



Northern Ireland
Assembly

Committee for Employment and Learning

**OFFICIAL REPORT
(Hansard)**

Giving Voice Campaign

8 February 2012

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:

Mr Basil McCrea (Chairperson)
Mr Thomas Buchanan (Deputy Chairperson)
Mr Jim Allister
Mr Sammy Douglas
Mr Fra McCann
Mr Barry McElduff
Mr David McIlveen
Mr Pat Ramsey

Witnesses:

Mrs Lorraine Coulter	Royal College of Speech and Language Therapists
Ms Jane McConn	Royal College of Speech and Language Therapists
Ms Alison McCullough MBE	Royal College of Speech and Language Therapists

The Chairperson: You are all very welcome. I am, of course, a little biased, as you have already lobbied me. I have to say that it was one of the most successful lobbying operations that I have seen in a long time. I defy all members not to be interested and impressed by what the witnesses have to say. Jim is looking at me rather quizzically, but I assure members that it is a really interesting subject, given its pervasive impact and how it affects all of us in the line of work that we do. Alison, will you introduce everybody, please?

Ms Alison McCullough (Royal College of Speech and Language Therapists): First, I would like to thank the Committee for extending the invitation to us. As Basil said, this is part of a campaign that we have been carrying out for the past year. I have brought with me a couple of expert colleagues. I will let them introduce themselves and tell you a bit about where they work. Like me, they are members of the professional body, but they have skills and expertise in particular areas. They have also had significant involvement in the training of others, which I thought would be important to share with the Committee. I will pass over to Jane first.

Ms Jane McConn (Royal College of Speech and Language Therapists): Good morning, everyone. My name is Jane McConn. I am a speech and language therapist, and I work in the South Eastern Trust. I have spent many years working with children in community settings, and I will talk a wee bit more about that later.

Mrs Lorraine Coulter (Royal College of Speech and Language Therapists): Good morning. My name is Lorraine Coulter. I am also a speech and language therapist in the South Eastern Trust. I co-ordinate speech and language therapy (SLT) services for special schools and units across the trust area.

Ms McCullough: For those of you who have not met me before, I am the policy officer for the Royal College of Speech and Language Therapists (RCSLT). I was appointed in 2005 because of devolved government. It was felt important that RCSLT had a presence in each of the countries of the UK to look at and influence policy in order to meet the needs of people with communication disabilities.

The Royal College is the professional body for speech and language therapists. It is also the professional body for speech and language therapy assistants, with whom some of you may be familiar, students and other support workers. Figures from the Department of Health, Social Services and Public Safety (DHSSPS) show that, at October 2010, there were only 319 whole-time equivalents (WTEs). I thought that it was important for the Committee to be aware of the difficulties that we face and the size of our profession in engaging with those difficulties.

Traditionally, in Northern Ireland, speech and language therapists worked mainly within the health service, but that is not the picture across the rest of the UK. That is one of the issues that has impacted significantly on the commissioning of our services. Commissioners in Northern Ireland tend to consider SLT as purely a health service issue, whereas, in the rest of the UK, speech and language therapists are employed in the education and justice sectors. Even more significantly, they also work for themselves and in the independent sector.

Giving Voice is a campaign launched by the Royal College of Speech and Language Therapists on 30 November 2010 to address the fact that people really do not know what we do. After we carried out a series of surveys on the opinions of commissioners, some of the politicians here at Stormont and the general public, it became clear that people did not know what we do. Therefore, they do not know that they need to commission our services, which is extremely important. People who plan services and have the responsibility of meeting the needs of individuals with speech and language difficulties do not know what we can offer, the impact that speech, language and communication difficulties have on an individual and the cost to society of those difficulties. So the campaign seeks to highlight those issues to the general public.

Everybody knows somebody who has benefited from the help of a speech and language therapist. Possibly, some members of the Committee have had personal contact with one. It is strange, for such a small profession, that we have had such a wide reach across society and the population.

The Department of Education and the Education and Training Inspectorate carried out a survey of teachers in nursery schools in Northern Ireland. Some 51% of preschool providers said that speech and language difficulties were increasing and that it was children's most common difficulty. It is still the case in Northern Ireland that the number of children with speech and language difficulties is on the increase.

A recent survey of managers in Northern Ireland reported, that despite our knowing that 60% of young offenders have speech, language and communication needs (SLCN) and having good evidence to back that up, there is no commissioned provision in Northern Ireland for young people or young offenders with communication difficulties.

In Northern Ireland, a recent RCSLT survey found that 34% of stroke survivors had to wait for between two and four months to receive speech and language therapy provision. Imagine the impact of that on a person who has a significant communication difficulty. Can you imagine not having a voice for two to three months and being unable to express yourself? Think of individual members of your family trying to understand what you can or cannot understand when they are speaking to you.

Today, we will talk about some of the issues relevant to the Committee. Although I have given you the background to who we are and what Giving Voice is, I want to impress on the Committee that this is not a local issue. It is, in fact, a global issue. On 1 December and 2 December 2011, the Employment, Social Policy, Health and Consumer Affairs Council (EPSCO) of the European Union issued a statement on the early detection and treatment of communication disorders in children. It adopted 19 conclusions, the final one of which invites the Commission to:

"highlight the importance of communication disorders as a factor impairing the development of human beings and give appropriate attention to this issue in its future action".

I have a copy of EPSCO's adoption of the conclusions, which I can pass on to the Committee.

