between the two sectors and helped focus staff at senior levels on the need to work towards a unified speech and language service which is more client focused and avoids unnecessary duplication. At an operational level, improved communication between Health and Education staff has facilitated a better understanding of each sector's respective strengths, operational practices, and

operational limits. Greater communication between SLTs, teachers, LSAs etc., has also helped to address some of the tensions between health and education.

xi. Capacity building was achieved through a mixture of recruiting additional staff, training, and purchase of new teaching/therapy resources.

xii. Recruitment of additional staff (e.g. Learning Support Assistants and Speech and Language Assistants) has been used to address identified staff shortages and build capacity. However, the short-term nature of the pilot funding does raise questions of sustainability over this approach.

xiii. Training was the most common option employed by the pilots. Jointly delivered training facilitated improvements in communication between Health and Education, fostered a more collaborative environment, and reassured SLTs that they could pass treatment programmes onto education staff that understood and were capable of delivering the treatment programme.

xiv. Training was not restricted to education staff alone, with ELKLAN training offered to parents as well in Conwy and Denbighshire. This approach has enabled parents to improve their understanding of the challenges faced by their child, express their concerns more eloquently to professionals and participate themselves more fully in helping their child tackle their speech, language and communication difficulties.

xv. Improved service delivery has been achieved through the review of needs and service provision, identifying gaps, identifying areas of duplication, and opportunities for collaboration. By ensuring that staff are trained to assess effectively the level of need of a young person presenting speech, language and communication difficulties the number of inappropriate referrals was seen to be reduced.

xvi. Improved client outcomes such as reductions in waiting times have been noted in most pilot areas. Improvements in the level of understanding and skills of staff such as learning support assistants due to training offered as part of the pilot, has meant that treatment programmes are delivered more effectively and that more intervention options are available to children and young people with speech,

language and communication difficulties. Offering appropriate training to parents ensures that the parents themselves can now contribute directly to their child's intervention.

Conclusions

xvii. The aims and objectives the Welsh Assembly Government originally set out for the pilots based upon *Working Together* were laudable, but extremely challenging in light of the complex local arrangements found in the pilots. As such, through a process of elimination in some cases, the final aims and objectives set by the pilots have been modified from those originally proposed.

xviii. The complexity of arrangements in some of the pilot areas due to numbers of partners involved and the lack of coterminous boundaries has been a significant challenge to integrated working. However, this factor is one that will not change without considerable re-organisation of local authority, NHS Trust, and LHB boundaries. A more consistent approach to such boundaries, bearing in mind the continued impetus for a single co-ordinated service to children, is highly desirable but in reality, unlikely in the near future.

xix. The tight timescales that the pilots were required to work to has also meant that it is not possible at this stage to objectively assess the full impact of the work done so far. However, this does not mean that the work of the pilots have not produced clear outcomes at this stage. The majority of stakeholders interviewed were very positive about their participation within the pilots, noting that even if nothing else was achieved by the pilot, at the very least it has started a process of open communication between Health and Education with a focus on how both can better work together to deliver an improved service to their end users. For many stakeholders, the final year of the pilots was not therefore viewed as the end of a project, but the beginning of new working practices, with the work done during the pilot acting as the foundation.

xx. The pilots appeared to make a real difference to services where there were existing good links between Education and Health. In these pilots, all respondents reported that the pilot money had enabled them to be more strategic about their practice, to plan better for the future and to establish new opportunities for communication.

xxi. Where strategic links were less robust and there was a lack of clear management and accountability structures, efforts to promote effective joint working has struggled. This was typified by one pilot where communication between Health and Education had effectively broken down, and as a result the role or potential contribution of SLTs in training and supporting classroom assistants and teachers was undervalued, and at it's worse viewed with hostility.

xxii. Where communication between Health and Education was good, joint working was universally regarded as a crucial feature in the improvement of outcomes for the children and young people receiving services.

xxiii. Successful integration of services mitigates against the idea that speech, language and communication is something that can be isolated from the rest of a child's – or indeed a school's – educational achievements. The benefits to SLTs of supporting and enabling anyone with an investment in the education of children (teachers, assistants, parents), to further their understanding of the communication process is significant. The work of SLTs had much greater impact where it was endorsed and reinforced by others. In the same way, teachers and assistants as well as parents who undergo training in this area invariably report increased confidence and the ability to understand with more clarity the processes and experiences of the children and young people with whom they live or work. The net effect of this increased level of understanding – stemming from integration at a strategic and operational level – is undoubtedly making a difference to individual children across Wales already.

xxiv. A key feature of constructive integrated work has been training. Because of the nature of the training, Education and Health invariably work together when it is undertaken. Finding ways to enable courses to take place can involve backfill issues, time management concerns, supply requirements etc on both sides, so requires a measure of 'give and take' – education specialists report massive benefits in their understanding of the issues and how this has a positive effect on their practice, and SLTs report that training up school-based education staff means that they can have confidence that their work with the children concerned is endorsed and continued in the SLT's absence. The face-to-face contact between SLTs and education staff means that

communication outside of the confines of the course is enhanced, to the benefit of all.

xxv. Feedback from parents, classroom/learning support assistants and teachers about their experiences of training, in particular ELKLAN training, has been extremely positive and such training undoubtedly can have a significant positive impact on understanding and practice.

xxvi. Improvements in the understanding and practice of staff within the education sector from training was found to contribute significantly to reductions in inappropriate referrals, which in turn has had a positive impact on waiting times.

xxvii. An additional benefit of a more skilled workforce has been that caseload pressures on SLTs can be reduced as SLTs are able to better utilise teachers, LSAs etc. This has meant that referral processes have become more efficient, with less severe cases of speech, language and communication difficulties now being dealt with staff other than the SLT (whilst still under the supervision of a SLT). SLTs are then able to focus their attention on those young people presenting more severe cases of speech, language and communication difficulties.

xxviii. The pilots have produced a number of clear positive impacts, and it is important that the highlighted excellent work under way in 'beacon' pilot areas is endorsed and continued, and that areas which have struggled to establish effective integrated work are supported in working through the barriers they face.

Recommendations

xxix. Our recommendations based upon the findings of the evaluation are presented below:

- The good practice shown e.g. communication forums, training (with a particular emphasis on ELKLAN) and the ability to combine a more strategic approach to joint working with operational outcomes, should be shared widely among the different pilot areas in order for the innovation shown in some areas to be adopted elsewhere.

- The Assembly should consider extending the contract of the Speech and Language Co-ordinator to ensure that the good practice produced in the pilots is disseminated effectively and built upon.

- Follow-up by the Assembly is required once the pilot programme has ended to ensure that pilot areas continue to build on the foundations laid by the pilots.

- Due to logistical concerns over the practicalities of running training such as ELKLAN the Assembly should actively support the ongoing training of teachers, assistants and parents. The Assembly should therefore consider:
  - Making additional funds available to facilitate training
  - Whether it is appropriate to mandate that such training be incorporated into joint working strategies.

- The long term impact and social cost of speech, language and communication difficulties is not proportionally represented by its priority within Health. The Assembly should consider raising the priority of speech, language and communication difficulties within Health through the setting of appropriate SaFF targets.

1. Introduction

Context

1.1 The Welsh Assembly Government has set out its 10 year vision for health and social care in Wales in 'Designed for Life' (2005). This builds on the Wanless Review (2003) which underlined the need for a coordinated and sustained effort to improve levels of health and well-being in Wales supported by modernisation of health and social care services. The Therapy Strategy for Wales identifies a vision for the future of Therapy Services in Wales, the values that underpin their development and ten key and emerging roles the professions can fulfil. It presents an agenda that sets out at a high level the major contribution therapy staff can make to health and well being of the population and is applicable to all sectors and at the interface between sectors.

