

## Speech & language therapy provision debate

Sunday, 16 September 2007

Ms Oona King (Bethnal Green and Bow): I am delighted and relieved to have secured this debate on speech and language therapy provision, because, since my election in 1997, I have met many families who are waging a war with the system, trying to get their children the treatment that they need. I have asked for this debate to explain directly to the Minister the frustration and injustice that many of my constituents feel. They believe, and I agree, that their children's education and life chances are being irreparably damaged because they cannot access speech and language therapy. I would like to set out the importance of speech and language therapy, which has a basic objective: to enable people to communicate. Without effective communication, people are excluded; not just from a social conversation, but from their families, their school environment and society. If children cannot communicate properly, they cannot be educated properly.

The right to education is enshrined in many UN charters, the new Human Rights Act 1998--which came into force on 2 October this year--and the Children Act 1989. On paper, all British children receive those rights. In practice, in some areas, they do not. Tower Hamlets is one of those areas.

In Tower Hamlets, the speech and language therapy service is currently operating "beyond crisis point". Those are the words of the chief executive of the Tower Hamlets health care trust, Christine Carter. She states that this is due first, to the enormity of the case loads; secondly, to the management of cultural diversity and the challenges that it brings; and thirdly, to the level of deprivation in Tower Hamlets. Other relevant factors are recruitment and retention of speech and language therapists. The shortage of trained and experienced therapists is manifest, and that includes occupational therapists, speech and language therapists and physiotherapists.

In a recent survey, the Royal College of Speech and Language Therapists found that of 276 posts advertised, only 50 per cent. were filled. Recruitment and retention is a particular problem in Tower Hamlets. Could my hon. Friend the Minister explain whether any steps are being taken to improve the training for speech and language therapists and to encourage students to take up that training? I hope that the Government will include speech and language therapists among the key worker groups which will receive help with housing in areas such as Tower Hamlets and in central London, where it is virtually impossible to buy a property if one is not exceptionally wealthy.

The strain on SLT services in Tower Hamlets is evidenced by the high number of referrals; there are at least 40 new referrals every month. Tower Hamlets has four times the national average of children with hearing impairments. The number of children with complex medical and educational needs is rising. The number of children with autism in Tower Hamlets--and across the country--is rising. In Tower Hamlets, 40 to 50 per cent. of the children referred are bilingual. That requires

assessment and therapy in two languages. A consultation takes 75 minutes with a therapist and an interpreter, compared with 35 minutes with a therapist alone.

Overall, Tower Hamlets has 14 funded therapists in post, but it should have 40. The waiting time is 12 to 18 months from referral to initial assessment appointment. That means inevitably that staff have no choice but to prioritise the needs of children under the age of five. That is obviously problematic because it means that older children with serious problems no longer have access to speech and language therapy. Following cuts in the 1996-97 financial year, Tower Hamlets had to restrict SLT provision to under-11s. Even those under the age of 11 in Tower Hamlets are not always receiving therapy. More astonishingly, even the under-fives in Tower Hamlets are having to wait for about a year for assessment.

In the summer, I received a letter from Dr. Gordon Craig, of the Globe Town surgery in Roman road, about a four-year-old patient who was waiting for SLT assessment. He wrote that

her hearing is poor and she is doing poorly at school. As you can see the current waiting time for a 1st appointment is 11 months and I find this extraordinary. I think if I had children I would be up in arms against this sort of delay in something that may be so potentially detrimental to the child's education. I am sure you will agree.

I do agree, and I am sure that my hon. Friend the Minister agrees that we must do everything in our power to enable such children to access services that are vital to their education and life chances.

Unfortunately, in many cases, parents have to resort to tribunals to obtain the right educational provision for their children. For parents who are not familiar with the ins and outs of the civil service and government bureaucracy, the matter is further complicated; while speech therapy is provided by the health authority, overall responsibility for provision of special educational needs remains with the Department for Education and Employment. As a result, the provision of SLT is patchy; unexplained variations create a postcode lottery.

