



# **The SEND reforms in England:**

Supporting children  
and young people with  
speech, language and  
communication needs

# Contents

Foreword.....	3
Executive summary.....	4
Policy recommendations.....	6
What are speech, language and communication needs?.....	7
Chapter 1: A refocus of resources.....	8
A call to action.....	9
Case study: service pressures and shifting priorities.....	10
Chapter 2: Commissioning across the lifespan.....	11
A call to action.....	13
Chapter 3: Engagement in the EHC planning process.....	14
A call to action.....	15
Chapter 4: Partnership working with families and other professionals.....	16
A call to action.....	17
Case study: sharing positive practice.....	18
Conclusion.....	19

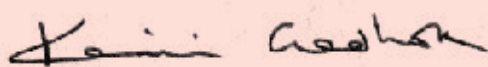


# Realising the vision of the SEND reforms

**T**he Children and Families Act 2014 introduced the biggest educational reforms in a generation for children and young people with special educational needs and disabilities (SEND) in England. The Royal College of Speech and Language Therapists (RCSLT) supported the development of the legislation and its ambition of improving and extending support for children and young people with SEND. As part of parliamentary debates, we shared contributions regarding the need for comprehensive local support for children with speech, language and communication needs (SLCN), but we also raised concerns.

This report reflects the views and experiences of speech and language therapists (SLTs) in implementing the SEND reforms and celebrates achievements and examples of positive practice that can be built upon, such as effective involvement of parents and carers in decision-making. However, it also includes areas of significant concern regarding support for children with SLCN. Responses to an independent survey of SLTs who work with children and young people in England, commissioned by the RCSLT, have highlighted mixed progress in the implementation of the SEND reforms and worrying trends. In particular, our members have said that children without education, health and care (EHC) plans are not getting the support that they need, joint commissioning arrangements are patchy, and in some cases speech and language therapy services are not being commissioned for children and young people.

**Every child with SLCN has the right to speech and language therapy that can support them to realise their potential.** The RCSLT is committed to working in partnership with national and local decision-makers, commissioners and other agencies to address current problems in the system and provide constructive challenge. As we move towards full implementation of the new system in 2018, it is important that we get things right for all children with SEND, including SLCN. It is up to all of us, politicians, professional bodies, budget holders and practitioners to make the SEND reforms a success.



**Kamini Gadlok, MBE**  
CEO, RCSLT



ROYAL COLLEGE OF  
SPEECH & LANGUAGE  
THERAPISTS



## Acknowledgements

The RCSLT is the professional body for SLTs working in the UK. We promote excellence in practice and influence health, education, employment, social care and justice policies. The RCSLT currently has almost 17,000 members, 60% of whom work with children and young people.

The RCSLT would like to thank all those, both within and outside of the organisation, for their invaluable input into this report. This report was written by Rebecca Veazey. Thanks also to Peter Just and Caroline Wright for their input on drafts of the report and to Raquel Baetz for overseeing the editing and publication process.

This report is based upon the research and hard work of staff at SQW, an independent research consultancy. Thank you Meera Cranston, Rachel Hallam and Kate Davies for co-designing and conducting the survey, analysing its findings and providing rich data to inform our policy report. We would also like to extend special thanks to our expert members who helped us to develop our recommendations and refine drafts of the report. Maria Luscombe (London North West Health Care NHS Trust), Lisa Brock (Sussex Community NHS Foundation Trust), Carol-Ann Howe (North Yorkshire County Council) and Sarah Hulme (Camden Integrated Children's Service) provided invaluable expertise.

Finally we would like to thank all of the RCSLT members who work with children and young people and their families in England who responded to our survey.

### Published by:

The Royal College of Speech and Language Therapists  
2 White Hart Yard, London, SE1 1NX, UK  
+44 (0)207 378 3000  
[www.rcslt.org](http://www.rcslt.org)

### First published 2017

Registered Charity No. 273724  
Scottish Registered Charity No. SC04119  
Company Registration: 518344  
VAT: 821 1602 77

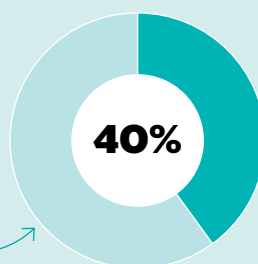
## Executive summary

Following the introduction of the SEND reforms in 2014, the RCSLT has received mixed feedback from members regarding their ability and capacity to effectively deliver the new SEND system. To gather more evidence and understand the progress that had been made to implement the reforms, in July 2016 we commissioned SQW, an independent research consultancy, to conduct a survey of our members who work with children and young people with SEND and their families in England.

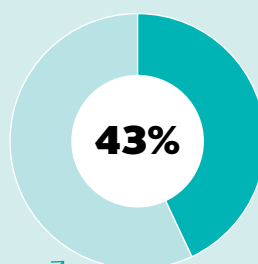
The survey was designed to find out more about members' experiences of the SEND reforms, associated successes, challenges and areas for improvement. The survey included questions on a variety of topics including changes in working practice following the reforms, joint working and commissioning of services, and support for children with and without education, health and care (EHC) plans. The survey also sought to gather examples of good and poor practice and capture information regarding SLTs' confidence in delivering the reforms.

