



**Local Area Strategy (2023-26): Early Identification and Intervention to Better Support Children and Young People's Therapy Needs**



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## Welcome

Welcome to the Buckinghamshire Local Area Strategy (2023-26): Early Identification and Intervention to Better Support CYP Therapy Needs

This Strategy considers the support for children presenting with needs in:

- Speech, language, and communication
- Physical/motor Skills
- Sensory processing
- Independence and self-care

The children's therapy services reflected within this strategy are:

- speech and language therapy
- occupational therapy
- physiotherapy

This Strategy recognises that a range of services play a part in the development of these skills in young people. These include:

- Health services
- Education settings
- Social care services
- Early Help provision
- Voluntary sector services

It focusses on the role that these services can play in identifying needs and providing support. It recognises that this can be at universal or targeted levels, where appropriate support is in place to do this. It also recognises that some needs can only be met by specialist therapists with additional training.

This Strategy lays out the actions needed to identify therapy needs earlier. It also suggests areas of work to improve the support offered for children who need it.

These actions will feed into the broader SEND (Special Educational Needs and Disabilities) Improvement Plan for Buckinghamshire and support the delivery of the Graduated Approach<sup>1</sup> locally.

This will act to reduce the need for specialist support for some children. This means that therapists can be used for children and young people for whom there is no other option.

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<sup>1</sup> Available at <https://schoolsweb.buckscc.gov.uk/send-and-inclusion/send-support/>

## Introduction

This Strategy proposes a shared approach to therapy provision and support.

Our aim is to:

- ensure that Buckinghamshire children's needs are identified as soon as possible
- ensure that Buckinghamshire children can access therapy support at the earliest stage

By doing this, we will reduce demand for, and dependence on, the limited specialist provision available. This will improve access to specialist provision for children with more complex needs and for whom there is no alternative.

The approach to meet these aims is based on a range of evidence-based guidance. It also considers how other areas have improved therapy delivery. Both the guidance and best practice from other areas describe a move away from referring all children to an expert therapist for support. Instead, it promotes an approach that develops expertise within the child's everyday environment.

A good example of this approach for children with autism is described within the Autism Standards Frameworks published by the Autism Education Trust<sup>2</sup>. This is supported by information on competencies for universal service professionals and available training. These standards act to support children with autism within their usual environment wherever possible, whilst maintaining access to specialist level provision for children with autism who need it.

### Why is this so important?

Timely access to support enables children and young people with SEND to take as full and active part in their daily routines as they are able. This means that wherever possible children can develop, thrive and reach their full potential.

Lack of effective therapy support at the right time and in the right place, can lead to a negative impact on:

- educational attainment
- employment
- social mobility
- mental health
- involvement with the justice system

and these in turn have negative consequences on longer-term health and wellbeing.

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<sup>2</sup> Available at <https://www.autismeducationtrust.org.uk/framework-documents>

## National Context

The SEND Review Outcome describes a vision of how services for SEND need to adapt. It explains that:

- children's needs should be identified as early as possible
- any necessary intervention is provided in a timely way.

It also recognises the role of all system partners in providing support for a range of SEND needs.

Ofsted and the CQC are testing a new Inspection Framework for SEND. This includes a greater focus on the experience of children, young people and their families as they travel through the SEND system.

## National Data

- 15.8% of all school pupils were identified with SEN at some point within their educational journey<sup>3</sup>
- The largest two categories of SEND needs requiring support were:
  - Speech, Language and Communication Needs (22.6%)
  - Autism (12.5%)<sup>4</sup>
- Approximately 1 in 10 children will have an SLC need that they will not grow out of<sup>5</sup>. They will need therapy support or provision to ensure that they can fully take part at school and at home.