As part of the Giving Voice campaign, we commissioned an independent organisation to review the economic value of speech and language therapy provision. Our briefing mentions Matrix Evidence's economic report, of which I also have a copy. It assessed the economic value of speech and language therapy provision and found that £25 million a year could be saved in Northern Ireland just by providing appropriate and timely intervention to people who require speech, language and communication support.

I will pass over now to Jane, who will take you through the life journey of an individual with speech, language and communication difficulties.

Ms McConn: I will use my clinical experience to give you a feel of what that life journey may be like, bearing in mind what Alison said about many people not knowing what speech and language therapists do. My clinical experience is of working with children in a community setting. They normally come into community settings within speech and language therapy between the ages of two and two and a half, having been referred to our service via a health visitor. Characteristically, the reason for their referral is delayed speech and language development. Their parents will be sent an appointment and, at that stage, one of three things can happen. First, when parents do not avail themselves of appointments, the children fall out of the system at a very early stage. Secondly, they engage with the service for a limited period. Thirdly, people engage with the service and stay with us, and we produce a very good outcome for those children.

We see a range of parenting ability, which we judge. Some parents do not know how to talk to or engage with their children. So from a very early stage, those children are immediately at a disadvantage. This morning, I want to focus on children who become hard to reach. Having not been taken to their appointments, they can enter school at quite a disadvantage.

Speech, language and communication problems are invisible. If I lined up 10 primary 1 schoolchildren in front of you this morning and none of them spoke to you, you would be unable to pick out those with a speech, language and communication problem. You are probably well aware that, in a school setting, even in primary 1 classes, some children can be quite disruptive and, therefore, will come under the notice of their teachers as having difficulties. However, many other children can be quite passive. They do not use much language, and they fly under the radar and start to fail. They may not even have the language skills to ask for help in the classroom setting. If there are competing demands on the teacher, those children will not come to anyone's notice. As I said, they start to fail, do not reach their potential and find it difficult to achieve in a classroom setting. Very often, their speech, language and communications problems go unrecognised.

As those children get older, they will have literacy and numeracy problems. The gap widens as they get older, and they then become those children who are absent from school. That becomes an even bigger problem. At the teenage stage, many will have poor social communication skills and not know how to engage in conversation. Some may be verbal, but if you bore down, their communication skills and vocabulary are, in fact, very poor. They cannot negotiate or, as I said previously, ask for help or explain what they want to get across. Those are all skills that everybody in this room takes for granted. We open our mouth and we talk; we know what we want to say and we get on with it and say it. Some of those individuals also have poor social interaction skills and poor eye contact. They do not look at people when talking to them or recognise the social cues in communication. They may appear rude, uninterested and hard to engage; hence, people do not take them under their notice. They also do not have the skills to go for job interviews. Very often, they have undiagnosed and unrecognised speech, language and communication problems.

The impact is that they leave school at the age of 16 with poor qualifications, which means that they are not on the road to good employment and do not have the same life chances as others. Ultimately, as they cannot contribute to society, they cost society quite a lot of money and become part of the

NEET population. That is all because speech, language and communication problems were not recognised in many of those individuals, and they did not receive interventions at an early stage.

The Chairperson: Thank you.

Ms McCullough: Thank you. Before we go on, I want to share with the Committee conclusion 10 of EPSCO, which notes:

"communication disorders in children should be identified by screening as early as possible. School entry is the last moment to detect the problem in order to avoid or to reduce its negative impact on language and the cognitive development of children."

Jane highlighted the clear need to make sure that we identify those individuals. However, the identification of children whose development is simply delayed is a highly specialised area. We know that children who are socially disadvantaged have poor communication skills linked to the social aspect of their lives at home. However, there is also a cohort of children in whom, as they develop in utero, the parts of the brain that organise communication skills, receptive language and understanding do not form in the same way as with a normal child. We know, for example, that communication difficulties are far more prevalent in boys, but we do not know why. We want the Committee to understand that there are two distinct groups of individuals. The first group of children have a diagnosed speech, language and communication disorder, which requires specialist intervention and support. The second group, because of social disadvantage and the lack of a good communicative environment, grow up and develop with a language and communication system that is below what should be expected for their age. Individuals from both groups will end up in the NEET category.

I will pass over now to Lorraine, who will talk about prevalence.

Mrs Coulter: I will give you a feel for the scale of the problem in the NEET population. We know from studies that up to 88% of the NEET population are likely to have speech, language and communication needs, and young people with learning difficulties and disabilities are twice as likely to be NEET as those without — you will, obviously, understand that logic. More than one third have poor qualifications.

Another interesting group is children and young people between the ages of 11 to 17 living in residential care. Research shows that 50% to 60% of that population have undiagnosed speech, language and communication difficulties. The identification of their difficulties is another under-researched area, but that population is likely to fall into the NEET category.

We know that young people with low educational qualifications and persistent absenteeism from school are much more likely to be NEET. As Jane said, the speech, language and communication difficulties are part of the life journey before the opportunities for employment, training and learning are missed. There is, therefore, a causal relationship. Those adolescents find themselves in that position because of speech, language and communication difficulties.

In 2010, a Department for Employment and Learning (DEL) scoping study, of which you will be aware, outlined a set of current information available on, and action being undertaken by, a range of organisations, including those in the voluntary, community and local government sectors, on young people not in education, employment or training. Crucially, however, the identification and assessment of an individual's speech, language and communication needs were not considered as part of that scoping exercise. Given what you have just heard, you will see how much was missed. In fact, the key issue and the backbone of why they were in that position were missed.