A total of 350 survey responses were received during the consultation period. Sadly, the survey findings have highlighted mixed progress in the implementation of the SEND reforms and worrying trends:

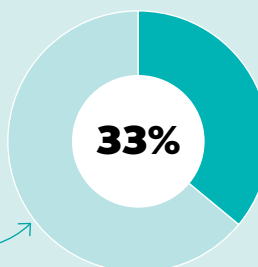
► **Children without EHC plans are not getting the support that they need:** SLTs reported a refocus of resources to support children with EHC plans, which has often been to the detriment of children without EHC plans. Only **40% of respondents said that they had capacity to deliver services to children without EHC plans**. Several commented that these children are receiving reduced support, and in some cases no direct speech and language therapy support, due to capacity challenges.



► **Joint commissioning arrangements are patchy, and in some cases speech and language therapy services are not being commissioned for children and young people:** SLTs reported varied and inconsistent joint commissioning arrangements between health, education and social care agencies at a local level. Furthermore, **43% of respondents commented that speech and language therapy support was not being commissioned either for children aged 0-2 years or 18-25 years**.

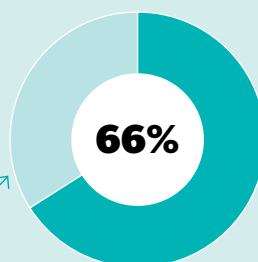


► **SLTs have experienced capacity challenges engaging with the EHC planning process:** SLTs have reported that they lack capacity to attend EHC planning meetings (**33% of respondents said that they or their team felt unable to attend meetings as a result of capacity issues**). Respondents also raised issues regarding a lack of notice being given by local authority colleagues to provide inputs to the EHC assessment and planning processes.

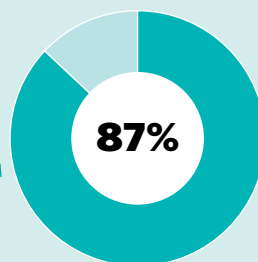


Encouragingly, the survey also highlighted areas of positive practice that can be built upon:

► **SLTs feel confident in delivering the reforms:** **66% of respondents reported that they felt they had either been very or fairly effective at delivering the changes required**.



► **SLTs reported the involvement of parent and carers in decision-making and partnership working:** more than two thirds of respondents reported that parents and carers had been effectively involved in decision-making regarding the support their family received. **The majority of respondents reported that they either worked very or fairly effectively with their health, schools/further education and early years colleagues (87%, 91% and 84%, respectively)**.



# Policy recommendations

The RCSLT is committed to working in partnership with national and local decision-makers, commissioners and other agencies to address the challenges highlighted in response to our SEND survey. Working in partnership with RCSLT expert advisers, we have developed the following policy recommendations that can help improve support for children with SLCN.

## Reductions in speech and language therapy support for children and young people without EHC plans

- ▶ We are calling on the Department of Health, the Department for Education and the Department for Communities and Local Government to issue a joint ministerial circular which will provide clarity on, and reinforce, the responsibilities of local authorities, schools and Clinical Commissioning Groups (CCGs) to commission services for children without EHC plans.
- ▶ In 2017, the RCSLT will work with the National Association of Head Teachers (NAHT) to develop advice and information for schools regarding how to support children with SLCN and how they can buy in speech and language therapy services directly.

## Variable implementation of joint commissioning and a lack of speech and language therapy support for children aged 0-2 and 18-25

- ▶ **0-2s:** we are calling on the Department for Education to develop guidance and a national framework regarding children's early speech, language and communication skills. We recommend that:
  - The Department for Education's forthcoming early years workforce strategy should set out clear expectations regarding the education and training that all early years practitioners (including in private, voluntary or independent nursery settings) should receive in relation to children's speech, language and communication skills.
  - As part of the Department for Education's forthcoming consultation on children's centres, the Department should develop a national framework which outlines a clear offer that children's centres should provide to support children's early language skills and school readiness.

- ▶ **18-25s:** we are calling on the Minister of State for Vulnerable Children and Families and the Department for Education to:

- Provide clarity regarding which local agencies are responsible for commissioning speech and language services for young people aged 18-25.
- Conduct research which will map gaps in the commissioning of local speech and language therapy services for young people aged 18-25.
- Identify how existing financial resources can be reallocated to address commissioning gaps regarding speech and language therapy services which support young people aged 18-25.
- Incorporate a review of how areas are responding to the extension in commissioning for young people aged 18-25, as part of the Ofsted and Care Quality Commission (CQC) joint SEND inspection process.

*The RCSLT is committed to working in partnership with national and local decision-makers*

*We are calling on the Department for Education to recognise the challenges faced by SLTs*

### **Capacity challenges associated with the EHC planning process**

- ▶ We are calling on the Department for Education to recognise the challenges faced by SLTs and other practitioners in attending EHC planning meetings, and the need to increase capacity within the system in order to deliver requirements within the allocated timescales. The combination of inflexibility within the system and high caseloads are leading to poorer results.
- ▶ We are calling on the Department for Education and local government sector partners to develop resources that can support local authority areas with the paperwork associated with EHC planning meetings and resource allocation systems.
- ▶ We are calling on local government sector partners to develop training and resources that can help to support and develop the skills of case workers who are responsible for coordinating and developing EHC plans.