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<sup>3</sup> (Special educational needs in England, Academic Year 2020/21, 2022)

<sup>4</sup> (Special Educational Needs in England, 2022)

<sup>5</sup> (Scale of the issue, 2022)

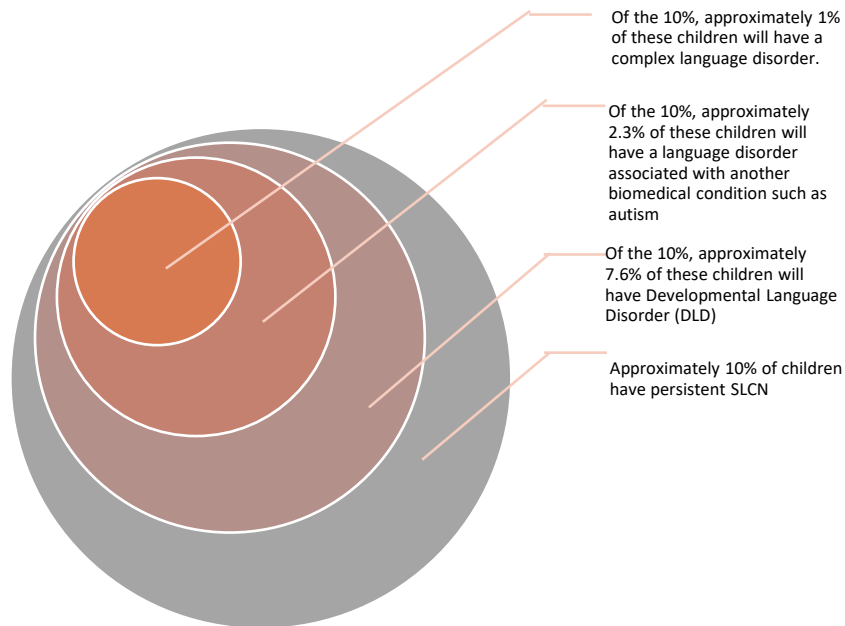


Figure 1 - Prevalence of Persistent SLCN

## National Workforce Issues

There is currently a national shortage of OTs<sup>6</sup> and SLTs<sup>7</sup>. This means fewer therapists are available in local areas to deliver specialist therapy support. It also means less opportunity to train or support those who provide therapy at non-specialist level. This shortage is also being experienced across other countries.

## Local Context

Ofsted and the Care Quality Commission (CQC) carried out a Local Area Inspection in March 2022. The outcome of the inspection emphasised the need for a single local area strategy for meeting the needs of children and young people requiring therapy in Buckinghamshire.

It specifically stated the need for:

*‘a cohesive area strategy to identify and meet the needs of those children and young people requiring speech and language, communication and occupational therapy.’*

Therapy provision for Buckinghamshire children is currently delivered via a range of routes:

- Children’s Integrated Therapy Service (CIT)
- Special Schools, ARPs and PRUs
- Independent Schools

<sup>6</sup> (Immigration Rules - Immigration Rules Appendix Shortage Occupation List - Guidance - GOV.UK, 2022)

<sup>7</sup> (Immigration Rules - Immigration Rules Appendix Shortage Occupation List - Guidance - GOV.UK, 2022)

- Personalised Budgets
- Spot Purchase via private providers
- Voluntary sector provision
- Private purchases by families

This variety of provision offers some resilience in terms of the offer across the local area. It also means that it can be difficult to navigate to the most appropriate provider for parents and carers.

The demand for therapy provision in Buckinghamshire has been increasing since 2018<sup>8</sup>. In particular, the level of demand has increased for:

- therapy provision to support Education Health and Care Needs Assessment (EHCNA)
  - 33.4% increase in Appendix F requests to support EHCNA between 2018-19 and 2021-22
- delivery of therapy provision within Education Health and Care Plans (EHCPs). This is known as statutory provision.
  - 50.9% increase in statutory SLT (Speech and Language Therapy) hours provided by the therapy service between 2018-19 and 2021-22
  - Whilst the increase in statutory hours is unknown for OT, the increase in requests for App F for OT (up 61.8%) suggests that there has been a significant increase in hours of provision for this support over the 2018-2022 period.
- therapy provision to support children with high and urgent health needs. This includes children who struggle to swallow or who are being discharged from hospital due to acute illness or following surgery.
- Therapy provision to support children with social, emotional and mental health needs impacting on their ability to access or attend education
- children with social care equipment needs as a result of their SEND.

