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1.1 Introduction

Norfolk County Council and our Health Partners are required by Section 25 of the Children and Families Act to ensure integration of special educational provision with health and social care provision for children and young people with Special Educational Needs and Disabilities (SEND). Consequently we are required to commission services jointly for children and young people with SEND, for those with and without Education, Health and Care Plans (EHCP’s).

Speech and Language Therapy Services (SaLT) clearly come under this mandate owing to the integration of education and therapy provision supporting speech, language and communication needs.

The purpose of this document it to provide an analysis of needs of speech and language therapy to inform the commissioning of this service.

This Needs Analysis is developed as part of the NCC procurement and commissioning process and is a qualitative and quantitative review, informed, in part, in consultation through focus groups with children and young people and their families, surveys and questionnaires and wide engagement with professionals and networks, including Family Voice and the SEND Partnership.

In all cases, effort has been made to provide the most recent figures available to illustrate the current picture of speech and language need and provision in Norfolk for children and young people whilst acknowledging some areas of information is weak as data is not currently collated or no longer collated or not available.

Speech and language is fundamental to early childhood development and can impact upon a child’s school readiness, attainment and health outcomes in later life. As identified in the re-commissioning of the Norfolk Healthy Child Programme, a new Public Health Outcomes Framework (PHOF) indicator is being introduced for two to two and-a-half year olds assessing development. This will help to identify children that aren’t developing as would be expected earlier, and enable targeted early interventions.

The current Speech and Language Therapy Service (SaLT) commissioned by Norfolk County Council (NCC) is through:

- The early years (0-5) SaLT service is currently provided through the Early Years Team in Children’s Services
- The Special Educational Needs (SEN) Team in Children’s Services for Children and Young People (CYP) aged 5-19
- The post 18 service is currently commissioned by the Adults Learning Disability Team at NCC

Provision is also commissioned through the Clinical Commissioning Groups (CCG’s), refer to Section 8

ICAN, the children’s communication charity, suggests as many as 10% of children could have a speech, language or communication need. ICAN identify children who are starting school with SLCN with poor language skills and may have a limited vocabulary. They may be just starting to join words together, find it hard to listen and may sound like a much younger child. Early assessment to identify speech and language need and with support can enable children to catch up with their peers. In some areas, particularly areas of social disadvantage, this group may be upwards of 50% of children at school entry. However, anecdotally, up to a third of children across Norfolk entering school at age 5 years are could potentially have some SLCN.

Approximately 7% (approximately 40,000) of five year olds entering school in England have significant difficulties with speech and/or language. For Norfolk, from the January 2015 School Census, there was a total 9,112 five year olds who entered school. Of these, 7874 children had a place at a maintained school and 1238 in Primary School Academies. This means that approximately 640 Norfolk children are likely to need specialist and/or targeted intervention at key points in their development, at age 5 about 2 children in every classroom have a Specific
Language Impairment (SLI), approximately 7% and it is more common in boys than in girls. SLI is a very broad category, with some children having mild problems that are short-lived. Others have severe and persistent difficulties with both understanding and talking\(^1\).

These difficulties are not associated with other conditions, such as cerebral palsy, hearing impairment or autistic spectrum disorders. Children with SLI are often as clever as any other child of their age but they still have difficulties with speech and language, hence the term ‘specific’, as difficulties are specific to this area.

Approximately 1% of five year olds (approximately 64 children in Norfolk and 5,500 Nationally) entering school have the most severe and complex Speech Language Communication Needs (SLCN). It can be difficult to remember that they are often as able as their classmates; children with SLI often find ways of getting by such as watching and copying. Having SLI can be frustrating for children; they may develop behaviour difficulties because of this. Very often children with SLI have difficulty learning to read and spell.

These children are not likely to understand much of what is said to them, they may have very little spoken language and they are likely to have great difficulty in communicating when they start school. These children often need to use alternative and augmentative means of communication. This group is likely to have a long-term need for specialist help, in school and beyond.

In addition, secondary SLCN are associated with other difficulties that children may be experiencing such as autism, cerebral palsy, hearing loss or more general learning difficulty. The number of children and young people with secondary SLCN is almost impossible to quantify separately from the primary SLCN group. However, meeting their SLCN should be considered as part of their overall package of care. For children with primary or secondary SLCN it is accepted that the support they require for communication is an educational need, because their ability to access the curriculum is dependent on their level of communication skill (Source: Bercow Study Services for Children and Young People (0-19) with Speech, Language and Communication Needs 2010).

1.1 SUMMARY

Currently there are numerous SaLT services in Norfolk with a range of provision from Universal to Targeted intervention. Pathways for early identification pathways and support include Health Visitors, Portage, Speech and Language Therapists, Children’s Centres and Schools (with further pathways outlined in the body of the report). Services are fragmented with some gaps/inequity of provision. There are 46 School Clusters which includes 1 Special Schools and 10 Complex Needs School and in Early Years Settings there are 53 Children’s Centres and 49 Lots. Across Norfolk there are approximately 187,000 children and young people (CYP) (based on Council boundaries).

SaLT’s have a key role in upskilling those involved with the child or young person including professionals, families, teaching staff, child minders. Re-commissioning and redesigning the SaLT service to provide an integrated Service of the Health and Educational elements of SaLT would enable a greater focus to be placed on the development of both the professional workforce within the Settings and Clusters and the families of the children and young people. This could create a sustainable and educated workforce and ‘Team around the Child’ equipped to support the children and young people, identify need early, be able to deliver the interventions and strategies developed by the SaLT’s

\(^1\) [http://www.ican.org.uk/What_is_the_issue/About%20SLI.aspx](http://www.ican.org.uk/What_is_the_issue/About%20SLI.aspx)
and enable the Specialist SaLT’s to deliver targeted individual / group interventions where the greatest need is evidenced to be. This approach is recognised by the Royal College of Speech and Language Therapists who also produced a report on the cost saving benefits of providing a targeted preventative programme of SaLT which is aimed at preventing the development of communication barriers in children and by supporting the development of appropriate language skills. This report states that a greater number of children achieve higher marks on the GCSE’s which translates to increased lifetime earnings, with approximately every £1 invested in SaLT generates £6.64 through increased lifetime earnings.

The evidence gathered through consultation with Families and Professionals strongly suggests the SaLT service needs to be accessible, available and equitable. A summary of the responses are contained within this Analysis.

According to the Statistical First Release (SFR) 2014-15 (produced by the Department for Education), 32.9% of children in Norfolk Primary schools with statements or at Action Plus have a Speech, Language or Communication Need (SLCN) as the primary needs (which is slightly higher than the national average of 31.6%. This represents 1872 children in Norfolk. This does not include those receiving SEN Support (at School Action) where early intervention strategies should be in place.

Proficient speech & language skills are needed for a child to make educational attainments across the curriculum. Language is the mode of teaching and learning. Children who have SSLI have limited literacy skills because they have a specific impairment with processing speech. The same system is used for processing both spoken and written language. They need specific teaching of speech and language. Intensive intervention develops the child’s speech processing system, and leads to gains in literacy development.

The children’s oral skills need developing as a prerequisite to their written narrative skills (RCSLT, Clinical Guidelines).

Children whose speech difficulties continue beyond age 5:6 are at risk of persisting speech and literacy difficulties. They are also at increased risk of social, emotional and behavioural difficulties. There is a high incidence of speech and language difficulties in young offenders.

The national curriculum places emphasis and assessment on children’s linguistic output (spoken or written skills). This does not allow for children who have severe SSLI to demonstrate their intelligence or cognitive skills. Therefore, they need teachers who have an understanding of this and can factor this into assessment, as well as providing intensive input to remedy these difficulties.

1.2 KEY RECOMMENDATIONS

It is the recommendation of this Analysis that a new service for Speech and Language Therapy be jointly commissioned and procured with participating Clinical Commissioning Health Partners to enable compliance with the Children and Families Act 2014. By re-procuring and redesigning SaLT services, the service will be easy to access, evidenced and needs-led, with a greater focus on prevention, early intervention and workforce and family development. The service should be integrated, more effective, more accessible and involve the families in supporting the delivery of the interventions and strategies and thus be develop resilience of those involved in care and support of the children and young people. The ultimate goal is to improve the wellbeing and opportunities of children and young people with SLCN and having an integrated joint service delivered through from health and education practitioners.

2 Position Paper: supporting children with speech, language and communication needs within integrated children’s services (January 2006)
3RCSLT: SLT for children with Specific Language impairments
1.3 ECONOMIC CASE – Cost benefits of an effective, equitable, integrated SALT Service

Children and young people with speech, language and communication needs (SLCN) have difficulties in communicating with others; it may be that they cannot express themselves effectively or they may have difficulties in understanding what is being said to them. Speech and language therapy aims to optimise children and young people’s ability to communicate effectively and their learning to progress, thereby facilitating their attainment and wider social inclusion.

In an Economic Review of Speech and Language Therapy, (Matrix 2010) identified for children with specific language impairment (SLI):

- Every £1 invested in enhanced SLT generates £6.43 through increased lifetime earnings.
- In comparison to routine SLT, enhanced SLT is estimated to result in an additional 5,500 students achieving 5 or more GCSEs A*-C (or equivalent). The resulting benefit of providing enhanced SLT for all children aged 6 to 10 who currently have SLI exceeds the cost of the SLT by £741.8 million.
- Continued implementation of SLT for those children entering this cohort – children with SLI turning 6 years old – would generate a net benefit of £148.4 million per year in subsequent years.
- SLI is a condition involving disruption in one or several parameters of language: sound system, signalling word endings, grammar, meaning and/or intended meanings.
- It is estimated that approximately 203,000 children 6 to 10 years in the UK have SLI requiring SLT.
- The benefits of SLT are derived from improved communication leading to improved educational achievement and in turn increased adult earnings.
- As a consequence of increased provision of SLT, around (reported in the national study) 5,500 more children achieve 5 or more GCSEs grades A*-C compared to usual SLT care.

Further breakdown of the net benefits shows that estimated annual net benefit is £623.4m in England. The government has explicitly recognised the importance of support for speech, language and communication skills. High-quality support for speech, language and communication skills is essential for both effective parenting and good early years’ provision. The report published by Bercow states 50% of children in some socio-economically disadvantaged populations have speech and language skills that are significantly lower than those of other children of the same age.

Social disadvantage has its impact very early in schooling. Children from the most disadvantaged backgrounds may need additional support in Early Years to ensure a secure foundation for language and literacy development. The Royal College of Speech Therapists state up to 50% of children entering school in most socio-economically deprived areas will have impoverished language skills. The Norfolk Child Poverty Needs Assessment published in April 2015 containing data on low income families by District, as shown in ‘Norfolk Districts and Demographics’ section.

For children and young people with more complex needs a co-ordinated assessment process is required and across England at Key Stage 4, only 6% of children with a Statement of Special Educational Need (SEN) specifying SLCN as their primary need achieved 5 or more GCSEs at C or above (Source: DCSF, Children with SEN 2009: an analysis, October 2009).