What is the big deal, why does it matter, and why should we be concerned about young people with speech, language and communication difficulties? We could view communication as the currency of life. If you look at employment patterns, for example, it is more important now than ever before that individuals have the right skills to contribute to the workforce. The fitness of a person for the 21st century is defined very much in terms of their ability to communicate effectively. That is how society prospers.

American studies were able to demonstrate the cost to the economy of persistent communication disorder in terms of underemployment and utilisation of services. As Alison said, the flip side of that is the Matrix Evidence report, which highlights that speech and language therapy can deliver a net benefit of £25 million to the economy. It is a matter of getting round to what type of support and skills these individuals need and what we, as workforce speech and language therapists, can bring to the problem and how we can help to address those needs.

Closer to home, a Welsh study looked at the long-term outcomes for individuals with communication impairments. The aim of that study was to estimate the prevalence of language impairment in a population of long-term unemployed young men in Wales aged between 18 and 24. The study assessed their expressive and receptive vocabulary: the words that they could understand and the vocabulary that they were able to use. In both measures, the scores of all 76 participants fell well below average. Some 67% of that group were identified as having impaired understanding, or listening, and vocabulary and up to 64% as having impaired speaking vocabulary. When you think about it, having the words to express yourself is basic, but those words are not there for that group. Importantly, they do not understand what people are saying to them, and they are unable to process and understand the information that they are given.

A further complication for young people with speech, language and communication needs is that employment and training schemes may not be accessible. Every single skill that we use presupposes the use of language. We want young people to access courses that will support them into employment, but those cannot be accessed by a high proportion of that population. Evidence shows that employment in the UK increasingly relies on language and communication skills. As those young people do not possess sufficient language skills, they will struggle to access jobs. That makes them less employable and more likely to remain NEET.

Ms McCullough: We will now outline ways in which we feel that we can make a difference. We studied the proposed NEET strategy, and we commented on and submitted a response to it.

We feel that there has been no engagement with the Careers Service on raising the awareness of speech, language and communication needs in the young unemployed. Staff working closely with a young person should receive more in-depth and specialist training. The Royal College of Speech and Language Therapists recently developed a special training package called The Box — I have given members flyers. It was developed because we have been trying to help and support justice sector staff in the identification and support of individuals with speech, language and communication difficulties. Therefore, we produced an e-learning and face-to-face training package, which is delivered by expert speech and language therapists, and we would be happy to share that with the Careers Service. I had a meeting with the Minister and have now been given contact numbers for the Careers Service, and I hope to follow that up.

Given the findings, is there an opportunity for the RCSLT to present research findings to careers staff? Should part of mandatory core training for careers staff be on awareness that some individuals have speech, language and communication difficulties and that the behavioural and social responses of unemployed individuals are not necessarily down to behavioural issues or social disadvantage, but that there may be an underlying core deficit in those individuals, which has not been picked up at an earlier stage?

The Minister of Education referenced a science, technology, engineering and mathematics (STEM) skilled workforce, and we would like communication skills to be a key aspect of that, as they have now been introduced as part of the core curriculum. We want communication skills to be part of core workforce skills. As mentioned already, there are huge numbers of looked-after children and young people in residential accommodation. I will ask Lorraine to tell you briefly about the work that she has been doing in social work training and what has arisen out of that.

Mrs Coulter: I have been approached by social workers in the South Eastern Trust to deliver training in communicating with children and young people. Part of the Understanding the Needs of Children in Northern Ireland (UNOCINI) assessment is that, if a child or young person is referred to a social worker, he or she should try to ascertain that child or young person's wishes, feelings, hopes and desires. The social worker should also attempt to assess the challenges presented by speech, language and

communication difficulties. Social workers, therefore, look to us to support them and help them to identify which children or young people have those difficulties, what type of difficulty they have, what they will be able to understand and in what way they will be able to present information.

The adolescent team say that a lot of their work with adolescents involves trying to work through some of the emotional aspects of their difficulties. Much of that is in written form, but the literacy skills of many of the group with which the team work are quite weak. Further to what Jane said, a language difficulty at key stage 1 becomes a literacy difficulty at key stage 2, which becomes a behavioural difficulty later on. Therefore, it is a matter of trying to increase awareness of the extent to which such difficulties exist, identifying them and, importantly, identifying what supporting strategies are out there. The adolescent team say that speech and language therapists have a lot to bring to the table in helping them to produce accessible information for their client group.

Ms McCullough: When it comes to forging stronger links, some members will be aware of the issue of communication difficulties and speech and language therapy support, which emerged from the two Northern Ireland Commissioner for Children and Young People (NICCY) reviews. I chaired the task force set up by the Minister at that time, and the result was an action plan, which DHSSPS, through the Public Health Agency (PHA), is delivering. However, that action plan is solely about the provision of speech and language therapy. We would like a co-ordinated approach, because a speech and language therapist is only one of a vast array of people who should be involved in, and responsible for, meeting the needs of an individual with speech, language and communication difficulties.

We do not, for example, provide any training for social workers to help them to understand speech and language difficulties. We offer awareness-raising training free to undergraduate teacher-training courses. The Committee may be surprised to hear that, before we did so, teachers in core undergraduate training did not receive specialist training in speech and language difficulties as part of their curriculum. Having discovered that, we now offer free training but, obviously, that comes out of core services.

In our briefing paper, I included a specific action from the action plan:

"Develop a speech, language and communication care pathway for children and young people who are not in education, training or employment".