Physiotherapy has not been as significantly affected by this changing demand picture with 1019 children referred in 2021-22 compared with 1027 in 2018-19. However, there has been an increase in the complexity of children's needs on referral to support.

The number of students with Education, Health & Care Plans with a primary need of Autism has increased significantly (+115%) since 2015. This reflects national trends.

There has also been growth in areas of complex need:

- profound and multiple learning disabilities +105%
- multi-sensory impairment +190%

Whilst these two groups are smaller in population size, they are a cohort that require a high level of specialist provision.

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<sup>8</sup> CIT Contract Monitoring Information 2017-2022

Primary need	Mar 2016	Mar 2017	Mar 2018	Mar 2019	Mar 2020	Mar 2021	% change from 2015
Autistic Spectrum Disorder	715	868	1008	1162	1339	1539	↑ 115%
Hearing Impairment	84	85	89	92	96	98	↑ 17%
Moderate Learning Difficulties	646	648	643	731	787	731	↑ 13%
Multi-Sensory Impairment	10	12	16	21	22	28	↑ 180%
Physical Difficulties	269	276	265	280	304	289	↑ 7%
Profound and Multiple	39	43	48	52	61	80	↑ 105%
Social, Emotional & Mental Health	463	492	483	588	692	730	↑ 58%
Severe Learning Difficulties	124	128	153	154	169	157	↑ 27%
Specific Learning Difficulties	146	127	113	139	180	190	↑ 30%
Speech, Language and Communication Needs	822	836	781	871	970	1053	↑ 28%
Visual Impairment	55	58	62	66	73	84	↑ 53%
Not Recorded / Other	63	35	78	18	32	52	↓ 17%
<b>Total</b>	<b>3436</b>	<b>3608</b>	<b>3739</b>	<b>4174</b>	<b>4725</b>	<b>5031</b>	<b>↑ 46%</b>

Table 1 - Primary Needs in Buckinghamshire as listed on EHCPs (2016-2021)

This increase in statutory and high-urgent health need demand alongside challenges recruiting has:

- reduced earlier intervention
- reduced non-statutory provision
- hindered delivery of training and support to the wider workforce

It has been necessary to prioritise support to children with statutory, high-level, or urgent need (see Figure 2). This has led to children not receiving support at the earliest opportunity. This in turn has led to an escalation of need for children and young people. This places undue pressure on children, young people and their families, as they seek support for needs that could have been met earlier.