1.2 The introduction of the Therapy Strategy for Wales (2006) comes at a point where radical change is taking place across the health and social care sector. Services for children with speech and language needs in England and Wales are in a period of transformation and development. The context is subject to major systemic pressures deriving from government policies. Health and social care must work together to provide more effective and integrated services. These should aim to provide timely interventions that reduce crises and decrease the demand for avoidable long-term community support and expensive secondary and tertiary health provision. These include the development of inclusive education and encouragement of multi-professional collaboration in policy development and the practice of 'joined-up thinking'. The vision statement in "Making the Connections: Delivering Better Services for Wales" states:

> *"Excellent public services are essential to a prosperous, sustainable, bilingual, healthier and better-educated Wales. Joint working is vital to deliver public services of top quality: they must be responsive to the needs of individuals and communities, delivered efficiently and driven by a commitment to equality and social justice."*

1.3 The scale of transformation needed across health and social care demands change across the whole spectrum. Like others, the Therapy Services are changing. In many parts of Wales therapists have

developed additional and extended functions that cut across traditional boundaries. In order to provide service users with more convenient and efficient access to assessment, advice, and treatment, therapy staff have taken responsibility for aspects of care previously managed by other health and social care professionals.

1.4 At a local level structures have also changed with the establishment of 22 Local Health Boards (LHBs) and proposed merger of NHS Trusts. Professional practice is undergoing a shift from clinical to community settings for speech and language therapists working with children; including via programmes and initiatives that target social exclusion, e.g., Sure Start and Flying Start.

Incidences of Speech, Language and Communication Difficulties

1.5 The ability to speak and/or understand language is essential for communication; and good communication skills enable children and young people to have access to a range of experiences which are central to personal, social and educational development. Children with specific speech and language difficulties (SSLD) have a primary language problem. That is, the problem is not attributable to other factors, e.g., significant hearing loss, intellectual impairment. Prevalence studies suggest that the numbers of children concerned are substantial, about 5-7%. Six in 100 children will at some time experience a speech, language or communication difficulty; and at least 1 in 500 children experience severe, long-term difficulties. There are several areas of difficulty with:

- Speech apparatus
- Phonology
- Syntax and grammar
- Semantics
- Pragmatics
- Intonation and stress.

1.6 There are over a million children and young people in the UK with a speech and language and communication impairment. Evidence shows that children with speech, language and communication needs have difficulties in reading and writing. Early intervention is crucial to reducing their level of disadvantage when they enter school. Given that

the education curriculum is heavily language based, these children may never catch up, leading to lower educational attainment and restricted employment opportunities.

1.7 In later life, people with communication support needs (CSN) experience difficulty accessing and benefiting from services. Evidence shows that without effective detection and support these children are at risk of behavioural problems, social exclusion, crime and youth offending. For example, research indicates particularly high levels of communication impairment in young offenders and prison populations (Bryan, 2004). People with CSN also face difficulties in achieving their potential in education and employment (Parr et al, 2004). Furthermore, there are strong connections between speech, language and communication difficulties and other forms of disability. 78% of clients screened in a mental health unit had some form of speech and language problem (France, 1997).

1.8 In addition to recognised disabling conditions such as hearing impairment, autistic spectrum disorders and specific language difficulties there is a large group of children and young people whose attainments are adversely affected by impoverished language experience. There is an accepted relationship between poor language skills and difficulties in social relationships/behavioural difficulties, which impact significantly on young people's development. The Sure Start initiative suggests that in areas of deprivation across Wales there is a lack of equity of funding of speech and language therapy provision; and it is widely recognised that the development of language and communication are key skills which are depressed in children living in areas of high deprivation.

Speech and Language Therapy Provision

1.9 Speech and language therapy is the term used for the provision of specialist assessment, diagnosis and intervention for children and young people who are experiencing difficulties in the development of speech, language and communication skills.

1.10 The Speech and Language Therapy Service is available for all children and young people who have been identified as having speech, language and communication difficulties. The service provides an open access system, enabling parents, teachers, doctors or health visitors to

refer children for assessment at health centres and clinics. Speech and Language Therapists (SLTs), based at clinics, assess, diagnose and develop therapy programmes for children presenting with speech, language and communication difficulties. Therapists work in partnership with parents, carers and teachers to ensure the implementation of the specified programme of therapy.

1.11 The Pupil Support Service is responsible for the allocation of Statemented children. Depending on the level and type of therapy required, a child can be placed in either:

- A special school;
- Special unit in a mainstream school; or
- An ordinary class in a mainstream school.

1.12 The primary responsibility for the provision of speech and language therapy rests with the National Health Service. This applies generally and also to any specification in a 'Statement of Special Educational Needs'. The Local Health Boards are responsible for commissioning therapy services through contracts with providers of health care (NHS Trusts). The SLTs assess, diagnose and develop programmes for children; they work with parents, carers and other professionals in the delivery of these services, however, it is the Local Education Authorities (LEAs) that have the ultimate responsibility for ensuring that such services are made available for children whose Statements of Special Educational Needs (SEN) specify it as an educational requirement.

1.13 The aim of the Speech and Language Therapy Service is to assess, diagnose and provide intervention for individuals presenting feeding, speech, language and communication difficulties. Intervention is focused on achieving functional communication within the child's environment according to the severity and prognosis of the presenting disorder and within the overall ability level of the child.

1.14 Speech and language therapy aims to maximise a child's potential to communicate, including eating and drinking skills, which require the same postural background needed for speech and non-verbal methods of communication. In particular, speech and language therapists are trained in the following:

- Pragmatics – using and understanding language in social situations
- Expressive Skills – getting a message across, verbally or non-verbally
- Verbal Skills – understanding and using spoken language
- Comprehension or Receptive Skills – the understanding of words or non-verbal communication such as signs or gestures
- Non-verbal Skills – communication that does not use spoken language (for example, gestures and signs)
- Intonation – Changing the pitch of voice to convey meaning to spoken language
- Speech – how you pronounce words in speech.

1.15 Children attending primary speech and language resourced provision receive the most intensive intervention, often with daily input from a SLT, a teacher or assistant. Resourced units are scarce in Wales. Many children with severe speech, language and communication difficulties are placed in non-specialist units or mainstream classes where there is little or no school based SLT. This may be as a result of lack of available provision, parental choice, or LEA policies and practice in relation to the education of children and young people with speech, language and communication difficulties. This can result in a lack of equity of provision to children and young people with the same impairments across Wales.

1.16 Other speech and language therapy services provide assessment, diagnosis, support and intervention within a number of other children's services outside the education system, including:

- Neonatal Wards/ Children's Wards
- Cleft Lip and Palate
- Pre-school special needs
- Sure Start
- Flying Start
- Paediatric Trauma
- Health Care Clinics
- Social Services Nurseries
- Playgroups and Special Needs Assessment Playgroups
- Children's Centres
- Mental Health Services

- Specialist Regional Centres
- In-patient Services
- Joint Assessment Clinics

1.17 In addition, I CAN's national network of Early Years Centres provide an integrated provision to thousands of children throughout the UK to help overcome their communication difficulties. There is currently only one I CAN Early Years Centre in Wales, it is situated in Pembrokeshire, where it was launched in 2001. It comprises 3 nurseries situated north, mid and south of the county delivering services to children with moderate/severe SLCD.

SEN Policy: The 1996 Education Act and the SEN Code of Practice for Wales (2002)

1.18 The Special Educational Needs (SEN) Code of Practice for Wales (2002) provides guidance and procedures aimed to enable children and young people to reach their full potential. The Code advises a graduated response covering a four-part approach reflecting a child's needs and progress over the years. These are:

i) Early Years/ School Action – A concern is recognised and progress is monitored.
ii) Early Years/ School Action Plus – Specialists are invited to advise and support providers and schools.
iii) Statutory Assessment – A multi-agency statutory assessment of the child's identifiable special educational needs is made.
iv) Statement of Special Educational Needs – This legal document describes in detail the child's needs and the range of provision that should be made to meet those needs.