We would like the Committee to address that issue with the Minister. The timescale for its delivery was March 2012, but we do not know where it sits currently. Again, it requires the involvement of many other disciplines and professions in addition to speech and language therapists.

With regard to the provision for NEET and employment, we understand that health and social care trusts have been given £1 million to establish dedicated employability schemes. We would like speech, language and communication to feature as one of the issues being dealt with in those schemes.

We are aware that there is an existing gap in the provision of speech and language therapy for children aged 11 to 18 years in mainstream schools — there is no provision. Being such a small service, we have to prioritise to meet targets. As far as we are aware, there is no commissioned service in Northern Ireland. Therefore, in mainstream secondary-level education, individuals with a speech and language or communication difficulty do not have access to therapy.

As employment is predominantly language based, it is essential that people with SLCN are supported by using speech and language therapy programmes. Otherwise, they will struggle to achieve employment. We understand that there is an essential skills programme called Training for Success, and we would like the Committee to ask whether speech, language and communication are part of employability or essential skills programmes.

We believe that, in developing a comprehensive NEET strategy and implementation programme, the Northern Ireland Government need to include the identification and support of young people with speech and language needs. The proposed strategy to which we responded stated that it would conduct more research. Will that research also look at the numbers with speech and language

difficulties? The list of factors considered in that strategy does not include speech, language and communication difficulties, which we consider an omission.

We would like RCSLT to consider a scoping study, or some sort of pilot or cohort research, that identifies the issue and gives the Committee background evidence on what we are saying. Similar studies have taken place across the rest of the UK, but we do not have any figures for Northern Ireland. We also request that the strategy should work on its information data and link better with the core services in health in flagging up individuals and tracking them, which it mentions, from an early age. Often, as Jane highlighted, the first point of contact is the speech and language therapy service. We can identify at an early age those young offenders who require additional support. We would like to see SLT provision commissioned in core teams that look at employability schemes for individuals to provide training and support, not necessarily through face-to-face intervention, but by ensuring that all staff working with those individuals can recognise and pinpoint a communication or language difficulty. We would like, as I said before, an assessment of communication included in the development of the tracking of individuals.

We are happy to take any questions.

The Chairperson: Thank you very much. You have had a reasonable amount of time in which to put your case across. For the benefit of members, that is because I think that the case is particularly well argued, both in the paper and presentation. I suggest that we send a copy of the Hansard report to the Department for comment.

I want to invite members to ask questions. However, we are under some time pressure. That is in no way to say that we are not supportive, but I want the questions and answers to be fairly snappy.

First, I will address the key issues. The briefing paper states that 41% of children in the Colin area have speech and language and communication difficulties. That is pretty significant. The key point made is that, if that is not picked up by the age of five, it is likely to be a problem throughout life.

A later point is also really important:

"Leeds Youth Offending Team (YOT) reported many impacts of having a speech and language therapist embedded within the team. 88% of young people made significant and measurable progress".

So people need to understand that there is a justice issue as well.

We are also particularly concerned about the 88% of NEETs who have speech and language issues.

My conclusion is that when we talk about the numeracy and literacy strategy, we miss the fundamental building block of communication, and I want to put that on record, because it is the elephant in the room.

Sometimes, as I have heard in the past, people think that speech therapy is just about elocution and that speech therapists just teach people how to speak better. Perhaps you would explain to the Committee that your profession deals with particularly technical and physiological issues, whether in a justice environment or elsewhere.

Ms McCullough: I will let my colleagues come in to answer that, too. The difficulty is possibly as much our name as anything else. In other countries, we would not be called speech and language therapists. To be honest, if a child can say something, whether he or she can say it well or not is the least of our problems. We want to get to the point at which an individual can make himself or herself understood. The majority of the work of a speech and language therapist is not confined simply to the articulation of individual sounds.

In a little exercise with a different Committee, we tried to demonstrate the difference between an individual who grows up with a speech and language disorder and an individual who grows up with a speech and language delay. The difference is that some children have what we call auditory processing difficulties, and I will ask my colleagues to talk to you about those.

Ms McConn: First, let me say that we study at university for four years. Maybe that helps to put our role in context. We come out with a degree and, in theory, can treat anybody, from the cradle to the grave, who has speech and language and communication problems, which exist throughout society. I agree with Alison that getting people to articulate and say something that is nice and clear is the icing on the cake.

We look at whether children have adequate attention and listening skills that will enable them to listen to language and understand what is going on. We also look at their interaction skills and whether they understand what is being said to them. If they do not understand what is being said, they will not be able to use language. After that, we look at their expressive language and whether they have a range of words that they can use and put into sentences. We all take that for granted, but the children with whom I work cannot do that. We also try to assess how good the words that they do have are. I reckon that everyone in the room has good vocabulary skills, but many of those children have extremely poor vocabulary skills and cannot express themselves. Finally, when all those skills are in place, we look at what they are saying, how it sounds and whether it is intelligible.

As Alison said, those children may also have poor auditory processing skills. There is absolutely nothing wrong with their hearing — as I said, these problems are invisible — but they cannot process language. At a cognitive level, it does not make sense to them, and they have difficulty articulating words and putting them together in sentences. For some children, it can take years to sort out that problem.

Some children have mild problems; others have severe problems. For some, it is a communication disability, and it should be recognised as such. It is also a hidden disability. You can see a physical disability, and when you engage with someone with a learning disability, it does not take you long to recognise that he or she has that disability. However, you cannot recognise that children have a communication disability until they open their mouths. Even with special provision, it can take years to sort out those problems.