### **Continuing partnership working with families and other professionals**

- ▶ In 2017, the RCSLT will hold a joint roundtable with social care sector organisations to discuss ways to support partnership working between speech and language therapy services and adult social care colleagues to improve outcomes for young people with SLCN.
- ▶ In 2017, the RCSLT will work with external partners, including SEND support services and voluntary organisations that support children with SLCN to develop resources that can help support greater involvement of children in decisions regarding their care.

# **What are speech, language and communication needs?**

Speech, language and communication skills allow children and young people to make sense of the world around them and communicate their needs. The term ‘speech, language and communication needs’ describes difficulties across one or many aspects of communication including difficulties with: using and understanding language (words and sentences), interacting with others, for example, understanding non-verbal rules of communication, and producing speech sounds.

### **Why does SLCN matter?**

- ▶ SLCN are the second most common primary need amongst pupils with special educational needs (SEN).<sup>1</sup>
- ▶ Approximately 8% of children, the equivalent of two children in every Year 1 classroom, will experience language disorders.<sup>2</sup>
- ▶ Approximately 1% of children have the most severe and complex SLCN.<sup>3</sup>
- ▶ In areas of high social deprivation in the UK, between 40% and 56% of children start school with language delay.<sup>4,5</sup>
- ▶ Language skills affect the quality of a child or young person's life. They:
  - **Provide the building blocks for learning.** They provide the foundation for child literacy and are key to children's academic attainment.
  - **Are central to social mobility.** The ability to communicate allows children and young people to fully participate in society, communicate their needs and achieve their potential.
  - **Are closely linked with social disadvantage,** as well as youth offending and long-term unemployment in adulthood.

Early intervention to identify and support SLCN can help enhance young people's life prospects, health and wellbeing.

## How SLTs help

- ▶ SLTs assess, treat and support children and young people with SLCN to communicate better. They work directly with young people, their families, and other professionals such as teachers to develop personalised strategies which support each child or young person's needs.
- ▶ SLTs also provide training to the wider workforce, including schools, and develop strategies so that they can identify the signs of SLCN and where appropriate, deliver interventions (with appropriate supervision). This is an area where the evidence base could be usefully developed in the period ahead.

# Chapter 1: A refocus of resources

Speech and language therapy services in England are currently under unprecedented pressure. Cuts to local budgets and increasing caseloads have meant that many children's speech and language therapy services face severe capacity challenges. Responses to our survey have highlighted that speech and language therapy services are overstretched, often stressed and there has been a shift in the way in which the services have been delivered.

*"There is less support being provided because of cuts, EHCP or no EHCP. Legal requirements set out (e.g. for termly visits) are not being met."*

*"Wider changes (such as planned closure of children's centres/cuts to local authority support services and end of contracts targeting disadvantaged populations) and demographic changes, significant house building across the area have had significant impact and will extend into the future."*

Our survey findings indicate a change in the prioritisation of children who access speech and language therapy services and an increasing shift towards SLTs working with children with a complex range of needs with EHC plans, rather than children without EHC plans.

*"[Profile has changed...] We now only have time to see children with an EHC plan, so children with a very high need of SLCN, who we could be doing a lot for, are not able to access our service, because they are not getting EHC plans unless they have lots of other needs as well."*

This trend is problematic as the majority of children with SLCN – who constitute in total approximately 8% of children – will not have, or meet the threshold for, an EHC plan (a legal document that states their special educational, health and social care needs and support that will be given by local agencies to meet them). EHC plans are typically given to children and young people who have severe, significant, profound, complex and/or long-term needs. Children with SLCN typically receive SEN support in a school setting. Extra or different help is given from that provided as part of the school's usual curriculum and, where appropriate, the class teacher or SEN co-ordinator may receive advice or support from outside specialists such as SLTs.<sup>6</sup>

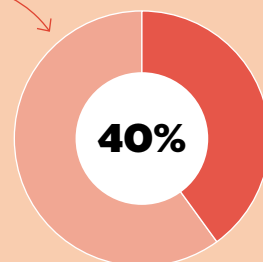
**Only 40% of respondents stated that they had been able to deliver services to children and young people without EHC plans.**

Furthermore, just 55% of respondents said that they had been able to contribute to planning processes required to support this group.

A number of SLTs commented that they were only working with children with EHC plans to the detriment of those with less complex needs or that they now only had time to see children and young people with an EHC plan.

*"[Prioritisation has changed...] EHCP children will always be prioritised due to legal requirements even if they do not need us for direct therapy and this then gives us less time for children who require specialist input but do not yet have an EHCP."*

In addition, respondents also reported experiencing some change in either the quantity or quality of support provided to children and young people without an EHC plan relative to those with a plan.