The economic case for investing early points to long-term public and personal benefits. Public benefits come from reduced health, welfare and criminal justice costs, and increased tax revenue. Personal benefits include increases in
individual fulfilment, choice, and earning potential.” ICAN5 report the levels of verbal skill are linked to socio-economic status (SES); children from low SES backgrounds are more likely to have poor language than their peers from high SES backgrounds. Many of the studies which have demonstrated this difference are focused on children in the early years1 and the impact of these poor language skills on their readiness to access the curriculum has been noted by primary school staff. The longer term effect is that, without appropriate support, the gap in their language skills persists, impacts on academic achievement, ultimately limiting life chances.

There is a strong social gradient for SLCN, with the odds of having identified SLCN being 2.3 times greater for pupils entitled to free school meals (FSM) and living in more deprived neighbourhoods.6 In Norfolk 14.6% of children in state-funded schools (nursery, primary and secondary schools) are eligible for FSM. For the majority of schools this is less than a quarter of their pupils, however there are some in deprived areas where a third or even half are eligible for FSM (there are 17 primary schools where more than 40% are eligible).7 Identified in the Spring 2014 School Census, there were 1740 pupils assessed at school action plus with a primary need type of SLCN, of these 501 were eligible for free school meals. 210 pupils were recorded as having SLCN as their secondary need, or which 85 were eligible for free school meals.

Rates of children and young people (all dependant aged up to 20) living in low income families in Norfolk, by Local Authorities (est) 2012:

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4 DfE and DH (2011) para. 8.

5 ICAN Talk 7: Speech Language and Communication Needs and the Early Years

6 DFE-RR247-BCRP4

7 Department for Education School Census 2014.
The integration of support, aligning the disability health and specialist health pathway alongside the speech and language therapy provision in early years settings is seen in the context of an early help intervention that can reduce the need for more expensive interventions later in life.

The Royal College of Speech and Language Therapists (RCSLT) identify that 88% of long-term unemployed young men have also been found to have SLCN. Vocabulary difficulties at age five are significantly associated with poor literacy, mental health and employment outcomes at age 34. Men who have speech difficulties in adolescence have a significantly higher risk of mental health problems. Children with language difficulties have an impoverished quality of life in terms of moods and emotions, and are more at risk in terms of social acceptance and bullying. The RCSLT also suggests Speech and language therapy also creates financial savings, according to social return on investment research:

- Each £1 invested in enhanced speech and language therapy for children with specific language impairment generates £6.43 through increased lifetime earnings.
- Every £1 invested in enhanced speech and language therapy for children with autism generates £1.46 through lifetime cost savings and productivity gains.

1.4 CHARACTERISTICS OF CHILDREN AND YOUNG PEOPLE WITH SPEECH, LANGUAGE AND COMMUNICATION NEED

Speech and language therapy aims to help all children and young people to communicate as well and effectively as possible and optimise their ability as their learning progresses, thereby facilitating their attainment and wider social inclusion. Speech and language therapy focuses on delivering pragmatics, expressive skills, verbal skills, comprehension or receptive skills, non-verbal skills, intonation and speech. In as such, early intervention for those who have a speech, language and communication need, supports development of invaluable and essential live skills for each individual.

SLI (Speech and Language Impairment) is primarily associated with language impairments related to grammar and morphology (the structure of words within a language) whereas language difficulties among children and young people with ASD are characterised by difficulties with the social use of language and stereotyped and repetitive behaviour. There is, however, increasing evidence that the boundaries between the two disorders are not clear (Bishop, 2003), with some pupils with ASD experiencing marked difficulties with grammar and morphology aspects of language (Boucher, 2012; Kjelgaard & Tager-Flusberg, 2001) and pupils with oral language impairments

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Royal College of Speech and Language Therapists Factsheet Giving Voice, Supporting Children and Young People

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demonstrating features of ASD (Leyfer, et al., 2008). One central theme of the Better Communication Research Programme (BCRP) has been to explore similarities and differences between these two groups of pupils with SEN.

ICAN[^10], states SLCN is often called a ‘hidden difficulty’. Many children with SLCN look just like other children, and can be just as intelligent. This means that instead of communication difficulties people may see children struggling to learn to read, showing poor behaviour, having difficulties learning or socialising with others. Some children may become withdrawn or isolated. Their needs are often misinterpreted, misdiagnosed or missed altogether. ICAN also evidences the implications of an increased focus on language in the early year.

### 2. National Statutes and Local Context

**Statues and Policy**

**Children & Families Act in 2014**

With the introduction of the Children & Families Act in 2014 comes with the responsibility to commission services which supports people right cross the ages 0-25. The need for speech and language therapy will be assessed to support the commissioning of this service whilst taking into account and aligning to existing Adult service provision.

Norfolk is committed to working collaboratively to support children and young people with Special Educational Needs and Disabilities (SEND) and their families in line with the requirements of the Children’s and Families Act 2014. This will ensure that resources are integrated and therefore maximised across our services to drive forward improved outcomes for children and young people (0 – 25 years of age) with SEND and their families.

Through the Children and Families Act 2014, the focus is on early intervention, joining together the support needed for children and young people with SEND, and their families. Ensuring that they are able to have their needs identified at the earliest opportunity, that they are empowered to support themselves and each other and that services are able to support families effectively before needs become escalated or reach crisis points. Therefore working within and support of Norfolk’s approach to Early Help.

Norfolk County Council (and Commissioning Partners) has responsibility for children and young people aged 0-25 years for whom a communication difficulty has been identified as an educational need within the Education, Health and Care Plan (EHCP), formerly Statement of Educational Need, or identified as a need within early years or SEN Support (formerly school action or school action plus) in Norfolk.

Section 96 of the Children and Families Act 2014 introduced new rights for young carers to improve how young carers and their families are identified and supported. From 1st April 2015 all young carers will also be entitled to an assessment of their needs from the local authority.

**SEND Code of Practice**

[^9]: Better Communication Research Programme

[^10]: ICAN [www.ican.org.uk](http://www.ican.org.uk)
The SEND Code of Practice (revised April 15) para 9.7 states ‘speech and language and other therapy provision can be regarded as either education or health care provision, or both (dependant on if identification as an educational need or clinical need). It could therefore be included in an Education, Health and Care Plan (EHCP) as either education or health provision. However, since communication is so fundamental in education, if included in the EHCP then must be provided by the local authority addressing speech and language impairment and should normally be recorded as special educational provision (in section F) unless there are exceptional reasons for not doing so’ (ie in the instances of clinical need (swallowing and eating) speech and language therapy provision will become the responsibility of the health care provision.

Care Act 2014

This new provision works alongside measures in the Care Act 2014 for assessing adults to enable a “whole family approach” to providing assessment and support. This means making sure any assessment takes into account and evaluates how the needs of the person being cared for impacts on the needs of the child who is identified as a possible young carer, or on any other child or on other members of the household. This approach also allows the local authority to combine a young carer’s needs assessment with any other assessment in relation to the young carer, the person cared for or another member of the young carer’s family.

The Local Offer

Norfolk’s Local Offer, introduced in September 2014 as a requirement of the Children and Families Act, provides a resource for children and young people and their families with special educational needs or disabilities and enables access to a wide and developing range of information about what support services the local authority think will be available in Norfolk.

Pathfinders

Local authority Pathfinders have been piloting new approaches to joint commissioning for SEND for several years, generating a considerable body of learning for all local authorities on the workforce development and the cultural and organisational change needed to implement the reforms of the Children and Families Act. The pathfinders were established to test some core elements of reform, including:

- a single education, health and care plan from birth to 25 years old, focusing on whether outcomes for disabled children and their parents have been improved
- personal budgets for parents of disabled children and those with SEN so they can choose which services best suit the needs of their children
- strong partnership between all local services and agencies working together to help disabled children and those with SEN
- improved commissioning, particularly through links to health reforms
- the role of voluntary and community sector organisations and parents in a new system
- the cost of reform.
- Pathfinders will also test some optional elements, including:
  - whether a national funding framework would help parents understand what level of funding is available to support their child’s needs
  - better support to help parents through the process
  - support to vulnerable children through the new process
  - and the impact of reforms on children aged 16 to 25, or children in the early years
An example of such is the **SE7 Pathfinder** which is a partnership of **seven councils** that have committed to working together under a Memorandum of Understanding to improve the quality of services and to achieve savings. The current and future challenges facing the public sector demand innovation and creativity. SE7 represents one of the new vehicles through which the Councils are responding proactively to the new working context. Building on their physical proximity and the existing relationships between the member Councils, SE7 benefits from a programme of activity that is clearly defined with specific **workstreams** (each led by a member council) including Special Educational Needs and Disability led by East Sussex County Council. SE7 includes a **Health Board** representing 4 PCT Clusters.

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### 3. OUTCOMES AND POLICY

A refreshed SEN Strategy was signed off by Norfolk County Council in May 2014. It is underpinned by Norfolk’s education strategy ‘**A Good Education for Every Norfolk Child**’ and the requirements of the Children and Families Act 2014.

The strategy articulated three high level aims, identified as:

1. Improve outcomes for children and young people with SEND
2. To work collaboratively, in partnership with children, young people and their families, and with frontline professionals, to secure innovative and effective solutions that support the requirements of the Children’s and Families Act
3. Address the gaps in provision, developing the range of quality providers and encouraging a mixed economy of provision across Norfolk.

The aims will be achieved through the following priorities:

- Ensuring that the needs of the majority of learners including those with SEND will be met in their local mainstream schools, Early Years settings or post 16 providers by building capacity so that staff are competent and confident in meeting a wide range of special educational needs and disabilities - a Norfolk education for Norfolk children and young people

- An expectation that parents, carers and young people themselves will be involved in planning the support required.

- Resources to provide for the education of those learners with SEND to be at a realistic level, equitably and transparently distributed and accessible at the appropriate time to enable early intervention without the need for a statement or Education Health & Care Plan.

- Clusters to function efficiently and effectively, collaborating to provide skilled support for learners, acting as local commissioners of provision through wise use of their delegated budgets and being accountable for the impact of these decisions on outcomes for children.

- A range of more specialist provision with appropriately qualified specialist staff that is accessible across the County for children and young people with the most complex needs and low incidence / high need children and young people
The Strategy also states that Norfolk County Council is increasingly working to strengthen relationships with and between schools, clusters and other organisations irrespective of their structural arrangements, brokering partnerships in order to build capacity and strengthen confidence in commissioning their own services for vulnerable pupils.