Mrs Coulter: I want to mention another group. Some children and young people will never have verbal communication, and an important role for us is to look at alternative and augmentative means of communication for them. Some will use sign systems such as Makaton, and the method, or mode, of communication for others will be choice boards or technical aids. That is where speech and language therapists come in. We assess the need and the level of support required through alternative or augmentative means. Those children and young people fall into the group that we are talking about this morning.

The Chairperson: OK. I just wanted to make it clear to the Committee that there are profound technical and professional elements to the work that Alison, Jane and Lorraine are talking about. It is important that you get that, members, because they are trying to deal with profound issues. Many of you have questions, so we all try to be as succinct as we can. Barry, will you lead off, please?

Mr McElduff: Thank you. Are there mismatches between the number of speech and language therapist graduates, the lack of job opportunities for them and the need for quicker appointments? A friend of mine, a young female graduate in speech and language therapy from County Tyrone, had to emigrate to Bahrain to take up a post this year. She made the point to me that, despite the huge demand for speech and language services, therapists' job prospects are poor.

Ms McCullough: I will have a go at answering that. There is an issue with the link between workforce planning — what the needs are on the ground — and how we meet those through professional support. Also, we do not have a comprehensive figure for the number of individuals in Northern Ireland who have communication disabilities. We were very fortunate to get a question included in the census, so people will indicate whether they have a communication difficulty. As Jane pointed out, that will provide us with information about the level and range of such difficulties.

The issue of planning is why we asked for the opportunity to meet the Committee. We are trying hard to make people aware that this is a fundamental and core skill that people require to access education, employment and learning. Unfortunately, services have been cut over the past year because of funding issues. We also know of vacancy control issues in trusts where vacancies arise.

In order to make efficiency savings, the posts are not being filled. We know, therefore, that there are difficulties on the ground. Even with our current workforce, 100% are not currently in place. We know that DHSSPS recognised the need to develop the profession in Northern Ireland, but, because of the financial situation, the predicted development of services has not happened. That is a concern for us.

Another huge concern is that the situation might be addressed by cutting undergraduate places. That is not the solution. However, we face a difficult economic climate. One thing that our profession has to offer is that we can adequately train others. We want a good skill mix in any service provision that meets speech, language and communication needs. There is a gap in how we use our skills to assist others in meeting the needs of individuals. We currently work with the Youth Justice Agency. Northern Ireland is the first site in the UK to carry out the pilot using the e-learning tool and face-to-face training. That is being used to skill up justice sector staff. As I say, we are providing —

The Chairperson: Alison, I will stop you there, because I have to make sure that everybody gets a chance to come in. Barry's question was whether we train graduates who cannot get jobs and, therefore, leave the country.

Ms McCullough: Yes.

The Chairperson: So that is a problem, and you feel that the demand is such that their leaving is a real waste of talent.

Ms McCullough: Certainly.

Mr McElduff: I thought that your point about vacancy controls in some trusts was interesting. Perhaps, we should write to the Health Committee asking for vacancy control measures to be lifted, specifically with regard to speech and language therapists.

The Chairperson: We will deal with that.

Mr D McIlveen: Thank you for your presentation. Alison, I am very interested in your research on early detection. It is fair to say that it will be impossible not to stray into Department of Education (DE) territory, and I probably will do so. Might it be the case that we send children to mainstream education when they are too young? There has been quite a debate recently about children born in June, for example, who start school only a couple of months after their fourth birthday. I have a constituency case in which a little boy started nursery school when he had just about been potty trained. This year, he starts school only about two months after his fourth birthday. He already demonstrates signs of difficult speech and language issues. His mother is concerned that those difficulties are largely as a result of his being pushed, a bit too early, into a place beyond his level. At that age, development is rapid, and every month can make a big difference. Is there a case for looking at the age at which we send children to primary school?

Mrs Coulter: It is more about the skills that children bring to school. You are exactly right that every educational skill presupposes the use of language. Therefore, it is about that early input and winding that much further back. Alison talked about the parent and child interaction and about the home environment being the first environment. It is about looking at services and getting them to children much earlier so that parents are more aware of how best they can help their child's speech and language development.

A recent study in Ealing, London looked at a broad swathe of parents of preschool children. Up to 70% said that they felt that they would be ill-equipped, when it came to information, to develop their child's speech, language and communication skills. It is much more a matter of examining how we can look at early years, the support for parents and families, and trying to develop the skills. That is the foundation, the key and the linchpin.

So we must examine the services. There are examples of good practice in Sure Start that you could seek to roll out in other areas. Obviously, with Sure Start, you get into the postcode and geographical lottery. Timing is an issue, but it is more about what happens in the early years during which development is so fast and, indeed, vast.

Mr D McIlveen: The Education Minister is trying to adopt a slightly more flexible approach to the issue. I suppose, for want of a better term, that it is a "mum knows best" approach. Could that benefit your work?

Ms McCullough: If children are entering school with speech and language difficulties, what they need is appropriate intervention and support prior to starting school. Putting them back a year without providing additional support would not make much difference to or help them.

Mr D McIlveen: What I am getting at is that certain children start school a year earlier, give or take a couple of months. There is a big difference between a child whose fourth birthday was the previous September and a child whose fourth birthday was just two months before they start school. Surely there would have to be a —

Ms McCullough: A child with speech and language difficulties will need appropriate intervention and support.