**Member responses to a question regarding changes in the quantity, quality, and type of services provided to children with and without EHC plans.**

% of respondents	Changes in quantity		Changes in quality		Changes in type	
	With an EHC plan	Without an EHC plan	With an EHC plan	Without an EHC plan	With an EHC plan	Without an EHC plan
<b>Yes</b>	28%	40%	24%	33%	25%	34%
<b>No</b>	55%	36%	58%	41%	55%	39%
<b>Don't know</b>	16%	25%	18%	26%	20%	27%

Analysis of the qualitative responses/comments that SLTs provided has highlighted a clear theme that much of the change in support for children and young people without EHC plans has been negative, and has resulted in reduced support, less face-to-face support, and in a number of cases, no speech and language therapy support being provided as a result of capacity issues.

*“There seems to be little support for those without plans.”*

*“We now no longer see children who do not have an EHC plan.”*

*“Children without EHC plans are worse off in all of the above following the reforms.”*

As part of the wider survey, SLTs' comments also reflected a lack of capacity to engage with the EHC planning process (outlined in further detail in chapter 3) which is detrimental to their ability to support children. This means that SLTs are not able to discuss how best the child's SLCN can be addressed, to ensure that their needs are really understood by the team around the child, and to discuss both of these with families.

Several concerns were also raised about an increasing dependence on schools to provide speech and language therapy services for children and young people without an EHC plan. This was not always felt to be sufficient to meet the relevant needs of children.

*“These children are less likely to be identified by school and prioritised for input as schools prioritise those children who they want to apply for EHC plans for. This means that those with language disorders are less likely to be seen and therefore we are having less impact on those that would benefit from our input.”*

*“We still do not have sufficient capacity to provide training for teaching staff and direct input to those children without EHC plans.”*

In addition, SLTs' responses also highlighted specific concerns regarding commissioning and its impact upon the delivery of support for children with and without EHC plans.

*“Commissioning in our area has reduced significantly, to the point that needs are unable to be met due to capacity issues.”*

*“We are commissioned only to provide assessment and advice (consultative model) for children without EHC plans.”*

*“Greatly reduced commissioning of qualified SLT time has impacted on prioritisation.”*



## A call to action

**Our members' responses highlight a clear need for action to improve support for children without EHC plans:**

- ▶ We are calling on the Department of Health, the Department for Education and the Department for Communities and Local Government to issue a joint ministerial circular which will provide clarity on, and reinforce, the responsibilities of local authorities, schools and CCGs to commission services for children without EHC plans.
- ▶ In 2017, the RCSLT will work with the NAHT to develop advice and information for schools regarding how to support children with SLCN and how they can buy in speech and language therapy services directly.

## The RCSLT's strategy for children's speech and language therapy services

The RCSLT is committed to supporting quality speech and language therapy services across England and in 2017 will continue to work on its children's speech and language therapy services strategy. We are leading a 12-month project which will:

- ▶ Develop a shared understanding of good practice, particularly meeting the needs of children, young people, their parents and carers within different service models.
- ▶ Support SLTs in delivering evidence-based care, focused on outcomes which meet service users' needs.
- ▶ Provide RCSLT members with the tools and evidence to influence and inform service provision and service redesign.
- ▶ Develop resources to assist key decision makers such as commissioners to understand the role of speech and language therapy in children's health, wellbeing and participation, to improve educational outcomes and life chances.

*Commissioners have prioritised children and young people with EHC plans*

# Case study: service pressures and shifting priorities

This speech and language therapy service in London provides services to children and young people aged 0-19 across two local authority areas.

### Service pressures

The service is experiencing unprecedented pressures with a 20% growth over the past four years in the number of children and young people accessing speech and language therapy services in the absence of any additional resources to support this demand. The increased number of children and young people accessing services is reflective of local population trends; there has been an increase in the numbers of children and young people with more complex needs and those with autism spectrum disorder. The area's population is transient and diverse, more than 80% of school children are from a minority ethnic group and a high proportion of local children have English as an additional language. This further enhances the complexity of the service's caseload and makes it important that services are delivered in a way which is responsive to local needs.

### Commissioning priorities

The service works with local commissioners to identify current and future commissioning priorities. Commissioners have prioritised children and young people with EHC plans and those with high risk/high health needs. As a consequence, the remaining resource for children and young people without EHC plans has significantly reduced. The service continues to prioritise this according to the clinical needs of children and young people, however, SLTs

are concerned that children and young people are not receiving the levels of speech and language therapy support they need. This has a negative impact on outcomes, and children and young people's ability to access the curriculum and their inclusion in school/extra-curricular activities.

Speech and language therapists are concerned that in some cases children and young people without EHC plans who have a greater need and potential to benefit from speech and language therapy interventions are now unable to access services. Children and young people who would have received targeted support packages from speech and language therapy no longer access speech and language therapy support and are reliant on school staff supporting their needs.

