

London Borough of Barking and Dagenham

Notice of Meeting

THE EXECUTIVE

Tuesday, 23 November 2004 - Civic Centre, Dagenham, 7:00 pm

Members: Councillor C J Fairbrass (Chair); Councillor C Geddes (Deputy Chair); Councillor J L Alexander, Councillor G J Bramley, Councillor H J Collins, Councillor S Kallar, Councillor M A McCarthy, Councillor M E McKenzie, Councillor L A Smith and Councillor T G W Wade

Also Invited: Councillor Mrs M M West for agenda item 7.

Declaration of Members Interest: In accordance with Article 1, Paragraph 12 of the Constitution, Members are asked to declare any direct/indirect financial or other interest they may have in any matter which is to be considered at this meeting

12.11.04

John Tatam
Director of Corporate Strategy

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AGENDA

1. **Apologies for Absence**
2. **Minutes - To confirm as correct the minutes of the meeting held on 16 November 2004 (to follow)**

Business Items

Public Items 3 to 6 and Private Items 13 to 15 are business items. The Chair will move that these be agreed without discussion, unless any Member asks to raise a specific point.

Any discussion of a Private Business Item will take place after the exclusion of the public and press.

3. **Exclusions (Pages 1 - 13)**

4. Barking Town Centre - Adoption of "Barking Code" (Pages 15 - 18)

A copy of the 'Barking Code' will be made available to Executive Members, with spare copies available at the meeting. Copies will also be available in the Member's Rooms and at public libraries.

5. Best Value Review Improvement Plan - Second Quarterly Progress Report (Pages 19 - 34)

6. 71 Kier Hardie Way - Uplift of Restrictive Covenant (Pages 35 - 36)

Discussion Items

7. Final Report of the Health Scrutiny Panel's Review of Speech and Language Therapy Services (Pages 37 - 105)

8. Children and Families - Fostering and Adoption (Pages 107 - 111)

9. Any other public items which the Chair decides are urgent

10. To consider whether it would be appropriate to pass a resolution to exclude the public and press from the remainder of the meeting due to the nature of the business to be transacted.

Private Business

The public and press have a legal right to attend Council meetings such as the Executive, except where business is confidential or certain other sensitive information is to be discussed. The list below shows why items are in the private part of the agenda, with reference to the relevant legislation (the relevant paragraph of Part 1 of Schedule 12A of the Local Government Act 1972).

Discussion Items

11. Big Lottery Fund Award - Dagenham Park Sports Facility (Pages 113 - 118)

Concerns a contractual matter (paragraphs 7 and 9)

12. Community Music Service - Extension of Facilities (Pages 119 - 124)

Concerns a Contractual Matter (paragraph 7)

Business Items

13. John Perry Primary School - Erection of a Single Storey Children's Centre with Associated Community Facilities, Car Parking and Landscaping (Pages 125 - 127)

Concerns a Contractual Matter (paragraphs 7 and 9)

14. Progress on the Former Leisure and Environment Services Department Reorganisation - Proposed LSMR Posts (Pages 129 - 132)

Concerns a Staffing Matter (paragraphs 1 and 11)

15. Community Halls (Pages 133 - 142)

Concerns a Staffing Matter (paragraphs 1 and 11)

16. Any other confidential or exempt items which the Chair decides are urgent

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THE EXECUTIVE**23 NOVEMBER 2004****REPORT OF THE DIRECTOR OF EDUCATION, ARTS AND LIBRARIES**

EXCLUSIONS	FOR INFORMATION	
<p><i>This report was requested by the Executive of 17th August 2004.</i></p> <p><u>Summary</u></p> <p>The Executive, at its meeting on 17 August 2004 (Minute 86 refers) requested information regarding the performance of schools in the Borough in relation to school exclusions and Local Education Authority provision for excluded pupils. This report provides information about trends in fixed term and permanent exclusions. It sets out action which is being taken to reduce levels of exclusion.</p> <p><u>Wards Affected</u></p> <p>All wards</p> <p><u>Recommendations</u></p> <p>The Executive is asked to note the content of this report.</p> <p><u>Reasons</u></p> <p>To keep the Executive informed about action being taken to reduce exclusions.</p>		
<p>Contact Officer: Jane Hargreaves</p>	<p>Interim Head of Learning and Cultural Services</p>	<p>Tel: 020 8270 4818 Fax: 020 8270 4860 E-mail: jane.hargreaves@lbbd.gov.uk</p>

1. Background

- 1.1 Reducing truancy and exclusion levels are an important part of the Government's inclusion policy. Young people who attend school regularly are more likely to get the most they can out of their time at school and are therefore less likely to take part in anti social or criminal behaviour. The OFSTED report 'Improving Attendance and Behaviour in Secondary Schools' (2001) made a direct link between poor attenders and poor readers.
- 1.2 The following information is provided as Appendices
 - Appendix 1 – Permanent Exclusions 2001 – 2004
 - Appendix 2 – Fixed Term Exclusions 2001 – 2004
 - Appendix 3 – Permanent and Fixed Term Exclusions by Secondary School 2003/04
 - Appendix 4 – Reasons for Exclusions – Primary
 - Appendix 5 – Reasons for Exclusions – Secondary

2. Main Body

- 2.1 In 1997, permanent exclusions from Barking and Dagenham's schools were approximately double the national average. Primary schools permanently excluded 17 pupils and secondary schools excluded 71 pupils during this period. In response to these unacceptably high figures the LEA established a DFES funded Behaviour Project during the period 1998-2001. The brief was to reduce exclusions with a focus on tackling the issues around exclusions especially with the links to poor attainment and achievement. During this period of time with an intensive focus on classroom pedagogy and classroom management the rates of permanent exclusions reduced significantly.
- 2.2 In the academic year 2000/2001 only 7 pupils were permanently excluded by primary schools and 23 pupils were excluded by secondary schools. These figures were within the London average. The rate of permanent exclusion reached its lowest point in 2001/02 when 18 pupils were permanently excluded from secondary schools.
- 2.3 Since then both fixed and permanent exclusions have risen in secondary schools – although figures are still well short of the 1997 picture. There is a correlation between the number of fixed term exclusions and the number of permanent exclusions i.e. high numbers of fixed term exclusions tend to lead to high numbers of permanent exclusions.
- 2.4 This is not purely a local problem - OFSTED reports that a third of LEAs are seeing a rise in permanent and fixed term exclusions. Comparisons of LBBB figures with the latest national data (2002/03) indicates that LBBB is below the national average and the outer London average for permanent exclusions.

2.5 Key Points – Secondary

Permanent Exclusions

- In 2001/02 permanent exclusions in secondary schools numbered 18. By 2003/04 permanent exclusions had risen to 46.
- The majority of permanent exclusions in 2001 were because of verbal abuse and threatening behaviour against adults and in 2004 the most common reasons for permanent exclusions were the same.
- The national picture is that pupils with SEN are highly represented in exclusion data as are boys with low levels of literacy.

Fixed Term Exclusions

- In 2003/04 4,486 days were lost through fixed term exclusions of secondary aged pupils. Appendix 5 shows the breakdown by reason for exclusion.
- In some schools there has been a worrying increase in the number of days that warrant a fixed term exclusion.
- Evidence suggests that some schools are using fixed term exclusion as a strategy for managing behaviour such as persistent disruptive behaviours. An analysis of the effectiveness of this strategy needs to be carried out.

- Improvements in attendance in secondary schools suggests that those pupils who in the past have truanted and have been brought back into school may well be contributing to the increase in fixed term exclusions.
- The majority of fixed term exclusions are white boys but black British African Caribbean boys represent 22% of this figure. The latter group is significantly over represented as a proportion of excluded pupils.

2.6 Key Points – Primary

- In Primary schools the overall trend for permanent exclusions has remained stable with a small increase in some schools. Nine schools are represented in the 2003/04 figure.
- A small but significant number of primary schools show high fixed and permanent exclusion but overall the picture in primary is positive.

2.7 A Note on the Tuition Centre (the Pupil Referral Unit – PRU)

- The LEA has a duty to provide full-time education for permanently excluded pupils. This is the Authority's main provision for excluded pupils. Its aim is to provide education for up to two terms and to get most pupils back into mainstream education.
- The Primary PRU is set up for 12 pupils. As of 18th October 2004 there were 7 pupils on roll – all boys.
- The Secondary PRU is currently providing for 21 full-time pupils and 10 part-time. This equates to 23 fte. There is currently spare capacity.
- In addition 14 Year 11 pupils attend alternative provision, generally college courses. These courses cost between £7K to £9K per year.
- Once pupils get into the PRU, many find it difficult to get back into mainstream education. This in itself makes it more difficult for the PRU to function effectively as Pupil Referral Units are not meant to provide long-term education for pupils.

3. Finance

- 3.1 There is no doubt that provision for excluded pupils is expensive as is the cost of work to prevent exclusions. It is also clear that once permanently excluded, many pupils find it very difficult to get back into mainstream schools and to stay there to complete their education. The priority has to be for LEA staff to work with schools to prevent exclusions. The figures below give an indication of the cost of supporting excluded pupils and of centrally provided work to prevent exclusions.

Provision	Cost/Source of Funding
Tuition Centre (for permanently excluded pupils)	IRO £850K (primary and secondary) including transport
Alternative provision for Year 11 excluded pupils e.g. Barking College	£7K - £9K per pupil per year
Learning Support units in secondary schools	Excellence in Cities
Provision for fixed term excluded pupils	£300K (delegated to secondary schools)
The Acorns (Early Intervention Unit)	£500K (including transport)

Central Behaviour Support Team	£110K (centrally funded) £110K Standards' Fund
Behaviour Improvement Project (BIP)	£4.6 million (100% DfES funded over 3 years – the majority delegated to 4 secondary schools)
Cambell Junior (Additional Resource Provision – second chance)	16 places – IRO £12-14K per child

4. What is working well?

4.1 The current Government policy is for LEAs and schools to work together to reduce schools' exclusions and return pupils to mainstream schools or else find alternative provisions. The priority is to keep as many pupils within mainstream education as possible, whilst recognising that there is a small number of pupils for whom this is not possible.

4.2 A number of strategies have now been implemented to address the high rates of truancy and exclusions. Electronic registers, swipe cards and truancy patrols have improved registration. Excellence in Cities funding has financially supported secondary schools to establish Learning Mentors and Learning Support Units. BIP funding has provided school-based multi-agency teams including Family Workers, Family Therapists and Social Workers. Truancy figures are reducing but we have not yet successfully reduced exclusion figures. There may well be a link between the success in reducing truancy and improving attendance and the increasing rates of exclusions.

4.3 The following are examples of current good practice:

- secondary schools use learning support units effectively to support internal exclusion and learning mentors to support pupils who may be at risk of exclusion;
- alternative curriculum provision is proving successful for some older pupils – e.g. college courses, vocational courses;
- alternative resource provision such as the Acorns Early Intervention Service and Cambell Junior provision;
- support from voluntary agencies;
- a long term commitment to training and professional development for staff at all levels who work with challenging pupils, in order to help them to manage behaviour;
- The Head of SEN Support has recently taken over the role of Director's representative at exclusion panels. This should support more consistent practice and will challenge exclusions where appropriate.

5. What is required?

5.1 The following are current priorities:

- a continued focus on training classroom teachers in behaviour management.
- increased focus on working with senior managers on inclusive processes and gaining commitment from them to reduce exclusions.
- targeted support and advice for high excluding schools.

- improving the targeting for pupils at risk of exclusion – intervening and supporting at the right time. This means ensuring the alternative resource provisions e.g. Cambell Junior, The Acorns get the children early enough and work effectively with other agencies to support these children;
- better tracking systems of vulnerable pupils with an integrated system. We have a number of LEA panels that place pupils in provision but as yet no shared database.
- a continued focus on pupils with lower levels of literacy. Research indicates that this is the biggest trigger for exclusions.
- reassessing all Emotional and Behavioural Difficulties (EBD) statements over two years old to ensure that there has been an accurate assessment of pupils' needs.