Ms McConn: It is a massive debate. As we know, in many European countries, children start school much later, and they have good results. I have always been concerned, from a professional point of view, about children born in May or June, particularly boys, who are very immature, being in a class with — dare I say — girls born in July or August of the year before. There is a vast difference between those children. The good thing for those individuals is that they receive nursery education. The revised curriculum has not made P1 and P2 less formal. Some parents have successfully made the case for their children starting school later, but it is a big debate.

The Chairperson: It is, obviously, an issue for debate, but we are drifting off subject slightly. The point was made that early identification is needed and that P1 is the last point at which that can happen. There are other issues, David, but we need to ensure early identification.

Mr P Ramsey: Like David, I find it hard not to stray into education. I must say that it was a very impressive and comprehensive presentation. I have had the pleasure of working alongside Alison and the Children's Commissioner over a long period, when I was looking at the deficit of speech and language therapy across Northern Ireland, particularly in my constituency. I have seen the profound effect that therapy can have. I visited a special needs school and saw the progression of a child from early years. I also visited a health centre and saw the profound impact that therapy had on the development of a child with less complex needs. I encourage other members to do that as well.

The presentation brings a new perspective to the NEETs discussion that we had as recently as last week. Some 88% of NEETs may have speech, language and communication difficulties. Those are an obstacle to their entering training or education, so we have to examine that. Alison, you will recall that we had John Bercow over here before he became Speaker. He led a major review of special needs, particularly speech, language and communication. It would be good to revisit that to find out whether the outcomes that were hugely valuable in the Westminster context would fit here.

Your briefing paper highlights west Belfast as an area of major concern. If close to 50% of young people in west Belfast have speech and language difficulties, is the money that we invest in targeting social needs having any impact in such areas? I would like to see the figures for other constituencies. I do not know what your data is based on, but it is obvious from today's session that the Committee was right to say in its NEETs inquiry — I am defending the Minister for Employment and Learning — that a more comprehensive and detailed cross-departmental action plan from the Executive is needed to make a difference. That includes DHSSPS, the Department for Social Development (DSD) the Department of Education (DE) and the Office of the First Minister and deputy First Minister (OFMDFM). I do not want to go on for too long, because I am conscious of time, but I have a personal and political interest in the subject.

I want to follow on from Barry's question. The difficulty is that one rationale from the Department was that, when there was a deficit in some areas, it was filled by technicians and classroom assistants. I am not saying that there is anything wrong with that, but it undermined, I think, the profession of speech and language therapy. Classroom assistants were put into classrooms to do the work for

which a speech and language therapist had trained to degree level. I throw that out as a concern. I know that Alison made some points on that, but there are some serious issues that we need to deal with.

The Chairperson: I will not ask for a response, as Pat was making a supportive statement.

Like Pat, it was when I visited nursery schools that I understood that a young person may develop physically, mentally and be, in all other respects, highly intelligent, but be unable to communicate because that development is delayed. I can understand how such frustration may have physical consequences in the classroom. That is borne out of frustration rather than the child being bad, and people need to recognise that. We will take your point on board, Pat, and look at how we can deal with that when we come back to the issue.

Mr Allister: You urged us to be snappy, Chairman. I take it that you meant quick? I will try to oblige.

The Chairperson: Fra? *[Laughter.]*

Mr Allister: Not just that quick. I have three brief points.

Alison, your paper refers to the Colin area survey. From your UK-wide overview, can you tell us whether things are any worse in Northern Ireland than they are elsewhere? If so, is there a reason for that?

Ms McCullough: We think that things might be slightly worse in Northern Ireland among the preschool population. Lorraine was involved in a project looking at preschool incidence, and the figures seem to be higher than the national average. However, we do not have a wide enough scoping study to confirm that.

Mr Allister: You underscored how important it is to get in early with these kids. Yet you also told us that, although there are health visitor referrals, there is a significant drop-out rate. I suspect that those who drop out later re-emerge as a problem in the system. Is there no mechanism to tackle that drop-out rate, perhaps through a statutory obligation to co-operate? Are you just helpless if there is a drop-out situation following a health visitor referral?

Ms McCullough: Each trust has its own "do not attend" or DNA policy. I cannot answer for every single health and social care trust. For some children who DNA, we have to follow very strict DNA guidelines in order to meet targets. Unfortunately, apart from Sure Start, no service actively goes after those hard to reach children. Sure Start, from its studies, realises that it cannot reach those even harder to reach children who do not attend.

Mrs Coulter: There are examples of really good practice. For example, in our Sure Start areas in the Colin area, where some of the research was set, we moved our service out into the nursery schools. We were very lucky that, a few years ago, we had integrated development fund money to continue that into mainstream primary schools. We have just received a little bit of money for the DSD neighbourhood renewal project in Downpatrick, which will work across primary and nursery schools. We will provide therapy in nursery schools. However, it is not just about moving from the clinic to a school or nursery school. It is about working in partnership and collaboration with education in a very different model. We have lots of evidence to prove that those types of models work. Unfortunately, little pockets of funding come through for short periods, but that funding is not recurrent and not extended. I suppose that it goes back to Pat's comment about the need for cross-departmental work. This is an issue for everyone; it is not just a health issue. It is about pooling budgets and resources. The business of primary schools is our business, and it is very much about integrating what we do with that.

There are great models that could work in different ways. You could completely cut out the DNA factor and have 100% access and uptake of services. That would mean that hard to reach children would no longer exist, because the services would be embedded in their education. It is about taking that forward as a strategy, rather than having little bits of short-term funding.