### Alternative approaches

To address the demand and manage the gap in resources, the service has explored alternative approaches:

- ▶ Working with local schools to explore options for commissioning speech and language therapy support for children and young people requiring targeted interventions. In one area, approximately half of schools commission additional speech and language therapy services for children and young people who do not have EHC plans.
- ▶ Reviewed access criteria which now requires schools to provide additional information on children and young people with SLCN, for example, second language acquisition to reduce any unnecessary referrals.
- ▶ Agreed relative roles and responsibilities of speech and language therapy as opposed to other support services, for example, teachers of the deaf, to reduce duplication of effort.
- ▶ Offering training to school staff to increase their knowledge and skills in supporting children and young people with SLCN. Many schools have trained staff acting as co-ordinators and a resource for SLCN within the school. This has improved partnership working with SLTs and the support available to individual children and young people.

Concerns remain that support for children and young people who do not have the protection of an EHC plan is inequitable and is influenced by the school he/she attends in that the quality and level of support implemented by schools varies as does their commissioning of speech and language therapy and other support services.



## Chapter 2: Commissioning across the lifespan

The Children and Families Act introduced a new legal duty regarding joint commissioning and extended the scope of SEND legislation to cover children and young people aged 0-25.<sup>7</sup> Whilst the Act requires local authorities and their health partners to work together to plan and commission services for children and young people with SEND, our survey findings indicate that implementation of joint commissioning is variable in different areas.

**Just 41% of respondents reported that the local areas in which they worked had arrangements in place to jointly commission health, education and social care services for children and young people with SEND.** Furthermore, an additional 40% reported that there was a lack of clarity at a local level whether joint commissioning was taking place.

In many areas where joint commissioning arrangements are in place, SLTs reported that joint commissioning arrangements seemed to be working well. Fifty four percent of the respondents that reported joint commissioning arrangements were present in their local areas stated that the arrangements were either very or fairly effective. However, nearly a third (31%) stated that their local arrangements were either not very or not at all effective.

**SLTs who shared further information regarding why their local arrangements were ineffective highlighted concerns regarding consistency, communication and partnership working.** Their responses included comments regarding:

- ▶ Inconsistencies in commissioning arrangements between individual children and young people.
- ▶ Frustration at the lack of dialogue between SLTs and commissioners which had resulted in a mis-match between the demands and expectations of both groups.
- ▶ Inconsistencies between the contributions of individual partners/agencies, for example, social care colleagues in particular were most commonly identified as not being involved.

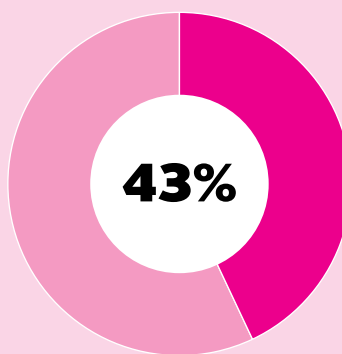
*“Commissioners don’t understand what they are commissioning or how the service works best so have made demands of the service and expectations that don’t fit with our opinion on best way to run service or what fits evidence base.”*

*“[It is] inconsistent. Joint commissioning provided for some children but not others.”*

## Spotlight on the early years

In light of the expansion of SEND legislation to include children aged 0-2, we asked members questions regarding the commissioning of services for this group.

**Forty three percent of respondents reflected that speech and language therapy support was not being commissioned for children aged 0-2 following implementation of the reforms.**



Speech and language therapists who shared further information regarding why they did not feel that support was being commissioned for children aged 0-2 highlighted reductions in, and a lack of funding/resourcing for, early intervention and early years work.

*“Our early years service has been stripped back to the point where it is difficult for the under threes to get seen by SLT. Previously we were commissioned to provide a preventative early years service rather than targeted, however this is now no longer commissioned. It is now very rare for children under three with very specific SLCN to receive any therapy and therefore I expect to see a greater need for targeted SLT in the 3-11 age group as their needs are not being addressed as early as possible.”*

In addition to the 43% of SLTs who reported that speech and language therapy support was not being commissioned for children aged 0-2, a further 46% reported that there was a lack of clarity at a local level as to whether services were being commissioned for this group. This largely reflected the fact that these respondents did not specifically work with children from this age group.

## Spotlight on young people

In addition to extending support in the early years, the Children and Families Act seeks to expand support for young people with SEND and prepare them for adulthood. Historically, the availability of speech and language therapy for young people older than 18 has been poor or variable in different areas. In some cases, members have described this provision as a cliff edge where some young people move from on-going care to almost no support.

**Forty three percent of respondents said that speech and language therapy was not being commissioned for young people aged 18-25 following implementation of the reforms.**

Several SLTs who provided further comments on this commissioning gap for young people highlighted that they had been unable to extend their provision to support these age groups due to:

► **Reductions in or a lack of local funding.**

*“Commissioning in our area has reduced significantly, to the point that needs are unable to be met due to capacity issues. Children/young people in these age groups are generally not seen.”*

*“There is no local SLT service to young people who are not attending school. The local authority specifically instructs professionals involved in EHCPs NOT to specify SLT provision to young people who are leaving school (including those leaving to attend college in Key Stage 4).”*

► **A lack of clarity at the national (and therefore local) level around how support should be commissioned for young people, and by whom.**

*“I think it is unclear how EHCPs are intended to work in these age bands. Info from DfE and DoH is sketchy at best. The CoP [Code of Practice] seems to imply that if there is no educational need, then you should not have a plan. However recent case law has highlighted that you can have an EHCP in a care setting for 18-25.”*

► **Resistance from post-16 education providers and adult health to support the aged 18-25 group.**

*“18-25s are still being discussed - adult or paediatric service. Some 16+ education providers (mainstream) are still resisting commissioning SLT for their young people as this has not been a demand on their budget before now.”*



## A call to action

Our members' responses highlight a clear need for action to improve the joint commissioning of speech and language therapy across the life-course.