6. Conclusion

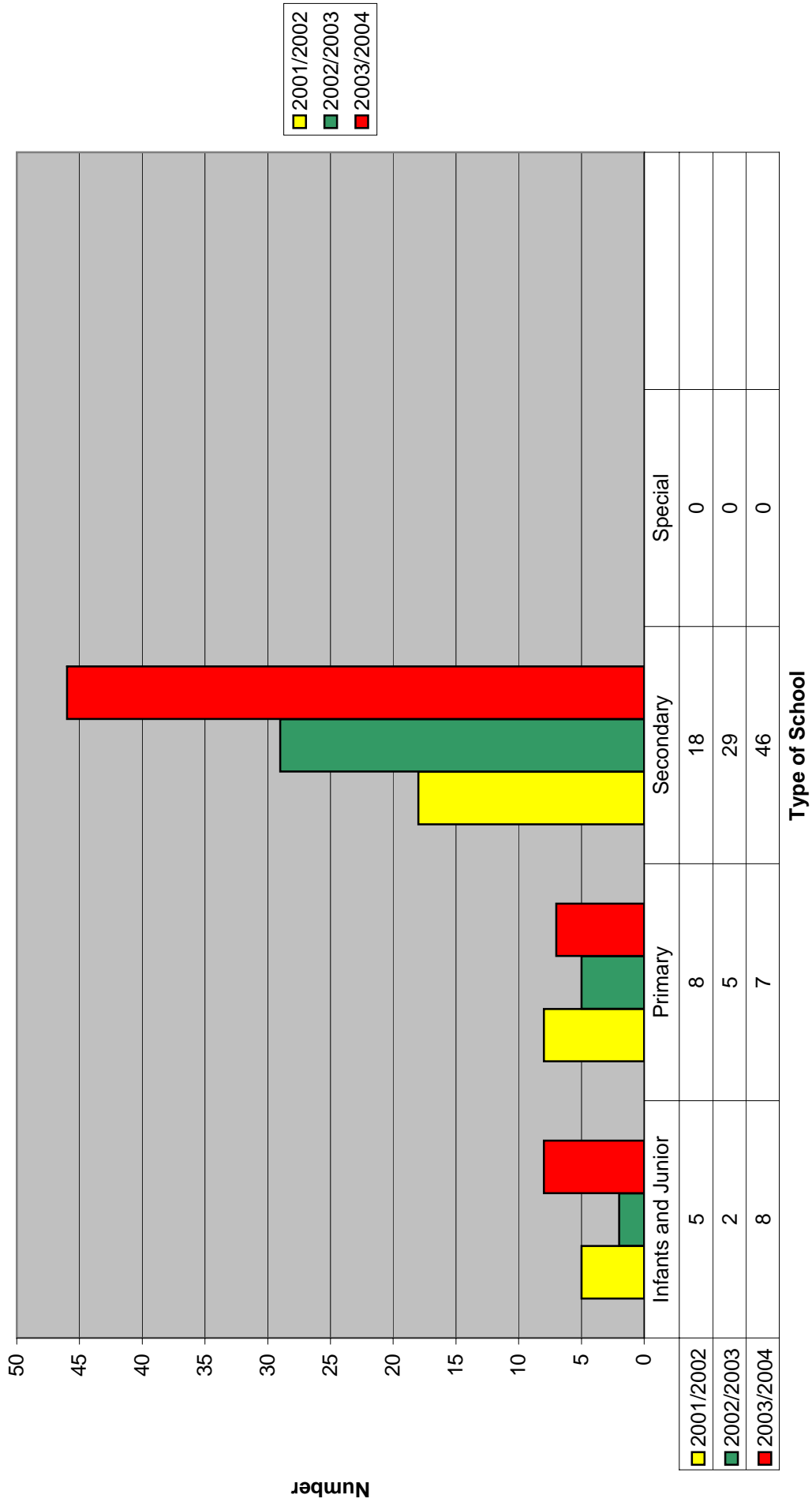
- 6.1 There has been a rise in exclusions over the last two years and this is a cause for concern. Education staff are working closely with schools to bring down the figures for 2004/05. Exclusions are discussed with headteachers as part of the termly systematic visits to schools. Exclusion figures are now being monitored on a monthly basis by the Department Management Team. By implementing the actions set out in Section 5 we expect to achieve a reduction by the end of the current academic year.

Background Papers

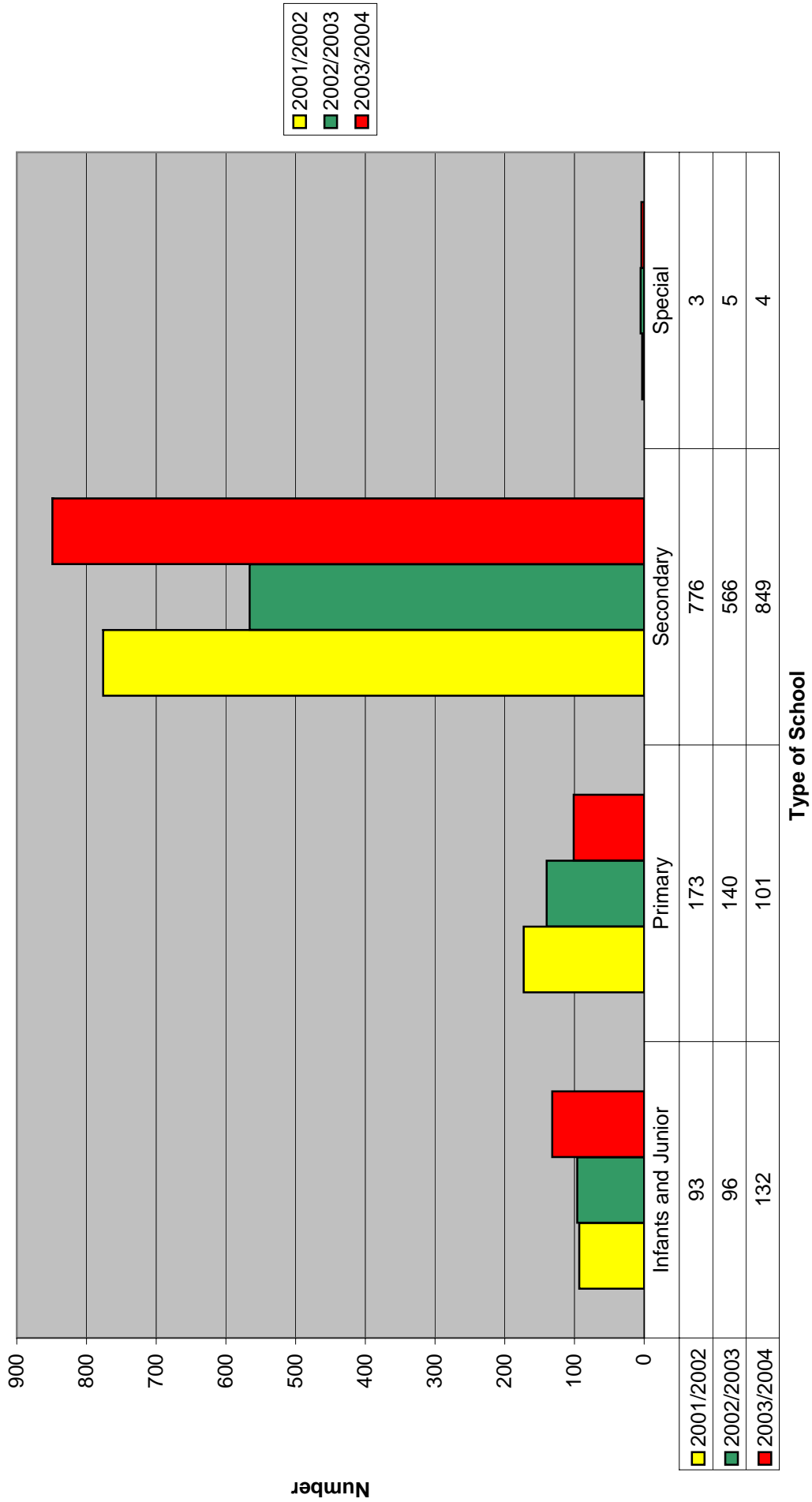
- Improving Attendance and Behaviour in Secondary Schools – Office for Standards in Education – February 2001.
- Executive Minute 86, 17 August 2004.

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Appendix 1 - Permanent Exclusions



Appendix 2 - Fixed Term Exclusions



**Permanent and Fixed Term Exclusions-2003/4
Secondary schools**

Name of School	No. of Permanent Exclusions	No. of Fixed Term Exclusions Incident	No of days	Average number of days per exclusion
All Saints	3	91	322	3.5
Barking Abbey ¹	3	253	891	3.1
Eastbrook	8	29	314	10.8
Eastbury	7	154	870	5.6
Dagenham Park	10	46	271	5.8
*Jo Richardson	2	44	299	6.7
Robert Clack	0	13	429	33
Sydney Russell	0	41	324	7.9
Warren	8	179	766	4.2
Trinity	0	4	Not available	
Total	41	850	4486	

* Only Key Stage 3

¹ The Headteacher provided the following information.

- 186 incidents were as a result of two particularly troublesome year groups (9 and 10). 151 of the 186 were boys.
- The average number of days per exclusion is relatively short.
- The school is concerned about the number of fixed term exclusions in 2003/04 and has put in place a new system whereby most short-term exclusions will be dealt with internally.

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Appendix 4 - Reason for Exclusion
Fixed (Primary)

	Physical assault against pupil	Physical assault against adult	Verbal abuse / threatening behaviour against pupil	Verbal abuse / threatening behaviour against adult	Bullying	Racist Abuse	Sexual Misconduct	Drug and Alcohol related	Damage	Theft	Persistent Disruptive behaviour	Other
2003-04	87	39	52	67	5	1	5	0	23	3	129	3
2002-03	43	32	21	39	0	0	0	5	9	1	52	2
2001-02	69	15	7	34	0	0	0	0	11	5	124	0
2000-01	77	16	13	26	0	0	0	0	7	0	99	2

Reason for Exclusion
Perm(Primary)

	Physical assault against pupil	Physical assault against adult	Verbal abuse / threatening behaviour against pupil	Verbal abuse / threatening behaviour against adult	Bullying	Racist Abuse	Sexual Misconduct	Drug and Alcohol related	Damage	Theft	Persistent Disruptive behaviour	Other
2003-04	4	6	7	7	0	0	0	1	2	0	11	0
2002-03	0	0	0	0	0	0	0	1	2	2	3	3
2001-02	1	2	0	1	0	0	0	0	0	0	5	0
2000-01	5	5	0	0	0	0	0	0	1	0	3	0

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Appendix 5 - Reason for Exclusion
Fixed (Secondary)

	Physical assault against pupil	Physical assault against adult	Verbal abuse / threatening behaviour against pupil	Verbal abuse / threatening behaviour against adult	Bullying	Racist Abuse	Sexual Misconduct	Drug and Alcohol related	Damage	Theft	Persistent Disruptive behaviour	Other
2003-04	186	42	93	207	6	0	4	6	55	15	308	4
2002-03	69	86	24	104	0	0	0	9	70	9	148	2
2001-02	130	51	39	159	0	0	0	8	71	12	252	25
2000-01	107	35	21	159	0	0	0	16	17	7	228	2

Reason for Exclusion
Perm(Secondary)

	Physical assault against pupil	Physical assault against adult	Verbal abuse / threatening behaviour against pupil	Verbal abuse / threatening behaviour against adult	Bullying	Racist Abuse	Sexual Misconduct	Drug and Alcohol related	Damage	Theft	Persistent Disruptive behaviour	Other
2003-04	11	5	5	15	0	1	0	1	6	0	14	0
2002-03	5	1	0	0	0	0	0	0	0	0	8	0
2001-02	3	2	1	0	0	0	0	0	3	0	2	0
2000-01	5	6	0	5	0	0	0	1	0	0	2	1

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THE EXECUTIVE

23 NOVEMBER 2004

REPORT FROM THE DIRECTOR OF REGENERATION AND ENVIRONMENT

BARKING TOWN CENTRE – ADOPTION OF “BARKING CODE”	FOR DECISION	
<p><i>This report regards a strategic issue concerning the spending of the Sustainable Communities funding in Barking, which falls within the remit of the Executive.</i></p> <p>Summary</p> <p>The Office of the Deputy Prime Minister (ODPM) provided the Council with £2m of funding, from the Sustainable Communities Fund, for the improvement of all the spaces in Barking Town Centre, the public can expect to have physical access to-generically referred to as the public realm. The Barking Town Centre Partnership (BTCP) appointed an external consultant to advise on a range of materials to be used within the street and open space environment and test the approach in 4 schemes. The Executive is asked to agree the “Barking Code” and note the four pilot projects.</p> <p>Wards Affected – Abbey, Gascoigne.</p> <p>Recommendations</p> <p>The Executive is asked to:</p> <ol style="list-style-type: none"> 1. Agree ‘The Barking Code’, which sets out the selection of surface materials, construction details, street furniture etc. to establish a distinctive town centre; and 2. Note the proposed schemes <p>Reason</p>		
<p>Contact Officer: Julie Davis</p>	<p>Regeneration manager</p>	<p>Tel: 020 8227 3947 Fax: 020 8227 5326 Minicom: 020 8227 3034 E-mail: julie.davis@lbbd.gov.uk</p>

1. Background

- 1.1 The Deputy Prime Minister launched the Communities Plan (Sustainable Communities: Building for the future) on 5 February 2003. As part of this programme Barking and Dagenham was awarded £2.0m of funding to be spent between 2003/4 – 2005/6 for the improvement of the public realm in Barking town centre. This award was made subject to a full appraisal of the project, and evidence that the project is deliverable. The Council agreed to add £1.605m of match funding from the borough spending plan and Section 106 agreements to reach an overall budget of £3,605,000. (Sustainable Communities Fund – approved 9 March 2004).

2 The Barking Code

- 2.1 The public realm consists of all the spaces everybody can expect to have physical access to within Barking town centre. This includes streets, squares, paths and parks with all associated features from plants to lighting, signs and street furniture. This is a social space where people meet and move about their daily business. It is an important extension to the amenities of the community and the subject of civic pride if looked after. This initiative has created the opportunity for the Council to embark on a significant improvement in the physical environment.
- 2.2 Following the Sustainable Communities award, consultants were appointed to develop the 'Barking Code'. Part of this commission involved developing concept designs for four pilot areas: the Broadway; St. Ann's to Town Square; London Rd; Abbey Rd.
- 2.3 The Barking Code is a selection of surface materials, construction details, street furniture etc. to establish a coordinated and distinctive town centre. This selection (see appendix 1) aims to reflect the different spatial characters achieving a unique urban environment, contributing to the government's liveability agenda and enabling the regeneration potential of the town centre to be fulfilled. It also promotes the design quality the council wishes to see from private investors. At the Board meeting the consultant will present a short explanation of the ideas promoted and illustrate the selected materials.