- **Children’s Services Improvement Service Plan (2014-2016)** sets out the direction and vision to 2016 and focuses on the big issues and key areas for improvement. These include:
  
  - Increasing the number of 5 year olds reaching a good level of achievement in the Early Years
  - Identifying and narrowing the gaps focusing on the lowest 20% of children
  - Raising standards further and closing the gaps for vulnerable groups and boys
  - Accelerating progress particularly at Key Stage 2 in order to close the gap

These key areas also link and overlap with the Healthy Child Programme, commissioned through Norfolk’s Public Health and identified in The Public Health Outcomes Framework (PHOF) also provides a clear direction to support:

- Preparing for School Readiness

In addition to the Children and Families Act 2014, NCC has a range of formal responsibilities to support children with communication difficulties accessing the curriculum.

At early years /school action / school action plus the SEN Code of Practice states:

"The external specialist may act in an advisory capacity, or provide additional specialist assessment or be involved in teaching the child directly. In some instances improved management or alternative arrangements based on advice from health professionals may considerably reduce the child’s special educational needs."

In NCC’s publication “Responsibility of schools in meeting the needs of children and young people with special educational needs” it lists what schools should be doing to meet the needs of children with special educational needs but without Educational Health and Care Plans (Statements) via delegated funds. The list includes:

"weekly teacher assistant support in small groups to facilitate the delivery of specific programmes, overseen by appropriate specialists, in the following areas - speech, language and communication skills ... physiotherapy and occupational therapy programmes directly related to child’s learning difficulties" etc.

For those children who do have a SEN, NCC has a responsibility to provide speech and language therapy to those who have this indicated in **Part 3 of their Educational, Health and Care Plan (Statement)**.

The Council also supports the development of accessible post 16 provision and progression pathways that enable young people to achieve economic independence and independent living is a priority.
As set out in the Early Years Policy Developments summary by the College of Speech and Language Therapists: “The government has set out its vision for early years services in a document from the Department for Education (DfE) and the Department of Health (DH) entitled ‘Supporting Families in the Foundation Years’.11

Dame Clare Tickell’s review of the Early Years Foundation Stage (EYFS) recommends that communication and language should be one of three prime areas of learning in the EYFS.

The government says: “Children’s physical, emotional, language and cognitive development from pregnancy to age five are the foundations of the rest of their lives, influencing what and how they learn, their physical and mental health, friendships and relationships, and later vocations and careers.”12

The Royal College of Speech and Language Therapists is calling on GPs and commissioners to:

Jointly commission services for children and young people with speech and language difficulties.

Ensure commissioning is based on outcomes and includes education and training for the wider workforce to support early identification. The Term Workforce Development is not relating to the Provider conducting training and development of its own personnel but for SaLT’s having a key role in upskilling those involved with the child or young person; the approach of which is recognised by the Royal College of Speech and Language Therapists13.

4. EVIDENCE BASE AND NEED FOR SERVICE

4.1 Data Sources: Data within this document has been derived from a number of different sources and compiled in reference to the following:

- Early Years 0-5 Needs Analysis November 2014
- Disabled Children Needs Analysis February 2015
- Offender Health Profile for Norfolk November 2014
- Review of Speech and Language Therapy for Deaf Children and Young People across Norfolk 2014
- Joint Strategic Needs Assessment (Norfolk Insight)
- SEN Strategy 2014
- Norfolk’s Healthy Child Programme Needs Assessment 2014, Public Health 0-5 years

11 Department for Education (DfE) and Department of Health (DH) (2011) Supporting Families in the Foundation Years (published on 18 July 2011).


13 Position Paper: supporting children with speech, language and communication needs within integrated children’s services ( - January 2006)
Education policies and strategies:

- A Good Education for Every Norfolk Learner (2015)
- Norfolk Small Schools Strategy (2013)
- Raising Participation Age (RPA) Strategy
- Early Years Strategy (2014)
- Norfolk County Council’s strategy for Enabling communities to meet young people’s needs (2011/13)

4.2 Need for the Service: Through the Children and Families Act 2014, Norfolk County Council and Health organisations in Norfolk are responsible for arranging services appropriate across the age range from 0 to 25 years for children and young people with Special Educational Needs and Disabilities (SEND), both with and without Education, Health and Care Plans (EHCP’s).

The Better Communication Research Programme (BCRP), commissioned as part of the Better Communication Action Plan, is the government’s response to the Bercow review of services for children and young people with speech, language and communication needs (SLCN). The Programme draws together evidence from a number of the BCRP projects to extend understanding of the needs of pupils with SLCN and how support could be provided.

The BCRP Key Findings:

- The SLCN category should be reviewed as it is problematic in terms of reliably identifying groups of pupils with language learning needs and establishing their profile of difficulties.
- Monitoring oral language skills over time is necessary to target support and intervention and reduce variation in identification and prevalence rates across schools and local authorities.
- Results highlight the importance of profiling individual pupils’ strengths and needs and of using these to personalise learning and education plans, rather than diagnostic category of needs.
- Social disadvantage has its impact very early in schooling. Children from the most disadvantaged backgrounds may need additional support in Early Years to ensure a secure foundation for language and literacy development.
- Speech and Language Therapists (SaLTs) are key to effective assessment and intervention for children with SLCN.
- Communication and Language includes listening and attention, understanding and speaking.

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14 www.schools.norfolk.gov.uk/agoodschoolforeverynorfolklearner
4.3 The Norfolk Picture

This Map illustrates and quantifies the provision across Norfolk for services for Children and Young People with SEND
4.4 Understanding the Need through Consultation and Qualitative Data

Consultation took place between January to July 2015 and included engagement through Focus Groups and Questionnaires, promoted and circulated through and including Family Voice, the SEND Partnership, Children’s Centre networks, Schools and SENCO’s, Groups and Networks, as shown below:
4.4.1 Feedback

From the Feedback we received from the Questionnaire to Families and Early Years Professionals, we asked what was liked about the SaLT provision and was told:

We asked what Families and Early Years Professionals would like to change about the SaLT provision and was told:
We asked Schools what was liked about the SaLT provision and was told:

![Bar chart showing what was liked about the SaLT provision.]

We asked what Schools would like to change about the SaLT provision and was told:

![Bar chart showing what could be better.]

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At the Focus Groups, Parent and Carers told us about their worries for their child.

Consultation .... What Parents have told us.....

- Parents need follow up information after assessments or sessions to continue help at home.
- My child needs stability with a regular therapist.
- I am concerned about the transition process from Primary to High School.
- Parents are having to drive and push things if not nothing happens.
- Our children should be treated as individuals and not by the diagnosis or label.
- More tools and information for parents to continue at home with therapy.

Norfolk County Council at your service.
The Focus Groups also provided the following responses:

**Number of Focus Groups held - 8**
- My Child needs SLT to understand and be understood
- I am concerned about the transition process from Primary to High School
- My child needs a fully trained SLT and not a TA’s as they have no professional training
- My Child needs stability with a regular therapist
- Parents are having to drive and push things, if not nothing happens
- Parents need follow up information after assessments or sessions to continue help at home
- I need information and access to modern technology to help my child communicate
- I am paying for private SLT for my child as nothing else available
- More tools and information for parents to continue at home with therapy
- No specialist help in mainstream schools
- Children should be treated as individuals and not by the diagnosis or label
- What are the criteria to get support and where do I find it?
- More information on where to find help
- My child has reached 18 years of age and no longer has any support
- Does my child need an EHCP plan?
- My child needs a fully trained SLT and not a TA’s as they have no professional training
A Consultation was carried out with a Group of children and young people at a Special School in Norfolk and the following key points were identified as important to them:

- Having a named SaLT (each of the children and young person knew the name of the SaLT)
- Communications Aids
- Support with signing
- Having regular sessions to meet their needs

An Electronic Survey was carried out during June 2015 with the following responses:
The feedback received has influenced the decision making in considering the provision of the new service.

5 INTEGRATED SERVICE

Bercow Review of Provision for Children and Young People (0-19) with Speech, Language and Communication Needs (Bercow, 2008). The review has been already proved incredibly powerful in highlighting at a political level the needs of children with language and communication difficulties as well as the needs of all children to learn to communicate effectively. The Review came at a time when there are huge opportunities to re-model services that support children with SLCN in order to be more effective and provide better long-term outcomes. The challenges lie in the sheer scale of the change that is needed and the ‘whole system’ nature of the potential change.

The past decade has seen Government policy move consistently towards the integration of services around the child and their family.

The Royal College of Speech and Language Therapist’s Guidance on Best Practice in Service Organisation and Provision states the value of a specialist Speech and Language Therapist lies in working within an integrated service, with all other agencies to:

- Identify any specific language difficulties existing over and above the impact of deafness.
- Support parents in their ability to communicate with, and to parent, their newly diagnosed deaf child. The sensitive and considerate handling of early diagnosis of deafness is particularly important. (Hind and Davis, 2000).
• Facilitate language acquisition.
• Support the decisions which must be made by parents of newly diagnosed deaf children, particularly regarding mode of communication; preference of whether to opt for a Cochlear Implant if appropriate and school placement. These important decisions can be especially challenging for parents as 90% of deaf children are born into hearing families with no previous experience of deafness.
• Assess, diagnose and provide appropriate intervention for deaf children’s communication difficulties.
• Reduce the negative impact of difficulties with communication caused by deafness/hearing difficulties (Hearing Screening takes place at Reception Year).

5.1 Intensity of Service Need: As outlined below, reflects how the different needs of a child or young person is supported at various times when greatest need may occur. The interventions can be short or long term (CYP B and C), continuous (for complex and special needs: CYP D)) or universally offered to all (CYP A) but the type and nature of the support should be determined by the need with the intention of supporting the CYP to transition to the most appropriate pathway at a time appropriate for their needs. For example, the intention is for a child who has additional SLCN and is receiving this through a Specialist Resource Base, then in time, transfer back in to mainstream provision to be back on the Universal pathway.
5.2 Education, Health and Care Plans and Statement of Educational Need (SEN)

A study by Mecrow et al (2010) demonstrated the benefits of intensive therapy (approx. 3 x week) delivered by teaching assistants in mainstream schools. This study supports the use of appropriate indirect (i.e. by staff other than qualified SaLTs), as well as direct intervention (ie by qualified SaLTs). The same study reported greater benefits for children with expressive language impairments than those with mixed receptive – expressive difficulty. A further study by Boyle et al (2009) supports the efficacy of indirect mode of therapy. Boyle et al (2011) emphasise that for indirect therapy to be effective those delivering it must be well trained. Intervention is most effective when delivered by staff close to a child and who are able to embed the teaching of communication into the child’s school routines.

NCC has statutory responsibilities to provide support to children with SLCN access the curriculum both in early years and school settings and with Commissioning Partners, statutory responsibility to provide support for children and young people aged 0-25 years.

Norfolk has a high proportion of pupils with a Statement or Education Health & Care Plan (EHCP): There are 4452 children with statements or EHCPs and of these, 895 have a primary need of Speech, Language and Communication. Many more have their needs met through School Support without the protection of a Statement/ EHCP.