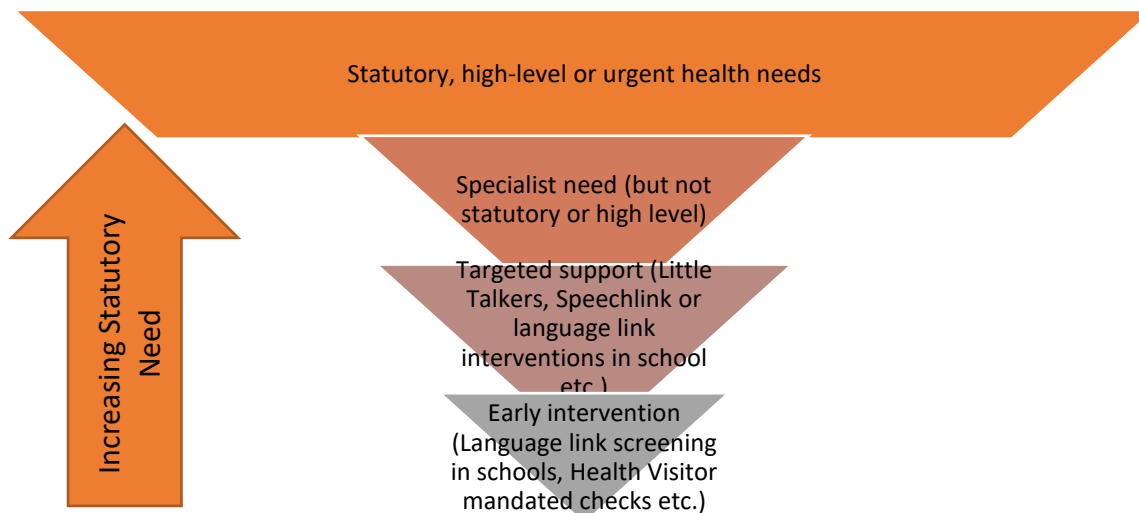


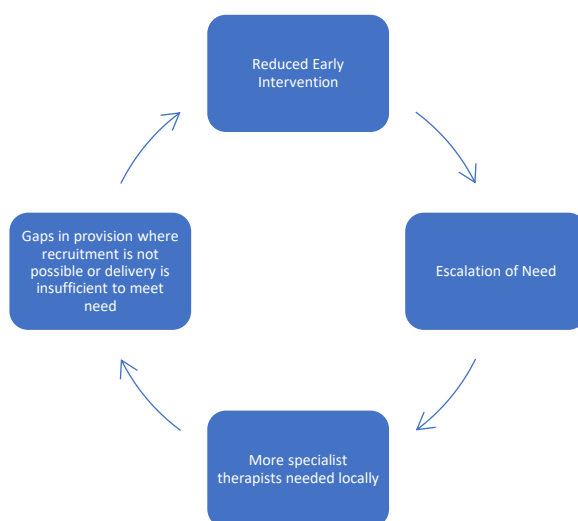
Figure 2 - Impact of increasing statutory need on delivery in Buckinghamshire

The current position of therapy support in Buckinghamshire has a negative impact on children and their families. The annual SEND surveys<sup>9</sup> undertaken by FACT (Families and Carers Together) Bucks and Bucks SENDIAS show this. This is also shown through feedback from families and from professionals working within the SEND system.

This impact is seen in many ways:

- reduces children’s ability to engage in education and daily activities
- negatively affects children's mental health
- the effect of unmet needs on the family as a whole

Therapist capacity is also affected. Less early intervention leads to a higher level of provision and increased therapist resource needed:



<sup>9</sup> (Buckinghamshire SEND Survey 2021, 2021)

This Strategy seeks to break this cycle.

## Policy and Evidence Context

Therapy delivery is currently delivered across 3 levels of support, in line with best practice:

- Universal
- Targeted
- Specialist

There is a range of best practice guidance available in relation to therapy support<sup>10,11,12,13</sup>. This suggests against referring all children to an "expert" therapist for support. This approach retains specialist therapist capacity for children whose needs are complex and cannot be met otherwise. Instead, an approach which utilises expertise within the child's local environment is preferable. This includes the use of whole school approaches to better support children when in school.

An example of this approach is schools accessing universal and targeted ordinarily available provision (OAP) to meet pupils needs. A school in Buckinghamshire completed speech and language screens with all their pupil's entering reception and rescreened those with concerns in year 1 and 2. Those children who were identified as requiring further support were discussed at a school advice clinic where advice on next steps was given. This provided a clear way forward for schools to enable them to run intervention groups, implement strategies within the classroom in a timely manner and children who required specialist pathway input were identified early.

There is also a role for community-based groups in promoting positive speech and language development. This role also extends to supporting development of occupational performance and sensory skills. During Covid lockdowns, there were fewer chances for parents to access peer-led or community-led support. An increase in children requiring support as a result demonstrates the importance of this role.

This would suggest that the direction of travel for Buckinghamshire is to:

- move towards a better balance of support across universal, targeted and specialist levels of support
- Embed a whole school approach to the delivery of therapy support
- Promote peer or community led support and their role in supporting child development

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<sup>10</sup> (Best Start in Speech, Language and Communication: Guidance to support local commissioners and service leads, 2022)

<sup>11</sup> RCOT *Occupational Therapy: Unlocking the Potential of Children and Young People*

<sup>12</sup> (Gascoigne, 2016)

<sup>13</sup> (ICAN, 2018)

The benefits of doing this are:

- Children would receive support with their development at the earliest point of intervention
- Reducing the level of escalating demand being seen in Buckinghamshire
- Improving outcomes for children and young people

Figure 2 illustrates the model for delivery of therapy support and provision as part of this strategy<sup>14</sup>.