3 Phase 1 implementation

- 3.1 Initial designs have been produced for the four pilot areas and currently the Broadway is being implemented.
- 3.2 The Broadway and surrounding area - The redevelopment of 'The Broadway', as an arts venue, has now been completed providing high quality arts facilities and accommodation for Barking College. Work to the public realm, is programmed to support the formal opening and use of this cultural development project.
- 3.3 St Ann's to Town Square - The walk from St Ann's to the Town Square: a pedestrian route in need of formalising and enhancement. Shortening the perceived distance will stimulate walking and achieve a safer crossing. The old and new housing will have a better connection with the town centre. The design proposes resurfacing, landscaping and additional lights and needs to be fully incorporated into both of these developments. Costs are estimated at £0.3 m. The scheme is programmed for the next financial year. However, The Town Square proposal and the proposal for Axe Street car park affect this project, and its implementation will be co-ordinated with these developments.
- 3.4 London Road - The construction of the Thames Gateway Transit (TGT -formerly East London Transit) through the town centre is scheduled to begin in the middle of 2006 with the operational phase expected about a year later. In order to facilitate this, parts of the market will need relocating. A feasible design is being produced for Transport for London (TfL) to implement as part of the TGT undertaking. The initial outlay incurred by the Council will be reclaimed from TfL. At present the scheme is

estimated at £0.6 m and includes realignment and resurfacing to adjust London Road to the new requirements.

3.5 Abbey Road – There are a number of proposals taking place along Abbey Road (South of Town Quay) and there is a need to substantially improve the public realm in this area. This will support the transformation of the river Roding and provide an improved pedestrian environment. This is estimated at £1.5 m and it is programmed for completion in the next financial year.

3.6 As a reflection of the Town Centre’s cultural regeneration and focus on heritage, diversity, mixed tenure and use, a public arts programme will be implemented alongside the hard and soft landscaping of the public realm. A range of opportunities for employing artists to create site specific and accessible work for the pilot areas is being undertaken in partnership with the Arts Service. The key theme of the Town Centre ‘Artscape’ will be in interpreting the town at a pedestrian level and creating an accessible interface between the main retail, housing and leisure areas. The scope is intended to include opportunities for lighting, signage, interpretation and small scale artworks that engage the community and represent the heritage and cultural values of the borough.

4 Project Management

4.2 The progress of this project is closely monitored by the ODPM on spend and delivery by month, quarter and agreed milestones. The delivery programme is as follows:-

4.3 Estimated schedule (table 1).

Year	Period	
2004/05	Quarter 2	Broadway area: start construction London Road: start detailed design Abbey Road: start detailed design
	Quarter 3	St Ann’s: start detailed design
	Quarter 4	Broadway area: construction complete Abbey Road: start construction
2005/06	Quarter 1	London Road: start construction
	Quarter 2	St Ann’s: start construction
	Quarter 3	St Ann’s: construction complete
2006/07	Quarter 1	London Road: construction complete
	Quarter 2	Abbey Road: construction complete

5 Public Consultation

5.1 The consultation on the Barking Town Centre Interim Planning Guidance took place during the months July, August and September. This contained information and details on the thinking behind the Barking Code. A questionnaire was included.

5.2 The pilot schemes will need the commitment of existing stakeholders and therefore each proposal will be subject to its own public consultation process in line with the Borough’s Consultation Strategy (March 2003).

5.3 It should be noted that due to the completion of the Broadway Theatre renovation, the landscaping works have been brought forward. This is to reduce disturbance, is cost-effective and delivers a new look all-over. Advanced notice of the scheme was published in the ward's newssheet 'Forum Three' (Issue 7) and the final report made available for inspection at the municipal offices (127 Ripple Road).

6. Financial Implications

6.1 The transformation and environmental improvements of the town centre associated with the proposed Barking Code are monitored and managed by the Department. Each of the four pilot phases is subject to appraisal by the Corporate Programme Management Office and takes into account maintenance and revenue implications of each scheme.

6.2 Agreed match funding sources to the ODPM Grant are found in S278 (Highways) and S106 (Planning) agreements. In addition further bids to secure the delivery of these projects are submitted to the Borough Spending Plan (outcome in November 2004). Other suitable opportunities for additional finance will be taken as appropriate (BSC Service Scorecard).

6.3 Table 2. Spend profile.

Funding source	04 / 05	05 / 06	Sum
ODPM (Sustainable Communities)	1.2 m	0.8 m	2.0 m
Transport for London (TGT)	-	0.6 m	0.6 m
Other (s106, s278, BSP etc)	-	1.0 m	1.0 m
Totals	1.2 m	2.4 m	3.6 m

7. Consultation

7.1 The following have been consulted in the preparation of this report:

The Regeneration Board – 26 October 2004
 Councillor Kallar – Lead Member for Regeneration
 David Waller – Interim Head of Regeneration Finance, Department of Finance
 Tracey McNulty – Head of Arts, Department of Education, Arts & Libraries

Background Papers

None

Attachments:

Appendix 1: Final document: the Barking Code

THE EXECUTIVE

23 NOVEMBER 2004

REPORT FROM THE DIRECTOR OF REGENERATION AND ENVIRONMENT

BEST VALUE REVIEW IMPROVEMENT PLAN: SECOND QUARTERLY PROGRESS REPORT		FOR DISCUSSION
<p><i>This report presents quarterly progress, against the Best Value Review Improvement Plan, as requested by the Executive on 17 February 2004.</i></p> <p>Summary</p> <p>This is the second progress report on the implementation of the Regeneration Best Value Review Improvement Plan. The key conclusions are:</p> <ul style="list-style-type: none"> • The Regeneration “Vision” has now been adopted and circulated. The Regeneration Implementation Division (RID) has relocated to Crown House. • Success in attracting funding from the Sustainable Communities Fund of £10million and European Regional Development Fund (ERDF) of £300 thousand to build on existing and new projects and initiatives. • Good progress on developing a funding strategy to enable us to maximise our resources to secure external funding; • Good progress in marketing, publicity and consultation with the local community, including an Equal Opportunities Impact Assessments on Barking Town Centre. We have established an internal working group to develop protocols for community engagement with the Urban Development Corporation (UDC). <p>Recommendation</p> <p>The Executive is asked to discuss these findings and to agree the report.</p> <p>Reasons</p> <p>Implementation of the Improvement Plan is critical to the Community Priority of Regenerating the Local Economy.</p>		
Contact Officer: Jeremy Grint	Head of Regeneration Implementation	Tel: 020 8227 2443 E-mail: jeremy.grint@lbbd.gov.uk

1. Background

- 1.1 The quarterly progress reports provide updated information on the Best Value Review Improvement Plan, which the Executive agreed on 17th February 2004. The attached matrix reports on progress towards each of the Implementation Plan’s twenty targets. The Plan is consistently monitored and kept up to date through the Regeneration Board and administered through the RID.

2. Achieving Step Change

- 2.1 A Business Plan and Programme Management software to track project status for the Barking Town Centre and manage linkages between projects is close to completion. RID will enable CPO powers to be used in support of regeneration activities and increase levels of survey work to support statutory plans and policies. We have agreed the "Vision" for Regeneration, which is now fully incorporated into our objectives.

3. Education

- 3.1 The restructuring of the life long learning division has created improved systems for the collection and interpretation of data from learning providers in key areas of recruitment. This allows benchmarking of data against national best practices.
- 3.2 Work will commence on the new Lifelong Learning Centre on the site of the Barking central library in October, which will provide learning opportunities from basic skills to further and higher education. The Broadway refurbishment is complete and will include a centre for the performing arts.

4. Jobs and economy

- 4.1 We have been highly successful in the second round of bidding for Sustainable Communities Fund resources. We have won £10million, which is 20% of the overall budget allocated from the Fund for the whole of the Thames Gateway.
- 4.2 The new Group Manager for Economic Development has been successfully recruited and will commence employment on 1 November. Good progress has been made on Dagenham Dock as a focus for London's environmental technology businesses. A team of consultants have been appointed and will work on the London Riverside Employment Area Signage and Identity Strategy.

5. Transport

- 5.1 Further phases of the East London Transit (ELT) are under active consideration with Transport for London, (TfL) which could also link over the proposed Thames Gateway Bridge and connect with Greenwich Waterfront Transit south of the river. We are also considering with TfL the technical and business case for Docklands Light Railway (DLR) extension to London Riverside. Responses to neighbouring boroughs have been sent regarding the planning application for the Thames Gateway Bridge. The Borough Spending Plan for capital expenditure for 2005/06 is expected in October 2004. Preparation of the Local Implementation Plan (LIP) started in September 2004 and the first draft will be ready by December. There is a higher borough profile with external transport partnerships since commencement of the Group Manager.

6. Housing

- 6.1 We have established the Housing Futures programme to undertake the option appraisal and we will achieve the decent homes target for 24,000 Council homes by 2010. This links to Barking Town Centre regeneration programmes, with a number

of Council housing estates identified for comprehensive renewal to achieve more socially sustainable communities.

7. Distinct Environment

- 7.1 Work has commenced on establishing an Urban Design Framework for the Borough to pull together and guide creation of a distinctive environment. The Barking Code has been developed as a public realm design for Barking Town Centre. This will provide specific guidance on enhancing the public realm and creating a distinct environment. With ODPM funding the first phase is being implemented and the next two phases with detailed design specifications are being drawn up. Three events were held in September to raise awareness of urban design during Urban Design week.

8. Financial Implications

- 8.1 This is a progress report on the implementation of the agreed Improvement Plan. There are no financial risk or implications for the Council. Finance Department is content with the report.

9. Consultation

- 9.1 The report was compiled from contributions by officers in: Regeneration and Environment; Education, Arts and Libraries; Corporate Strategy; Social Services; and Housing and Health. It was discussed by the Regeneration Board (TMT and the Lead Member for Regeneration) on 26 October.

Background papers

Regenerating the Local Economy Cross-Cutting Best Value Review, agreed by the Executive 17th February 2004 (Minute 288 refers)

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REGENERATION BEST VALUE IMPROVEMENT PLAN: PROGRESS REPORT JUNE 2004

SECTION 1 – ACHIEVING STEP CHANGE IN REGENERATION		Update
Target	Action	
1	Improving Project Delivery	Achieved. Following consultation with staff and Unions, the Executive agreed the restructuring of regeneration activities in October 2003. The new structure, which created unified Divisions for Regeneration Implementation and Strategic Planning and Transport, came into effect in November 2003. The new posts were advertised in March 2004.
	1.1 Restructure the internal regeneration function to give a single division responsible for regeneration implementation	Achieved. The Regeneration Board held its inaugural meeting on 25 th November 2003. Under its terms of reference it is responsible for all strategic policy issues relating to regeneration and for monitoring the implementation of regeneration programmes. Assisted by the Urbancanda consultancy, the Board reviewed its modus operandi in April 2004.
	1.2 The establishment of the Regeneration Board to commission, monitor and evaluate all regeneration projects	Underway. A dedicated team has been created within Regeneration Implementation Division to work on this issue. The Division computerised its project monitoring information in the first quarter of 2004. The Division is currently working with consultants BPP and SQW to agree new project management and monitoring arrangements, consistent with the Council's CPMO systems. These will be rolled out first in Barking Town Centre, but will apply to all regeneration projects in due course. The Divisional Training Plan makes project management training its key priority.
	1.3 The re-organisation to include a strengthened capacity for project management in line with the Council's improved approach to asset management, including CPMO project management standards	Identified with BPP Programme Management software for BTC. This will enable us to manage linkages between projects as well as monitoring spend and providing project management capacity. Software currently being trailed. There are financial resource requirements - these are being investigated.
	1.4 Ensure improved planning performance and lobby for better legislation	Achieved. The Division has completed the review of staffing structures to ensure the delivery of change in planning, secured increased delegation in Development Control, introduced two-weekly Development Control Board meetings and is in touch with GoL to review UDP processes to reflect emerging LDF frameworks. Work is ongoing to amend the UDP review process to reflect emerging LDF frameworks and to review administrative processes in DC to enable prompt delivery of decisions to meet the new Pls. The Division also has work in progress to gain ISO 9000 accreditation in DC to support service delivery and to reinforce management and monitoring systems to provide early warning of potential slippage in performance. The Division will submit to the Executive to enable CPO powers to

				be used in support of regeneration activities and also intends to increase levels of survey work to support statutory plans and policies.
2	Creating a tighter focus on priorities		2.1	<p>The community strategy will be redrafted – incorporating the Regeneration Strategy and Neighbourhood Renewal Strategy</p> <p>Achieved. The new Community Strategy, "Building Communities Transforming Lives" was launched in April 2004 and incorporated the regeneration and Neighbourhood Renewal Strategies. It is supported by a comprehensive handbook and a performance management framework (PMF). The PMF includes and is consistent with the BVR Implementation Plan and the Balanced Scorecard for Regeneration Implementation. The work of the partnership has achieved an green/amber rating from GOL for 2003/4 and they were particularly impressed by:</p> <ul style="list-style-type: none"> • Engagement of key partners as well as community representatives • The use of Super Output areas and the neighbourhood focus • A performance management framework embedded in the work of the strategic partnership that is aligned with the community strategy
3	Creating a Shared Story or Vision for Regeneration		3.1	<p>Achieved, Two workshops for staff, facilitated by Urbancanda, were used to help develop a comprehensive vision for regeneration in Barking and Dagenham. The draft Vision was discussed by the Regeneration Board in April 2004 and further work was requested. The Vision was agreed by the Executive on 14 September 2004.</p> <p>Underway. A European Funding Officer has been appointed and is working on a Funding Strategy and Action Plan.</p>
4	Making the Most of Funding Opportunities		4.1	<p>Establish a more effective approach to funding opportunities that meet our strategic needs</p>
			4.2	<p>Enhance capacity for funding from the private sector, in particular from S106 of the Town and Country Planning Act 1990</p>
5	Increasing External Profile and Influence		5.1	<p>Underway. "Prospectus mapping" of spatial and land use needs is underway and should be completed by October 2004. Officers are having separate discussions with English Partnerships regarding alternative ways of achieving "Section 106 type" requirements spread out over the lifetime of the development project.</p> <p>Underway. A timetable for Members' Briefing has been agreed for 2004-05. The first event - a pre-Assembly briefing on Barking Town Centre – was held on 23rd June 2004. New arrangements have been put in place to provide co-ordinated briefing for the Lead Member for Regeneration.</p> <p>Member Briefings have also taken place on East London Transit and the DLR. Co-ordinated briefing continues to be provided for lead member of regeneration. Members also briefed through the Corporate Monitoring Group. Briefing will be provided to the Lead Member in his capacity as UDC Board Member.</p>
			5.2	<p>Achieved. Officers have submitted to the Regeneration Board/Executive on relevant Government policy initiatives including</p>

