Royal College of Speech and Language Therapists

Consultation Response to Western Education and Library Board
Development Proposals 233,234,236

Area Planning Policy Team
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Please find attached the Royal College of Speech and Language Therapists (RCSLT) submission to the above development proposals.

Yours sincerely

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Development Proposal No.234: The relocation of two speech and language classes from the Woodlands Unit to Ebrington Primary School with effect from 1 September 2013, or as soon as possible thereafter.

Development proposal 235: The relocation of two speech and language classes from the Woodlands unit located at Belmont House school to St Anne’s primary school Derry

Development Proposal No 236: The expansion of speech and language provision in the north west area by two additional speech and language classes to be located in Ballykelly PS.

1. Please find attached the Royal College of Speech and Language Therapists (RCSLT) submission to the Western Education and Library Board proposals to close Woodlands speech and language unit and expand provision in Ballykelly primary school. The RCSLT has informed this response by consulting with members, service users (carers) and education and library board staff. The RCSLT was unable to gain further information on the detail of the proposals from the WELB and is therefore limited to the information available on the website (as above) and reported to us by our members and service users.

2. This response reflects on how these proposals may impact upon the children, their outcomes and the provision of speech and language therapy.

Introduction

3. The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists (SLTs), SLT students and support workers working in the UK. The RCSLT has 15,000 members including around 88% of SLTs working in the UK. We promote excellence in practice and influence health, education, care and justice policies.

4. Our Mission
   To enable all who need support with communication or swallowing to have access to appropriate speech and language therapy.

5. Our Objectives
   To improve access to SLT services and outcomes for people with communication and/or swallowing difficulties.
   To support members in their professional lives.
6. The speech, language and communication needs of pupils attending Woodlands Language Unit. The language unit caters for pupils with Specific Language Impairment (SLI). Specific Language Impairment is a type of speech language and communication need (SLCN). It has a world health organisation classification ICD-10 (1993) and is generally defined as a combination of normal intelligence (performance IQ greater than 85) and severe language impairment (a composite language measure falling more than 1.25 standard deviations below the mean).

7. A distinction is made between receptive language disorder, where comprehension is more than two standard deviations below age level and expressive language disorder, where only expressive language is severely affected, and where understanding and use of non-verbal communication and imaginative language functions are within the normal range.\(^1\)

8. Children are not considered to have specific language impairment if they have evidence of other neurologic impairments or disease, global developmental delay, an autistic spectrum disorder, or a significant hearing impairment.

9. Children with SLI are usually as able and healthy as other children, with one exception; they have great difficulty talking and understanding language. This is their main or primary area of difficulty. Researchers have identified profiles or sub groups of SLI classification and have shown that these difficulties can persist throughout their lives, whereas children with a general delay in speech and language skills have more transient difficulties.\(^2\)

How many children have SLI?

10. It is generally accepted that SLI affects about 2-3 children in every classroom (about 7.4%) and is more common in boys than girls. In 2009 a research team at the University of Kansas\(^3\) isolated a gene which may be linked to Specific Language Impairment. Brain imaging research is also showing that unlike most people, individuals with SLI are more likely to have their language areas in the right side of the brain.

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\(^1\) Communicating Quality 3 RCSLT 2006 ISBN 0-947589-55-4
\(^2\) Classification of children with specific language impairment: Longitudinal considerations Gina Conti-Ramsden Nicola Botting Journal of Speech, Language, and Hearing Research; Oct 1999; 42, 5; ProQuest Health & Medical Completepg. 1195

How does SLI impact upon the individual?

11. SLI will significantly affect how a child learns and also affect their educational development through school. Children who are unable to understand instructions can be perceived as not listening, or misbehaving. This in turn often affects a child’s self esteem.

12. Children with SLI are frequently first perceived or diagnosed as having social emotional or behavioural difficulties. Research shows that 48% of children with SLI were considered to have behavioural problems either at home or in school. 4 SLI can also affect children socially with potential problems forming friendships if they struggle to communicate with their peers.

13. Children with SLI are less likely to complete secondary school, and are more likely to experience long periods of unemployment during adulthood. The impact on mental health is significant, and adults with SLI are at a disturbingly high risk (around 50%) for depressive and anxiety disorders.

What provision do children with SLI need?

14. Children with SLI don’t learn language in the same way as other children; that is by being spoken to and encouraged or hearing normal conversation. They need speech and language skills to be taught and this requires a communication environment which is attuned to their communication needs. Best practice states that children with SLI benefit from collaborative working models that include teachers with specialist knowledge in speech and language development working alongside speech and language therapists in small group settings.