An initial paper provided by Public Health at Norfolk County Council identified that research suggests approximately 7% of five year olds entering school in England – around 670 children each year in Norfolk – have significant difficulties with speech and/or language. These children are likely to need specialist and/or targeted intervention at key points in their development.15

From September 2014 the new 0-25 Education, Health and Care Plan (EHCP) replaces Statements of Educational Need and Learning Difficulty Assessments (LDA’s) through a phased replacement process.

SLCN is greater among younger children, but there is still a small cohort who requires SLCN support at secondary school. For primary school children SLCN is the primary SEN of a third of children with a SEN statement; however at secondary school level it is only a tenth of all children with a SEN statement. This shows SLCN forms a substantial part of the SEN work at the primary level and a minor part of the work at secondary school level and by addressing and supporting the SLCN need early has a positive impact for many children. For primary school children the proportion of SEN children with a primary need of SLCN is in line with the national average (1,872 = 33% in Norfolk, 107,955 = 32% nationally); for secondary school children 293 = 8% is statistically significantly lower than the national average of 25,620 = 11%, meaning SLCN is less frequently recorded as the primary SEN in Norfolk for secondary school children than is usually seen. Norfolk has 5 Specialist Resource Bases sharing a total of 50 places to address specific speech and language impairment through intensive intervention.

Pupils with an SEN provision of School Action Plus from the 2014 Spring School Census and includes the number of children known to be eligible for free school meals, broken down by primary need:

15 The Bercow Report (2008) A review of services for children and young people (0-19) with speech, language and communication needs. Department of Children Schools and Families

http://dera.ioe.ac.uk/8405/1/7771-dcsf-bercow.pdf

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SEN provision was collected for all pupils on roll at a maintained school or academy on census day. As at the 16th January 2014 the pupil SEN type was then collected for all those with an SEN provision of ‘P’ (school action plus) or ‘S’ (statement). The most significant, or primary need was ranked as 1 and the secondary as 2 – only up to two needs are ever collected in the School Census (as a School Reported measure).

<table>
<thead>
<tr>
<th>SEN Type</th>
<th>SEN Primary Ranked Need</th>
<th>SEN Secondary Ranked Need</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count of School Action Plus pupils by SEN type as at 16/01/2014</td>
<td>Number of these eligible for FSM as at 16/01/2014</td>
</tr>
<tr>
<td>ASD</td>
<td>245</td>
<td>56</td>
</tr>
<tr>
<td>BESD</td>
<td>1688</td>
<td>604</td>
</tr>
<tr>
<td>HI</td>
<td>139</td>
<td>20</td>
</tr>
<tr>
<td>MLD</td>
<td>1303</td>
<td>417</td>
</tr>
<tr>
<td>MSI</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>OTH</td>
<td>409</td>
<td>125</td>
</tr>
<tr>
<td>PD</td>
<td>182</td>
<td>35</td>
</tr>
<tr>
<td>PMLD</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>SLCN</td>
<td>1740</td>
<td>501</td>
</tr>
<tr>
<td>SLD</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td>SPLD</td>
<td>756</td>
<td>194</td>
</tr>
<tr>
<td>VI</td>
<td>77</td>
<td>21</td>
</tr>
<tr>
<td>Grand Totals</td>
<td>6571</td>
<td>1984</td>
</tr>
</tbody>
</table>

Please note, this does not reflect children with Statements or EHCP’s but includes Children with School Action Plus

The 6571 pupils recorded with an SEN provision of school action plus are recorded above, broken down by Primary SEN type. This also included counts of the Secondary SEN type where provided, and the numbers in each category eligible for free school meals (correlation with SLCN and FSM Bercow).

There were 1740 pupils assessed at school action plus with a primary need type of SLCN, of these 501 were eligible for free school meals. 210 pupils were recorded as having SLCN as their secondary need, or which 85 were eligible for free school meals (see Economic Case).

The free school meals eligibility data is taken from the 2014 Autumn School Census, which is the most complete census dataset currently available. It would be more accurate if we could match to the 2015 Spring School Census.

SEN type at that time was only collected for pupils assessed as school action plus or above. From January 2015 it is also being collected for any pupils assessed as ‘K’ (SEN support). However it will not be collected for any pupils recorded as having no SEN at all.
Research of national data suggests there is a substantial reduction in the proportion of pupils with SLCN at over Key Stages 1 and 2, suggesting that for many pupils SLCN identified in the early years of primary school are temporary and transient. Nationally the identification of SLCN at the level of School Action Plus (SAP) decreases substantially from 2.7% in Year 1 to 0.6% in Year 7 and further reducing to Year 11.\textsuperscript{16}

There are a further 105 children in Special Schools who have SLCN as their primary SEN, this is 9% of all of the children at Special School with a SEN statement. This is significantly higher than the national average of 5,330 =5%.

**The number of Children and Young People attending the Complex and Special Schools in Norfolk, with actual (2010-2014) and predicted volumes (2015-2017)**

<table>
<thead>
<tr>
<th>Year of Autumn Audit</th>
<th>Complex and Special School Pupil Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>1015</td>
</tr>
<tr>
<td>2011</td>
<td>1011</td>
</tr>
<tr>
<td>2012</td>
<td>1038</td>
</tr>
<tr>
<td>2013</td>
<td>1091</td>
</tr>
<tr>
<td>2014</td>
<td>1129</td>
</tr>
<tr>
<td>2015</td>
<td>1241</td>
</tr>
<tr>
<td>2016</td>
<td>1300</td>
</tr>
<tr>
<td>2017</td>
<td>1350</td>
</tr>
</tbody>
</table>

It is also required to note that a number of children and young people reside out of county but attend school in Norfolk and so will be eligible to receive Speech and Language support for their identified need. These children and young people could reside within our near neighbours boundaries ie Suffolk, Lincolnshire, Cambridgeshire or beyond and reciprocal arrangements exist.

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**6. Profile of service users**

6.1 Age Breakdown

Norfolk County Council (and Health Commissioning Partners) has responsibility for children and young people aged 0-25 years for whom a communication difficulty has been identified as an educational need within the Education, Health and Care Plan (EHCP, formerly Statement of Educational Need) or identified as a need within early years or

\textsuperscript{16} Dockrell, J.; Ricketts, J. and Lindsay, G. (2012) *Understanding speech, language and communication needs: Profiles of need and provision*. Department for Education


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SEN Support (formerly school action or school action plus) in Norfolk. Consequently, a statement of SEN or an EHCP is not required in order to receive support for speech, language or communication need.

This Needs Analysis will be based on the new service being for children and young people aged 0-19 years and shall need to align to existing services for 0-25 year olds. This would include current provision which exists through the Adults Services for Young People who require speech and language support aged between 18 to 25 years (and further into adulthood) and the universal Healthy Child Programme 0-19 commissioned by NCC Public Health.

Specialist Resource Bases – Pupil Criteria (please see link for breakdown of SRB information) ‘Specialist Resource Bases’ refers to the programme of additionally commissioned services funded from the High Needs Block and delivered by Norfolk schools for learners with a high level special educational needs who are educated in mainstream schools. The programme is an important part of the Local Offer of support and provision. There are six distinct specialisms within the programme which are grouped into two broad types:

- those which will offer long term, specialist provision
- those which will offer short term support and intervention and/or outreach activities.

0-5 years Needs Analysis, November 2014 provides an up-to-date analysis of young people’s needs in relation to outcomes by the age of 5 years. There is a particular focus on the analysis of the impact of outcomes as measured by the Early Years Foundation Stage Profile within Children’s Centre Areas, District and Cluster organisation. The aim is to identify strengths and weaknesses in outcomes in geographic areas of Norfolk to enable more effective targeting of Early Years services.

Foundation Stage Profile data is analysed each year by Norfolk County Council in order to determine which areas of the County services should be targeted and determines the focus for early years support. Currently there are 348 early years settings, 711 childminders and 53 Children’s Centres across the county. Early Years settings meet together through networks organised through their local Children’s Centre, by themselves or those organised directly by Norfolk County Council. Networks provide an opportunity for practitioners to share good practice, develop their provision through external challenge and facilitate communication with Norfolk County Council early years staff. Norfolk County Council also provides a comprehensive subsidised training programme which is targeted at settings that need support most or is delivered in areas where outcomes for children are low compared to Norfolk and National results.

6.2 Key Transition Points

- Birth (Parenthood)
- 2 Years – accessing Children’s Centres (from birth) / Nursery (from birth) / Pre-School provision
- 4/5 Years – starting Primary school (* There is some crossover between pre-school settings and schools. Some children start school aged 4 and some 3 and 4 year olds attend nursery classes in schools)
- 10/11 Years – leaving Primary and starting Secondary school
- 16 Years – leaving Secondary School and moving on to 6th Form / Further Education / Employment
- 19 Years – continuing Further Education / moving in to employment
- 19 years + - adulthood (for CYP with SEND support will continue to years 19-25)
• **Movement between Settings** – for example, from Early Years to Primary School and from Primary School to Secondary School and or leaving School / Education. Plus a Key Transition Point is when transferring from mainstream setting to a Special / Complex School or Specialist Resource Base (SRB) and back in to mainstream education.

### 6.3 Profile of School Age

**Primary: Age 5 - 11 years**

Many primary schools are split up into Infant (Key Stage 1 ages 5-7yrs) and Junior (Key Stage 2 ages 7-11yrs) schools. Before attending a primary school, many children attend a Nursery or Preschool school. Nursery schools can take in children between the ages of 3 and 5 years and may or may not be attached to a state infant/primary school. The primary age year groups are as follows:

- Reception/Year R (*age 4-5) – Foundation
- Year 1 (age 5-6), Year 2 (age 6-7) - Key Stage 1
- Year 3 (age 7-8), Year 4 (age 8-9), Year 5 (age 9-10), Year 6 (age 10-11) - Key Stage 2

**Secondary: Age 11 - 16 years**

Some secondary schools do not have a Sixth form, so children leave at the end of their fifth year. Those secondary schools that do have a sixth form have children who stay at school until their eighteenth year. The Secondary school age year groups are as follows:-

- Year 7 (age 11-12yrs), Year 8 (age 12-13yrs), Year 9 (age 13-14yrs) - Key Stage 3
- Year 10 (age 14-15yrs), Year 11 (age 15-16yrs) - Key Stage 4
- Schools with a sixth from have two more year groups: Year 12 (ages 16-17yrs), Year 13 (ages 17-18yrs). (These latter two year groups are sometimes called the lower and upper sixth forms).
7. The Norfolk Districts and Demographics

7.1 Local government districts in Norfolk

The First Tier authority in Norfolk is Norfolk County Council and the county is divided into seven local government (second tier) districts:

- Breckland District;
- Broadland District;
- Great Yarmouth Borough;
- King’s Lynn and West Norfolk Borough;
- North Norfolk District;
- Norwich City;
- South Norfolk

Chimat produced a series of Needs Assessments for Speech and Language Impairment for each Local Authority District area in Norfolk. Needs Assessment in 2013 of Speech and Language Impairment.