				<p>the ODPM/HMT business incentive scheme and the Government's proposals for the London Thames Gateway UDC. There has been regular liaison with MPs and the GLA Member over transport issues in particular.</p> <p>Achieved. More work is needed to co-ordinate activity by senior officers on the lines set out in the Implementation Plan. This should be facilitated by the inclusion on the Regeneration Board agenda of a standing item for discussion of "key messages".</p> <p>Regeneration Board agreed standing item for sharing information about contacts with key decision makers. This will enable us to target key messages at the right contacts and deliver consistent messages. Briefing supplied for major meetings with key partners.</p> <p>Underway. Major project plans contain consultation programmes and stakeholder analyses, but projects do not as yet have influencing plans for external partners or the media. This will be done on a programme basis for Barking Town Centre through the BTC Partnership and for all projects through the Influencing Plan Steering Group.</p> <p>Liaison group established and Influencing Plan being developed for Barking Riverside. Report to October Regeneration Board on Marketing, Communications and Community Engagement in BTC, including developing the role of BTC Partnership. LBBD part of ODPM's Thames Gateway Marketing Forum.</p>
		5.3	Require a broader range of senior officers to engage more pro-actively with external partners and others around the Regeneration Agenda	
		5.4	Create an influencing plan at the start of all major projects and monitor through the Regeneration Board	
6.	Getting closer to primary stakeholders	6.1	Improve consultation and participation for local residents	<p>Underway. Consultation with local people on a project basis is good and we have just initiated consultation around the Interim Planning Guidance (and other planning briefs) and Equal Opportunities Impact Assessment for Barking Town Centre. We want to supplement this with more strategic contacts and are developing a programme for stakeholder meetings, including regular reporting to Community Forums.</p> <p>As part of the LDF process, we will be preparing a Statement of Community Involvement that will help coordinate the Council's consultation on planning and regeneration issues.</p> <p>Community consultation and capacity building is also a key issue in our discussions with the incoming UDC.</p> <p>Information sharing and contact with BME and Faith groups, LGBT Forum, Youth Forum on regeneration of BTC. Consultation workshops at AGT Community Forum in November, Black History Event and Age Concern and Somali Women's Group. Internal working group established to develop protocols for community engagement with the UDC. Neighbourhood Management Co-ordinator being recruited for Abbey, Gascoigne and Thames Wards, with remit to ensure community engagement in the regeneration programme.</p>

			<p>We have judged it more useful in the short term to deal with businesses at an operational level where their practical concerns can be more easily addressed, then to attempt to establish a large forum of this kind. Our contacts with business on an issue and area basis are now improving. Meetings with employers in the Dagenham Dock area are now being supplemented with meetings covering Thames Road. Estate associations are gradually being established. The LBBB Business Partnership (dealing with regulation) is now an established fact. We believe it may be more useful to build credibility with local businesses by developing area forums than seek to establish a single Business Forum for the borough, at least in the short term.</p>
6.2	Establish a bi-annual Business Forum		<p>Underway. The Regeneration Board agreed an Influencing Strategy for regeneration activities in April 2004. A Marketing/Communications post was advertised in March but the standard of applications was too low to appoint. Corporate Communications and Regeneration are discussing alternative staffing arrangements to ensure implementation of the strategy.</p> <p>Officer appointed to Corporate Communications team with regeneration responsibility – press strategy and objectives agreed. Recruiting a short-term agency worker to assist. Proposal to the October Regeneration Board to develop costed options for a Regeneration Communications Strategy, with greater role for the BTC Partnership.</p>
6.3	Develop and implement a Regeneration Communications Strategy		<p>Underway. We have significantly strengthened our relationship with community umbrella organisations during this period, including with EMPA and CVS. We are about to start preliminary discussions with partners on a Community Regeneration Convention.</p>
6.4	Organise a community regeneration convention		<p>Working Group looking at options for community engagement given the emergence of the UDC. Proposal to the Regeneration Board in October for an expanded BTC stakeholder forum to bring together partners and community.</p>
7.	Improving information and knowledge	7.1	<p>Underway. The Division has held internal discussions on professional development and the conclusions incorporated into a Divisional Training Plan. The Division's team meetings consider conference invitations on a regular basis. It remains to pull these elements together into the annual programme as defined in the Implementation Plan.</p>
		7.2	<p>Organising training for officers in CPO legislation. Group Managers undertaking Leadership training – this will be rolled out to all managers in due course. Officers attending external events and conferences as appropriate to their area of responsibility.</p> <p>Researching content and structure of developers portal as part of regeneration website.</p>
		7.2	<p>Enhance the use of e-government capacity, with an explicit objective of creating a virtual development and investment one stop shop</p>

8.	Balancing Social and Physical Regeneration	8.1	Further develop the strategic partnerships in place with the Primary Care Trust (PCT) and the Strategic Health Authority in relation to reducing ill health and increasing life expectancy within the borough via economic inclusion measures	Underway. A Regeneration Manager has been recruited in Social Services and is part of the Director of Regeneration and Environment's strategic programme management meeting. This group also includes the PCT. A social regeneration programme has been drafted and submitted to the Regeneration Board. The Regeneration Manager is a member of the Health Partnership Board convened by the director of Public Health that is developing a Balanced Scorecard for Health Inequalities. This will include targets related to economic inclusion.
		8.2	Ensure that social and community facilities are included in major regeneration projects as a prerequisite for them commencing	Underway. Although the milestones are out of this report period, the issue has risen to the top of the regeneration agenda. Work is underway with partners to agree the statistical basis for the facilities needed, including convening a population "summit" with partners if necessary. Work under the SHA to localise the outcomes from the TGLP healthcare assessment will ensure that the need for facilities is recognised and incorporated into major projects. In addition specific proposals being developed for Barking Town Centre and Barking Riverside.
SECTION 2 – EDUCATION				
9.	Improve the levels of qualifications of residents	9.1	Analyse patterns of recruitment and consult on participation, provision, retention and achievement. Continually benchmark data against national best practice. Identify and fill gaps in existing provision.	Completed. Mapping of all training opportunities within the borough has been completed using NRF funding. This includes an assessment of barriers to learning - including the provision and location of childcare / crèche facilities, and the appropriateness of public transport routes. Data from this research will now be integrated within the council's GIS systems. This will allow for detailed mapping and modelling to be undertaken, and assessments of the effectiveness of current learning provision when matched against key census and other data. Subsequently, any gaps in provision will then be identified. A recent restructuring of the lifelong learning division has created improved systems for the collection and interpretation of data from learning providers in the key areas of recruitment, provision, retention and achievement, and to allow for benchmarking these data against national best practices.
		9.2	Identify opportunities with residents and employers to link employees informal/recreational learning into routes leading to accredited qualifications	Underway. A recent restructuring of the lifelong learning division has created an officer post with responsibility for widening participation to higher education for young people and adults. Completed. The production of a directory listing courses and qualifications in the borough has been completed, and is in the process of circulation to key partners providing adult learning opportunities in the public and voluntary sectors. The Jobnet project (job brokerage) now has a dedicated base in the borough, co-located with Barking College and the University of East London advice shop in Vicarage Fields, Barking. This will be

			used to promote local provision. NRF funding will support a range of community-based events in Abbey and Gascoigne wards (the two wards with the highest unemployment), with funding available to overcome the barriers to learning and employment that cannot be met from other funders. This will be delivered in partnership with Jobcentre Plus, who have dedicated funds targeted at these wards, and the East Thames Information, Advice & Guidance network. Links to the hardest to reach groups/communities are being undertaken through the borough's Voluntary Sector Training Providers Network and the Welfare to Work for Disabled People Steering Group. Additional funding is being sought through collaborative bidding to the European Social Fund to enable these activities to be extended. The Adult College has recruited additional staff with the brief to identify and engage learners in the hard-to-reach groups. Barking and Dagenham Training Services are approved providers for the LSC's 'Profit from Learning' initiative in the care sector. This supports employees to secure Level 2 qualifications.
			Underway. Endorsement has now been received from the NRF steering (Social Cohesion) group to fund the development and production of resources to improve marketing and information strategies. The design of these materials is dependent in part upon the completion of GIS mapping in 9.1. The council maintains its strong regional lead in promoting learning within the workplace through its 'Growth Through Learning', and 'Get On At Work' programmes. These promote literacy, language and numeracy opportunities within the Skills for Life agenda. Learning Champions (training managers and supervisors and HR staff) have been recruited recently to work collaboratively with Union Learning Representatives. The key outcomes from these projects will be made available to other key employers within the borough. Underway. A recent restructuring of the lifelong learning division has created a business and workforce development task group, supported by officers from the regeneration implementation division. This group has a key objective to maximise contacts and impacts with local small and medium business enterprises (SMEs) in the Riverside region in all areas of skills and employee development. Underway. The restructuring of the lifelong learning division has created an officer post with responsibility for widening participation to higher education for young people and adults.
		9.3	Increase access to and marketing of learning opportunities throughout the borough
		9.4	Ensure employers link employees' informal/recreational learning into routes leading to accredited qualifications and encourage advanced learning opportunities in further and higher education
		9.5	Ensure the barriers such as finance, childcare and access to HE are minimised

				Text and web-based resources produced for young people through the borough's Aim Higher (promoting access to university) programme will be developed to reflect the needs of adults. Equally, the existing links with key partners in local universities (UEL, Queen Mary, London Metropolitan, Anglia Polytechnic and Essex) will be enhanced to facilitate access to degree courses for priority groups of residents.
		9.6	To improve training and guidance services	<p>Underway. The lifelong learning division's business and workforce development group is developing a range of strategies to facilitate local businesses to understand what their training needs are, and in brokering support to achieve these.</p> <p>Web based careers education and guidance resources are being introduced to improve the range of quality and range of information available to young people as they make key choices about subjects, qualifications and progression opportunities to work, training or FE / HE.</p> <p>The Gateway to Health and Social Care project (LDA funded) in partnership with the council is providing effective outreach capacity for adults and young people.</p>
		9.7	Identifying and filling gaps in learning provision for adults	<p>Underway - dependent upon the completion of electronic mapping and analyses within 9.1</p> <p>Collaborative funding bids are being coordinated within the voluntary sector by the Training Providers Network.</p> <p>Joint work/bids are being taken forward through the 'Better Education and Learning for All' LSP Sub-Group, where partners are scheduled to receive regular updates on funding from Regeneration officers. In the current round of ESF funds, a significant number bids will be submitted across the partnership, targeted specifically upon the improving the employability potential of priority and vulnerable groups.</p> <p>Discussions have taken place with key local employers in order to inform the configuration of the curriculum at the Barking Lifelong Learning Centre, due to open in January 2006.</p> <p>Staffing re-structuring within lifelong learning division underway. This will allow the EBP to encompass a wider remit associated with workforce development priorities of SMEs.</p> <p>Underway. The URS survey of employment land use in Barking and Dagenham has been produced and shared with partners. We are discussing with partners how this relates to workforce development needs. The work on businesses has been used to inform land use and employer needs.</p> <p>Ongoing statistical information researched on Access for Jobs, etc.</p>
10.	Increase the average income in B&D households	10.1	Widen the scope and work of the Education Business Partnership	
		10.2	Map the key features of the local workforce and businesses, and in consultation with key business support agencies	