1.19 Under the 1996 Education Act and the SEN Code of Practice for Wales (2002) parents are entitled to request an assessment to determine if their child has special educational needs (SEN). This assessment is co-ordinated by the Local Education Authority (LEA). Some children will need an assessment and a statement of their special educational needs. The statement is divided into 6 parts:

- Part 1 gives basic information on the child and carers including names and addresses

- Part 2 identifies the child's difficulties and educational needs.
- Part 3 specifies the special educational provision that the LEA (or Local Education and Library Board in Northern Ireland) will give to meet those needs.
- Part 4 names the school or other provision.
- Part 5 details the child's non-educational needs.
- Part 6 describes the non-educational provision suggested by the LEA (or Local Education and Library Board in Northern Ireland).

1.20 The LEA (or Local Education and Library Board in Northern Ireland) must arrange the provision set out in part 3 of the statement. As an educational need, speech and language difficulties should appear in part 2 of the statement. The therapy required to meet these needs should then be specified in part 3, as special educational provision. If a LHB or NHS Trust determines that it cannot meet such a request from a LEA, the LEA remains ultimately responsible under the legislation for ensuring that the provision specified in the statement of SEN is made. If the NHS Trust cannot provide the services required, then the LEA must look to alternative arrangements for meeting their statutory responsibilities in respect of statements of SEN. Ultimate responsibility for ensuring that the provision is made rests with the LEA, unless the child's parents have made appropriate alternative arrangements.

1.21 The "prime and ultimate" anomaly under which health has the prime responsibility for the delivery of speech and language therapy for children with statements of SEN, while the local education authority (LEAs) have the ultimate responsibility for ensuring that the service is delivered, has caused tension between the two statutory agencies which represents a risk factor in terms of effective delivery of services.

1.22 Elsewhere in the UK there have been moves towards addressing this anomaly. In Scotland, the Education Act in Scotland has established a duty on all statutory agencies to work together to meet the needs of children and young people with SEN and to provide any support deemed necessary within a child's continuous support plan. Similarly the SEN Code of Practice for Wales (2002) states:

> *"Collaborative practice is essential for successful intervention with children and young people with speech and language difficulties."*

The Welsh Language Act 1993

1.23 The Welsh Language Act 1993 has a number of implications in the area of strategic planning and delivery of speech and language services across Wales. Since the Act enshrines equal status of Welsh and English in the delivery of public services, and since all parents or guardians may opt for Welsh and English in the delivery of public services, the demand for Welsh medium therapy and other associated services naturally follows. The Welsh Language Board estimates that one or both parents are Welsh speakers in 22.8% of families in Wales. There is a recognised shortage of Welsh language therapists which has the potential to impact on the equity of service provision to children from Welsh-speaking families. The Audit of Needs and Provision in the 'Working Together - Speech and Language Services for Children and Young People in Wales' outlined a shortfall of 10.5 whole time equivalent Welsh speaking therapists .

1.24 In the context of this agenda, in November 1997 the SLT team at University of Wales Institute Cardiff (UWIC) called together a number of SLTs from across Wales in order to consider the education and training of SLTs with reference to the Welsh language and bilingualism. A Steering Group was formed (which later became known as the Welsh Language SLT Committee) and has representation from virtually all of the NHS Trusts in Wales. It has representatives from Welsh Language Board, Mudiad Ysgolion Meithrin and meets on a regular basis to discuss needs and developments and share experiences and resources. Key issues raised have included:

- Support for Welsh speaking SLTs working in areas of Wales where they are few in number
- Availability and development of Welsh language therapy and assessment materials
- A communication network for SLTs working through the medium of Welsh
- The need to develop a National Welsh Language Resource Centre
- Specific information on the needs of clients with Welsh/English bilingual or monolingual therapy requirements
- The education and training of Welsh speaking SLTs.

1.25 A National Liaison Officer for Welsh Medium Speech and Language Therapy Services was appointed for one year to progress bilingualism; and the tender at Bangor University for training SLTs was viewed by the Royal College of Speech and Language Therapists and the All Wales Speech and Language Therapists Management Committee in January 2008 as a key and important component in increasing the number of Welsh speaking SLTs. However they noted that progress on the tender is hesitant and the RCSLT has offered to support the new course through necessary HPC accreditation. In addition, the RCSLT and AWSLTMC recommended that resources need to be placed into the development of assessment tools and materials in the medium of Welsh.

Speech and Language Therapy Services in Wales

1.26 In 2002 the Royal College of Speech and Language Therapists estimated that there was a shortage of around 3,000 SLTs in the UK. A survey (March 2002) showed that, of posts advertised, 45% had no applicants at all and only 41% of them were filled. The shortfall in therapists has to some extent been addressed, with colleges producing enough staff for bands 5 and 6, however, in many cases there are no funded posts within Trusts for them to go into. In addition, some areas or expertise within speech and language therapy still face shortfalls, for example, Autism and Severe Learning Difficulties.

1.27 A joint response in January 2008 to key questions for the Health, Wellbeing and Local Government Committee's Review of Workforce Planning from the Royal College of Speech and Language Therapists and the All Wales Speech and Language Therapy Manager's Committee stated that current workforce planning arrangements focus on the needs of NHS Trusts and concentrates on commissioning graduate training places. This tends to ignore the need to look at succession planning and career structure for the current workforce. Thus, workforce planning concentrates on commissioning graduate training places. The RCSLT and AWSLTCM recommended that this is expanded to include workforce across the spectrum of none graduate trained support staff, and post graduate specialists, consultants and extended scope grades and management; those in Agenda for Change Bands 6, 7, 8 and 9.

The Working Together Pilot Projects

1.28 Historically there has been a lack of speech and language therapy provision in some parts of Wales, with some children having to wait up to two years to see an expert. This means that some children are waiting for an appointment that is often scheduled too late to help them. This situation was been recognised by the Welsh Assembly Government, which in 2002 established the Speech and Language Therapy Action Group (SALTAG), in response to the escalating demand for speech and language therapy (SLT) services in Wales and the lack of a coherent approach by the statutory agencies to meet this demand. The group comprised representatives of all the key stakeholder groups from across Wales and established a number of sub-groups to tackle specific issues. The vision of SALTAG was to:

> *"Share responsibility for the provision of appropriate and effective services to meet the individual needs of children and young people with speech, language and communication difficulties."*

1.29 In July 2003, the group launched a consultation paper "Working Together" relating to services for children and young people (aged 0-19) with speech, language and communication difficulties. The consultation paper consisted of over 80 recommendations to which there were 180 responses. Respondents clearly supported the principles of close and collaborative working between health and education, recognising the fundamental relationship between language development and educational attainment. The group identified the following key issues:

- Conflicting policies and priorities across health and education that led to variations in the way speech and language and communication needs of children and young people are prioritised and met
- A lack of coordinated working arrangements between health and education as providers of services
- Inadequate systems to facilitate the development of a joint evidence base on current levels of needs and service provision available across agencies
- A lack of equity over the funding arrangements for the delivery of services to children and young people with speech, language and communication difficulties

- NHS Trusts as the primary providers of speech and language therapy services with the LEA having the ultimate responsibility for ensuring provision of such services for children whose statements of SEN specify that the provision is an educational requirement. This legislative framework has led to tension across agencies and has been heightened with the increasing use, by parents and carers, of the Special Educational Needs Tribunal for Wales (SENTW) to settle disputes, as well as increased litigation
- Escalating demand for SLT services from all stakeholders, which in turn, has led to unmanageable caseload sizes and poor professional morale, impacting upon recruitment and retention of SLTs
- Insufficient SLTs to meet demand and too few undertaking training, particularly Welsh/ English bilingual SLTs. Similarly, a shortage of specialist teachers and support staff, including bilingual staff, within education with specific qualifications in teaching and supporting children with speech, language and communication difficulties.

