

Bercow Review: 6 case studies of provision for children with speech, language and communication needs



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Research team

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Aims of the research

- In selected areas, to explore the efficiency and effectiveness of use of resources in the provision of services for children and young people with speech, language and communication difficulties to improve their outcomes, and so inform national improvements in service provision.
- To assess the feasibility of conducting a cost-benefit analysis of investment in services for this group

sample – LAs/PCTs

- Six local authorities (LAs) and associated primary care trust (PCT)
 - Range of locations reflecting geographic spread, urban/rural
 - Variation in % pupils with SLCN in primary schools (those at School Action Plus or with a statement of special educational needs (SEN) (DCSF statistics))

sample – within LAs/PCTs

- Within each LA/PCT - range of educational provision for pupils with SLCN taking into account
 - age (nursery to secondary)
 - type of provision (mainstream, mainstream with designated integrated specialist provision for pupils with SLCN, and special schools for SLCN)

Sample - interviewees

- sample of professionals ($N = 34$)
 - the LA's senior SEN manager;
 - a senior manager in the PCT;
 - head teacher or head of integrated resource in each educational provision.

Definition issues:

SLCN – types/ imputed causalities

- A developmental difficulty relatively specific to the speech and/or language systems, a *primary* speech and/or language difficulty.
- Another primary developmental factor, such as a significant hearing impairment which detrimentally affects speech, language and communication (SLC) development: in this case speech, language and communication difficulties are *secondary* to the primary difficulty (e.g. hearing impairment).

- Reduced developmental opportunities limiting the child's learning of language, mainly linked to social disadvantage.
- English as an Additional Language (EAL).
Language system may be developing normally child has SLCN as a result of being in an environment where the home language is not spoken – the situation of many children immigrating into England.

Prevalence

- Depends on the criterion used to identify a need
- About 7% of children at school entry representing something between 1 and 3 children in any classroom.
- Children with severe difficulties are likely to represent 2% of the population but are likely to have enduring difficulties.
- The extent to which language and communication continues to be the *primary* barrier experienced by the majority of children with a history of SLCN is a matter of debate. At this point language difficulties are often associated with other aspects of performance in school such as literacy and behaviour

1. Identification - variation

- Large differences between the six LAs in the approach to criteria & definitions of the SEN category *SLCN*.
 - Some give very clear and detailed guidelines, as well as degree of need required to access different levels of funding.
 - Others leave it to the clinical judgements of involved professionals –teachers, SLTs and educational psychologists (EPs).
- Differences in the way ASD is categorised
 - as a subset of those with SLCN, or as a separate category.
- Some SEN managers expressed reservations about the reliability of the way SEN were categorised by schools,
 - availability of SLTs and EPs could affect the category under which they sought additional funding.

e.g. compare three LAs:

- *“we don’t have a written policy with guidelines or definitions of SLCD. It depends on the SLT and SENCO”* (teacher i/c resourced school, CS1)
- *“A specific language impairment (specific speech and/or language disorder) as opposed to language delay. Additionally the pupil may have a diagnosis of ASD, Asperger’s syndrome, social communication difficulties or pragmatic language impairment. The pupil will have long term speech and language difficulties that cause barriers to learning.....”* (CS3 policy doc)

...and CS2

- **Level 1 Language and communication (PLASC - SLCN)**
 - Lowest 2% in language or verbal skills on a standardised test (standardised scores of 70 or below) or on a selection of other tests related to language
 - Delay of 14 months at 4 yrs, 22 months at 6 yrs, 29 months at 8yrs, 36 months at 10yrs (etc)
- **Level 1 Pervasive Development Disorder (PLASC - ASD)**
 - Evidence of diagnosis from paediatrician/psychiatrist or psychologist, preferably relating to clear international diagnostic criteria
 - Involvement of a health professional, funding or support
 - Evidence of Ed. Psych. involvement with an indication that any advice has been acted on

2. Trends in provision

- Trend in all LAs towards reduction in number of pupils in special schools - *inclusion, but*
- Nationally, proportion of children in special schools has remained fairly stable (DCSF statistics)
- Different patterns – eg should there be a range of provision?
- Variation in focus on concerns v commitment to drive forward
- Compare:
 - “*We are committed to providing as much integration as possible.*”
(CS4, SEN manager)
 - “*The authority wants to increase integration, but mainstream not as inclusive as it should be. Parents experience it as not welcoming their child with SEN, and therefore they want special provision.*”
(CS5 SEN manager)

3. SLT service practices - variation

- From integrated service with LA to clinic-based service
- Resources available, e.g.
 - CS5 can only provide 25% identified SLT needs
 - CS2 had recruitment problems, no primary school-based service
 - CS1, integrated service, increased from 20fte to 47 SLTs 2005-2008
- Child-focus v consultation but general move to the latter

4. LA/PCT collaboration

- Structures and processes to facilitate cooperation across health and LA services 'are at an early stage of development'.
- Cooperation and joint working between SLT services and education range from complete integration of services to minimal contact.
- Cooperation in all LAs seemed to be at its best in early years provision with close working relationships between different professional groups.

Scores on *Index of Collaboration* between SLT service and LA (Maximum score = 10)

LA	SEN manager	SLT manager
CS1	10*	10*
CS2	5	2
CS3	9	-
CS4	8	8.5
CS5	8	4
CS6	6	-

5. Data and monitoring

- All LAs had developed databases gathering a great deal of information about pupil progress within the framework of the National Curriculum.
But
- Very large differences between LAs regarding how the information was used
 - to inform SEN planning,
 - evaluate quality of provision,
 - and to improve pupil outcomes

Key stage 2: %pupils with SLCN - level 4

	Eligible pupils	English% L 4	Maths %L 4
CS1	220	21	26
CS2	35	21	21
CS3	80	38	46
CS4	80	17	22
CS5	20	38	29
CS6	-	-	-
England SLCN	5440	25	29
England all			76

% pupils with SLCN gaining GCSE at 16 years (2006)

	Level 2 % 5 passes	Level 1 incl E&M%	Level 2 incl E&M%
CS1	9	53	-
CS2	-	50	-
CS3	-	67	-
CS4	-	51	-
CS5	24	88	-
CS6	0	-	0
England SLCN		64	6
England all		88	44

- Lack of linkage between SEN and data analysis sections of LA
 - One of the commonest responses to questions about data was *“we don’t know, but we can find out”*.
 - *“Monitoring is not one of our strong points; we don’t go through long review processes. If we know it has validity we suck it and see.”* (CS1 SEN manager)

- LAs were data rich but limited use
- Over-emphasis on academic data?
- PCTs lacked data
- *“Pooling databases with health is a long way off”* (CS3 SEN manager)
- Cost effectiveness cannot be examined given the stage of development of data systems

Conclusions

- There are a number of important challenges including scientific/professional issues such as conceptualisation/ terminology, *BUT* main issues concern LA and PCT policy and practice:
 - Why so much variation ? Can it be justified?
 - Interpretation of a policy of inclusion that meets needs?
 - How to develop effective, joint (integrated or at least ‘conversing’) data systems
 - How to develop effective LA/PCT collaboration in policy and practice?

...and data

Large amount of data in LAs – mainly academic - *but*

- Lack of data in PCTs
- Lack of agreement about terminology
- Lack of effective data collection and analysis systems
- Lack of targeted research and evaluation studies of interventions seriously restrict any individual LA/PCT pair in assessing effectiveness and efficiency
- Lack of integration of data

<http://www.dcsf.gov.uk/research/data/uploadfiles/DCSF-RW053.pdf>