► **0-2s:** we are calling on the Department for Education to develop guidance and a national framework regarding children's early speech, language and communication skills. We recommend that:

- The Department for Education's forthcoming early years workforce strategy should set out clear expectations regarding the education and training that all early years practitioners (including in private, voluntary or independent nursery settings) should receive in relation to children's speech, language and communication skills.
- As part of the Department for Education's forthcoming consultation on children's centres, the Department should develop a national framework which outlines a clear offer that children's centres should provide to support children's early language skills and school readiness.

► **18-25s:** we are calling on the Minister of State for Vulnerable Children and Families and the Department for Education to:

- Provide clarity regarding which local agencies are responsible for commissioning speech and language therapy services for young people aged 18-25.
- Conduct research which will map gaps in the commissioning of local speech and language therapy services for young people aged 18-25.
- Identify how existing financial resources can be reallocated to address commissioning gaps regarding speech and language therapy services which support young people aged 18-25.
- Incorporate a review of how areas are responding to the extension in commissioning for young people aged 18-25, as part of the Ofsted and CQC joint SEND inspection process.

# Chapter 3: Engagement in the EHC planning process

The Children and Families Act introduced a co-ordinated assessment process to support the development of EHC plans. The development of EHC plans requires close coordination between education, health and care services and often frequent involvement of SLTs. Responses to our survey highlight that while SLTs have welcomed the overall focus on joined-up working associated with the SEND reforms, they have found engagement with the EHC planning process challenging.

Of the total number of respondents, 65% of SLTs reported that they or their team had felt able to effectively contribute to the process of completing an EHC plan when required. However, a quarter of respondents (26%) selected the 'other (please specify)' option which highlighted that common concerns amongst this group included:

- ▶ **Local authorities misinterpreting SLTs' feedback:** SLTs expressed frustration around SLTs' written contributions to EHC plans often being reworded or rewritten beyond recognition by local authority staff, which made their reports inaccurate and less relevant to the child or young person in question. As part of the development of this report, RCSLT expert members have provided additional feedback on this finding and have highlighted that in many cases this problem occurs due to the accidental misinterpretation of SLTs' contributions and that there is a need for greater

training and support for SEN officers regarding EHC planning paperwork.

- ▶ **Capacity building and engagement in the EHC planning process.** SLTs raised concerns about not being given sufficient notice to contribute effectively to EHC plans. Others reported feeling that the contributions of NHS SLTs were much more valued by SEN officers and others, in comparison to the contributions of independent SLTs.

Of the total number of respondents, 60% stated that they or their team had been able to respond to local authority requests for advice for EHC needs assessments within the required six-week period. However, a number of the remaining respondents (24%) selected the 'other (please specify)' option and reiterated that although they would like to be able to contribute to the assessment process, they were either not provided with sufficient time/notice to do so, or that they were often not asked to contribute.

## Attending planning meetings

Respondents provided mixed feedback regarding their ability to attend EHC planning meetings:

- ▶ 36% of respondents said that they or their team **felt able** to attend meetings when required.
- ▶ 33% of respondents said that they or their team **felt unable** to attend meetings as a result of capacity issues.
- ▶ 30% of respondents opted for the '**other (please specify)**' option and shared detailed comments about challenges they faced in relation to EHC planning meetings.



The challenges that respondents reported included:

- ▶ Lack of notice provided about timing of meetings.
- ▶ Not being invited to attend EHC planning meetings despite providing a support service to the relevant children and young people.
- ▶ The lengthy nature of the meetings which would often require cancelling a lot of other work to attend.
- ▶ A perception that local authorities were not holding EHC planning meetings and were instead developing plans based purely on reports from professionals and families.

*“It is challenging to attend meetings because they are often called at relatively short notice and to attend would mean cancelling other clients. Therefore, I have tried to attend where this has not been to the detriment of other children. Perhaps this is in part a capacity issue as there is very little ‘space’ for admin or extra meetings.”*

*“The local authority do not currently invite us to planning meetings. They did previously when we were a pathfinder. But now say that it holds up the process and is too costly!”*

*“Meetings no longer take place in the local authority I work in due to capacity issues and staff shortages. The EHCs are based purely on reports from professionals and the family.”*

*We have rarely been invited to planning meetings. The ‘co-production’ meetings are only being held in our area if a parent requests them.*



## A call to action

Our members’ responses highlight a clear need to create greater capacity at a local level to support effective engagement in the EHC planning process. To address this the RCSLT is calling on:

- ▶ The Department for Education to recognise the challenges faced by SLTs and other practitioners in attending EHC planning meetings, and the need to increase capacity within the system in order to deliver requirements within the allocated timescales. The combination of inflexibility within the system and high caseloads are leading to poorer results.
- ▶ The Department for Education and local government sector partners to develop resources that can support local authority areas with the paperwork associated with EHC planning meetings and resource allocation systems.
- ▶ Local government sector partners to develop training and resources that can help to support and develop the skills of case workers who are responsible for coordinating and developing EHC plans.