1.30 The consultation document entitled "*Working Together – Speech and Language Services for Children and Young People*", made 17 key recommendations around patterns of need and provision of service; Welsh medium and bilingual therapy; training; recruitment and retention of speech and language therapists and collaborative working. Many of the recommendations have been taken forward through the establishment of speech and language pilot projects. The pilots bring together, in an integrated way, teams of speech and language therapists, specialist teachers, SLT assistants and learning support assistants who work together to share their skills and knowledge. The projects work across health and education to develop joint commissioning arrangements and a pooled budget approach to the delivery of Speech and Language Services for children and young people in Wales.

The Evaluation

Aims and Objectives of the Evaluation

1.31 CRG Research were commissioned by the Welsh Assembly Government in October 2007 to conduct an evaluation the Speech and Language Services Pilots. The overall aim of the evaluation as specified in the Invitation to Tender (ITT) was to:

> *"Assess the effectiveness and impact of the speech and language therapy service pilot projects operating across health and education in Wales in order to inform guidance on good practice in meeting the needs of children and young people with speech, language and communication difficulties"*

1.32 While the objectives of the evaluation were to:

- Assess the extent to which the overall aims and objectives of the Speech Language and Communication pilot projects are being met.
- Review the overall management and implementation of the pilot projects
- Review the role played by the Speech and Language co-ordinator
- Assess the effectiveness of the pilot projects in improving working arrangements between health and education and local authorities in the provision of speech, language and communication services for children and young people
- Identify the key strengths of the pilots and any constraints/issues that may have impeded the pilot projects' effectiveness
- Assess the impact of the pilot projects on the speech, language and communication development on participating children and young people
- Review the extent of welsh medium service provision provided by pilot projects
- Assess the value for money of the pilot projects, in particular in terms of immediate impact on the speech, language and communication development of the children and young people being supported
- Determine whether the pilot projects have paid due regard to the relevant Acts of Parliament, Assembly Government strategies and Special Education Needs (SEN) Code of Practice for Wales (2002)

- Identify the contribution(s) the pilot projects have made to achieving the vision and targets of *Working Together* and the Special Education Needs (SEN) Code of Practice for Wales (2002)
- Provide recommendations as to how the Welsh Assembly Government and health, education and local authorities can best build upon the pilot projects, drawing on best practice/lessons learnt from the pilots, and where appropriate, other similar schemes.

Methodology

1.33 Data to inform the evaluation was collected via a comprehensive review of key documents (e.g. policy documents, pilot project bids, and pilot project progress reports), and a series of semi-structured interviews with key stakeholders from each of the pilot projects at strategic and operational levels.

1.34 At a strategic level, interviews were conducted with senior staff from each pilot's Strategic Group or Commissioning Group. These interviews explored strategic, process, organisation, and management issues that affected the implementation of the programme

1.35 At an operational level, staff responsible for implementation of the pilots were interviewed (e.g. members of Operational Groups, project co-ordinators, training providers, SENCOs , teachers, Learning Support Assistants and SLT assistants). These interviews explored process, organisation and management issues with a focus on the practicalities of implementing the objectives of the pilot projects at a local or operational level.

2. Findings

2.1 The findings of the evaluation are presented below and have been grouped under the following themes:

- Management of the pilot projects
- Aims and objectives
- Challenges and constraints
- Pooled budgets/joint commissioning
- Impacts of the pilots
- Value for money
- Role of the Speech and Language Co-ordinator / Information Sharing
- Good practice

Management of the Pilot Projects

2.2 The overarching targets set for the pilots by the Welsh Assembly Government challenged the partners within each pilot to reassess both their strategic vision and operational practices for their speech and language services. In order to effectively respond to this dual level challenge the pilots opted to set up Strategic Boards/Groups and Operational Groups to oversee the pilot. In addition, a number of pilots also opted to appoint a project -co-ordinator to project manage the pilot. Variation was found in how Project co-ordinators were appointed with some pilots seconding or using internal appointments to fill the role of project co-ordinator, while other pilots used external appointments.

2.3 Typically, the Strategic Boards/Groups consisted of Assistant Directors or Heads of Services and were tasked with agreeing the remit of the pilot including the aims and objectives and the strategy/policy required to achieve those aims and objectives.

2.4 Operational Groups were found to consist of staff senior staff at, or immediately below Heads of Service level, and were tasked with providing the Strategic Groups with feedback from a service delivery level, as well as implementing the strategy devised by the Strategic Group. Operational feedback was generally informed by needs

assessments, or based upon existing evidence collected prior to the commencement of the pilots.

2.5 In the majority of cases LEAs and health Trusts are not coterminous, which meant that most pilot projects consisted of combinations of multiple LEAs Trusts and/or LHBs. As a result, a great degree of variation was found between the pilot projects regarding the number and complexity of their Strategic Boards and Operational Groups. At its simplest level, Powys consists of one LEA, and a combined Trust and LHB. While at its most complex, Gwent consists of five LEAs, five LHBS, and one Trust.

2.6 How well co-ordinated or managed the pilots were, was affected considerably by the degree to which effective joint working existed prior to the pilot commencement and crucially, the number of stakeholders involved. Where effective joint working existed prior to the pilot, the pilots were able to build upon this and in some cases integrate previously agreed work plans into their pilot bid, effectively allowing the pilot partners to draw down additional funding (i.e. the pilot budget) to complete such work. Whereas the greater the number of stakeholders involved, the greater the likelihood of disruption to the pilot by staff turnover. The introduction of new staff often necessitated a period of reiteration of previously agreed decisions to allow the new group member to get up to speed, and where vacant positions were not filled, could lead to a lack of representation by stakeholder organisations at Strategic and Operational levels.

Aims and Objectives

2.7 The pilot application process put in place by the Welsh Assembly Government was not prescriptive and offered the submitting bodies a degree of flexibility as to the aims and objectives proposed under a broad umbrella of improving the delivery of speech and language services, while exploring means of implementing joint commissioning, pooled budget arrangements and the development of a single service.

2.8 The flexibility offered to pilot areas in conjunction with the phase of entry, differences in geography and make-up of stakeholder organisations resulted in significant variation between pilots as to their specified aims and objectives (see Appendix A for a summary of each pilot's objectives as specified in their bid). For example, two pilots

limited their proposed objectives in their initial bids to the assessment and introduction of training alone, while other pilots produced more expansive proposals covering service and needs assessments, recruitment of new staff, development of a joint single service and joint commissioning. It should be noted that some confusion as to the nature of the pilots was evident, with at least one submitting pilot area under the impression that they were bidding for a training pilot.

2.9 The impetus for the variation in aims and objectives put forward by the pilots was based upon locally identified priorities (e.g. the desire to reduce waiting times and subsequent threat of costly tribunals) and existing working arrangements. In those pilots that identified immediate reductions in waiting list times as a priority, the funds from the pilot were used to recruit additional staff such as LSAs. While pilot regions that already had good joint working arrangements in place, could opt to use the pilot funds to supplement those arrangements via purchasing additional resources or training. While in other pilot areas, a lack of satisfactory joint working arrangements meant that they were required to start from scratch, agreeing a common vision and a mutually acceptable remit for the pilot. Common objectives across all the pilots were:

- Creation of Strategic and Operational groups
- Agreement of a single service model/specification
- Provision of training

Challenges and constraints

2.10 A number of challenges or constraints were faced by the pilots and it is worth discussing these prior to looking at the impacts of the pilots to provide some context for the challenges faced by the pilot programme.

2.11 At the heart of the challenge faced by the pilot projects is the fact that although speech, language and communication difficulties is an issue common to both health and education, the targets and priorities which heath and education operate to are very different. Each sector therefore approaches the same issue with very different perspectives and legal obligations.

2.12 This difference is further exacerbated by the fact that within the health sector speech, language and communication difficulties is seen as a

low priority compared to other health issues. This is reflected in that Speech and Language Departments are themselves relatively small compared to other health departments, and the resources they can draw upon are limited.