Mr Allister: What surprised me most of everything that you said was the fact that there is no formal training in our teacher-training colleges. You also said that you now offer that training on a voluntary basis. Is that training being taken up by all the teacher-training colleges and universities? Does it extend to those who man preschool facilities of whatever nature, or is there also a total training gap there?

Ms McCullough: At the moment, we provide training to St Mary's University College.

Mrs Coulter: In the past two years, I provided two sessions in Stranmillis University College as part of its special educational needs (SEN) project.

Mr Allister: What about the University of Ulster?

The Chairperson: You said that you provided two sessions. What is a session?

Ms McConn: About three hours.

Mrs Coulter: It is not even three hours. It is probably about two hours.

Mr Allister: So teachers meeting kids in primary 1 who cannot adequately communicate will have had, at most, three hours of training in how to cope with that situation.

Mrs Coulter: It is specialist training that may be referenced or brought in through other aspects of their study. However, certainly the information —

Mr Allister: Should we be surprised that the problem is not being arrested?

Ms McCullough: We have been working hard with the Department of Education, and we ran a joint conference for teachers last March. Specialist teachers who work in special needs environments have access to training, Makaton courses, etc. We feel that teachers need to have the core and basic skill of recognising speech and language disorders.

Mr Allister: Is no such training offered in the University of Ulster?

Ms McCullough: No, not as yet.

Mr Allister: What about training for staff in preschool facilities?

Ms McCullough: We certainly do not provide any training to them.

Ms McConn: Using small pockets of money, we have offered courses to nursery-school teachers to increase their skills to enable them to identify and support children with problems.

Mr Allister: Is that on an ad hoc basis?

Ms McConn: Yes, it is very ad hoc, which brings us back to funding.

Mr Allister: Mr Chairman, the key is in attacking the issue at the earliest possible opportunity. However, we cannot do much about the drop-out rate from health visitor referrals. When the kids enter a formal school setting, they encounter teachers who may be excellent but who have no formal training in how to tackle the issue. Therefore, I am not surprised that we have a problem.

The Chairperson: Thank you. You have provided your usual insight, Jim. You are absolutely right, and your point was well made. Are you finished?

Mr Allister: Yes, thanks.

Mr F McCann: Thank you for an interesting presentation. As Pat said, the figures for the Colin area, in particular, are alarming. I represent West Belfast, and you could probably replicate what goes on in the Colin area throughout the constituency.

Mrs Coulter: We also have figures from Downpatrick and Derry that match those in Colin.

Mr F McCann: Most areas of severe social deprivation lie within neighbourhood renewal areas that are overseen by neighbour renewal partnerships. Their boards recently looked at strategies to deal with a number of issues. Sometimes, when you try to break through at a higher level, you encounter inter-departmental rivalry. Departments argue about which Department should fund what, and things get lost and do not filter down to the ground. If you were to approach the neighbourhood renewal partnerships, I think that you would find a high level of interest. Those partnerships have health and employment strategies, and it would be interesting to see what response you got from them.

I sit on the board of a community health facility in the Falls area. It has brought to the area new forms of health provision that had not been thought of before, and people are coming on as a result. I am also a member of a local community group that has brought people on through theatre and play, and it provides training to people applying for jobs. Interaction with the local community seems to provide a way forward on other issues. I do not know whether you have that interaction with communities across the board. The approach of communities will probably be better than that of some of the Departments with which you have dealings.

I am on the Committee for Social Development. One of the issues that we have been dealing with —

The Chairperson: Fra, I am keen to bring other members in. I am not stopping you, but we can have a further discussion on that.

Mr F McCann: I appreciate that, but this is an important point, and it was touched on earlier. Sammy will appreciate it. The Committee for Social Development deals with the Welfare Reform Act and the sanction-led approach to that. Thousands of people are sanctioned in job-focused interviews, and you touched on that, Alison. Now, people are losing their benefits. I talk to some young people who are losing their benefits because they cannot explain what has happened, why they will not take a certain job or why they turned up late for an interview. Is there any provision in that area? We have taken an interest in what happens during a job-focused interview. How are people treated? How are people with mental health problems or language difficulties treated? We have never had an answer to that. We have been told that training is provided so that all eventualities can be dealt with. Have you been asked to provide such training?

Ms McCullough: No, we have not. One of the reasons why we started working with the Youth Justice Agency related to concerns raised about youth conferencing, which reflects the conversation that you are having with us. It was felt that individuals with communication difficulties, when put in front of their victims and asked to explain why they did something, do not understand the language used. The fact that they do not have the necessary language skills makes them appear even more belligerent and less apologetic. We have not been approached to work with such organisations. Your comments were very interesting, and we would very much like an opportunity to talk to neighbourhood renewal groups about those issues.

A difficulty arises when one asks who commissions services for individuals with communication difficulties. We cannot find one particular body that commissions services. We know who commissions the majority of speech and language therapy provision, but we are talking about the wider, all-embracing workforce — the careers teachers and all of those involved in employment. Who is co-ordinating that? England now has the Better Communication action plan. I would be happy to approach John Bercow and ask him to come to talk to the Committee, as the action plan is coming to an end. A communication champion was appointed to take on board the issue of speech and language difficulties and to plan strategically across all Departments.

The Chairperson: OK, Alison. I get the gist.