11.	Reduce the digital divide to ensure local people have access to ICT resources	11.1	To ensure training is available when ICT access projects are provided in existing and new accommodation	Underway. The Gascoigne project for community champions is underway, with machines installed and training underway. The Testbed project in 3 secondary schools and their partner primaries is producing significant additional opportunities to contribute to provision for family learning within the borough.
		11.2	Implement the home and community learning strand of the TestBed programme to access 5000+ homes in the borough and link to 'Wiring up the Gascoigne' project	Underway. The Adult Basic Skills Initiative is acting as an independent broker to liaise between Test Bed schools and providers. Borough software has been installed at Ripple Junior. At Manor Infants - ESOL and literacy developments. We are working with Barking College content workshop to make ABSI literacy and numeracy materials interactive and available to all Test Bed schools.
SECTION 3 – JOBS AND ECONOMY				
12.	To implement the Economic Development Strategy	12.1	Develop and agree action plan with milestones and targets	Underway. A reporting matrix has been developed and we undertook a first monitoring exercise on implementation of the EDS alongside the BVR report. Most actions within the EDS are underway, but there are some exceptions that will require attention and possibly further project planning by the new Group Manager for Economic Development due to be in post 1 st November.
		12.2	To improve relationships with business and investors to attract and retain businesses that offer employment opportunities	Underway. Work is underway in a number of forms: <ul style="list-style-type: none"> - the LBBD Business Partnership has been established to deal with regulation issues; - the Protocol between LBBD and Gateway to London is currently being reviewed; - we intend to open tenders for the Small Business Service in Autumn this year - a Procurement event was held in April 2004; and monies secured for larger events combined with diagnostic service for companies (with BL4L); selling to the council data base on stream within 6 months (Nov 04) - Business directory established
		12.3	Increase the amount of business floor space	Underway, but some milestones delayed. The Creekmouth study has been delayed. Planning permission granted for new employment development in Dagenham Dock.
		12.4	Open up opportunities within construction industries at all levels for local people	Underway. With partners we are preparing a bid for ESF funding in the Autumn of 2004. We are seeking to persuade the LDA to support the use of the Fords EDAP facility in South Dagenham for construction training. If so, both Barking and Havering Colleges are keen to participate. The Economic Development Team will be providing input into the Council's use of s106 agreements to deliver the Economic Development Strategy. Use of these in relation to construction will be dependent on establishing the training side through local

				facilities. An ERDF bid to develop a construction industry supply chain has been agreed and is due to start shortly. Good progress with the regeneration of Dagenham Dock as a focus for London's environmental technology businesses. ODPM funding for a larger ETRCL site should be confirmed by October 2004 with the initial site in LDA ownership by November. We are working now to establish partnership working arrangements. Work is expected to start on site in 2005. Good progress. A social enterprise champion has been appointed and capacity building project plan agreed. As a result active discussions to establish a social enterprise to take out-sourced work from an automotive parts manufacture are underway. Underway. A manufacturers' action day and one business breakfast has been held. A new business association has been formed in River Road and the potential for a Thames Road Forum is under exploration. The Council has published a Business Support Directory and a BME business take-up survey is being carried out. The Dagenham Dock Occupiers' Forum has failed to elect an independent Chair. We have yet to establish a programme of visits by Members to estate associations or a training programme for the Chamber of Commerce. Two sessions of an Asian Businesspersons' Forum have been held.
			Developing new sectors e.g. environment technology, construction, etc.	12.5
			Develop six social enterprises	12.6
			Get closer to business stakeholders	12.7
SECTION 4 – TRANSPORT				
13.	Improving existing transport infrastructure in the borough and region	13.1	Establish a Strategic Transport Group	Achieved. We have agreed the structure and job descriptions for a Strategic Transport Group and appointed a Group Leader.
		13.2	Develop and agree a Transport Strategy	Underway. The new Head of Strategic Transport will act as a Champion within the Council. Delays in recruitment are likely to delay the production of a Strategy until March 2005, but the Council has lobbied proactively on both the East London Transit and the DLR extension. The new Head of Strategic Transport acts as a Champion within the Council. The production of the Council's LIP is underway with a first draft ready by December 2004, The Council has lobbied proactively on both the East London Transit and the DLR extension.
14.	Ensure commitment to Major Public Transport	14.1	Secure improvements to Barking Station by 2006	Underway. The first milestone – identification of areas for improvement – has been met.

	Infrastructure relating to regeneration area						
		14.2	Ensure that major regeneration areas have good public transport links				Underway. We are working with developers and Transport for London in our planning processes to ensure that regeneration areas are developed in conjunction with necessary transport links.
		14.3	Encourage/lobby the completion of the first phase of the East London Transit by November 2006				Underway. Working with MPs and the LA Member, the Council has lobbied strongly for an early introduction of the East London Transit and to strengthen the quality of its design. Presentations were organised for officers in March 2004 and for the Assembly in May 2004. Requested GLA member/lobby TfL (September) and the Mayor regarding completion date of ELT. Also requested EP lobby TfL regarding ELT completion.
		14.4	Lobby and accelerate the decision for the DLR extension to Dagenham Dock by 2009				This issue has featured prominently in our dealings with TfL over the last year. Our GLA Member and MPs have participated in lobbying.
		14.5	Undertake a feasibility study and Business Plan for new station at Renwick Road to serve Barking Reach				Underway. We have agreed with partners the brief for a feasibility study. This is about to undergo CPMO appraisal and will then be advertised. An OJEC notice will be issued in July/August.
	SECTION 5 – HOUSING						
15.	Ensure that all housing regeneration areas and larger sites have a genuine mix of housing types and tenures	15.1	Confirm with partners the tenure and type of dwellings that the Council will be seeking from Barking Reach/South Dagenham/Barking Town Centre and land disposal areas				Underway. A joint EP/LBBD study of affordable housing provision across the whole of LBBD has been commissioned, with results due in July/August. There is ongoing dialogue with the GLA about levels of affordable housing in these areas. This will be informed by the above study and the production of a housing regeneration strategy for BTC currently in draft form.
		15.2	Incorporate affordable housing approach in forthcoming Local Development Framework				Underway.
		15.3	Undertake a housing needs survey				Underway. Fordham Research was appointed to conduct this survey in March 2004. Fieldwork began in June with focus groups organised for June and July. We expect the final report in October 2004, with the presentation of results and publication in December.
		15.4	Monitor through the housing corporation PI compliance with the UDP/LDF and new developments compliance with the development briefs				GLA have established London-wide development monitoring system which strategic planning is feeding into.
16.	Ensure that sustainable communities are created	16.1	Define sustainable communities for LBBD in context of Egan review on the key criteria that make up sustainable communities				Underway. Reported to Regeneration Board in August. Revisions to balanced scorecard process are picking up themes.
		16.2	Develop and implement programme of Home Improvement Zones targeting vulnerable home owners, offering assistance to ensure decent homes in the private sector				Underway. The Youth Offending Team is now working in the first Zone, with £5000 put towards alley gating, ground works and tree planting. 100% of homes have been offered advice. 102 dwellings accessed surveyed and detailed advice given. 102 dwellings have been referred to the warm zone. . Second HIZ area changed to Neighbourhood Renewal Assessment (NRA) – tendered and consultant appointed.

		16.3	Identify transport and social infrastructure and ensure it is linked to development phasing	Underway, with delays to some milestones. The work is being progressed within the context of the Thames Gateway Development and Investment Framework. Meetings held with various agencies where draft prospectus used to inform the discussion eg. TfL, UDC, ODPM.
		16.4	Undertake 'Housing Futures Appraisal' for all existing Council owned estates	Underway. The areas of synergy with the regeneration programme have been identified as the Gascoigne, Lintons, London Rd./North St. and Thames View Estates and project plans are being drawn up within the regeneration programme. PPCR associates have been appointed as ITA; NBA appointed for stock condition survey. The Stock Option consultant Beha Williams Norman was appointed in January 2004. A Housing Futures forum is in place involving stakeholders. Housing and Regeneration officers are holding internal meetings to define links and project plans.
17.	Ensure LBBB facilitates/encourages new housing development	17.1	Establish LBBB as key location for house builders in the Thames Gateway	Underway. We are continuing to promote opportunities to housebuilders, with the brief for the Tanner Street Triangle about to be issued. The Charlecote Road development has won four housing design awards. We intend to start work on a promotional strategy over the summer. The Government has decided that the UDC will take over planning powers. However, the UDC is likely to want to use local authority planning staff to carry out its planning functions and Housing and Planning will liaise to devise protocols that will protect the borough's interests in this respect.
18.	All new affordable homes to accommodate space for learning for provide ICT connections	18.1	Develop appropriate policies on space for learning in new affordable dwellings	Underway. We have explained our policy to our partner RSLs and the policy is set out in the Barking Town Centre Interim Planning Guidance. The Balanced Scorecard for Housing Strategy sets a target of 50 homes in 2004/5. The Charlecote Road project, the first to reflect this policy, has been completed and won 2 major design awards
		18.2	Develop appropriate policies on ICT connections for new affordable dwellings	Underway. The Housing Strategy Balanced Scorecard sets a target for affordable homes to be broadband enabled whenever possible.
SECTION 6 – DISTINCT ENVIRONMENT				
19.	Embed a design culture in the Borough	19.1	Appoint Design Champion through recruitment programme	Achieved. An internal candidate took up post in January 2004.
		19.2	Develop a Design Programme that sets a framework for championing a design culture within the Borough	Achieved. The Regeneration Board agreed a Design Framework for the borough in March 2004, with implementation activities due to begin in the third quarter of the year. A Design Steering Group will develop the programme for 2005-06.
		19.3	Adoption of a Public Realm Strategy that sets out a long-term development framework.	Underway. £2m in ODPM sustainable Communities Fund money was secured in January 2004. The 'Barking Code' (a pallet of quality materials to be used to enhance the public realm within Barking Town Centre) and concept designs for four pilot projects has been produced. This Code is about to be signed off by the Executive in October. A project manager, who is to be appointed this year, will oversee

					the next stages of implementation and construction. Report to the Executive, 9 November to adopt and implement with works with Broadway and Wakering Road.
20.	Improve the quality and diversity of the Borough's Parks and Green Spaces	20.1	Identification of a Borough-wide development framework that supports a sustainable programme of iconic developments		Underway. The framework will form part of the Urban Design Framework Plan and Public Realm Strategies for the borough (see above).
		20.2	Appointment of a Project Manager for the delivery of the Parks and Green Spaces Strategy		Achieved. The Project Manager took up post end May 2004.
		20.3	Implement Parks and Green Spaces Strategy		Phase 1 feasibility funding secured and programme adopted. By end of qtr 2 performance to milestone target is 31.5% . Steering Group established and meeting monthly.

THE EXECUTIVE**23 NOVEMBER 2004****REPORT OF THE DIRECTOR OF HOUSING AND HEALTH**

71 KEIR HARDIE WAY – UPLIFT OF A RESTRICTIVE COVENANT	FOR DECISION	
<p><i>This report sets out for decision a request for removing the restrictive covenant at 71 Keir Hardie Way, which is the Executive's responsibility.</i></p> <p><u>Summary</u></p> <p>The resident of 71 Keir Hardie Way has applied to the council for the removal of a restrictive covenant on land on which they wish to build. Planning consent was granted on 25th August 2004 to construct a two bedroom end terrace dwelling. In order to proceed with this development the council needs to uplift or remove this restrictive covenant. It is not a decision that would be made within the planning process, as the authority to make this decision rests with the Executive alone.</p> <p><u>Recommendation</u></p> <p>The Executive is asked to agree to the removal of the restrictive covenant at 71 Keir Hardie Way.</p> <p><u>Reason</u></p> <p>The uplift of this covenant is required in order for the resident to undertake a project consistent with the Borough's Urban Development Programme.</p>		
<p>Contact: Anthony Alexander</p>	<p>Community Housing Manager</p>	<p>Tel: 020 8227 3538 Fax: 020 8227 2841 Minicom: 020 8227 2685 E-mail: anthony.alexander@lbbd.gov.uk</p>

1. Background

- 1.1 Barking and Dagenham council include within the freeholds of properties sold under Right to Buy a restrictive covenant that restricts use of the site to single occupation (covenant 4 iii).
- 1.2 An application has been made by the resident of 71 Keir Hardie Way, Mr M. R. White, to erect a two bedroom end terrace dwelling on land adjacent to their property.

2. Planning Application Process

- 2.1. An outline planning application was submitted to Barking and Dagenham council by Mr White, seeking consent to build a two bedroom end terrace dwelling. In the original application objections were made by residents about the number of parking spaces proposed.
- 2.2. This was resolved by the submission of a revised parking scheme showing one space per household.
- 2.3. Overall the application was considered to be consistent with the Borough's Urban Development Programme.
- 2.4. As a result the planning application was approved at a meeting.

3. Restrictive Covenant – Implications

- 3.1. In practice the development application has therefore overcome the hurdle of the planning system.
- 3.2. The issue of the restrictive covenant though lies outside of the planning system. The covenant will lie in the deeds relating to the property and "run with the land".
- 3.3. In practice the resident is asking that the council uplift the covenant, (i.e. remove it from the land), so that it cannot be enforced in future.
- 3.4. A very brief review of Land Tribunal decisions on lifting covenants indicates that appeals to maintain covenants on land are more likely to be upheld when strong objection exists about a proposed scheme and its possible disbenefit.
- 3.5. The objections made to the original plan were about the number of parking spaces. These have been resolved by a reduction in the volume of these in a revised plan submitted.
- 3.6. On this basis it would seem reasonable to allow the uplift of the restrictive covenant.
- 3.7. Levying a premium would not appropriate in this case.

4. Consultation

- 4.1. Consultation on this matter has already taken place via the planning process. There are no further proposals for consultation.

Background Papers used in the preparation of this report

- Executive Minutes 27th January 2004.
- Development Control Board Minutes – 22nd September 2004.