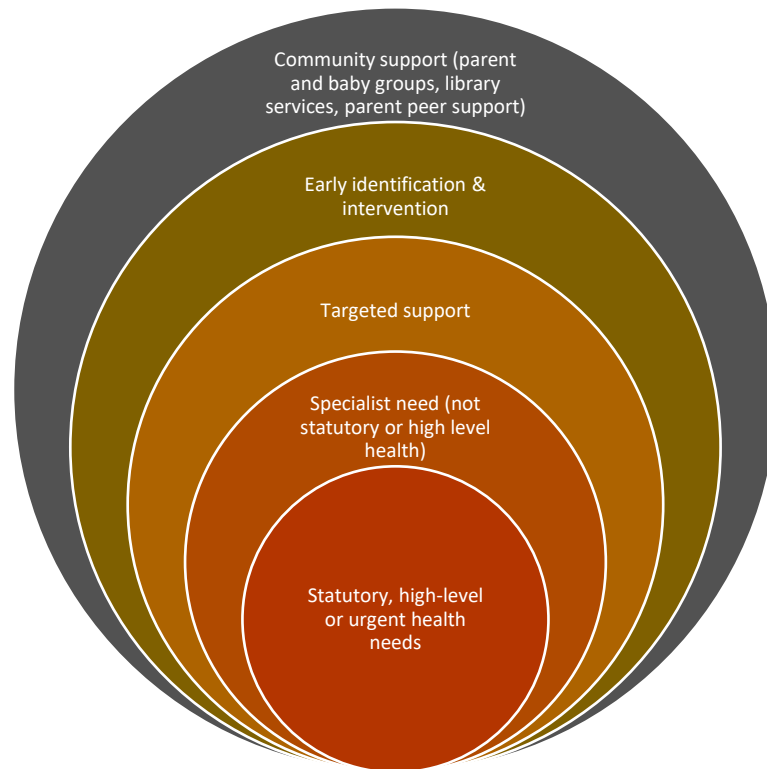


Figure 3 - Model for delivery of Therapy Support & Provision

This model will utilise specialist therapists to support children whose needs cannot be met via other levels of provision. This would act to mitigate the impact of the national shortage of therapists on Buckinghamshire’s children. Access to more intensive levels of support would remain where needs would not be met by universal or targeted support.

A similar approach to supporting children’s therapy needs has been successfully implemented in other areas. This is known as the Balanced System™<sup>15</sup>.

Based on 2021 population estimates and national prevalence data, for speech and language therapy, we might expect the demand for the varying levels of provision to be as follows:

	0-4 years	5-9 years	10-19 years	<b>0-19 years</b>
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<sup>14</sup> <https://pubmed.ncbi.nlm.nih.gov/29696726/>

<sup>15</sup> (Gascoigne, 2016)

Children with persistent SLCN – 10% of all children	3,172	3,773	6,800	<b>13,744</b>
<b>Subgroups (of the 10%)</b>	0-4 years	5-9 years	10-19 years	<b>0-19 years</b>
Children with DLD – 7.6% of children	241	287	517	<b>1045</b>
Children with language disorder associated with another biomedical condition such as autism – 2.3% of children	73	87	156	<b>316</b>
Children with complex language disorder – 1% of all children	32	38	68	<b>137</b>

Table 4– Estimated Numbers of children with SLCN within Buckinghamshire 2021

All these groups will require universal and targeted support and may need specialist support at different times within the journey of the child.

There is a caseload of approximately 1,969 children receiving occupational therapy support within Buckinghamshire<sup>16</sup>. This includes both specialist and higher-level targeted provision delivery.

There is a caseload of approximately 880 children at any given time receiving physiotherapy support in Buckinghamshire from the Children’s Integrated Therapy Service<sup>17</sup>.