2.13 The relatively low priority assigned to speech, language and communication difficulties by health also presented a challenge to LHB representatives on stakeholder groups (i.e. Strategic and Operational), as to how much time they could effectively assign to attendance and participation bearing in mind the limited staffing resources of LHBs. One LHB interviewee pointed out that due to the limited funding for the pilot (i.e. only two years) the pilot was not seen as a sustainable project, and therefore other priorities took over.

2.14 The evaluation was informed that a lack of understanding at the outset by each of the two sectors of the other's operational practices and limits, was seen by stakeholders as a key factor in impeding the progress of some pilots. For example, LEAs reported they were frustrated by the health sectors inability to provide data on available budgets and service provision for speech and language service delivery to young people, while LHBs expressed concern over the unrealistic expectations of LEAs as to the amount of flexibility available to the LHB regarding its budgets.

2.15 A further example of the challenges faced in joint working between health and education was provided in the difficulty faced by the pilots in attempting to agree data sharing arrangements. None of the pilots were able to agree a single database due to the stringent data protection restrictions that Health operate under.

2.16 The phased introduction of the Speech and Language Services Pilots by the Welsh Assembly Government inevitably meant that the amount of time available to each pilot to consult, design and implement their pilot programme varied across the pilots. Those pilots that participated from Phase 1 (see Table 1 below) were able to operate for three years, while Phase 2 entrants had two years and the sole Phase 3 pilot had one year.

Table 1: Pilot by Phase

Phase	Pilot
Phase 1	Bridgend and Neath Port Talbot
	Ceredigion
	Conwy and Denbighshire
	Gwent
Phase 2	Cardiff and Vale of Glamorgan
	Carmarthenshire
	Gwynedd and Anglesey
	Merthyr and Rhondda Cynon Taf
	Pembrokeshire
	Swansea
	Wrexham and Flintshire
Phase 3	Powys

2.17 The review by the Welsh Assembly Government of the proposals submitted by the various pilots also introduced additional variations within Pilot Phases with regard to the amount of time available to each pilot. For example, separate bids were originally submitted by Merthyr and Rhondda Cynon Taf, but after consultation with the Welsh Assembly Government, it was decided that a single pilot would operate covering both local authority areas. Originally intended as a Phase 2 pilot, the delays necessitated by the decision to combine the Merthyr and Rhondda Cynon Taf bids saw the combined pilot effectively lose 6 months of its project time, a reduction of a quarter. This placed additional pressure upon the Merthyr and Rhondda Cynon Taf pilot to agree a strategy and spend it's first year's budget.

2.18 For a number of pilots the timing of the pilot programme itself was inopportune, coinciding with the reorganisation of stakeholder organisations. For example in two pilot areas the merger of the relevant NHS Trusts meant that Strategic and Operational Groups were unable to plan effectively due to the uncertainty caused by the merger. In another pilot area the relevant NHS Trust was £44M over budget, placing severe restrictions on the operational flexibility of the Trust. Local Authorities were also not without their own issues as well, with some reporting difficulties with the move from separate LEA and Social Services departments to integrated Children's Services Directorates.

2.19 As we note above, staff turnover within stakeholder organisations due to internal restructuring was found to hinder the progress of the pilot programmes (see para. 2.6).

Pooled budgets/joint commissioning

2.20 A key objective of the pilots as identified by WAG in its invitation to the regions to bid for pilot funds, was the desire to explore ways of implementing pooled budgets and joint commissioning of services.

2.21 This objective proved problematic for a number of pilots, particularly for those pilots with complex partner arrangements. The challenge of reconciling multiple working practices and priorities should not be underestimated, and was further complicated by a perceived lack of engagement by LHBs. This has lead to local authorities being required to take on a greater financial burden in order to facilitate an integrated service.

2.22 Difficulties were also noted in that it proved problematical to identify current spend in the different agencies that could be allocated to a pooled budget. Differences in the way Health Trusts and LEAs chose to disaggregate their expenditure on services arose, with LEAs often including premises costs and recharges for central services in their costs, while Trusts did not.

2.23 Although pooled budgets were seen as desirable, they were seen by many as a hindrance to moving the pilots forward, with partners reluctant or unable to free up the necessary money to be handed over to another body. Co-operation and good communication between sectors was viewed as more important, as this would allow the running of smarter services that avoided duplication.

Impact of the pilots

2.24 The different entry points into the pilot programme, and the variation in approaches/objectives employed by the pilots means that it is not possible to generalise the impacts of the pilots across all pilots. In addition, the timing of the evaluation was also felt by many of the pilots to be inopportune as it did not allow for impacts of some pilot objectives (e.g. staff training) to 'work through the system' and be fully effective.

However, where impacts were noted they can be grouped under four themes:

- Improved communication
- Capacity building
- Improved service delivery
- Improved client outcomes

2.25 **Improved communication** between the education and health sectors was a common theme across the pilots, and could be seen at strategic, operational and client levels.

2.26 At a strategic level, the creation of Strategic Boards comprising representatives from health and education facilitated discussion between the two sectors and helped focus staff at senior levels on the need to work towards a unified speech and language service which is more client focused and avoids unnecessary duplication. Importantly, the pilots have provided a forum within which these discussions can take place.

2.27 At an operational level, improved communication between Health and Education staff has facilitated a better understanding of each sector's respective strengths, operational practices, and operational limits. Greater communication between SLTs, teachers, LSAs etc., has also helped to address some of the tensions between health and education.

2.28 The creation and clarification of a common vocabulary has addressed the issues of terminology - as previously staff from each sector found that different interpretations of common terms by each sector could cause confusion, and tension. A common vocabulary ensures that both sectors are confident that they are discussing the same issue and promotes a collaborative environment.

> *"The teacher I work with did the two-day course, so it's great for me because she understands it too, and the speech therapist doesn't have to explain so much now. It feels much more like we're a team all involved in the child's education"*

2.29 At a client level, parents have reported more positive interaction with schools.

> *"There has been a dramatic change in the school… The way teachers talk to me about my daughter's problems has changed,*

they are generally much more aware… They keep parents involved much more".

2.30 **Capacity building** was achieved through a mixture of recruiting additional staff, training, and purchase of new teaching/therapy resources.

2.31 Recruitment of additional staff (e.g. Learning Support Assistants and Speech and Language Assistants) has been used to address identified staff shortages and build capacity. However, the short-term nature of the pilot funding does raise questions of sustainability over this approach.

2.32 Training was the most common option employed by the pilots. The use of jointly delivered training was found to be very effective and popular with the training recipients. Jointly delivered training facilitated improvements in communication between Health and Education, fostered a more collaborative environment, and reassured SLTs that they could pass treatment programmes onto education staff that understood and were capable of delivering the treatment programme.

"The speech therapists would send work and we'd do what we thought – now they send it and we understand why they're sending it in, we know what we're doing. It makes such a difference to the way we do it and a massive difference to the children. Also I can make the connections now, we can be doing maths and I'll realise that she needs to work on a particular concept – it makes you aware no matter what you're doing, it comes naturally now"

Learning Support Assistant

"They [class assistants] know they can do it now – they're more confident, resourceful and creative partly because they can see the benefits in the children they work with"

SLT

2.33 Training was not restricted to education staff alone, with ELKLAN training offered to parents as well in Conwy and Denbighshire. This approach has enabled parents to improve their understanding of the challenges faced by their child, express their concerns more eloquently to professionals and participate themselves more fully in helping their child tackle their speech, language and communication difficulties.

"The speech therapist has always been very good, but some things she used to say I just didn't get. I think I get them more

now… Language development was a foreign concept; even though she was good at explaining before I can understand it, she has to explain less"

"Before I knew instinctively about the problems but now I can describe them properly [to professionals in health and education]"

"I used to correct her when she used the wrong word but now I know to encourage her to think of the right word herself; she can do this and it's a lot less negative and gives her confidence".

2.34 **Improved service delivery** has been achieved through the review of needs and service provision, identifying gaps, identifying areas of duplication, and opportunities for collaboration.