All individual Norfolk districts have lower proportions of children and young people aged 5-19 than East of England and whole of England averages. A full breakdown of the 5-19 year old population in 5 year age bands is given in the table below according to Norfolk district. The 5-19 year old age group represents a particularly small proportion of residents in North Norfolk, where it is just 14.3% of the population. Great Yarmouth has the highest proportion of the population made up of 5-19 year olds compared to other Norfolk districts (but this is still lower than the regional and national average).

<table>
<thead>
<tr>
<th>District</th>
<th>Persons aged 5-9 (%)</th>
<th>Persons aged 10-14 (%)</th>
<th>Persons aged 15-19 (%)</th>
<th>Total aged 5-19 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breckland</td>
<td>4.9</td>
<td>5.7</td>
<td>5.8</td>
<td>16.4</td>
</tr>
<tr>
<td>Broadland</td>
<td>5.0</td>
<td>5.8</td>
<td>5.7</td>
<td>16.5</td>
</tr>
<tr>
<td>Great Yarmouth</td>
<td>5.1</td>
<td>5.7</td>
<td>6.3</td>
<td>17.1</td>
</tr>
<tr>
<td>King’s Lynn And West Norfolk</td>
<td>5.0</td>
<td>5.3</td>
<td>5.5</td>
<td>15.8</td>
</tr>
<tr>
<td>North Norfolk</td>
<td>4.1</td>
<td>4.9</td>
<td>5.3</td>
<td>14.3</td>
</tr>
<tr>
<td>Norwich</td>
<td>4.7</td>
<td>4.4</td>
<td>6.7</td>
<td>15.8</td>
</tr>
<tr>
<td>South Norfolk</td>
<td>5.1</td>
<td>6.1</td>
<td>5.8</td>
<td>17.0</td>
</tr>
<tr>
<td>Norfolk</td>
<td>4.9</td>
<td>5.4</td>
<td>5.8</td>
<td>16.1</td>
</tr>
<tr>
<td>East of England</td>
<td>5.6</td>
<td>5.9</td>
<td>6.1</td>
<td>17.6</td>
</tr>
<tr>
<td>England</td>
<td>5.6</td>
<td>5.8</td>
<td>6.3</td>
<td>17.7</td>
</tr>
</tbody>
</table>
(2011 Census data)

Population age profile by CCG area

<table>
<thead>
<tr>
<th>Age</th>
<th>Numbers based on 2011 Norfolk population of 857,888</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 – 25 year olds</td>
<td>62,257</td>
</tr>
</tbody>
</table>

Projected percentage population change between 2011 and 2021 (ONS data)

The Needs Assessment conducted in May 2014 for the Healthy Child Programme found that the population of children and young people in Norfolk is forecast to change between 2011 and 2021. For the 5-19 year old age group, there will be significant growth in the proportion of 5-9 year olds, while there will be less growth in the proportion of 10-14 year olds and a significant drop in 15-19 year olds.

These predications will need to be considered when services are commissioned in terms of horizon scanning demand for service provision and levels of expected referral/need.
Norfolk County Council are commissioning 20 New Schools by 2022 and are in the process of producing a booklet which sets out the plans for new schools. This will be published in September 2015 which will be helpful in providing an outline of when the schools will be coming on line and the relevant catchment areas. With potentially a phased introduction, there will be anticipated movement of demographics and location of need with the neonatal support factors to take consideration of in the new service.

- 16.1% of the Norfolk resident population is aged 5-19 years old. This is a lower proportion than in both the East of England and whole of England
- 9% of Norfolk school children aged 5-16 years olds are from ethnic minority groups. This is a lower proportion than in the East of England and is significantly lower than in the whole of England
- 17.8% of Norfolk children under 18 years old are living in poverty. This is a lower proportion than the whole of England, but higher than the East of England.
- Considerable inequality in child poverty exists across Norfolk districts: 8.2% of children in Broadland live in poverty, compared to 29.1% in Norwich.
- 15.7% of Norfolk school children are eligible for free school meals. This ranges from 8.2% in Broadland to 27.6% in Norwich.
- Norfolk has a higher proportion of lone parent households compared to the East of England average, but lower than the England average.
- Considerable variation in household structure exists across Norfolk districts. High proportions of lone-parent households exist in Great Yarmouth and Norwich, while a much lower proportion is evident in South Norfolk.
- The rate of Children in Need (CiN), those referred to and in need of social services, is significantly higher than East of England and national rates.
- The number of Looked After Children (LAC) is higher in Norfolk (compared to the national trend).
Ethnicity (HCP Needs Assessment May 2014)

The resident population of Norfolk is 92.4% White British, according to the 2011 census. There is markedly less ethnic diversity in the Norfolk population than both the East of England and the whole of England, where the White British population accounts for 85.3% and 79.8% respectively.

The Table below shows the ethnic distribution in more detail. This highlights how North Norfolk has the lowest ethnic diversity within the county (3.4% are not White British), while Norwich has the most ethnically diverse population (15.3% are not White British). In general, Non – British White (especially Central Eastern Europeans) are the largest minority group in Norfolk.

Literature reviews regarding the health of migrants across the United Kingdom have identified a number of problems prevalent among migrant communities including:

- Difficulty accessing health services due to a poor understanding of the National Health Service (NHS) and their entitlement to healthcare
- Significant language and cultural barriers as a result of lack of English language skills
  Amongst some migrants and inconsistent provision of translation and interpreter services;
- An increased risk of mental health problems and domestic abuse due to a combination of social isolation and lack of support, financial or employment difficulties and a lack of understanding or awareness of mental health and support services available to them

### All age ethnic distribution according to Norfolk district (2011 Census data)

<table>
<thead>
<tr>
<th>District</th>
<th>White British (%)</th>
<th>All Non – White British (%)</th>
<th>All Mixed groups (%)</th>
<th>All Asian groups (%)</th>
<th>All Black groups (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breckland</td>
<td>91.2</td>
<td>6.3</td>
<td>1.2</td>
<td>0.9</td>
<td>0.5</td>
</tr>
<tr>
<td>Broadland</td>
<td>95.9</td>
<td>1.7</td>
<td>0.8</td>
<td>0.9</td>
<td>0.3</td>
</tr>
<tr>
<td>Great Yarmouth</td>
<td>92.8</td>
<td>4.1</td>
<td>1.2</td>
<td>1.2</td>
<td>0.5</td>
</tr>
<tr>
<td>Kings Lynn And West Norfolk</td>
<td>92.2</td>
<td>5.1</td>
<td>1.0</td>
<td>1.3</td>
<td>0.4</td>
</tr>
<tr>
<td>North Norfolk</td>
<td>96.6</td>
<td>2.0</td>
<td>0.6</td>
<td>0.5</td>
<td>0.2</td>
</tr>
<tr>
<td>Norwich</td>
<td>84.7</td>
<td>6.2</td>
<td>2.3</td>
<td>4.5</td>
<td>1.6</td>
</tr>
<tr>
<td>South Norfolk</td>
<td>95.2</td>
<td>2.4</td>
<td>0.9</td>
<td>1.0</td>
<td>0.3</td>
</tr>
<tr>
<td>Norfolk</td>
<td>92.4</td>
<td>4.0</td>
<td>1.1</td>
<td>1.6</td>
<td>0.6</td>
</tr>
<tr>
<td>East of England</td>
<td>85.3</td>
<td>5.6</td>
<td>2.3</td>
<td>4.8</td>
<td>2.0</td>
</tr>
<tr>
<td>England</td>
<td>79.8</td>
<td>5.7</td>
<td>2.2</td>
<td>7.7</td>
<td>3.4</td>
</tr>
</tbody>
</table>
There are 8,583 school registered children aged 5 – 16 years from ethnic minority groups in Norfolk a figure which represents 9.0% of the 5 – 16 year old school population.

Having English as an additional language is strongly associated with being designated as having SLCN. 17 Although having English as an additional language is not deemed to be a special educational need. In Norfolk we have a lower than average percentage of children with English as an additional language, 8% at primary school level and 6% at secondary school, compared to the England average of 19% and 14% respectively. For the majority of schools this is fewer than a 10% of their pupils, however there are some school where a third or even half have English as an additional language (there are 10 primary schools where this is more than a third of pupils). 18

8. CURRENT PICTURE FOR SPEECH AND LANGUAGE IN NORFOLK FOR CYP

- The current Speech and Language Therapy Service (SaLT) is commissioned by Norfolk County Council (NCC) through the Special Educational Needs (SEN) Team in Children’s Services for Children and Young People (CYP) aged 5-19. The early years (0-5) SaLT service is currently provided through the Early Years Team in Children’s Services and the post 18 service is currently commissioned by the Adults Learning Disability Team at NCC. The introduction of the Children & Families Act in 2014 means there is now a responsibility to commission a service which supports people right across the ages 0-25. The need for speech and language therapy will be assessed to support the commissioning of this service.

- Norfolk is experiencing population growth and this is expected to continue

- There are 350 Primary Schools in Norfolk, 50 Secondary Schools, 11 Complex and Special Needs Schools, 40 6th Form / 6 Form Colleges Providers and 5 Colleges of Further Education

Identified in Norfolk County Council Children’s Services Improvement Plan 2014-16, children in Norfolk with Special Educational Needs and Disabilities (SEND) do significantly better at age 7 than their peers nationally and Children receiving free schools meals or with SEND do less well than their peers nationally.

Highlighted in the DfE Report ‘Understanding Speech, Language and Communication needs: Profiles of need and provision 2012’, children from the most disadvantaged backgrounds may need additional support in Early Years to ensure a secure foundation for language and literacy development to counter the impact of social disadvantage on their schooling.

Refer to Norfolk Insight for the latest health and demographic data for Children and Young People http://www.norfolkinsight.org.uk/jsna/youngpeople, which also includes the The Norfolk Child Poverty Needs Assessment was published in April 2015 containing data on low income families by District, as shown below:

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17 Dockrell, J.; Ricketts, J. and Lindsay, G. (2012) Understanding speech, language and communication needs: Profiles of need and provision. Department for Education

18 Department for Education School Census 2014.

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The Profile of Users will be separately identified within the following ages/stages groupings:

**Early Years: 0-5 Years**

**Primary Schools: 5-11 Years**

**Secondary Schools: 11-16**

**Special Schools 05-19**

**Post 16 Education 16 -19**

Gender is associated with the greatest increase in risk for SLCN, with boys overrepresented relative to girls with a ratio of 2.5:1. Boys are very slightly over represented in Norfolk state-funded schools (50.7% of pupils are male).

Pupils who are summer born (May-August) and therefore the youngest within the year group are 1.65 times more likely to have identified SLCN than autumn born (September December) students. This suggests teachers need to be aware of this finding and to consider carefully whether they are making sufficient allowance for the age of the child when forming their judgements.

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**Early Years 0-5**

Identified in the BCRP, Social disadvantage has its impact very early in schooling. Children from the most disadvantaged backgrounds may need additional support in Early Years to ensure a secure foundation for language and literacy development.