Mr F McCann: That is a crucial point. Again, it goes back to the job-focused interviews that the Department runs. It is crucial that training is given to people so that they understand what they are dealing with. One issue that we have pushed on is the question of how mental health is dealt with. That needs to be expanded, though. People walk in and walk out, and they find that they do not get their benefit. Subsequently, they realise that they have been sanctioned, but they do not understand that until they receive a letter.

Mr P Ramsey: Good point.

The Chairperson: In support of what you are saying, you mentioned career guidance. I think that people fundamentally misunderstand the point. We were quite impressed with the amount of detail included in the careers training for teachers in St Mary's. I think that David mentioned that. You cannot help but think that that is what is missing in our career guidance to younger people. They can go to an interview, but their communications skills are not up to it. If we take that on board, whether it is jobs, employment, benefits, careers advice, or the youth justice system, there is an issue.

Mr F McCann: I belong to a group in an area that has serious problems with antisocial behaviour and crime. The group has started to make DVDs with younger people that pick up some of the topical issues, such as joyriding and teenage pregnancy. When those young people, who may never have been forthcoming, get into those surroundings, it is amazing how much more forthcoming and interested they become. In communities, that is a good approach to take in starting to deal with some of the issues.

Mr Buchanan: Thank you for your presentation. I will be brief. Through my constituency office, I find that there is a growing problem of children and young people who suffer from autism. Obviously, that plays a big part in speech and language, in that they do not understand and cannot communicate correctly. Does your training incorporate anything for teachers or preschool helpers to help them to understand that problem? If a teacher tells a child to do something, but the child simply looks at them and does not understand, that can be very frustrating. Autism is coming more to the fore now but, at times, it still goes undetected. That plays a big part in the lack of speech and language skills, as demonstrated in the figures that you presented. How is autism incorporated? Are teachers being made aware that some children may be suffering from autism?

Ms McCullough: We had been running five interagency projects in Northern Ireland, which provided support on the ground to teachers of children with speech, language and communication difficulties, including those due to autism. Unfortunately, the funding for two posts was withdrawn by the education and library boards. The most recent post was in an outreach project in the South Eastern Trust. I will ask my colleagues to talk about that.

Mrs Coulter: That was a very successful programme. We had a joint post with the South Eastern Education and Library Board for 10 years. At the end of September, we were told that funding constraints meant that the South Eastern Education and Library Board could no longer continue to employ its speech and language therapist. That was the only specialist training in speech and language and communication needs that the board had for teachers in the area. Effectively, that resource is now gone, and I know that that is reflected in areas in the Western Education and Library Board and the Southern Education and Library Board.

Ms McCullough: The reason given was that it was not core.

The Chairperson: Statutory, probably.

Ms McCullough: Yes.

Mrs Coulter: Yes.

Mr Douglas: Thank you for the presentation. Are you not swimming against the tide to some extent, particularly with young teenagers, because of social media, including texting, Twitter, Facebook, e-mails, and so on?

The Chairperson: Good point.

Ms McCullough: When it comes to the development and changing nature of language, we view those as examples of an evolving but different language. We understand that we all use vernacular or colloquial language within our social sets, as it were —

The Chairperson: Do you mean like "snappy" or "kids"?

Ms McCullough: — and in our professions. For example, our core vocabulary is possibly different to yours. Certainly, you will use different language or idioms. We know that, through time, from Middle English to what we use now as everyday words, language has changed, and we have to accept that.

Communication, through whatever means, is a good thing. In fact, the advent of social media has had a huge impact on people with hearing loss. They can now access phones, the internet, Skype, lip-sync, and they can read and understand what somebody is saying. We do not feel that it is a threat.

Ms McConn: We need the basic skills first; then we can move on to other types of communication. We are trying to emphasise that very many of these children do not have basic language and communication skills. They may use social media, but they need basic communication skills to communicate interpersonally on a face-to-face basis, and those are what they lack.

Mr Douglas: I was at a youth centre recently. When I look at some of the young people who are NEET, I wonder whether everybody who has difficulties needs therapy. I know, for example, of young people with major difficulties who could, perhaps, enrol on a training or essential skills programme without having therapy. Giving them training or a job may increase their confidence and esteem and, in turn, their communication levels.

Ms McCullough: Not everybody needs one-to-one therapy. That is certainly not the model of service delivery that we recommend. We recommend that there is a range of available options. Some individuals may have very specific language disorders and need someone to assess whether they have a particular problem. Others need a change in their communication environment so that the people surrounding them can focus more on communication skills and direct their language at a level appropriate to the group. If they do not understand how to do that, we come in, assess the level of need in the group and explain the strategies that they can use. It is a very similar approach to autism: we assess the communication environment of the individual child and determine what needs to change.

The Chairperson: I will say, in support of Sammy, that, although not everybody needs therapy, there are a significant number of people on a continuum who need more help to communicate effectively. At the risk of boring everybody to tears, I used to be really shy.

Mr Douglas: You still are.

The Chairperson: The point that —

Mr F McCann: You got over it by the age of one.

The Chairperson: I have managed to get over it, just about.

Mr Allister: You have overdone it. *[Laughter.]*

The Chairperson: Do you see the trouble that I get?

I hope that you have conveyed to my colleagues the profound impact of your profession on our society. As has been said, we have not quite recognised the role that you could, and perhaps should, play. I do not want to put words into people's mouths, but you have alerted us to questions that we should be asking on a whole range of issues. Thank you all very much for attending. We will send a copy of the Hansard report to the Minister and the Department for comment. When we come back to these issues, we will decide how to take them forward.