## Vision

The SEND Inclusion Strategy 2021-23<sup>18</sup>, states our vision for children and young people with SEND is:

- To build a better future for all children and young people in Buckinghamshire so that they realise their potential, whatever their starting point is.

In the context of children and young people’s therapy needs, our vision is:

- To enable Buckinghamshire children and young people with therapy needs to live full, happy and healthy lives
- To support children to develop the skills they need to access education and to take part in daily living activities. This will enable children with SEND to realise their full potential.

## Implementation

We will achieve this by:

<sup>16</sup> (Buckinghamshire Council, 2022)

<sup>17</sup> Contract Monitoring Data, Children’s Integrated Therapies Service, Buckinghamshire Council (2022-23 FY)

<sup>18</sup> (Special Educational Needs and Disabilities (SEND) Inclusion Strategy 2021-2023 | SchoolsWeb, 2021)

1. Boosting support available within community and universal settings. This will support children's development within their local environment. This will increase understanding of strategies to support CYP development and therapy needs.

- Implementing a whole setting approach to developing children's speech, language, communication, occupational performance and sensory skills within education settings
- Training of universal staff groups in strategies to support development of skills. These groups to include childminders, EY (Early Years) settings, schools, health visitors and school nurses etc.
- Training of universal staff groups to support inclusion of children with additional needs. A particular area of focus would be children with sensory needs.
- Mapping of current provision in line with levels of support offered across all ages (Early Years, Primary School Age, Secondary School Age, 19-25 years) and all providers
- Developing the ordinarily available provision available to better support settings to support therapy needs
- Better communicating the range of support available to stakeholders, including parents
- Making pathways for therapy support and provision clear for parents and schools
- Ensuring SEN Support available in schools for children with therapy needs is consistent across the County
- Supporting staff training within settings by utilising specialist capacity

2. Ensuring early identification of therapy support or provision needs

- Ensuring clear pathways for identification and support for children who will need therapy support and provision from birth, from maternity and neonatal provision
- Delivery of the five mandated checks within the Healthy Child Programme
- Improved integration of 2-year early years checks and 2-year health visitor checks
- Promotion of the school readiness self-assessments within Health Visiting
- Delivery of packages to support schools to screen/identify children and support provision of targeted support
- Provision of training to help universal staff to increase awareness of where and when to seek support for children

3. Ensuring that the right support is in place at the right time and in an accessible location

- Recommissioning of children's therapy services locally to support improved delivery of therapy provision across Education, Social Care and Health needs and across all ages. This will also provide support to universal settings with therapy queries.
- Consideration of how therapy input can be embedded within support offered by other teams (e.g. Community Paediatrics, within neurodevelopmental assessment, iSEND) to make it more accessible.
- Recommissioning of a universal screening and intervention package for primary schools. This will support targeted intervention within schools.

- Implementation of Early Language Implementation Measure within 2-year mandated check
- Development of a broader targeted support offer in Buckinghamshire

There will be a full action plan developed to support this Strategy. This may include more activities than listed within this Strategy. We will work with partners, children and young people and their families to develop this action plan.

## Outcomes

1. Children are appropriately supported with their therapy needs at the earliest opportunity
  - More children are supported in their early years (0-5) and through early intervention offers
  - Proportionately fewer children progress to statutory level need in Buckinghamshire
  - Proportionately fewer children have speech, language and communication as their primary need on EHCPs
2. Universal settings are empowered to provide universal and targeted support to children with therapy needs
  - 100% of settings are offered training on implementing a whole setting approach over the life of this strategy and receive ongoing support to meet the needs of children they work with
  - 85% of settings implement a whole setting approach to supporting therapy needs over the life of this strategy
  - 85% of primary schools complete universal language screening in years R, 1 and 2
  - 100% of Early Years Settings, Family Centres, Health Visiting Teams and School Nurse Teams are offered training on supporting therapy needs over the life of this strategy.
3. More efficient use of qualified therapist resource locally
  - Proportionately fewer referrals to specialist provision for EHCNA are “not known” to specialist provision
  - Families of children with more complex needs report better access to support for their children
4. Improved timeliness of Appendix F to support EHCNA
  - 100% of Appendix F requests are returned within the statutory timeline
5. Reduce the number of parents that feel they must resort to formal dispute processes to have their child’s therapy needs met
  - Proportionately fewer mediation panels and tribunals to dispute children’s therapy need provision