Currently early years settings have requested support to assist 750 children presenting with additional needs. 650 children have active cases with the department of work and pensions for claiming Disability Living Allowance.

The Early Years Healthy Child Programme (HCP) Needs Assessment for 0-5 years (2014) provides an up to date analysis of young people’s needs in relation to outcomes by the age of 5 years, as measured by the Early Years Foundation Stage Profile.

The proportion of children achieving a good level of development in 2014 was 60%. This is up 8 percentage points from 52% last year.

The average EYFSP point score for 2014 is 33.8, an increase of 1 point from 32.8 points in 2013. The proportion of children achieving at least the expected level in all 17 early learning goals is 58%. The gender gap between the percentage of girls and boys achieving a good level of development is 16% points, with 69% of girls achieving a good level of development compared with 52% of boys Mathematics and Literacy remain the areas of learning with the

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19 DFE-RR247-BCRP4

20 Department for Education School Census 2014.

21 Dockrell, J.; Ricketts, J. and Lindsay, G. (2012) Understanding speech, language and communication needs: Profiles of need and provision. Department for Education
lowest proportion achieving at least the expected level. Girls are more likely to achieve the expected level than boys. However the gender gaps are closing in most areas of learning.

- The proportion of children achieving a good level of development in 2014 was 58%. This is up 13 percentage points from 43% last year. The gap between Norfolk and national has closed significantly, but the Norfolk results were still 2% below the national GLD.

- Mathematics, Literacy and Communication and Language remain the areas of learning with the lowest proportion achieving at least the expected level. However, the largest rise in attainment occurred in Mathematics with 11% more boys and 12% more girls achieving the expected level or better.

- Communication and Language, which saw a 7% rise in attainment for boys and girls. Literacy attainment also rose, by 9% for boys and 7% for girls in 2014.

Intervention for children with either primary or secondary SLCN can improve children’s communication skills, and lessen anxiety in parents/school staff. Intervention can therefore lessen the chance of secondary mental health difficulties for children, and has a positive impact on broader outcomes for children and families.

**Disabled Children Needs Analysis 2015**

Identified in the Disabled Children Needs Analysis (2015), was that evidence from the register of disabled children in Norfolk found the main registrants are for issues including speech language and communication needs, autism, and hyperkinetic disorders such as ADHD. Parents carer’s have also fed back via a parental survey and through relevant stakeholder groups that we have a cohort of children on the autistic spectrum, who although disabled fall between the gaps in services as they do not have an associated learning disability. This needs analysis has also identified Norfolk wide challenges that are also a trend nationally on how to work with the emerging needs of a predominately male group of young people on the autistic spectrum, presenting with speech, language and communication disorders and hyperkinetic disorders such as attention deficit and hyperactivity disorder.

**Exclusions**

The Disabled Needs Analysis 2015 identified that Norfolk appears to be overly reliant on the use of permanent exclusions in regards to children demonstrating behaviours that challenge services. This is demonstrated in the data returns Norfolk supplies to the Department of Education. This may overlap with children who have statements of SEN for behavioural emotional and social disorders, autism and possible speech, language and communication needs, although further work needs to be undertaken to determine the extent and how much of the permanent excluded population are children or young people with special educational needs. Currently available data sets do not connect these two types of data.

From Data submitted to CIPFA, Norfolk appears a as a ‘low excluber’ of children when examined in line with the mean average of the national statistics of exclusion. It is noted in the 11-19 education, employment and training needs analysis (2014) that Norfolk’s fixed term exclusions has been changeable over the last few years but 2012/13 has seen a considerable reduction in the number of fixed term exclusions in high schools although an increase of fixed term exclusions from Academies. 2012/13 has seen a considerable reduction in the number of permanent exclusions in high schools although a slight increase of permanent exclusions from Academies. Norfolk does appear to have a high trend of permanent exclusions set against is statistical comparators. Norfolk schools had a challenging
year in 2011-2012 in regards to needing to use permanent exclusions, and this does appear to have started to improve on the next year.

For children that have been identified as being permanently excluded are those demonstrating persistent difficult behaviour. This is often associated with poor understanding of language which in turn has negative impact on the child accessing the curriculum, leading to disengagement which directly correlates to the importance of early identification and intervention of SLCN.

The Disabled Children Needs Analysis suggests this cohort could also be the same group of children who present with moderate learning disabilities, autistic traits, hyperkinetic syndromes and speech, language and communication needs. It is likely this correlates with the presentation of the children and young people now posing an issue to more acute services in regards to more demand for specialist school placements, child and adolescent mental health services, specialist play and leisure opportunities and social care and health interventions. However to corroborate this more work would need to be undertaken to drill down into the dataset. Ability to do this may be limited by the statutory returns not requiring this level of information. This has partially been supported by the work undertaken through the attendance and exclusions section in education.

**Special Educational Needs**

The term special educational needs refers to children who have learning difficulties or disabilities that make it hard for them to learn or access education like most children the same age. From the 1st of April 2015 the classification for supporting children with SEN in schools without a statement changed from school action plus and is now termed SEN support and children requiring education, health and care plans. However moving forward data will not be required in statutory returns about disabled children and young people receiving support who do not have a statements or an education, health or care plan.

Based on the SEN2 Data published January 2014, there are currently 4452 children and young people aged 19 and under with statements of educational need. Statements or the new Education, health and care plans are only awarded if a child presents exceptional needs that could impact on their learning needs.

- Local authorities return information on children resident in their area with statements of special education need (replaced in September 2014 with the Education, Health & Care Plan, EHCP).

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under age 5</td>
<td>129</td>
</tr>
<tr>
<td>Aged 5 to 10</td>
<td>1523</td>
</tr>
<tr>
<td>Aged 11 to 15</td>
<td>2549</td>
</tr>
<tr>
<td>Aged 16 to 19</td>
<td>251</td>
</tr>
<tr>
<td>Approx Total</td>
<td>4452</td>
</tr>
</tbody>
</table>
Norfolk has a higher number of children and young people who have support in education through a statement of special educational needs (CIPFA).

The number of statements (education, health and care plans) in Norfolk did start to reduce slightly in 2014, however anecdotal evidence from the educational psychology service and locality coordinators is suggesting that recently it seems a more dramatic increase is being seen for education, health and care plans. When the data in regards to special education needs for the last year is available this needs assessment can be updated accordingly.

- The following information was submitted to the Department of Education by NCC in 2014. Overall 4,452 of school children have a SEN statement (or School Action Plus), which is 3.7% of all school children.

### 16-18 Years

**Further Education** – Speech and Language provision is assessed by the further education establishment and support provided and determined by the level of need for each individual student through HCP School Nursing provision and the College’s own support and networks

### 19-25 Years

The post 18 service is currently commissioned by the Adults Learning Disability Team at NCC however, in Complex and Special Needs Schools, Speech and Language Therapy is provided as part of the current SEN SaLT Service Specification to support the needs of their student population that in some of these schools cater up to the age of 19 years old.

The [NCC Transition Providers Directory](#) provides help with preparing for employment, with accommodation and preparing to live outside the family home, including residential homes and supported living and participation in the community. The Directory provides a route to access a range of support for young adults, including those who have learning disabilities and associated complex needs, to help with communication difficulties and in developing communication skills.
Offender Health Profile for Norfolk (2014) produced by Office for the Police and Crime Commissioner for Norfolk, states Research suggests there is an increased number of a young persons within the criminal justice setting who have speech and language problems. Access to health care professionals including was limited and there were no speech and language therapists although RSCLT report as many as 60% of young offenders have SLCN. The Norfolk Youth Offending Team suggest their overall caseload is made up of a proportion of around 75% male to 25% female and has been at 80% male 20% female in the recent past, with a ratio of approximately 4:1. Noting SLCN is reported to be more common for boys than girls, ICAN. It is suggested 60% of young people in the youth justice system may have communication needs, Bryan, K and Mackenzie, J (2008) Meeting the Speech Language and Communication Needs of Vulnerable Young People quoted in the Communication Trust’s publication Sentence Trouble.
8.1 Map of Current Service Provision for SaLT in Norfolk

Norfolk County Council is well placed to identify health needs and commission services for local people to improve health and do so for a wide range of support for children, young people and adult services, as outlined in the Provision Map.
Current Service Provision

UNIVERSAL

Early Years 2.5-5 years:

Talk About Project – with the aim of contributing to an improvement in the communication skills of children between the ages of 2.5 and 5 years in early years settings and school reception classes across Norfolk.

The particular focus of the Talk About project is to improve support and outcomes for children with emerging or identified speech, language and communication needs (SLCN) because Norfolk’s children have scored below the national and regional averages on the Early Years Foundation Stage (EYFS) measures of language and communication over recent years.

The specific aims of the project are to improve the following outcomes:

i. Improving children’s speech and language development in the most disadvantaged children’s centre areas
ii. improving the children’s workforce knowledge and skills regarding children’s SLCN by providing local training courses and consistent messages
iii. improving access to sources of information and advice for settings
iv. devising and providing resources to support language development universally, and for early intervention and support for children with SLCN.

Children's Centres 0-5 Years:

There are 53 Children’s Centres across Norfolk commissioned through Norfolk County Council responsible for delivering integrated services for children under 5 years old and their families with the aim of improving Early Years outcomes for all children. The services can include childcare and early learning, child and family health services, networks of Child-minders’ and links with Jobcentre Plus and the Family Information Service. Children's Centres can also provide supporting information on issues for families with children aged 0-19yrs and 0-25yrs for those with children who have disabilities.

The Healthy Child Programme 0-19yrs

The Healthy Child Programme is the Universal offer of care and support for children and young people from birth to aged 19 (up to 25yrs for children with SEND) and is provided through Specialist Public Health Nurses (SCPHNs) which are made up of registered Health Visitors and School Nurses together with other relevant HCP staff. NCC are the commissioning Authority for the universal Healthy Child Programme for Children and Young People aged 5-19 delivered through the School Nurses and from October 2015 the commissioning responsibility for Health Visitors will transfer to NCC. HCP staff such as nursery nurses and SCPHN’s are a skilled workforce in identifying early speech and language issues to ensure early assessment, intervention and if necessary, appropriate timely referral.

Health Visitors 0-5 years:

Health Visitors support families using referral pathways to specialists, such as speech and language therapists and conduct 2-2.5 year checks which will identify the usual developmental progress for a two year old child. Children transfer at five years of age to the School Nursing Team.
School Nursing Service 5-19

The universal School Nursing provision for children and young people aged 5 – 19, as part of the Healthy Child Programme commissioned by Norfolk County Council through Public Health and is available to all children of statutory school age and their families/carers.

Norfolk Library and Information Service (all age)

Local libraries are committed to early literacy and provide a safe place for families to have fun sharing books, rhymes and stories together. They provide a social space where small children and carers can meet up, borrow books, music story sacks or DVDs, find things out and connect with the wider world. Having a library card is often a child’s first experience of belonging and making choices. Children’s Centres develop a relationship with local libraries so that children and families are encouraged and supported to develop a life-long habit of reading and informal learning.