# Chapter 4: Partnership working with families and other professionals

Our survey findings indicate that SLTs feel confident in delivering the reforms. Sixty six percent of respondents reported that they felt they had either been very or fairly effective at delivering the changes required. Particular areas of strength reported by our members include the involvement of parents and carers in decision-making and partnership working with health and education agencies. However, SLTs also reported poor or limited working relationships with colleagues in other sectors.

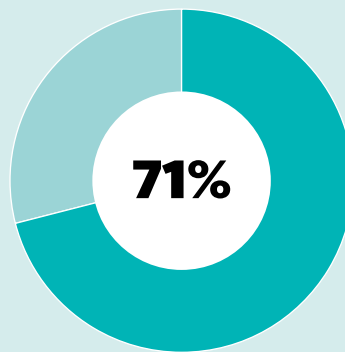
## Working with families

Of the total number of respondents, 65% reported feeling that they or their team had worked differently since the introduction of the SEND reforms. Some of the most commonly reported positive differences included a move towards more family-centred approaches and the setting of appropriate goals and outcomes, and greater involvement of parents in the assessment and planning processes.

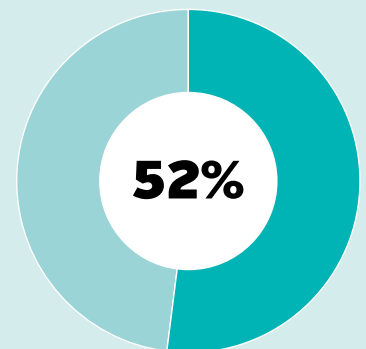
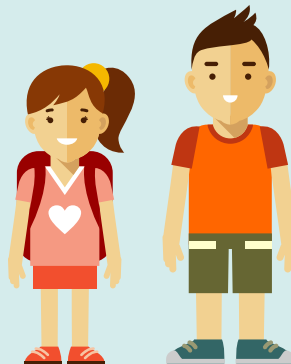
*“We have had to be a lot more specific in our goals and outcomes. We have had to support parents through the transition.”*

When questioned in more detail about partnership working with children and families:

- ▶ 71% of respondents reported that parents and carers had been effectively involved in decision-making regarding the support their family received.



- ▶ 52% stated that children and young people had been effectively involved in decision-making regarding the support their family received.



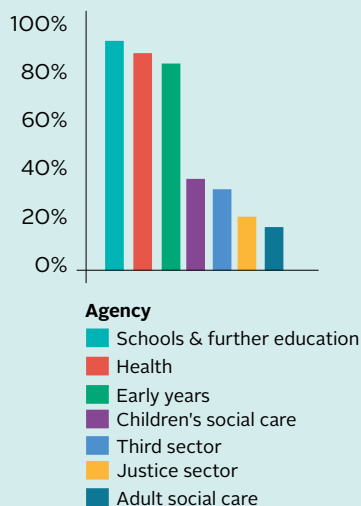
The comparatively low findings regarding the involvement of young people replicates the findings of other studies, such as SEND Pathfinder Evaluations in 2013-15.<sup>8</sup>

## Areas of good joint working

When asked about changes in working practices following implementation of the SEND reforms, SLTs reported an increase in holistic and multi-agency working with school and SEN colleagues. The majority of respondents reported that they either worked very or fairly effectively with their health, schools/further education and early years colleagues (87%, 91% and 84%, respectively). SLTs generally felt that they held stronger links with health colleagues, which in part was driven by the majority of respondents being predominantly employed by the NHS, and with education



## Effective joint working with colleagues from other agencies



colleagues, due to good speech and language therapy linkages with school settings.

## Areas of poor joint working

A number of respondents commented that they had little cross-over with social care services, which in part may be due to limited capacity of many social care teams and because the EHC planning process in particular is generally initiated by education colleagues. A number of respondents also raised concerns about a lack of capacity of SLTs and colleagues from other agencies to undertake joint working, and of limited crossover with adult services when young people make their transition from children's speech and language therapy services.

Thirty seven percent, 18%, 33% and 21% of respondents reported that they worked either very or fairly effectively with children's and adult social care and with their third sector and justice sector colleagues. However, the RCSLT is acutely aware of the current challenges facing the social care sector, including low levels of funding, reduced resources and an increasing pressure for adult social care colleagues to focus on older people.



# A call to action

To support continuing partnership working with families and other professionals, in 2017 the RCSLT will:

- ▶ Hold a joint roundtable with social care sector organisations to discuss ways to support partnership working between speech and language therapy services and adult social care colleagues to improve outcomes for young people with SLCN.
- ▶ Work with external partners, including SEND support services and voluntary organisations that support children with SLCN to develop resources that can help support greater involvement of children in decisions regarding their care.