2.35 Reviews of skills and capacity allowed pilots to identify skill and knowledge deficits relating to speech, language and communication difficulties among staff, which were addressed through appropriate training provision.

2.36 Coupled with improved skill levels among staff, pilots have been able to review their referral processes and simplify the referral process. This has meant that referred young people are referred to the most suitable staff member able to deliver the appropriate intervention, rather than referring all young people, irrespective of level of need to a SLT.

2.37 By ensuring that staff are trained to assess effectively the level of need of a young person presenting speech, language and communication difficulties the number of inappropriate referrals was seen to be reduced.

2.38 The move from clinic based therapy delivery to co-location in schools, provides easier access to therapy services by education staff, parents and children, and where used with suitable demographic data, ensures that therapy services are based in regions of identified high need.

2.39 As part of its programme of work under the pilot, Pembrokeshire has developed a screening tool to assist teachers in deciding what an appropriate referral is, which has assisted in streamlining the referral process.

2.40 **Improved client outcomes** such as reductions in waiting times have been noted in most pilot areas. Improvements in the level of understanding and skills of staff such as learning support assistants

due to training offered as part of the pilot, has meant that treatment programmes are delivered more effectively and that more intervention options are available to children and young people with speech, language and communication difficulties. Offering appropriate training to parents ensures that the parents themselves can now contribute directly to their child's intervention.

Value for Money

2.41 As we note in paragraph 1.32 one of the objectives of the evaluation is an assessment of the value for money of the pilots. However, the timing of the evaluation we feel precludes an assessment of the value for money of the pilots at this time. It is not possible to objectively determine the impact of work done by the pilots, as the outcomes of the work done so far by the pilots (e.g. training, purchase of additional resources) will take time to bed in before they can be assessed fully.

Role of the Speech and Language Co-ordinator / Information Sharing

2.42 The support offered by the Speech and Language Co-ordinator to pilot areas in putting together their bids to participate in the pilot programme was uniformly praised by the pilots. Once the pilot bids were accepted and the pilot programme was underway the pilots stated that their use of the service offered by the Speech and Language Co-ordinator decreased dramatically.

2.43 At this point, the role of the Speech and Language Co-ordinator changed from one of support and advice, to facilitation and good practice sharing. Due to the different approaches taken by the pilots and the variation in starting points, participation by the pilots in subsequent information sharing events was found to be patchy, which in turn lead to pilots commenting that opportunities to share information with other pilots were poor.

2.44 In the opinion of the evaluators, the role and the value of the Speech and Language Co-ordinator's input was limited by the constraints placed upon the Speech and Language Co-ordinator with regard to the number of days allocated, bearing in mind the complexity of the challenge in supporting LEAs and Health agencies in moving towards an integrated speech and language service.

2.45 In addition, we feel that the Speech and Language Co-ordinator was ideally placed to take on a more empowered oversight role, to ensure a greater degree of focus and responsiveness by the participating statutory bodies. Although we accept, and have repeatedly made the point that the pilot objectives were challenging, a degree of drift and lack of focus among some pilots was evident, which required a more hands on approach from the Assembly to drive the pilots forward.

Good Practice

2.46 The findings of the evaluation have identified elements of the pilot programmes that the evaluators feel provide examples of good practice, and these are summarised below.

2.47 **Common vocabulary:** One of the key issues faced both Health and Education staff is that while discussing a common issue (i.e. speech, language and communication difficulties), different interpretations of common terms caused confusion between the professions. The development of a common vocabulary reduces the chance of such confusion, ensures clear communication and can foster a more collaborative working environment.

2.48 **Joint training:** Through jointly delivered training the skills and knowledge of participating staff can be raised, opportunities to facilitate information sharing are created (e.g. clarification of terminology), and crucially, staff from different sectors are able to interact and develop a positive working rapport.

2.49 **ELKLAN training for parents:** It is widely acknowledged that the earlier speech, language and communication difficulties are identified and addressed the better the outcome for the child. Providing training for parents offers substantial benefits as it ensures parents are able to identify potential issues, can communicate their concerns concisely to professionals, and are able to make a positive contribution to any treatment programme that is delivered.

2.50 **Streamlined referral processes:** Young people are referred to the most suitable staff member able to deliver the appropriate intervention, rather than referring all young people, irrespective of level of need to a SLT.

2.51 **Co-location:** Speech and language therapy is typically clinic based, and can suffer from high levels of 'Do Not Attends' from parents and their children who for one reason or another are unable attend their appointments with the SLT. As part of the Swansea pilots move to provide a more integrated service it was decided to move away from a clinic based service to one co-located in local schools. As a result of this the Swansea pilot noted a drop in 'Do Not Attends', as parents were no longer required to make separate arrangements to transport their child to a clinic.

2.52 **Consultation/Communication Strategies:** Asking people about the kinds of services they deliver or receive raises awareness and expectation. Ideally the channels used to find out where the strengths and weaknesses of a service lie, or simply what is being provided and where, can continue to feed into the development of the service. The scoping study carried out in Conwy and Denbighshire led on to a set of consultation days where Health and Education professionals learned to understand one another and culminated in a launch day for the integrated service. The relevant strategic group and the 'task and finish' group worked hard to make sure that as many stakeholders as possible were kept informed at all stages and were able to contribute. This level of inclusion in the development of service was extended to parents, with the result that parents were engaged, and are able to develop a more informed understanding of the roles and limitations of both Heath and Education professionals, and reassure parents that the integrated service is a step forward.

2.53 **Communication Forums:** The use of such forums can help formalise and strengthen the practice of working together, ensuring that the strategic push towards integration is continued on the ground and significantly reduces dependence on local champions for sustaining good practice.

2.54 In Conwy and Denbighshire the forums were developed extremely strategically, with a clear structure showing the ways in which they relate to one another as well as suggested member organisations for each level, proformas for agendas, and a template for communication policy. Nothing was left to chance, enabling each forum to enjoy a clarity of purpose and to be able to easily identify how it fitted in with and contributed to the wider strategy of communication within the

integrated service. In addition, forums were generally school based and were registered with the Trust as PPI (Public and Patient Involvement) projects, offering a direct and clear benefit at that level.

3. Conclusions

"*Communication is everybody's business. It is part of everyday life and not a subject to be timetabled and worked on separately. Communication is not solely the responsibility of the Speech and Language Therapists. Every child needs to have the opportunity to access the correct support to address their communication needs*".[1]

3.1 The aims and objectives the Welsh Assembly Government originally set out for the pilots based upon *Working Together* were laudable, but extremely challenging in light of the complex local arrangements found in the pilots. As such, through a process of elimination in some cases, the final aims and objectives set by the pilots have been modified from those originally proposed.

3.2 The complexity of arrangements in some of the pilot areas due to numbers of partners involved and the lack of coterminous boundaries has been a significant challenge to integrated working. However, this factor is one that will not change without considerable re-organisation of local authority, NHS Trust, and LHB boundaries. A more consistent approach to such boundaries, bearing in mind the continued impetus for a single co-ordinated service to children, is highly desirable but in reality, unlikely in the near future.

3.3 The tight timescales that the pilots were required to work to has also meant that it is not possible at this stage to objectively assess the full impact of the work done so far. However, this does not mean that the work of the pilots have not produced clear outcomes at this stage. The majority of stakeholders interviewed were very positive about their participation within the pilots, noting that even if nothing else was achieved by the pilot, at the very least it has started a process of open communication between Health and Education with a focus on how both can better work together to deliver an improved service to their end users. For many stakeholders, the final year of the pilots was not therefore viewed as the end of a project, but the beginning of new working practices, with the work done during the pilot acting as the foundation.

3.4 The pilots appeared to make a real difference to services where there were existing good links between Education and Health. In these pilots,

[1] From the Communication Policy Template, Conwy and Denbighshire

all respondents reported that the pilot money had enabled them to be more strategic about their practice, to plan better for the future and to establish new opportunities for communication.