8.3 TARGETED

SEN Support for SaLT 5-19 Years

Speech and Language Therapy is commissioned by Norfolk County Council for children and young people aged 3-19 with communication difficulties identified by an early years setting, school, GP or health or other professional. The service incorporates delivery of individual child specific and group interventions, advice and consultation to school staff, training and support to schools, early years settings and parents and including certificated ELKLAN training.

The service is currently providers through two organisations; Norfolk Community Health and Care (NCH&C) in Norfolk (except Great Yarmouth) and East Coast Community Health and Care (ECCH) in Great Yarmouth.

Specialist Resource Bases

‘Specialist Resource Bases’ (SRB’s) refers to the programme of additionally commissioned services funded from the High Needs Block and delivered by Norfolk schools for learners with a high level special educational needs who are educated in mainstream schools. The programme is an important part of the Local Offer of support and provision. SRBs were set up between September 2009 and September 2012 with the exception of Deaf Resource Bases that pre-date this. Thirty bases have been established attached to mainstream schools catering for learners with Autistic Spectrum Disorder (ASD), Hearing Impairment, Learning and Cognition, Dyslexia and Behaviour, Emotional and Social Difficulties (BESD) and the Speech Language and Communication (which has 50 places in five SRB’s to address specific speech and language impairment through intensive intervention), please see the following information for more detail around the SLCN SRB. Additionally the Compass Centre Centres which provides integrated education and therapy for children with challenging behaviour and mental health difficulties hosted by the Short Stay School for Norfolk.

There are six distinct specialisms within the programme which are grouped into two broad types:

- those which offer long term, specialist provision
- those which offer short term support and intervention and/or outreach activities.
Deaf Resource Bases. The Compass Centre and ASD bases offer long term provision only. These provisions are specialist in nature and are accessed via county admissions processes with the Local Authority retaining the placement decision-making function.

Behaviour, Learning and Cognition (including the Dyslexia Outreach Service) and Speech Language and Communication bases offer a school-to-school service for short term support and intervention, or outreach support and advice, or a combination of the two.

The focus of these specialisms is working in partnership to sustain home school placements through support and intervention and building capacity to better meet needs of the learner

**Speech Language and Communication SRB**

The SLCN bases offer between them 50 short-term intensive intervention to children who have a diagnosis of Specific Speech and Language Impairment (SSLI) which can be resolved through intensive speech therapy approaches integrated into the curriculum. Specialist SaLTs work alongside the teaching staff to design and implement individualised learning programmes. Most children referred to the SLCN bases have speech which is unintelligible to most adults at the point of admission. Most can return to mainstream school with functional expressive language after 2-3 terms. Successful reintegration does depend on a robust transition process with ongoing access to support and advice in the home school. Currently 50 places are commissioned across 5 bases and they are consistently full, with some pressure on places.

**Current Remit of the SLCN SRB:** To provide intensive speech & language therapy and education for children who have SSLI (specific speech and language impairment), defined as:

- A severe, persisting speech disorder (usually Developmental Verbal Dyspraxia - DVD)
- A severe expressive language disorder

Their impairment cannot be attributed to generalised learning difficulties and it does not resolve spontaneously.

The RCSLT Quality Standards (Communicating Quality, 3) state that "some children with severe, persisting speech impairment will need daily therapy in speech and language unit provision (RCSLT - Royal College of Speech & Language Therapists). Language units (SRB) provide a good communication-supportive environment in a more in-depth way, and have staff that are knowledgeable and skilled at working with pupils with SLI.

**National Guidelines on Intervention for DVD (Developmental Verbal Dyspraxia Policy Statement) (RCSLT, November 2011)**

The majority of children in the language SRBs have DVD.

This RCSLT Policy Statement states the following:

- **Recommendation for intensive therapy** (3-5 times/week). This is currently achieved through twice-weekly therapy with the SRB SLT and daily follow-up with the SRB TA. Not possible through the community SLT service

- **"Liaison with educational providers** is essential, in order that a comprehensive service is provided to support children in all contexts"  

- "... to maximise the effectiveness of SLT intervention and support children ... to reach their full potential, it is essential that there is collaboration between SLT and education services once children reach school entry
... in some cases a more specialist educational and SLT provision may be required, in a specific unit focusing on children with severe speech and language impairment"

- "there is growing evidence that those affected are likely to experience poor academic outcomes. The successful attainment of literacy skills is fundamental to accessing all subject areas ..."
- Spelling development is particularly affected in children who have DVD. "... intervention studies have shown that the reading and spelling skills of children with DVD may be improved by focused intervention ... although continued intensive support may be necessary to ensure long-term ... growth in literacy skills".

Desirable outcomes for children with DVD include "embedding ... specific intervention within a multi-agency holistic framework, in order that the impact of the difficulties on issues such as learning, literacy and psychosocial elements is minimised ... and optimum quality of life and achievement can be promoted ... there are children who require a more specialist provision, both clinically from SLT services and educationally from specialist placements."

Hearing Impairment and Speech and Language – it is anticipated that SaLT time commissioned for other types of SRB’s will feature as part of this commissioned service.

**The Healthy Child Programme 0-19yrs**

Universal Plus

**Family Nurse Partnership:**

**Portage 0-5 Years:**

The Norfolk Portage Service, through Norfolk County Council, offers home-based individual educational support for pre-school children aged 0-5 year olds with two or more developmental needs. The service provides parents and carers the tools and confidence to develop their child’s play, communication, relationships and full participation in day-to-day life. The Service focuses on the child’s strengths and development needs and working with the family to achieve the best outcome for their child. Referral to the service can be through GP. Health Visitors, or a Professional who works with the child however can also include self-referral from the Parent or Carer.

**A Wide range of Targeted Interventions through Early Years Settings and Schools**

**8.4 SPECIALIST**

**Virtual School for Sensory Support:**

The service provides comprehensive flexible advice, support and information to children and young people with a sensory loss to enable them to reach their full potential, delivered at home, in school or in college, providing. The team consists of teachers, support assistants, rehabilitation officers, an educational audiologist, child psychotherapist, technical support officer and ICT specialist trainer who have experience and additional
qualifications in supporting children and young people with a sensory loss from the age of 0-19 years, including those in post-16 yrs education.

The Virtual School Sensory Support provides qualified staff to run the Deaf Resource Bases. In addition, specialist Speech and Language Therapy is commissioned via the Virtual school to provide a service to the children in the bases

**Short Stay School for Norfolk (SSSfN) 5-16 yrs:**

- The Short Stay School Alternative Provision Academy caters for young people throughout Norfolk pupils range from the age of 5 to 16 and is made up of four constituent schools around the county:
  - The Locksley School, Norwich
  - The Rosebery School, King’s Lynn
  - The Brooklands School, Gorleston
  - The Douglas Bader School, Coltishall

The Short Stay School is commissioned by NCC to provide three core functions: provision for children who have been permanently excluded from school; provision for children who cannot attend school owing to medical needs and who would otherwise not receive a suitable education and provision for children who have been missing from education for more than 15 days. Additionally the SSSFN coordinates the Managed Move scheme, manages the Compass Centres, manages specialist provision at The Earthsea School and operates a traded behaviour support service to schools. The behaviour support team includes the services of a speech and language therapist

**Access Through Technology:**

Access Through Technology is a small specialist team within Norfolk County Council’s Children’s Services made up of specialist teachers and teaching assistants working across the county, providing assessment, equipment, advice, support and training for children, schools and parents/carers of children from 5 up to the age of 19 who benefit from using communication technology to communicate and to learn.

**Special Schools and Complex Needs Schools in Norfolk**

There are 10 complex needs schools in Norfolk. Of these 7 offer provision from 3-19 years and three offer provision from 7-16 years. There is also one specialist academy for children with social emotional & mental health needs which caters for boys aged 5-16. All of these schools have children with SLCN needs in addition to a range of other needs.

**Adults with Learning Difficulties 18 Years and over**

The post 18 service is currently commissioned by the Adults Learning Disability Team at NCC. Norfolk Learning Difficulties Service is a partnership between Norfolk Adult Social Services and Norfolk Primary Care Trust. The Team provide help and advice for people with a learning difficulty in Norfolk.

Norfolk provides its care management and care planning services as part of a joint teams arrangements managed by Norfolk Learning Difficulties Service. The teams were first established in 2002 bringing social workers, occupational therapists, nurses, speech and language therapists, psychologists and consultant psychiatrists together to provide joined up approach to delivering services. There are 5 local Joint Community Teams in Norfolk.


**Joint Commissioning Strategy for Adults with Learning Disabilities 2010-2015**

**Services Commissioned by the Clinical Commissioning Groups in Norfolk**

In Norfolk, there are 5 Clinical Commissioning Groups.

NHS Health East CCG commissions services for Great Yarmouth in Norfolk (and also for Waveney in Suffolk) and commission East Coast Community Health and Care (EECH) to deliver their NHS Health East Children’s Speech and Language Therapy Services Services which is based in the community providing support and preventative interventions to children with delays or disorders in the development of their speech, language, communication or eating/drinking skills and provide Clinical and Specialist Speech and Language Therapy through the Newberry Clinic, based in Gorleston.

For the rest of Norfolk, the following CCG’s are responsible for the clinical commissioning of services:
NHS North Norfolk CCG; NHS South Norfolk; NHS Norwich CCG; NHS West Norfolk CCG

These 4 CCG jointly commissioning NCH&C to provide Clinical and Specialist Speech and Language Therapy through the Upton Road Clinic in Norwich and links to the Integrated Community Services for Children with Disability and / or Additional Specialist Healthcare Needs (DASH), delivered by Norfolk Community Health and Care, providing addition healthcare for children and young people whose needs cannot be met through universal pathways and services aligned with the Healthy Child Programme.
8.5 Proposed Care

**The New SALT Service Including Workforce Development**

Universal (HCP*:Universal)
Universal provision to all children & families; e.g., through Neo-natal Screening, Training & Workforce Development, MCP Health Visitors, and Schools Nurses; Children's Centres and Educational Establishments.

**Targeted (SEN Support) (HCP*:Universal Plus)**
Targeted provision; e.g., through Family Nurse Partnership, Community SaLT's, Specialist Resource Bases, Educational Psychologists, Portage.

- With/Without an EHCP
- Integration of Care Pathways with Border
- Universal Short Term Interventions
- Specialist: Long Term Interventions

**Specialist**
HCP*:Universal Partnership Plus
Specialist provision: e.g., Specialist SaLT's, Community SaLT's, VSST, ATT.

**With Complex Needs**
Complex needs requiring complex programmes or to those who have not responded to universal and/or targeted provision.
- i.e. Autism, Language Impairment, Deafness
- Development Delay; Aids & Equipment
- Special/Complex Needs Schools, Long Term Severe Needs

**With Delayed Development**
- Training & Resources;
- Children known to have SLCN or at risk of developing Educational, Social or Emotional difficulties as a result of SLCN.