15. Without specialist interventions and support SLI may cause lifelong difficulties. The combination of specialist provision is paramount. Teachers can adapt the classroom environment to optimise the curriculum and speech and language therapists can work alongside teachers to advise on an individual’s SLI profile, thus ensuring maximum impact.

16. Speech and language therapists play a unique role in supporting teachers in the identification and assessment of children with speech and language disorders. The ability to diagnose the specific speech and language disorder as well as existing communication abilities are the unique skills of speech and language therapists.

Current Provision at Woodlands

17. Woodlands Language Unit (Woodlands) provides a non denominational, educational and therapeutic setting for delivery of the mainstream curriculum and intensive speech and language therapy to children with SLI. It has been in operation for twenty five years and is sited in the grounds of Belmont House Special School for children with moderate learning difficulties. Woodlands is a singular setting with a unique identity where education and health work together providing a central resource of highly skilled joint expertise.

18. Pupils: The Woodlands Language Unit currently caters for 40 P1-P4 children with specific language impairment (SLI) who match the admission criteria as set by the Western Education and Library Board. The majority of children attending Woodlands are at stage 3 of the code of practice and around 5%-10% have a formal statement of special educational needs. The existing roll has a pupil population of 75% key stage 1 and 25% key stage 2, and a 75% catholic / 25% protestant intake.

19. Children attend Woodlands four days per week and also attend their chosen local primary school on a Friday. As with other speech and language units in NI, pupils are eligible for special transport and journey times vary according to the child’s home. Children attending Woodlands wear their local primary school uniform.

20. Classroom configuration: Four classrooms currently provide for a maximum of 10 children in either P1/2, P2/3, P3/4 or P5/6/7 teaching groups.

21. Accommodation: The building offers speech and language therapists the opportunity to work alongside teachers in the classroom setting, deliver small language group work and provide intensive speech and language therapy on a one to one basis. Dedicated speech and language therapy rooms enable children with the most complex SLC needs to be withdrawn for individual work in a quiet location away from classroom distractions. The single central site reduces the need for duplication of assessment tests and SLT resources and means that SLTs only travel to a single location.

Speech and Language Therapy provision

22. SLT is currently provided by the Western Health and Social Care Trust and SLT input equates to 1.3 whole time equivalents (WTE) SLT over 3 days with an additional input of 0.4 Technical Instructor (TI).

23. SLT skill mix: The current skill mix of SLTs and technical instructors enables SLT staff to reduce inefficiencies by maximising resources. The SLTs are responsible for identifying the SLI profiles of the pupils and discussing how this will impact upon their access to the curriculum. SLTs work with teachers to draw up joint IEPs. TIs are fully supervised by SLTs ensuring that the service is utilised efficiently. They carry out specific aspects of the therapy programmes devised by SLTs and can access professional SLT advice when needed as a child’s communication goals change. There are a range of SLT
grades working in the unit thus enabling more junior staff to develop their expertise with this unique client group.

Collaborative working

24. The collaborative setting ensures that there is a continuous ethos of cross skilling of teachers, SLTs and support staff. Woodlands provides outreach speech and language training to the mainstream feeder schools to ensure maximum carryover of speech and language expertise as children return to their local primary school at the end of their 2 year placement.

The proposals

25. Development Proposal No.234: The relocation of two speech and language classes from the Woodlands Unit to Ebrington Primary School with effect from 1 September 2013, or as soon as possible thereafter.

26. Development proposal 235: the relocation of two speech and language classes from the Woodlands unit located at Belmont House school to St Anne’s primary school Derry.

27. The RCSLT consider that these proposals constitute a closure of the language unit and not a re-location, as the proposed provision will not replicate existing services for the children and will not provide similar accommodation for the speech and language therapists. The proposed configuration of the classrooms is different from the existing classes in Woodlands where P1 and P2 pupils are educated together and P3 and P4 pupils are educated together.

28. The RCSLT will outline how these proposals may impact upon the child and the ability of speech and language therapy services to ensure the same level of speech and language therapy provision. The RCSLT believes that current provision can only be maintained if the unit is retained, re-sited at another location or additional accommodation, SLT staffing and therapy resources are provided.

Impact on SLT provision of location to two new sites

Accommodation

29. Without having seen the detail regarding the proposed accommodation for the SLT service, RCSLT can only comment on our concerns. To this date we have not been informed as to whether there will be dedicated speech and language therapy rooms. The RCSLT consider that without dedicated speech and language therapy accommodation, the children will not receive the same level of provision as they currently receive in Woodlands.
30. The RCSLT’s clinical guidelines recommend the types of suitable working environments. Facilities for working need to be consistent with the nature of the intervention and requirements will vary accordingly. A facility for delivering one to one therapy may be required to ensure the optimal attention, concentration and engagement of the individual. The facility will need to provide some of the aspects that dedicated accommodation offers, including:

- Quietness and privacy
- Natural light
- Safety
- Space according to need
- Hand washing facilities to facilitate infection control
- Storage space for equipment
- Appropriately sized table and chairs’.