3.5 Where strategic links were less robust and there was a lack of clear management and accountability structures, efforts to promote effective joint working has struggled. This was typified by one pilot where communication between Health and Education had effectively broken down, and as a result the role or potential contribution of SLTs in training and supporting classroom assistants and teachers was undervalued, and at it's worse viewed with hostility.

3.6 Where communication between Health and Education was good, joint working was universally regarded as a crucial feature in the improvement of outcomes for the children and young people receiving services.

3.7 Successful integration of services mitigates against the idea that speech, language and communication is something that can be isolated from the rest of a child's – or indeed a school's – educational achievements. The benefits to SLTs of supporting and enabling anyone with an investment in the education of children (teachers, assistants, parents), to further their understanding of the communication process is significant. The work of SLTs had much greater impact where it was endorsed and reinforced by others. In the same way, teachers and assistants as well as parents who undergo training in this area invariably report increased confidence and the ability to understand with more clarity the processes and experiences of the children and young people with whom they live or work. The net effect of this increased level of understanding – stemming from integration at a strategic and operational level – is undoubtedly making a difference to individual children across Wales already.

3.8 A key feature of constructive integrated work has been training. Because of the nature of the training, Education and Health invariably work together when it is undertaken. Finding ways to enable courses to take place can involve backfill issues, time management concerns, supply requirements etc on both sides, so requires a measure of 'give and take' – education specialists report massive benefits in their understanding of the issues and how this has a positive effect on their practice, and SLTs report that training up school-based education staff

means that they can have confidence that their work with the children concerned is endorsed and continued in the SLT's absence. The face-to-face contact between SLTs and education staff means that communication outside of the confines of the course is enhanced, to the benefit of all.

3.9 Feedback from parents, classroom/learning support assistants and teachers about their experiences of training, in particular ELKLAN training, has been extremely positive and such training undoubtedly can have a significant positive impact on understanding and practice.

3.10 Improvements in the understanding and practice of staff within the education sector from training was found to contribute significantly to reductions in inappropriate referrals, which in turn has had a positive impact on waiting times.

3.11 An additional benefit of a more skilled workforce has been that caseload pressures on SLTs can be reduced as SLTs are able to better utilise teachers, LSAs etc. This has meant that referral processes have become more efficient, with less severe cases of speech, language and communication difficulties now being dealt with staff other than the SLT (whilst still under the supervision of a SLT). SLTs are then able to focus their attention on those young people presenting more severe cases of speech, language and communication difficulties.

3.12 The pilots have produced a number of clear positive impacts, and it is important that the highlighted excellent work under way in 'beacon' pilot areas is endorsed and continued, and that areas which have struggled to establish effective integrated work are supported in working through the barriers they face.

4. Recommendations

4.1 Our recommendations based upon the findings of the evaluation are presented below:

- The good practice shown e.g. communication forums, training (with a particular emphasis on ELKLAN) and the ability to combine a more strategic approach to joint working with operational outcomes, should be shared widely among the different pilot areas in order for the innovation shown in some areas to be adopted elsewhere.

- The Assembly should consider extending the contract of the Speech and Language Co-ordinator to ensure that the good practice produced in the pilots is disseminated effectively and built upon.

- Follow-up by the Assembly is required once the pilot programme has ended to ensure that pilot areas continue to build on the foundations laid by the pilots.

- Due to logistical concerns over the practicalities of running training such as ELKLAN the Assembly should actively support the ongoing training of teachers, assistants and parents. The Assembly should therefore consider:
  - Making additional funds available to facilitate training
  - Whether it is appropriate to mandate that such training be incorporated into joint working strategies.

- The long term impact and social cost of speech, language and communication difficulties is not proportionally represented by its priority within Health. The Assembly should consider raising the priority of speech, language and communication difficulties within Health through the setting of appropriate SaFF targets.

Appendix A

Pilot Project Objectives

Bridgend and Neath Port Talbot

Vision
A pilot be set up to investigate the efficacy of an integrated training programme for teachers and support staff in mainstream schools (focusing primarily on the SENCO and/or the peripatetic Speech and Language Teacher and support staff) and including parents. As a result of research done by the Innovation in Care Speech and Language Therapy project leads, it is proposed to base the programme on three key elements:

1. ELKLAN Training Programme
2. SULP (Social Use of Language Programme)
3. BTEC (Speech and Language Therapy Support)

This 3-pronged approach is complementary in that:

- ELKLAN programme provides the theoretical framework in understanding and responding to communication difficulties
- SULP provides a specific therapeutic framework in which to respond to needs
- BTEC provides the general theoretical background in which to understand the place of Speech and Language Therapists within a health context (roles and remits) and in which to understand issues of disordered and delayed communication development in relation to normal development.

Cardiff and Vale of Glamorgan

Vision
Children and young people with speech, language and communication difficulties have access to local services to address their needs.

Aim
To identify the best model for commissioning and delivering a service to meet these needs by engaging with all stakeholders, including children and young people.

Objectives

- Audit and map specialist services, resources, provision and training for speech, language and communication difficulties
- Review existing needs' data
- Engage with stakeholders in the development of proposals
- Agree parameters for project and priorities for integrated service delivery

- Consider appropriate early years preventative models
- Research and benchmark funding and commissioning of integrated service delivery
- Develop options appropriate to Cardiff and Vale
- Incorporate delivery of key actions of the National Service Framework for Children and Young People and Maternity Services into service models
- Set evidence-based performance management targets for operation of the service, improving efficiency by measuring jointly agreed outcomes
- Ensure professional distinctiveness and accountability of each profession
- Consider a pooled fund of resources at local level

Carmarthenshire

Vision

1. Mainstream the development of communication skills into all aspects of school life, as children need to communicate with a range of people and to meet a range of needs in the different contexts in which they have to function, for example:

    a) The classroom: to gain access to the curriculum and in conveying day-to-day needs and communicating with peers and adults
    b) The play ground: in order to socialise
    c) In all activities outside the classroom: including mealtimes, games, etc.

2. Involve and support the parents and/or carers in raising levels of achievement of the children. Children with speech, language and communication needs have different requirements to enable them to maximise their potential and quality of life at school and in their home and community environment.
3. Provide equitable speech and language services for Welsh speaking and bilingual children.

Objectives

- Develop a model of collaborative practice to support children with speech, language and communication needs by the integrated speech and language services of Carmarthenshire, including for Welsh speaking and bilingual children.

- Review the existing skill mix and develop a framework for an optimum skill mix to support children with speech, language and communication needs in the future.
- Develop good practice standards in the process of engaging both parents and children/young people in making decisions.
- Educate and train Health, Education personnel and parents to enhance their knowledge and skills with regards to meeting the needs of children I Early Years and Key Stage 1 and in working collaboratively, thereby preventing the development of entrenched speech and language difficulties with associated failure of educational attainment, social interaction and behaviour difficulties, using for example a training programme such as the ELKLAN model.

Ceredigion

Vision
To develop a clinically effective, evidence based service for all children, working with parents, teachers and children, which will facilitate the development of normal language skills and, in turn, improve health, ability to learn and social development.

Objectives

- Reduce waiting times
- Improve Welsh medium provision
- Improve service to schools
- Increase training to Social Services and Local Education Authority staff

Conwy and Denbighshire

Vision

- All children and young people with speech, language and communication difficulties in Conwy and Denbighshire would have equal access to appropriate speech and language services
- All children and young people with speech, language and communication difficulties would have maximum access to the educational curriculum
- Speech and language Therapists would work closely and collaboratively with parents and teachers (and other multi-disciplinary team members/agencies) to best meet the children's needs
- All those involved in the delivery of services to these children are appropriately trained so that the maximum use is made of each

person's skills so that children receive 'the right intervention at the right time, in the right place, from the right people'
- Provision of training programmes to allow
- Sharing of knowledge and skills between therapists and teachers
- Parents to understand their children's communicative needs
- Assistants (speech and language therapy, and educational assistants) to be better trained to support the speech and language therapy programmes.