► **Open access:** referrals remain open-access with parental consent, so it is easy to access advice from an SLT. Waiting times for initial assessment are currently 11 weeks. Regular training for referrers means that referrals are appropriate.

► **Communication:** the service has developed 'Criteria for Intervention' which provide a simple and clear guideline for staff, ensures equity across the service, and helps when staff need to explain to parents and other professionals why they are providing or not providing intervention to a child.

► **Organisational approach:** there is a culture of continuous improvement within the team, and staff meet regularly to share information which helps to build strong relationships. The team are regularly encouraged to reflect on their strengths, development needs, and ideas on how to improve service delivery and outcomes for children and families.

### Spreading best practice

Below the team at Brighton and Hove Children's Speech and Language Therapy Service have shared their top tips for other speech and language therapy services regarding implementation of the SEND reforms and how to support the needs of children and young people and their families:

- Have clear guidelines on how team members should communicate with families. Ensure service delivery is transparent and involve them in decisions early on.
- Get your EHC plan report format right so it is easy for SEN casework officers to lift out the relevant sections, and offer to provide training to caseworkers on how to interpret reports.
- Have a clear service delivery framework and ensure all staff understand it and are signed up to it.
- Don't get hung up on the paperwork. The principles of the SEND reforms are about more parental and child involvement, better liaison between services, working together, better access to good quality information and outcomes focused interventions. The plan is just the 'live' document that details all this: it should grow and change with the child.



## Conclusion

Speech and language therapy is vital to improving children's lives and helping them to realise their potential. However, our survey findings highlight significant gaps in the commissioning of speech and language therapy and a need to create greater capacity in the system to enable SLTs and other professionals to effectively engage with the EHC planning process.

There is a need for urgent action to address the key themes outlined within our report, especially improving support for children without EHC plans. Over the next 12 months, the RCSLT will be campaigning to resolve these issues and work with partners to implement practical solutions at a national and local level.

For further information regarding the SEND reforms and the role of SLTs in supporting children and young people, please visit: [www.rcslt.org](http://www.rcslt.org)



**Published by:**

The Royal College of Speech and Language Therapists  
2 White Hart Yard, London, SE1 1NX, UK  
+44 (0)207 378 3000  
[www.rcslt.org](http://www.rcslt.org)

**First published 2017**

Registered Charity No. 273724  
Scottish Registered Charity No. SC04119  
Company Registration: 518344  
VAT: 821 1602 77

## References

1. Department for Education. Special educational needs in England, January 2016, Figure B: Percentage of pupils with each primary type of need who are either on SEN support or with a statement or EHC plan (pupils in state funded primary, secondary and special schools). England 2016. Available at: [file: www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/539158/SFR29\\_2016\\_Main\\_Text.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/539158/SFR29_2016_Main_Text.pdf)
2. Norbury CF, Gooch D, Wray C, Baird G, Charman T, Simonoff E, Vamvakas G and Pickles A (2016). The impact of nonverbal ability on prevalence and clinical presentation of language disorder: evidence from a population study. *J Child Psychol Psychiatr*, 57: 1247–1257. DOI: 10.1111/jcpp.12573
3. Department for Children and Families (2008). The Bercow Report: A Review of Services for Children and Young People (0–19) with Speech, Language and Communication Needs. Available at: [http://dera.ioe.ac.uk/8405/7/7771-dcsf-bercow\\_Redacted.pdf](http://dera.ioe.ac.uk/8405/7/7771-dcsf-bercow_Redacted.pdf)
4. Locke A, Ginsborg J, Peers I. Development and disadvantage: Implications for the early years and beyond. *International Journal of Language and Communication Disorders*, 2002; 37(1), pp. 3–15.
5. Law J, McBean K, Rush R. Communication skills in a population of primary school-aged children raised in an area of pronounced social disadvantage. *International Journal of Language and Communication Disorders*, 2011; 46(6), pp. 657–64.
6. Department for Education. Special educational needs in England: January 2016, The number of pupils with special educational needs. Available at: [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/539158/SFR29\\_2016\\_Main\\_Text.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/539158/SFR29_2016_Main_Text.pdf)
7. Department for Education (2015). Special educational needs and disability code of practice: 0 to 25 years. Available at: [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/398815/SEND\\_Code\\_of\\_Practice\\_January\\_2015.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf)
8. Department for Education (2014). SEND Pathfinders. Available at: [www.gov.uk/government/collections/send-pathfinders](http://www.gov.uk/government/collections/send-pathfinders)
9. CQC and Ofsted (2016). Joint local area SEND inspection in Brighton and Hove. Available at: [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/537477/Joint\\_local\\_area\\_SEND\\_inspection\\_in\\_Brighton\\_and\\_Hove.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/537477/Joint_local_area_SEND_inspection_in_Brighton_and_Hove.pdf)
10. Gascoigne M (2011). The Balanced System, MGA Consulting; Hertfordshire. Available at: [www.thebalancedsystem.org](http://www.thebalancedsystem.org)