## Measuring Outcomes

The SEND Local Area Inspection highlighted progress in how therapy outcomes are measured across the local area. However, there is still more work to do to ensure a shared and consistent narrative to describe how therapy needs are met locally.

This strategy will require a baseline to be measured to give a reference point for assessing the relative success of the implementation of this strategy. This will form part of the implementation plan for this Strategy. This will link to the SEND Written Statement of Action and the Measuring Outcomes SEND Improvement Group.

## Co-Production

A range of people who work with children, young people and their families helped to develop the draft strategy. This included the input of the Buckinghamshire Parent/Carer forum, FACT Bucks.

A formal consultation took place in Winter 2022. A wider range of professionals, parents/carers and young people shared their thoughts on the draft version of the strategy. This was via an online questionnaire and/or via a range of engagement events. Their feedback has influenced this final version.

We will continue to involve professionals, parent/carers, children and young people in the delivery of this Strategy. This is in line with Buckinghamshire's SEND Co-production Charter<sup>19</sup>. In particular, we will look to involve families in the development of the action plan to go with this Strategy.

## Contribution to Local Strategy

This Plan will contribute to the delivery of objectives within the Special Educational Needs and Disabilities (SEND) Inclusion Strategy 2021-23<sup>20</sup> and support the delivery of the SEND Improvement Plan<sup>21</sup>

The specific areas of the Special Educational Needs and Disabilities (SEND) Inclusion Strategy 2021-23<sup>22</sup> this Plan supports are:

- A1 – Health Information and advice is available and accessible to children, young people and their families.
- A10 – A whole family prevention approach is adopted particularly focussing on younger siblings who may be exposed to many of the same risk factors but may not yet have reached the stage of triggering a SEN referral

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<sup>19</sup> Available at <https://familyinfo.buckinghamshire.gov.uk/send/get-involved/send-co-production-charter/>

<sup>20</sup> (Special Educational Needs and Disabilities (SEND) Inclusion Strategy 2021-2023 | SchoolsWeb, 2021)

<sup>21</sup> (Buckinghamshire Council, 2021) <https://familyinfo.buckinghamshire.gov.uk/send/get-involved/send-improvement/>

<sup>22</sup> (Special Educational Needs and Disabilities (SEND) Inclusion Strategy 2021-2023 | SchoolsWeb, 2021)

- B3 – There is a choice of support available so that children and young people can participate in education and social activities in different ways according to their needs.
- B4 – Children and young people, parents/carers and professionals contribute to Education, Health and Care Plans which value strengths and are produced in a child- or young person-centred way
- B6 - Families feel supported and are able to access early help
- B7 - Community organisations offering services to the public are encouraged and supported to be inclusive.
- C1 – Early and intensive intervention as appropriate to ensure better outcomes are achieved for the child.
- C4 – Children and young people are able to develop key work skills through a broad and balanced curriculum with stretching progress measures.
- C5 – Schools and colleges aspire, in particular, to be autism friendly as part of being inclusive, in order to meet a wide range of needs and support learning.

This Plan will also contribute to the delivery of objectives within the Early Help Strategy:

- Priority 2: further develop the Early Help offer to include a targeted response to the increased risk of long-term disadvantage for children, young people and families due to the Covid-19 pandemic
- Priority 3: work together to provide effective Early Help in line with our strategic objectives and Early Help Partnership Action Plan, that supports children, young people and families to easily access support.
- Priority 4: develop a common understanding of Early Help across the partnership and promote a cohesive Buckinghamshire offer.