**Transition Points**
Selected through Suitability, Individual Need and Choice

**Key Life Stages**
- 0-5 years: Mandated functions
- 5-11 years: Mandated functions
- 11-16 years: Mandated functions
- 16-19 years: Mandated functions
- 19-25 years (Adult Care): Mandated functions

**Mandatory Functions**
- HCP: 1-year Review & 2-2½ year Review
- Children's Centres: Early Years Foundation Stage [pre CEI] Immunisations [NHS] Partage [D5]
Interventions also take place through pre-schools and private nurseries, private schools, childrens centre – such as tiny talk and Family support workers, the Childminding Network, nursery nurses.

Initial mapping of Private Speech and Language Therapy in Norfolk includes (a representative view and not to be taken as a complete and exhaustive list):

- **Communicate** – East Anglia
  COMMUNICATE is an independent speech and language therapy service for children, adults and schools, serving the whole of East Anglia treating children and adults with communication difficulties, working with families as well as offering whole-school services and training.

- **Independent Speech and Therapy Service Ltd (Cathy Maclennan Speech & Language Therapy)** (ISLTS) is the largest independent practice in providing specialist assessment, therapy and management of speech and language disorders to both children and adults.

- **Understanding and Speaking**
  The SaLT worked for several years as a paediatric therapist for the NHS in Norfolk before beginning independent practice. Offers specialist assessment and therapy and empowering parents and teachers by providing training, support and practical resources. Specialist knowledge and experience of working with children with a wide range of speech and language difficulties (including speech sound delay and disorder)

- **More Than Words Private Speech & Language Therapy**
  Independent Speech and Language Therapist based in Norwich and the surrounding area. Aims to offer a friendly, approachable service for children and their families to maximise speech, language and communication skills

- **Communication Matters**
  provides a comprehensive Speech and Language Therapy service across Norfolk and Suffolk. We are a growing company and our services can be commissioned by education and local authorities.

The following is also listed in Norfolk but does not have a website:
- **Eildon Clinic** and have no further details available to include here
9 GLOSSARY OF TERMS

Glossary of Terms relating to Speech and Language Therapy

**AAC:** Alternative and Augmentative Communication i.e. sign language, symbol systems, communication aids etc.

**Active Listening:** taking an active responsibility for understanding a spoken message, e.g. using clarification strategies.

**Articulation:** the use of articulators e.g. tongue, lips and vocal folds to produce speech sounds.

**Articulators:** lips and tongue.

**Attention:** the ability to focus in an appropriate, sustained way on a particular task or activity.

**Auditory Discrimination:** the ability to recognise and distinguish similarities and differences between speech sounds.

**Auditory Memory:** the ability to process and retain heard information for long enough to act on it (sometimes called Short-term auditory memory).

**British Sign Language (BSL):** the language of the Deaf community in England, Scotland and Wales. BSL is a visual language system which has its own grammar (including grammatical facial expression) and idioms. It is not a signed form of English.

**CCG:** Clinical Commissioning Group

**Chronic or Acute Structural Problems:** Children or young people with eating/drinking/swallowing development/disorders

**Clarification Strategies:** Identifying why a message has not been understood and then requesting a change in the behaviour of the person giving the message itself to enable understanding e.g. speaking more loudly or more slowly, repeating, rephrasing, adding more specific information etc.

**Commenting:** talking about what the child is doing or is involved in – avoiding the use of excessive questioning.

**Communication:** exchanging information with other people using verbal and non-verbal means.

**Communication Environment:** who you are talking to and where you talk to them.

**Comprehension:** understanding what is said, signed or written (also referred to as Receptive Language).

**CYP:** Children and Young People (Service Users for this Integrated SaLT Specification applies to ages 0-19 years)
**DASH:** Disability and/or Additional Specialist Healthcare

**Deduction:** the ability to use given information in order to solve a problem. Deduction produces new information (M Johnson). At 6 years of age children can typically cope with a simple and visually concrete deduction.

**Delay:** typical speech and/or language development, but following a child of a younger developmental age.

**Disorder:** atypical speech and/or language development which doesn’t follow the ‘normal’ developmental pattern.

**Dysarthria:** muscle weakness which affects the accuracy and power of articulation making speech sound slurred.

**Dysfluency:** interruptions to the smooth or fluent flow of speech, including sound and word repetitions, tense ‘blocks’ on sounds and facial grimaces (also referred to as stammer/stutter).

**Developmental Verbal Dyspraxia (DVD):** a motor speech disorder affecting the planning and co-ordination of muscle movements. Speech may be characterised by inconsistent use of sounds, visible groping for sounds, inability to articulate sound sequences when asked to do so on command, after imitation and difficulties increasing with length and complexity of sound sequence.

**Echolalia:** repetition of another’s speech sounds or language in a non-meaningful way.

**EE:** Early Education

**EHCP:** Education, Health and Care Plan (replaced Statements of SEN)

**Expressive Language:** the choice and arrangement of words into phrases and sentences, taking into account grammatical rules. The language may then be conveyed via speech, sign, symbols or writing.

**Functional Communication:** the appropriateness of which language is used within a context.

**Forced Alternatives:** providing the child with a choice of two items/ object to verbally choose from, one of which is the target item/ object.

**Glue Ear:** a fluctuating hearing loss caused by the intermittent build-up of fluid behind the ear drum.

**Grammar:** the rules followed in language; the combination (syntax) or the modifying of words (morphology) to form appropriate phrases or sentences e.g talking about the past or future.

**HCPC:** Health and Care Professional Council

**Hypernasal:** speech sounds affected by too much air flow down the nose.

**Hyponasal:** speech sounds affected by too little air flow down the nose.
Inference: any conclusion which one can reasonably be entitled to draw from a sentence or utterance (Hurford et al 1993). Inference uses implied or assumed information. Children begin to infer meaning from approximately 5-6 years but the skill continues to develop until at least 13 years (M Johnson).

Information Carrying Words (ICW): the number of key words that must be understood for the overall meaning of a spoken or signed utterance to be carried out e.g. “Show me the teddies nose” = 2ICW (also known as key words).

Individual Education Plan (IEP): specific targets or strategies put in place to aid a child’s access to the curriculum.

Intonation: the rhythm of how we speak.

Jargon: sound sequences, phrases and sentences with no meaningful content (this refers to child’s language but sometimes covers professionals as well!).

LA: Local Authority

Language Content: the meaning of what is said, signed or written.

Language Form: how what is said, signed or written is organised e.g. rules of grammar, rules of speech.

Language Delay: language development that is following a normal pattern, but typical of a younger child. Development occurs at a slower rate.

Language Disorder: language development that follows an atypical/irregular pattern.

Language Use: how a speaker and/or signer uses language in a social context (also known as pragmatics).

Makaton: a simplified sign and symbol system based on British Sign Language (BSL) and natural gesture.

Modelling: repeating the child’s sentence/ sign and thus providing an example of appropriate words and phrases.

Non-literal Language: language which requires prior world knowledge. It is based on words which usually have several meanings or which don’t make sense in combination with the other words used e.g. idioms.

Non-verbal Communication: the parts of communication which are not verbally language based, but which rely on the individual’s understanding or use of gesture, body language, facial expression, eye contact etc.

PECS: Picture Exchange Communication System created by Bondy and Frost (1994). Requires the child to exchange a picture of a desired item with another person in order to retrieve the item and thus teach the initiation of communication.

Phonology: the rule based system of sounds used in speech.
**Phonological Awareness**: the awareness of sounds within words for example identifying the initial sound of a word, word that rhyme and the number of syllables within a word.

**Pragmatics**: the rules about how we use language in social communication, including the appropriate use of eye contact, turn taking, initiation of conversation, maintaining a topic of conversation etc. Disordered pragmatic skill or development means that a child has difficulties in understanding and using the rules of interaction in an appropriate and flexible way.

**Pre-linguistic Skills**: skills needed before language can develop e.g. eye contact, turn taking, pretend play.

**Selective Mutism**: a communication difficulty in which the child chooses not to speak in certain situations or to certain people although they have the ability to do so.

**Semantics**: the knowledge of the meaning surrounding words and sentences for example a ‘cat’ has two ears, four legs, fur and says “Meow”.

**Semantic-Pragmatic Disorder**: a term used to describe children who have difficulties with conversational interaction, such as initiating appropriate topics of conversation, and understanding non-literal meanings e.g. “It’s raining cats and dogs”.

**Sign Supported English (SSE)**: signs drawn from British Sign Language (BSL) and used alongside spoken English in English word order. It is not a language in its own right as BSL is.

**Social Skills**: the ability to interact with other people appropriately, include making appropriate eye contact, taking turns, using appropriate language, demonstrating listener awareness, initiating interaction and responding to interaction.

**Speech Delay**: speech development that is following a normal pattern, but typical of a younger child.

**Speech Disorder**: speech development that follows an atypical/irregular pattern.

**Specific Language Impairment (SLI)**: when a child’s language (comprehension and/or expression) is the only area of difficulty and all other areas of a child’s development at in line with their peers.

**Statement of SEN**: Statement of Special Educational Need

**SLCN**: Speech, Language or Communication Need including Swallowing, Eating, Drinking or similar needs and thereafter refers to the child or young person needing the Service

**SLT or SaLT**: Speech and Language Therapy/Therapist.

**SLTA / SP**: Speech and Language Therapy Assistant / Support Practitioner.

**Sound System**: the sounds that a child is able to say and the sound combination rules the child makes use of.
Syntax: the rules of combining words to make a sentence (grammar).

SRB: Special Resource Base

Team around the Child: relates to specific and targeted individual need of the child and can involve Parent and Carers, Practitioners and the wider workforce

The Service: The SaLT Service delivered by the Provider as set out in the Specification

Verbal Communication: the parts of communication which are language based.

Verbal Reasoning: think about and solving problems using language.

VSSS: Virtual School for Sensory Support

Visual Timetable: the use of pictures and/or objects to represent different parts of a school day.

Vocabulary: the store of words a child knows and uses.

Voice Problem: a problem with the quality (hoarse/husky), pitch (too high or too low) or volume (too loud or too quiet) of the voice or with the control of the breath for speech.

Word Finding Difficulties: inability to reliably retrieve a known target word from memory.

1.2 Workforce: is expressed as the Universal provision of continued development of skills and knowledge of Professional Practitioners in Settings.

YOT: Youth Offending Team

10. Norfolk: 46 School Clusters

<table>
<thead>
<tr>
<th>Cluster Group</th>
<th>Address</th>
<th>High School(s)</th>
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<tbody>
<tr>
<td>CG02</td>
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<td>Ormiston Victory Academy</td>
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<td>CG05</td>
<td>Trowse Primary School</td>
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<tr>
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<td>Open Academy / Sewell Park College</td>
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