EXECUTIVE (23 NOVEMBER 2004)

ASSEMBLY (5 JANUARY 2004)

REPORT OF THE HEALTH SCRUTINY PANEL

Report on the Speech and Language Therapy (SALT) Review	For Information
<p><i>This report provides a summary of the Health Scrutiny Panel's review of Speech and Language Therapy (SALT) services provided in the borough. The full review report is attached.</i></p> <p><i>Final reports of scrutiny panels are presented to the Scrutiny Management Board (SMB), the Executive and the Assembly, as required by Paragraph 11 of Article 5b of the Council's Constitution. The Executive may ask questions and respond in a separate report to the Assembly, but may not influence or seek any amendment to the report. The Assembly, together with any members of the public, may ask questions. It will be asked to formally adopt the report and its recommendations. It may move changes to the recommendations in which case the Lead Member (or representative) will be given the opportunity to respond before a vote is taken.</i></p> <p>Summary</p> <p>1. Health Scrutiny</p> <p>Since January 2003, councils have had the power to look into local health services on residents' behalf and recommend improvements - this is called 'health scrutiny.' The Council set up a special members' panel to carry out this work locally. The panel is led by Councillor Marie West and meets in public session.</p> <p>A key aspect of health scrutiny is in-depth reviews on issues of local concern. These involve seeking stakeholders' views, looking at relevant documents, visiting services and, at the end of the process, producing a report including recommendations for improvement. The National Health Service (NHS) bodies responsible for the area being reviewed then have to say, within a set period, what action they will take in response.</p> <p>2. The Review</p> <p>Local people were asked to suggest key topics for in-depth health scrutiny reviews in the Spring of 2003. The first of these, <i>Access to Primary Care</i>, has been completed. The second priority topic was Speech and Language Therapy and this review has been carried out over the period May to September 2004. The review method included researching the local provision and the establishment of best practice from experience elsewhere. It carried out substantial enquiries with stakeholders, including two stakeholder meetings and various visits. In addition a number of organisations and individuals submitted written evidence. This included many letters from individual parents.</p>	

3. Findings

The Panel found that the supply of speech and language therapy services had been insufficient to meet demands over many years. This had been recognised by operational managers, both of the service provided by the NHS and also by that provided by the Council's own Education Service. In the latter case there has been substantial new investment during the last few years.

In the case of the NHS it appears that the service has suffered from increasing demand with no increase in budget and has responded by targeting the service to younger children. It appears to the Panel that individual therapists have been working tirelessly to provide the best service within limited resources.

Nevertheless, with regard to the NHS, the service seems to have suffered from repeated reorganisation. The change from Barking and Havering Health Authority to the Barking and Dagenham Primary Care Trust and Havering Primary Care Trust has led to changes in commissioning arrangements.

On the provider side the original unitary service provided by the Barking, Havering and Brentwood NHS Trust is now provided by one PCT (Barking and Dagenham) to its own population and also to the populations of Havering Primary Care Trust and the Billericay, Brentwood and Wickford Primary Care Trust. This has meant that the three PCTs as commissioners have had to decide on what services they wish to have supplied by the lead provider, the Barking and Dagenham PCT and these arrangements are described in local Service Level Agreements.

There is now a greater understanding of the under funded position. At present there is an apparent substantial shortfall within the Barking and Dagenham PCT budget for the Speech and Language Therapy Service. This shortfall represent approximately one third of the current expenditure.

One serious deficiency lies in the failure to deliver speech and language services to statemented children and the almost total absence of any service to mainstream schools. Another major concern has been the fact that many parents have had to use the private sector for the assessment and treatment of their children because of the inadequacies of the publicly funded speech and language therapy services. In order to meet current demand the service managers have proposed a staged increase in staff numbers and a staged set of developments.

4. Recommendations (the relevant sections of the report are indicated in square brackets)

A: *The Health Scrutiny Panel recommend to the Council and to the PCT that:*

A1) More resources should be targeted at parents. These should include training, support and the provision of materials [6.2].

A2) They review their existing policies for supporting key workers and formulate and implement an action plan to improve the recruitment and retention of speech and language professionals in Barking and Dagenham, looking at issues including pay, work/life balance, benefits and affordable housing. It is also recommended that both organisations acknowledge the exceptional contribution made by existing staff

who have worked hard to provide a high standard service with inadequate resources [6.9].

- A3) They ensure that future complaints are fully recorded and monitored and that reports are discussed within both organisations and also at the joint working groups with responsibility for children, adults and those with learning disabilities [6.11].
- A4) They make increased provision in their 2005-6 budgets for the treatment and support of children with hearing problems including those identified by the Neonatal Screening Programme [6.8].
- A5) They formally acknowledge their responsibility for providing services to statemented children in cases where it is written into Part 3 of the child's Statement of Special Educational Needs as an "educational provision", and they make public how this is to be funded. In the absence of public provision the Council should make clear its policy on the reimbursement of parents whose children have been assessed and treated in the private sector [6.3].
- A6) Adequate arrangements are made to ensure that proposals in the report are implemented and monitored through existing joint strategy groups (for example, for children, the Children's Services Strategy Group) [6.4].

B: The Health Scrutiny Panel recommend to the PCT that:

- B1) Barking & Dagenham PCT fund the gap between current budget and spend where it relates to services for the Barking & Dagenham population, and that Havering and Billericay Brentwood and Wickford Primary Care Trusts and Barking Havering & Redbridge Hospital Trust are asked to fund the service at the current level provided [6.13].
- B2) It accepts the long-term plan to increase Speech and Language Therapy establishments across, children, adults and those with learning disabilities [6.13].
- B3) It includes the implementation of Stage 1 of the expansion plan, prepared by its own operational staff, in the local delivery plan, in particular the training post, the two speech and language therapists and the two speech and language therapy assistants for maintained schools and that this plan is implemented at the beginning of the year 2005-2006 [6.13].
- B4) It re-profiles its future budgets so that appropriate resources are made available for children, adults and those with learning disabilities who have speech and language difficulties [6.13].

C: The Health Scrutiny Panel recommend to the two local PCTs that receive services from Barking and Dagenham PCT that:

- C1) They consider as a matter of urgency whether they wish the lead arrangement and shared arrangements to continue. The Scrutiny Panel recommended that these organisational arrangements be confirmed so that they can be operational by the onset of the year 2005-2006 [6.12].

D: The Health Scrutiny Panel recommend to the Director of Public Health of Barking and Dagenham that:

D1) The Director of Public Health confirms the need for increased speech and language therapy services for children, adults and those with learning disabilities as a matter of urgency [6.1, 6.6 and 6.7].

5. Conclusion

The scrutiny has been shown much that is good about the current service and the dedication of those working in the service. It recognises that many new developments have been funded and introduced by the Council. At the same time the NHS service has been stationary. The Panel believes it is now time for the NHS to expand the service to meet the very real needs of this disadvantaged group.

6. Next steps

Once the report has been agreed by the Assembly, the Council will ask the various organisations to respond to the recommendations. It will also be asking the North East London Strategic Health Authority, which has responsibility for performance managing the primary care trusts, to review the progress of the Barking and Dagenham Primary Care Trust in implementing the Scrutiny Panel's recommendations. At a local level we propose that the existing joint committees with responsibility for children, adults and those with learning disabilities should receive reports every six months on the implementation plan and that they report back to the Health Scrutiny Panel at six months and at one year.

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Background papers used in the preparation of this report:

Health Scrutiny Panel minutes and papers

London Borough of Barking and Dagenham

Speech and Language Therapy Scrutiny Review

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Foreword by the Health Scrutiny Panel

We have pleasure in presenting the Report of the Barking and Dagenham Health Scrutiny Panel on Speech and Language Therapy Services.

Since January 2003, councils have had the power to look in depth at local health services on residents' behalf and recommend improvements – this is called 'health scrutiny' and its main aim is to act as a lever to improve the health of local people.

Before choosing to undertake a review of Speech and Language Therapy Services, we consulted local people on what they think the key health issues are in Barking & Dagenham. This included consultations through the Community Forums, the Barking & Dagenham Forum for the Elderly, the BAD Youth Forum, the Barking & Dagenham Partnership and 'The Citizen'. We also met representatives from local NHS bodies and other organisations involved in health.

It was clear from this that many people across the Borough had strong concerns about the provision of Speech and Language Therapy Services. We believe this report has confirmed those concerns and, through the recommendations it outlines, will make a significant contribution towards addressing the problems. Decisions on issues of resources are the responsibility of others, but we hope that multi-agency working will be endorsed and look forward to a positive and constructive response from the Barking & Dagenham Primary Care Trust.

We should like to place on record our thanks to all those who provided views and evidence during the review, in particular those members of the public who have first-hand experience of using the service and who expressed their concerns with such clarity and force.

The Speech and Language Therapy Services Health Scrutiny Panel

Panel Membership

Councillor Mrs D Challis
Councillor Len Collins
Councillor Mohammed A R Fani
Councillor Mrs Dee Hunt
Councillor Mrs Val Rush
Councillor Mrs Marie West

Policy and research support

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Executive summary

Background

Local people were asked to suggest key topics for in-depth health scrutiny reviews in the Spring of 2003. The first of these, *Access to Primary Care*, has been completed. The second priority topic was Speech and Language Therapy and this review has been carried out over the period May to September 2004. The review method included researching the local provision and the establishment of best practice from experience elsewhere. It carried out substantial enquiries with stakeholders, including two stakeholder meetings and various visits. In addition a number of organisations and individuals submitted written evidence. This included many letters from individual parents.

Findings

We found that the supply of speech and language therapy services had been insufficient to meet demands over many years. This had been recognised by operational managers, both of the service provided by the NHS and also by that provided by the Council's own Education Service. In the latter case there has been substantial new investment during the last few years. In the case of the NHS it appears that the service has suffered from increasing demand with no increase in budget and has responded by targeting the service to younger children. It appears to the Panel that individual therapists have been working tirelessly to provide the best service within limited resources. Nevertheless, with regard to the NHS, the service seems to have suffered from repeated reorganisation. The change from Barking and Havering Health Authority to the Barking and Dagenham Primary Care Trust and Havering Primary Care Trust has led to changes in commissioning arrangements. On the provider side the original unitary service provided by the Barking, Havering and Brentwood NHS Trust is now provided by one PCT (Barking and Dagenham) to its own population and also to the populations of Havering Primary Care Trust and the Billericay, Brentwood and Wickford Primary Care Trust. This has meant that the three PCTs as commissioners have had to decide on what services they wish to have supplied by the lead provider, the Barking and Dagenham PCT and these arrangements are described in local Service Level Agreements. There is now a greater understanding of the under funded position. At present there is an apparent substantial shortfall within the Barking and Dagenham PCT budget for the Speech and Language Therapy Service. This shortfall represent approximately one third of the current expenditure. One serious deficiency lies in the failure to deliver speech and language services to statemented children and the almost total absence of any service to mainstream schools. Another major concern has been the fact that many parents have had to use the private sector for the assessment and treatment of their children because of the inadequacies of the publicly funded speech and language therapy services. In order to meet current demand the service managers have proposed a staged increase in staff numbers and a staged set of developments.

Recommendations

The Health Scrutiny Panel recommended to the Council and to the PCT that:

A1 *More resources should be targeted at parents. These should include training, support and the provision of materials [6.2].*

A2 *They review their existing policies for supporting key workers and formulate and implement an action plan to improve the recruitment and retention of speech and language professionals in Barking and Dagenham, looking at issues including pay, work/life balance, benefits and affordable housing. It is also recommended that both organisations acknowledge the exceptional contribution made by existing staff who have worked hard to provide a high standard service with inadequate resources [6.9].*

A3 *They ensure that future complaints are fully recorded and monitored and that reports are discussed within both organisations and also at the joint working groups with responsibility for children, adults and those with learning disabilities [6.11].*

A4 *They make increased provision in their 2005-6 budgets for the treatment and support of children with hearing problems including those identified by the Neonatal Screening Programme [6.8].*

A5 *They formally acknowledge their responsibility for providing services to statemented children in cases where it is written into Part 3 of the child's Statement of Special Educational Needs as an "educational provision", and they make public how this is to be funded. In the absence of public provision the Council should make clear its policy on the reimbursement of parents whose children have been assessed and treated in the private sector [6.3].*

A6 *Adequate arrangements are made to ensure that proposals in the report are implemented and monitored through existing joint strategy groups (for example, for children, the Children's Services Strategy Group) [6.4].*

The Health Scrutiny Panel recommended to the PCT that:

B1 *Barking & Dagenham PCT fund the gap between current budget and spend where it relates to services for the Barking & Dagenham population, and that Havering and Billericay Brentwood and Wickford Primary Care Trusts and Barking Havering & Redbridge Hospital Trust are asked to fund the service at the current level provided [6.13].*

B2 *It accepts the long-term plan to increase Speech and Language Therapy establishments across, children, adults and those with learning disabilities [6.13].*

B3 *It includes the implementation of Stage 1 of the expansion plan, prepared by its own operational staff, in the local delivery plan, in particular the training post, the two speech and language therapists and the two speech and language therapy assistants for maintained schools and that this plan is implemented at the beginning of the year 2005-2006 [6.13].*

B4 *It re-profiles its future budgets so that appropriate resources are made available for children, adults and those with learning disabilities who have speech and language difficulties [6.13].*

The Health Scrutiny Panel recommended to the two local PCTs that receive services from Barking and Dagenham PCT that:

C1 *They consider as a matter of urgency whether they wish the lead arrangement and shared arrangements to continue. The Scrutiny Panel recommended that these organisational arrangements be confirmed so that they can be operational by the onset of the year 2005-2006 [6.12].*

The Health Scrutiny Panel recommended to the Director of Public Health of Barking and Dagenham that:

D1 *The Director of Public Health confirms the need for increased speech and language therapy services for children, adults and those with learning disabilities as a matter of urgency [6.1, 6.6 and 6.7].*

Conclusion

The scrutiny has been shown much that is good about the current service and the dedication of those working in the service. It recognises that many new developments have been funded and introduced by the Council. At the same time the NHS service has been stationary. The Panel believes it is now time for the NHS to expand the service to meet the very real needs of this disadvantaged group.