Physical resources

31. These proposals will require the SLT service to provide additional therapy equipment for one of the new sites. This will require significant additional investment in purchasing duplicate assessments and therapy tools.

Travelling

32. These proposals will have an impact upon the amount of therapy time available, as the staff will have to travel between two schools to deliver the service. In order for an equivalent SLT time ratio to be provided there would have to be an increase in SLT hours.

Impact of classroom configuration:

33. The RCSLT has been advised that unlike the existing provision, the new classes will include children ranging in ages from P1 to P4 and P5 to P7. This will result in new starts being taught alongside pupils in their fourth year. The language and communication environment required to support a P1 child with severe communication difficulties is very different to that of a P4 child with communication difficulties. The RCSLT believes that this age group spread will place additional linguistic demands upon a P1 child with SLI. P1 children without speech and language difficulties are generally not expected to cope with the demands of starting school in a mixed age group class.

34. The RCSLT believe that the mixed age group classes as proposed may negatively impact upon the speech language and communication outcomes for the children, as it will be difficult to ensure an appropriate level of enriched language environment suitable for the education of both P1/2 and P3/4 pupils.
35. Young children with SLI are much more likely to have coexisting behavioural problems and this can be very disruptive to older pupils in the same class trying to concentrate on their lessons. Aggressive behavioural difficulties are reported in young children with SLI (Carson et al, 1998) and there is a higher incidence of behavioural and psychiatric problems in children with SLI (approximately 50%) compared to non impaired children (approximately 12%) (Goodyer, 2000).

36. The RCSLT has been advised that because of the wide range of children in the language classes, some children may be removed to have individual lessons in maths/other subjects in the main school. The impact of this would be that the children in the language classes would then have to cope with three educational settings:
   - local mainstream school on a Friday
   - language class in Ebrington/St Anne’s
   - mainstream class in Ebrington/St Anne’s

37. Moving between three different teachers and three sets of peers would be challenging for any child let alone a child with severe communication needs. Children with SLI have significant issues in adjusting and becoming confident around other children and adults. They can experience social and behavioural problems and these problems increase over time (Redmond and Rice, 1998).

38. Many children with SLI appear to be withdrawn socially (Coster et al, 1999). Poor interaction and increased withdrawal can also lead to poor self esteem (Jerome et al, 2002). Evidence also shows that children with SLI are at risk of being bullied at school (Conti-Ramsden & Botting, 2004). The RCSLT consider that expecting a child with SLI to cope in three different classroom settings will place significant stress on the children and may impact upon the children’s social, emotional and educational progress.

39. The SLI children will be seen as different to mainstream pupils because they are predominantly placed in ‘special’ classes. The children will be less able to interact and form relationships with the pupils from a mainstream class because of their communication difficulties and this may increase the risk of the children being isolated.

40. Development Proposal No 236: the expansion of speech and language provision in the north west area by two additional speech and language classes to be located in Ballykelly PS.

41. The WELB has also published proposals to extend the current provision by opening two new classes in Ballykelly PS. The RCSLT welcomes this proposal as it will hopefully ensure that more children with SLI will receive the support they need. However, the RCSLT has not been informed of any additional SLT staffing proposals to service this expansion and we are therefore concerned that there is currently no commissioned provision or resources for these additional classes.

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6 Communicating Quality 3 RCSLT ©2006
42. Any new service for children with SLI must make provision for a collaborative working model to be implemented. This will therefore require additional resources in regard of SLT staffing, accommodation and therapy equipment.

General Comments

43. The RCSLT has been advised that these proposals have been put forward to comply with existing legislation to relocate the unit from a special school site to a mainstream site. Other language units in NI are currently situated on similar ‘special’ (moderate learning disability) school sites, for example Killard House School, and Harberton School. RCSLT is also informed that a mainstream behavioural support unit is currently on the site at Belmont House and is not subject to these proposals.

44. RCSLT believes that it would be helpful if there was further clarification on the rationale and legislative premise for these proposals to ensure that there is regional equity.

45. The RCSLT understands that changes in provision are often necessary as a result of reconfiguration in service delivery. However, under current legislation which includes the Code of Practice and the Children’s Order, meeting the needs of these children is paramount. Any proposed reconfiguration should not be driven by costs but should ensure that the outcomes for these very complex children should be protected and not diminished.

46. RCSLT hopes that our professional response is of benefit to this consultation exercise and we are willing to provide more clarification on professional practice or individual comments if required.