I am exceptionally pleased, however, that the DFEE and the Department of Health established a working group on SLT. The group made its report this week. It quotes the special educational needs programme of action, published in November 1998, which noted that there are

difficulties in securing therapy services for children with SEN, which partly result from the different statutory responsibilities and priorities of health authorities and LEAs, and from lack of clarity over funding. The difficulties are most pronounced in speech and language therapy but similar issues apply to occupational therapy and physiotherapy. There was clear agreement on the nature of the problem but not on possible solutions.

The working group did its utmost to find possible solutions. Currently, however, even where solutions are forthcoming from the Government, they sometimes do not solve the problem in the way that one might expect. For example, Stewart Harris, the head teacher of Phoenix secondary and primary school in my constituency, wrote to me stating:

Phoenix . . . receives Standards Fund (education support, matched funding from DfEE) which enables us to theoretically employ a Speech Therapist on two days a week to work with children with speech and language difficulties who are on the autistic spectrum. The Health Authority has been unable to provide consistent staffing to enable us to develop the project properly. For instance, over a

period of eighteen weeks, we have received speech and language support for only eight of these and are currently again without speech therapy for this project.

That is the situation today. Mr. Harris continued:

Feedback at a recent meeting with the Health Commissioner was of the view that the setting of priorities within Health depends on G.Ps. G.Ps see children with speech and language difficulties as being dealt with by health visitors and schools . . . It may be that greater emphasis needs to be given centrally by the Department of Health to the importance of early language development in preventing more severe difficulties emerging.

Will my hon. Friend consider specifically that point about the importance of early language development within the Department's own framework and priorities?

My constituent, Mohammed Nazmul Islam, received speech therapy until three years ago. Since then, his parents have fought a protracted and sometimes desperate battle to get the speech therapy that he needs. He is an 11-year-old child with Down's syndrome. After intervention from Tower Hamlets health care trust and with the help of the chief executive and after making inquiries myself, he is now receiving speech and language therapy, but not from a trained SLT therapist. That returns me to the problem of recruitment.

To solve that problem, we need to consider the emphasis that the Department of Health places on SLT. Historically--since 1974--SLT has been regarded as either education or non-education provision. If the provision of SLT is deemed to be educational and included in part 3 of a child's statement, responsibility lies with the local education authority if the health authority is unable to provide it. In this case, the NHS is not under a statutory duty to provide SLT.

The experience of many parents is that their children's statements do not specify the level of provision and support necessary for the children to receive an appropriate education. That risks leaving the provision open to interpretation, reduction and, in the worst cases, misinterpretation. If statements are unclear, they are unenforceable. There is an incentive for hard-worked, over-stretched and cash-strapped LEAs not to specify provision, because if they do, they will bind themselves to long-term financial commitments. So I should like to know whether the Government will issue LEAs with clear guidance on good practice that goes beyond the existing SEN code of practice, which includes guidelines on the provision of speech therapy.

Currently, the link between health authorities and education legislation is somewhat tenuous, partly because of the fundamental differences in principles and access. We know that, in health care, there has to be rationing. However, in education, everyone is, in theory, supposed to have an automatic entitlement.

The chief executive of Tower Hamlets health care trust believes that her department and the LEA work well together in endeavouring to provide SLT to children. But she would be the first to say that the shortage of speech therapists makes it

impossible for them to fulfil the statements.

The Government are taking the problem very seriously. They need to close what might be described as the co-operation gap in SLT provision. I warmly congratulate the DFEE on this week's announcement that extra support will be made available to help LEAs enhance their SLT services in partnership with the NHS and the voluntary sector. Some £10 million is being made available under the standards fund to support pilot SLT projects.

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I hope that what the headmaster of Phoenix school said illustrates the problems that we face in practice and that the Government's excellent initiatives--which put money where our mouth is--help to solve the problems that children experience. I urge the Minister to take forward those initiatives.