## Glossary of terms

**ARP** – Additional Resourced Provision. An ARP is a provision, within a mainstream school, designed to provide specialist and targeted support for children with long term special educational needs

**CQC** – Care Quality Commission; the independent regulator of health and social care in England

**Communication** refers to:

- being able to communicate to people and take turns as well as change language/communication to suit the situation; how we interact with others, non-verbal communication, gestures and facial expressions
- being able to consider another person’s perspective, intentions and the wider context

**DLD** – Developmental Language Delay. This is a type of speech, language, and communication need (SLCN) that affects the way that children understand and use language.

**EHCNA** – Education, Health, and Care Needs Assessment

**EHCP** – Education, Health and Care Plan

**ELIM** – Early Language Identification Measure & intervention. A tool to identify emerging SLC need within the 2-year check with a Health Visitor and to provide targeted support where needs have been identified.

**Language** refers to

- understanding and making sense of what people say
- using words to build up sentences which are used in longer stretches or spoken language and to build conversations
- putting information in the right order to make sense

### Levels of Support

It is important to note that the levels of support may be provided alongside each other or as part of an adapting support package over time.

**Universal** – This refers to services/interventions that are available to all children and young people. This includes:

- Health Visiting
- School Nursing
- General Practice
- Family Support Service
- Education Settings
- Early Years Settings

**Targeted** – This refers to services/interventions that are available to children with identified need. These may be set up, initiated or led by a qualified therapist or provided by an accredited package but can be delivered by appropriately trained non-clinical professionals.

They might include:

- Early Language or Social Skills Groups
- programmes overseen by a SLT carried out by members of the wider workforce and/or parents and carers (e.g.
  - Speech Link and Language Link packages
  - advice and support offered via Therapies Service webinars or support line

**Specialist** – This refers to services/interventions that require delivery by a qualified therapist or by appropriately trained specialist service staff.

**Ofsted** - The Office for Standards in Education, Children’s Services and Skills. They inspect services providing education and skills for learners of all ages. They also inspect and regulate services that care for children and young people.

**Occupational Performance** refers to:

- development of movement skills to enable children to undertake activities of daily living
  - gross motor control (e.g., walking, jumping, running)
  - fine motor control (e.g., doing up buttons or zips, writing)
  - balance and coordination

**PRU** – Pupil Referral Unit

**SEND** – Special Educational Needs & Disability

**Sensory ability**<sup>23</sup> refers to:

- our ability to gather information via our senses (vision, hearing, touch, smell and taste)
- our ability to determine our head position and balance (vestibular sense)

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<sup>23</sup> (Sensory motor skills: Fact Sheet, n.d.)

- our ability to make sense of information received by our brains from muscles and joints (proprioception)

### **Sensory skills<sup>24</sup>** refer to

- Understanding our position in space is (where we are in relation to the world around us)
- Being able to balance
- Centering – how we can coordinate movement across the top and bottom of our bodies
- Laterality – how we coordinate movement across the midline of the body, e.g., understanding right from left

### **Severe SLCN<sup>25</sup>**

- Where a child's primary needs may be described by a diagnosis or other term

### **Speech** refers to:

- saying sounds accurately and in the right places in words
- speaking fluently, without hesitation, prolonging or repeating words or sounds
- speaking with expression in a clear voice, using pitch, volume and intonation to add meaning

### **Therapy provision**

- Within this report, therapy provision refers to the delivery of specialist therapy interventions by an SLT, OT or physiotherapist

### **Therapy support**

- Within this report, therapy support refers to delivery of interventions across universal or targeted levels of support; mostly via appropriately trained non-specialists (e.g., early years practitioners, health visitors, school staff, family support service staff etc.)

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<sup>24</sup> (Sensory motor skills: Fact Sheet, n.d.)

<sup>25</sup> (I CAN, 2022)

## **Acknowledgements**

The development of this strategy would not have progressed as successfully without the input and support of a large range of organisations, groups and individuals. The authors would like to thank all those who contributed their time and effort through the development of the draft strategy, the public consultation or the development of the final version. Your feedback has been invaluable.

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