Objectives
- To build on the existing partnership arrangements
- To review the needs of children and young people with speech, language and communication difficulties in Conwy and Denbighshire
- To review all existing services and practices, including staffing and skill mix
- To review all existing services and practice, including staffing and skill mix
- To review existing processes, prioritisation systems, pathways, and service specifications and out-come measures to reflect the statutory and planning requirements of all agencies and ensure we are making most effective use of available resources
- To review training packages for parents, educational staff and speech and language therapists and assistants
- To identify the costs of the current services and any identified shortfalls in ability to meet the needs of children and young people with speech, language and communication difficulties in Conwy and Denbighshire which cannot be made within available resources
- To jointly agree a strategy and development plan with agreed targets and mechanisms for evaluation. This would involve improvements that could be made with existing resources, and agreeing priorities for those changes that need additional funding.

Gwent

Vision
To further develop a cohesive, collaborative, quality and inclusive service to children with speech, language and communication difficulties, to make best use of the skill mix of key professionals

Objectives

- The continuation of early identification and assessment of children with potential speech and language difficulties.
- The extension of 'language friendly' schools where strategies that help to develop children's language and communication would be used throughout the school day as a matter of course.
- The expansion of a dedicated multi-disciplinary/agency team consisting of fully trained personnel.
- The expansion of joint training for professionals and parents,
- Tailored training for parents.
- The extension of effective early years language projects.

Gwynedd and Anglesey

Vision
A strengthened service delivery to children and adolescents who suffer from language disorder/delay, autistic spectrum disorders, specific language impairment (primary and secondary needs). The vision for the future is that this will be a fully bilingual Social Educational and Life skills service which is integrated, seamless and accessible through one point of contact.

Objectives
- Develop a joint service between health and Education within a defined integrated structure provided from a specific site for each project area
- Develop skills training for support staff to enhance effective treatment, thereby increasing appropriate utilisation of therapy staff time
- Further integrate speech and language intervention strategies into classroom activities - provider and user/carer experience
- Increase the quality of intervention and thereby improve outcomes

Merthyr and RCT

Vision
To ensure effective joint commissioning of speech language and communication services for children in Merthyr and Cynon Valley.

Objectives
1. (*Creation of*) a committed Strategic Partnership Board who can identify the speech and language and communication needs of their population:
    - Who have a clear service specification
    - Who have a strategic 5 year plan for commissioning those services
    - Who take advantage of the current opportunities in Wales for speech language and communication services including:

i. Health Professions Wales Assistant Practitioner Development Project Board aiming to commission work-based competency training for Assistant Practitioners by September 2006
ii. Diagnostics and Therapies Waiting Times appearing in the SaFF targets
iii. Low levels of Statementing in these two authorities
iv. Initial Teacher Training Review

2. (Creation of) an Operational Board who make recommendations using their established and known commitment to improve services. These options may include:
    - ELKLAN training plan and delivery
    - Develop a shared glossary e.g. speech, language, literacy, reading, writing, support worker, LSA, NNEB, SLTA to facilitate share understanding
    - Shared prioritisation criteria
    - Develop innovative Integrated Care and Support Pathways, a tool so that children see:
        i. The right people
        ii. In the right order
        iii. In the right place
        iv. Doing the right thing
        v. In the right time
        vi. With the right outcomes
        vii. All with attention to the 'patient' experience
    - Facilitating partnership plans for Equality including Welsh Language and English as a second language (particularly Portuguese and Polish in this area)
    - Clinical and education outcome measures for children's speech and communication skills.

Pembrokeshire

Vision

To strengthen current partnerships so that all children and young people with SLCD in Pembrokeshire would have equal and timely access to appropriate speech and language services. Schools and early years placements would be enabled and empowered to meet their needs.

Aims

- To develop a coherent structure for the delivery of quality support for children, families, schools and early years placements
- To ensure that all children and young people aged 0-19 have access to support for SLCD
- To make access to speech and language therapy equitable across the county
- To facilitate the development of communication skills in all children
- To increase the capacity of schools to deliver quality teaching and learning
- To develop a positive communication partnership throughout all services to children, young people and their families from birth onwards
- All those involved with children and young people with SLCD and their families would have equal access to high quality training
- All children and young people in Pembrokeshire will benefit from an increased understanding of the importance of communication to maximising access to the curriculum, and reducing difficulties with social relationships and behaviour

Objectives

- To build on existing partnership working
- To incorporate services for pre-school children and those aged 11-19 into the existing model of provision for children aged 4-11
- To develop models of good practice that consider the differing needs of pre-school children, primary school children, secondary school children and their families and schools
- To evaluate current models of provision and audit outcomes across agencies
- To extend existing training packages to accommodate the needs of older children and young people as well as parents and carers
- To develop effective communication systems between all involved, including the use of ICT for communication and support purposes
- To develop robust joint outcome measures

Powys

Objectives

- An audit of need will be undertaken in order to clarify the full extent of the needs of Powys children for speech and language services.

- Undertake an exercise in order to clarify the full extent of speech and language provision available within the Authority as provided by both Powys LHB and Powys LEA.
- Having undertaken an audit of need and clarified available provision, to develop a commissioning partnership in order to jointly commission speech and language services for the future to ensure that the needs of Powys children are appropriately met. This exercise should include all Powys children including those educated within the Authority and those resident in Powys who are educated in neighbouring Authorities and those who are looked after further a field. It is intended that, by the end of the project, a proposal in relation to the development of a commissioning partnership to jointly commission services will be prepared for consideration by the Powys LHB and the board of Powys County Council.

Swansea

Vision

- Creation of a team from Education and Health professionals already experienced in joint strategic planning for Speech Language and Communication Needs in children and young people.
- For that team to plan, develop and deliver training and resource packages for schools parents and carers

Objectives

- To establish a team to work in the English Medium secondary schools building on the work already established in the Welsh Medium sector and to run coterminous with work in the primary phase
- To jointly audit available training packages
- To jointly plan and develop specific training packages
- To provide specific training for teachers, LSAs and parents jointly presented by speech and language therapists, specialists teachers and teacher advisors
- To provide a resource pack drawn from the training, which gives practical guidance and reinforces techniques, that can be used with children and young people as demonstrated during training.

Wrexham & Flintshire

Vision

To utilise the 1989 Health Act, in order to develop an integrated service for children and young adults with speech, language communication difficulties. This will be achieved by auditing current practice and provision with a view to identifying gaps in service and existing good practice which need to be developed further.

Objectives

- To establish an integrated joint team which will provide a single, effective and coherent pathway for services for children and young people who have speech and language needs. This team would have a single multi-agency operational manager, responsible for the day-to-day co-ordination of the integrated team.
- To establish a partnership board to commission and pool LEA and S&LT resources for services to children and young adults with speech, language and communication difficulties. The partnership will determine what specialist services are required for children with speech, language and communication difficulties.
- To identify, commission and ring fence integrated services to support and implement speech and language therapy for children and young people 0-19
- When planning and commissioning services the needs of children with life threatening conditions, statement of special educational need and specific groups of children at School Action Plus should be prioritised in relation to their identified needs. This will also be consistent with core professional standards and the SEN Code of Practice for Wales.
- To aim at providing equity of service across the county boundaries and in line with the Welsh Language Act according to need.
- To provide clear management structures, professional accountability, performance management and a joint location with appropriate administrative and IT support.
- Establish an integrated model of delivery in line with the Children's National Service Framework (NSF)
- All children and young people with speech and language and communication needs, in Flintshire and Wrexham will have equal and timely access to agreed speech and language advice and intervention.
- All children and young people with speech and language and communication difficulties would have opportunities to maximise their potential to access the national curriculum
- Speech and language therapy personnel will maximise the opportunities for parent participation to best meet children and young adults needs.

- Appropriate skill-sharing will be established between service deliverers and parents.