Next steps

The Council will ask the various organisations to respond to the recommendations. It will also be asking the North East London Strategic Health Authority, that has responsibility for performance managing the primary care trusts, to review the progress of the Barking and Dagenham Primary Care Trust in implementing the Scrutiny Panel's recommendations. At a local level we propose that the existing joint committees with responsibility for children, adults and those with learning disabilities should receive reports every six months on the implementation plan and that they report back to the Health Scrutiny Panel at six months and at one year.

1. Introduction

1.1 Background to scrutiny of health services

Since January 1st 2003 Local Authorities have had the power to extend their scrutiny activities to wider issues of health and health services. In the Spring of 2003 the Council's Health Scrutiny Panel asked local people to suggest key topics for in-depth health scrutiny reviews. The first of these, *Access to Primary Care*, has been concluded and the Panel decided to carry out a Speech and Language Therapy review.

1.2 Background to speech and language services

Currently speech and language therapy is provided by Barking and Dagenham PCT. This is complicated by the fact that there are service level agreements with two other PCTs, Havering PCT and Billericay, Brentwood and Wickford PCT; as well as an acute Trust, Barking, Havering and Redbridge NHS Trust; and two mental health trusts, North East London Mental Health Trust and the South Essex Mental Health and Community Care NHS Trust. The acute trust arrangements inevitably include patients from outside the Borough. At the heart of the scrutiny is a review of the current service, a description of the different organisations roles and how they influence the overall strategy and a proposal on how the services could be improved. It was agreed that the review of speech and language therapy services would be carried out in four stages.

1.3 Review method

Stage 1 Research local provision and establish best practice in the field

This was carried out by reviewing local information systems and by discussion with key stakeholders. Information was gathered from other NHS districts and the published literature on best practice in the UK was reviewed.

Stage 2 Consult stakeholders

Consultation with stakeholders has taken place in several different forms. These have included formal sessions in the Council Chamber when key individuals have been asked to make a presentation; visits to health centres and schools and meetings with parents and carers. Officers from the Council, from the local PCT and from the North East London Strategic Health Authority have provided information. Attempts have been made to maintain a sense of a joint review between the NHS and the Council. The purpose of the Scrutiny has been to establish the gaps and to find ways of filling the gaps through the development of appropriate policies and action plans. A number of organisations and individuals have made written submissions.

Stages 3 and 4

These stages were essentially concerned with the preparation and delivery of the draft report. Meetings of the Scrutiny Panel were held on August 19th and September 9th to finalise the report.

The appendices to this report itemise the written evidence that was submitted (Appendix 1) and the oral evidence (Appendix 2) that was presented during

the two stakeholders meetings. Appendix 3 provides information that was obtained during the visits.

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2. Description of current services

2.1 Children's services provided by the NHS

In addition to the presentations at the two stakeholder meetings visits were organised to health settings and schools. These included the Julia Engwell Health Centre, Valence Nursery, Vicarage Fields Health Centre and St Georges Hospital. The school visits were to Five Elms Primary School, Eastbury Secondary Comprehensive School and Hunters Hall Primary School and its Language Resource Base. For a detailed account of these visits see Appendix 3.

2.1.1 Caseload review and priority setting

When the community caseload (covering pre-school and mainstream school children) was reviewed in autumn 2001 it was recognised that the service could only give one third of the level of therapy that was felt to be appropriate.

In 2001, given that there was no increase in numbers of staff it was decided to design a formula for prioritising demand.

	For preschool children	School age children (from reception upwards)
Priority 1	One six session block of therapy per year (individual or group) plus home/school programmes and up to three review appointments	Two visits to school each term, with a programme for home and /or school as appropriate
Priority 2	One six session block of therapy per year (group only) plus home/school programmes and up to three review appointments.	One visit to school each term, with a programme for home and /or school as appropriate
	For preschool children	School age children (from reception upwards)
Priority 3	Four review appointments per year, plus home/school programmes	Two visits to school each year with a programme for home and /or school as appropriate
Priority 4	Two review appointments per year.	One visit to school each year, with a programme for home and /or school as appropriate.

From 2001 the caseload numbers continued to increase and it was not possible to fill staff vacancies. This meant that the service was unable to meet the requirements for all the children. Due to the vacancies in the Speech and Language Therapy Service it was agreed that the service should be focused on providing the stated level of service for pre-school children only and could see school-age children for initial assessments only.

2.1.2 Caseload

Caseload figures as at December 2003

	Barking and Dagenham	Havering	Brentwood
Pre-school	100	60	38
Nursery	120	140	61
Reception	165	205	79
Total	385	405	178
% of total	39.7%	41.2%	18.4%

The number of new referrals and the number of children discharged influenced the size of the caseload. The figures for referrals and discharges for the calendar year 2003 are shown below.

Average number of referrals and discharges per month for the calendar year 2003

	Barking and Dagenham	Havering	Brentwood
New referrals per month			
Screening	22	23	9
Full assessment	20	10	3
Total	42	33	12
Discharges per month			
Total	7.3	13.8	1.3

One of the difficulties for the speech and language service is to match the number of therapists (supply) to rising demand. In December 2001 a business case was prepared for the development of community resources. It followed an assessment that had concluded that the current children's speech and language service was insufficient to meet the needs of the local population of Barking, Dagenham and Brentwood. From June 2001 the department had undergone an extensive change programme to ensure that services were focused with the most efficient use of staff. The North Thames Managers published a paper (Campbell et al, 1998) that detailed appropriate levels of speech therapy input based on a caseload weighting system. By December 2001 it was clear that the service being provided was substantially less than that being recommended. The service faced constant criticism from stakeholders within social services and education as well as from the service users. During the twelve-month period from January to December 2001 there were 18 formal complaints regarding the paediatric speech and language therapy service. All except one of these related to access or to delayed delivery.

As a result of the change programme it was agreed that services to school age children would be provided within an educational setting from January 2002. The establishment provided for 70 sessions of speech therapy time to the community each week. An establishment of 19.5 wte speech and language therapists was required to meet this need. The key objective of the business case was to gain approval for the development of 12.5 speech and language therapy posts. In addition a further 1.5 whole time equivalent posts were needed for administrative support.

By December 2003 it was estimated that the number of sessions each month to cover new referrals and existing caseload (for pre-school and reception year children only) was:

Number of sessions each month to cover existing caseloads and new referrals

	Barking and Dagenham	Havering	Brentwood
Nursery and preschool	17.50	16.25	7.75
Reception	7.00	9.00	4.00
Total	24.40	25.25	11.75

2.1.3 New demands

In addition to the general upward trend in demand there was a specific new initiative that would put further strain on the speech and language service. The Department of Health recommended the introduction of neonatal hearing screening programme that was designed to detect hearing loss at a much earlier date. Historically, therapists working in hearing impaired bases would see preschool children on initial referral, usually around three years. These children would then be placed on a monitoring and advisory caseload, where Teachers of the Deaf (TOD) would bring any concerns to the therapist's attention, and occasional appointments were arranged where possible within the therapist's timetable. These children would be transferred onto the therapists' ongoing therapy caseload if they received a placement in the local resource base for hearing impaired children (Five Elms School). Funding for four extra sessions to work with deaf children was provided by Education until March 2004. This enabled the therapy service to allocate one session per fortnight to work with pre-school deaf children. However, since the funding ceased there has been no provision in place for this caseload.

Implications of the neonatal hearing screening programme

The government initiative for screening all newborn infants' hearing started in Barking & Dagenham in January 2004. Children with a hearing loss are now identified within the first two weeks of birth and referred to the Hearing Impaired Services at this time. This service has referred children to Speech and Language Therapy as young as five months old, where traditionally children were referred at around 3 years. Research has shown that support and intervention for families of deaf children from professionals in the field, is crucial in the early stages of diagnosis. It has also highlighted that direct work with families is important for developing early communication skills, rather than just an advisory and monitoring role. This has significant implications for the Speech and Language Therapy service.

In 1999 the NDCS asked parents about the effects of late diagnosis, and in 2000 a questionnaire was distributed to parents to gather their views on newborn hearing screening. The outcome of this research showed that parents identified the following issues as being of primary importance for the provision of quality services for deaf children and their families. These included: time with professionals to understand the implications of deafness; early follow-up appointments; well-trained and qualified staff who are deaf aware and who have empathy with, and an understanding of the child and their family; long-term, local quality services and support.

With no current funding available for preschool deaf children, the Speech and Language Therapy service is unable to provide this support.

In order to provide an adequate service for this caseload of children specific funding is required for preschool deaf children. The demands of this caseload would merit 0.5wte Speech and Language Therapist. Their time would be divided between home visits for families; intervention for the children within their preschool setting (e.g. toddler group, playgroup, nursery); joint working with other professionals (teachers of the deaf, audiology, social workers,

nursery staff, health visitors etc) and training and advice for other professionals, and parents/carers.

2.2 Children's Services provided by the Education Authority

In 2001 the London Borough of Barking and Dagenham (LBBD) commissioned a review to investigate the level of speech and language therapy input for children within the borough. The principal author of the report was Debbie Reith, now Acting Team Leader for paediatrics in the PCT. The aims of the review were threefold:

- To provide a full picture of the level of input at the present time
- To outline what provision should be available, and
- To discuss how such provision might be made available within the borough

The process of the review involved consultation with a large number of people including those working within the Department of Education, Arts And Libraries (DEAL), teachers, parents and SLTs working both for the LEA and for Barking and Dagenham NHS Primary Care Trust (B&D PCT). In order to gain a full picture of the need across the borough, and people's ideas for change, three main strategies were employed. A number of 'interviews' were held. Questionnaires were sent to every school in the borough and more in-depth interviews were carried out at two infant, two junior and two primary schools in the borough. As many parents as possible were contacted. The voluntary organisations 'Carers', Parents of Autistic Children Together (PACT) and Parents Liaison Group sent round letters of invitation to two specially arranged meetings held at Valence House.

2.2.1 Funding

Pooling health and education budgets to provide services for a specific purpose or client group is one of the new partnership arrangements offered by the 1999 Health Act. The act aimed to produce flexible frameworks for organisations to improve inter-agency working. In the Thames Gateway, a partnership board manages the pooled money. There are three main new flexibilities available under the provision of the Health Act. These include lead commissioning; integrated provision; and pooled funds. The money can only be used on the agreed services set out in the partnership arrangement. This gives pooled budgets a unique flexibility, while being bounded by agreed aims and outcomes (DoH, 2000). This type of funding, as well as an exploration of possible Standards Fund money, may provide an increase in the current levels of funding.

2.2.2 Provision

Government Working Groups have sought to investigate the difficulties surrounding SLT funding and provision. Information was obtained from four areas (Hackney, Harrow, Newham and Oldham). There is a need for joint strategic planning to enable SLTs to work in mainstream schools in a way that effectively supports the children, whether statemented or not. A difficulty for the profession is the national shortage of SLTs that has made recruitment

difficult locally. There is also a problem of staff retention. Within LBBD however (as in the other boroughs served by the SLT department), there are also issues with Early Years provision and with support for children in the special schools and bases, where the level of SLT provision is insufficient to meet the needs of the children. The primary and secondary Learning Bases, and the Early Intervention Project at The Acorns had no allocated therapy provision. The sessions allocated to the Nursery Assessment Bases at Godwin and Valence schools and to the Speech and Language Base at Hunters Hall School were about 50% lower than is needed. There were two part-time SLTs employed by the LEA at Trinity school and this should be supplemented by another 12 sessions of therapy provided by health. However it was not been possible for B&D PCT to fill those vacancies, leading to frustration felt by school and parents alike.

2.2.3 Summary of parents and staff comments made in 2001

Positive comments

Schools were very appreciative of support when therapists were able to provide it. The move by B&D PCT to work in mainstream schools was seen as a very positive one. The six-week blocks of therapy worked well when it happened. The service to the Hearing Impaired Bases was working well. Parents were very appreciative of the support given by the Child Development Centre at Orchard View, St George's Hospital, Hornchurch.

Negative comments

There was a severe shortage of staff and the therapists' caseloads were too large. Those that came to work in B&D PCT did not stay very long as the career prospects were not good in the department and the stress levels were high. Parents did not like the programmes they were given. They were not user friendly and were of poor quality. Schools did not like the programmes. They were hard to implement, the quality of the photocopying was poor and they were not linked to the curriculum. Schools did not know accurately who was on the speech and language therapy list. Some parents missed their appointments, so children were discharged when this should not have happened. This was a problem at pre-school level and may lead to behaviour problems later. When children were seen in clinics they were not at their best, as they were not in a familiar environment. There were not enough Specialist SLTs, both to support children and less experienced colleagues.

2.2.4

Recommendations from the LBBB review

An increase in staffing levels was essential.

Mainstream schools	Early Years	Speech and Language Base	Portage Service	Nursery Assessment Bases	Learning Bases and The Acorns
12 wte therapists working in schools, with each therapist having a designated patch of schools to support.	1 wte therapist has been bid for in Marks Gate SureStart. At least another 3 wte would be needed for the rest of the borough.	2 wte (including the new 'Outreach' post that has been proposed), providing therapy for a maximum of 20 children in total. [7.13].	2 sessions (i.e. one full day per week)	4 sessions each (i.e. 2 days per week each)	It is estimated that at least 1 wte would be needed across these bases.

This gave a total of 20 wte therapists and did not include any SALT input that would be recommended for 'Outreach' for children on the autistic spectrum or the sessions that were currently in place (though largely unfilled), at Trinity. Given the shortage of SALTs and the funding implications this level may be difficult to achieve. One way of addressing that difficulty might be to employ a number of SALT Assistants to work in any of the settings outlined above. Such a skill mix would give flexibility, and provided the Assistants are well trained, perhaps by encouraging them to study for NVQ level 3, they could give care of a 'high and measurable standard' (McArdle, 2000).

It was also considered important for the professional development of the SLTs to have a department structure that allowed for career progression and provided high quality professional support. The ideal provision would be to have one department that manages all the SLTs across the borough. One way of providing career progression within a department, and which also provided a quality service, was to have a number of specialists. These therapists could provide specialist therapy where needed and they could support more junior colleagues. Specialists in SLI, autism, hearing impairment, emotional and behavioural difficulties, dysfluency, bilingualism, written language disorders and early years would all be very helpful for the borough and colleagues. It would also be necessary to have a therapist whose area of interest and expertise was in the whole area of training, both for the department's own staff, particularly assistants, and for those in schools etc.

The Directorate made a bid for £300,000 to fund this increase in staff through the PCT/LDP process but this was not successful. However, this increase would have been for all three boroughs and would still have left Barking and Dagenham Borough with a shortfall.

Law (2000) emphasised the importance of collaboration between local education authorities and health at a managerial level in the strategic planning of services if inclusion was to be successful. He referred to the recent Standards Fund money which services should actively bid for as a means of improving speech and language therapy provision in mainstream schools.

2.2.5 Working in schools

The move towards supporting children in their school environment was acknowledged. Therapists needed to become familiar with the demands of the curriculum and learn how to adapt their activities accordingly, so that therapy targets could be included in a child's normal day wherever possible. It would also be very helpful for all therapists working in mainstream schools to have a clear understanding of the borough's Primary English Project and to see how therapy aims can be fitted into it. Therapists also need to be able to provide on-going training for all staff in every school that will help them to:

- Better understand the needs of children with a speech, language or communication difficulty
- Understand what strategies they can use to support the children
- Be more aware of normal speech and language development
- Know whether a child has a difficulty or not
- Use a range of activities that promote speech and language development.

These areas of training need would fit in well to the aims of the Joint Professional Development Framework. This is a project funded by the DfEE, (now the DfES) to enable teachers and speech and language therapists to work effectively with children with speech and language and communication needs in an educational setting. This was to be achieved by creating an outline of professional development that could be undertaken jointly and collaboratively by both professional groups.

Early Years

The speech and language therapy department needs to develop flexibility in its work places and work closely, not only with EYDCP, but also with Health Visitors whose focus is usually those who are not yet in any form of pre-school provision. It needs to look at parent programmes such as Hanen and the Parent-based Intervention Programme (Gibbard 1998), as well as programmes designed to improve early identification and intervention.

Screening

A number of schools mentioned that this would be useful. The development of a screening assessment that is sensitive enough to pick up the children who need it, but yet quick enough to be viable would be a very interesting project. This development could be ongoing over the next few years, provided SLTs have caseloads small enough to make it feasible.

Speaking and Listening Focus

The development of a training and support programme for all staff working in Early Years settings that would boost the levels of language development on entry to school, perhaps at Year 1, would be another fascinating project to pursue. This would need to be developed and researched on a small scale first, as a pilot and so that its benefits could be closely monitored. The implications of this, should it be shown to be effective, would be long lasting and wide ranging.

2.2.6 Working with parents

The development of more 'parent friendly' approaches include making sure that parents both understand fully and can support the therapy process with their child. It also involves producing resources that are of a high quality and in a form that parents can easily take away and use. Producing such resources on a regular basis could well be part of a Speech and Language Therapy Assistant's role, working under the supervision of a SLT. It will also involve making sure that parents are as involved as possible with their child's therapy once he or she is attending school on a full time basis.

2.2.7 Situation in 2004

Barking and Dagenham has a shared vision of inclusive education. It is about building the capacity of schools and the Early Years settings to manage a diverse range of educational needs, to work with parents and to promote collaborative work with other agencies. The Department for Education, Arts and Libraries (DEAL) is constantly seeking new and innovative solutions to improving practice and service provision.

Multi-agency working is necessary in order to promote educational development, improve behaviour and promote better mental health. Early intervention at all Key Stages is the key to our improvements and we see Speech and Language therapy being central to our focus on high achievement for all. In the last two years DEAL has established a Communication Team that is located within the Community, Inspection and Advisory Service and includes four teachers and one speech and language therapist. The focus is on promoting whole school awareness and also on supporting individual pupils in order to promote the inclusion of those pupils with speech, language, communication and autism needs. Joint project work with Health and Deal's Early Years and Social Inclusion teams has been part of the team's brief. A detailed training programme has been provided for schools and Early Years settings. Specific work and training is currently being planned in order to provide parents with better support and advice.

2.2.8 Special Educational Needs, Review and Assessment Team

They are a small team who have developed excellent multi-agency working practices. This involves joint training and work with the PCT and the LEA SEN Teams in order to provide assessment and support for pupils with a statement of SEN. They attend a number of annual reviews. Currently they have prioritised Year 6 and Year 9 pupils. DEAL provides financial support for

pupils who have a statement of SEN. Currently it maintains 1114 pupils' statements of Special Needs at a cost of just under £5 million. 167 of these children have speech and language as their main presenting need. The majority (80%) of the SEN statements, where speech and language is the main presenting need, are in mainstream schools. Each individual statement is allocated specific hours which vary from 5 to 30+ hours (each statement with 25 hours support costs DEAL about £11,000 per year. This does not include the cost of advisory teams who provide support for the individual teacher and training for all school staff. Support is also provided by the Education Psychology Service and [insert full name here] (SENART).

The other 20% of pupils have more complex speech, language, feeding needs and are in specialised provision. Either in the special school, a mainstream addition resourced provision (such as Hunters Hall primary), or in out of borough special provision. DEAL currently spends over £3 million on the Special School and over £1 million on our Additional Resourced Provisions (ARP). Additional costs are incurred for any pupil in an out of borough special school.

2.2.9 Multi Agency Work

Best Value Indicators are used to measure, for example, the percentage of statements prepared within 18 weeks including those involving other agencies. In 2001/2002 only 37% achieved this standard. This improved to 63% in 2002/2003 but this was still far short of what other LEAs had achieved. With the good relationships SENART have established with the health service, and with their support, DEAL has made significant improvements in this area. In April 2004 this indicator was achieved at the 100% level.

2.2.10 Joint professional training programme

This project is led by DEAL and supported by the health service. Twenty-eight schools have committed resources and time to training their teachers and learning support assistants. Schools will be expected to appoint a lead speech and language professional. This training programme should eventually lead to specific qualifications for learning support assistants to become therapy assistants. The schools fund the staff. The multi-agency team provides ongoing support. DEAL's speech and language therapist will initially provide support for the LSA but in future it is hoped this will be part of joint work with the health service.

2.2.11 Education staffing levels

DEAL employs the following speech and language therapists/ specialist teachers:

Early Years

One Play and Language Therapist (qualified Speech and Language therapist).

Foundation Stage DFES Funded Project

One and a half Play and Language Coordinators (There is currently a vacancy for one Play and Language Coordinator. The post has been advertised three

times and no applications have been received for this important post. It may be because this is a short term DFES funded project and prospective candidates are unwilling to leave permanent positions for temporary positions).

Trinity School

Two part time Speech and Language therapists. (One has recently resigned and has been replaced by a Speech and Language Therapy Assistant).

Community Inspection and Advisory Service (CIAS)

Speech and Language Needs

Two teachers and one speech and language therapist focus on language difficulties and help schools to follow language programmes by providing specialist advice. They also support schools to implement specialist speech programmes provided by PCT speech therapists. The team have developed very close and effective working practices with health service colleagues. There has been joint training in school and inset sessions attended by large groups of teachers and other support staff. This team is part of a multi-agency speech and language working group.

DEAL funds one primary ARP based at Hunters Hall. It is specialised resource for up to six pupils with speech and language needs. There is one teacher and one LSA employed in the provision. The PCT supports this provision by providing two sessions per week SLT and three sessions per week SLTA to provide direct therapy for the pupils.

Complex Social and Communication Needs Team (autism and those on the spectrum)

Two teachers provide support and advice to schools on autism and related needs but there is at present insufficient contact with health professionals from the PCT. There is one ARP at secondary level for up to six pupils and this has one teacher and two LSAs.

Hearing Impaired Service

There are three advisory teachers and one Head of Service who provide support and advice to schools and early year's settings. They work closely with PCT and parents. There are two Additional Resourced Provisions, one at primary the other at Secondary. The Primary Additional Resourced Provision has places for 16 primary pupils and four nursery-aged pupils. The secondary unit caters for up to 12 pupils aged 11-18. The PCT provides a speech and language therapist for eight sessions per week to work in the Hearing Impaired Additional Resourced Provision.

DEAL is spending over £500,000 per year on these three specialist advisory teams. This does not include the cost of the Additional Resourced Provisions.

DEAL intends to continue moving towards developing co-located multi-agency teams. This is enshrined in the Every Child Matters agenda. It is important that DEAL, Health and Social Services promote and actively pursue joint

working practices. A minimum number of Speech and Language Therapists need to be employed to work jointly with education and social services colleagues in order to provide an appropriate level of service for children and young people.

2.2.12 Future:

There should be sufficient PCT funded speech and language therapists to support education area /cluster arrangements. There should then be a named speech and language therapist working with a cluster of schools and early year's settings. This was envisaged two years ago. The focus shifted onto developing collaborative multi-agency teams. It was envisaged there would be five multi-disciplinary teams comprising advisory teachers, educational psychologists, health and social services personnel. These teams would work on joint projects. Two years ago the PCT speech and language therapists reorganised to achieve this. Schools were pleased with this arrangement, as they knew whom to contact if there were perceived difficulties. Parents were supportive as the therapists had a good understanding of the schools' needs and were able to provide training for staff and parents. Five Multi-agency bases were also established. These portacabins are located in secondary schools and consist of a training room, working office, interview or parents room.

In addition there is a need for a specialist speech and language therapist who can support DEAL's Additional Resourced Provisions and Special School.

2.3 Complaints about the existing service

At both stakeholder meetings and during the visits parents have complained about the service. Additionally parents have written to the scrutiny panel with specific accounts of their experience. The Panel has also received letters from the voluntary sector and from a Chair of Governors. Appendix 3 provides detailed information about these complaints. The following section summarises these responses. Many of the mothers wanted their child's name to be mentioned but the Panel decided to use the initial of their first name.

2.3.1 Parents' views

D is now nine and attends St. Margaret's Church of England School. He has been statemented since the reception class, almost 5 years ago. His statement includes speech and language therapy and he received speech and language therapy assistance for over three years. These were one-off appointments with a therapist some three to six months apart. Unfortunately he has not had any contact for the last 18 months, although a specialist has made a further referral. D has the support of the SENCO and Special Support Assistant at his school, but there is no programme in respect of his speech and language therapy.

H was referred to the department by his school Manor Infants in his reception year. After an assessment he was put on a programme of sheets to use at home to help with sounds such as 'F' 'S' 'T'. The school were also to be given a set of sheets to help him in school. However, the school never received copies, H's mother had to do the copying herself. She was told that

H would be seen each term at school by a Speech Therapist but that never happened. She chased the Speech Therapy Unit on several occasions but was told that the therapist covering H's school had left and had not been replaced. Finally she was sent some more 'sheets' with blends to work on at home but again there was no follow up and this only occurred because she asked for them. Eventually this year she received a letter saying Barking and Dagenham were no longer running Speech Therapy for school-age children such as her son and that she was not going to get any more help. Therefore, in her view the service was inadequate – no follow up or support for child/parent or school and was most unsatisfactory.

E, aged six has special educational needs. E's statement includes provision of Speech and Language Therapy. The LEA Educational Psychologist attended an assessment in March/April, after which E was to be referred to have speech and language therapy. E's mother has not heard anything to date. Because she has not received any assistance, she is currently paying £65 per hour for the services of a private therapist. E sees the therapist either once a week or once a fortnight, depending on the programme being followed. Initially her mother also paid £200 for an assessment. She has been informed that there are 400 children on the waiting list for assessment and treatment. Apart from the cost, E's mother was very concerned that E was not receiving the stated time for Speech and Language therapy.

M is 10 years old and has a medical statement for aphasia and attends St. Mary's R.C. School in Hornchurch. The London Borough of Barking & Dagenham pays for M's stated needs. His original statement was when he was 2 ½ years old. The statement was for two hours per week. This was cut, with the parents' permission, from five hours per week. M did receive pre-school therapy, i.e. six weeks on, six weeks off for a short time. However M's mother engaged a therapist privately. M's mother stated that her son has not seen an educational psychologist in six years and has had one visit a year from the Speech and Language Therapist, although he has not seen a therapist for 18 months. He was assessed April 2001, August 2002 and November 2003. M's mother pushed for her son to receive the service he was entitled to in 2001/2002, but got nowhere. She has since given up and assisted her son as much as possible. She said he can now hold a conversation, but has trouble with "f" and "s". She complained that the service for school age children was inadequate.

One mother who was unable to attend the stakeholder meeting on July 29th wrote in to say that she had no confidence that anything would be done to address the poor service provided in this borough. Her son used to attend Trinity School but one of the problems was the constant arguing over speech therapy. The specialist autistic speech therapist only worked two days a week and her son was stated for two 30 minute sessions per week. He never received these simply because she could not fit it in with the other 32 autistic pupils. The school could not afford to pay anyone else to help. She felt very strongly about the way children with speech difficulties were treated and the fact that many parents had to resort to the private sector. The specialist autistic speech therapist at Trinity will see parents privately which she fits it in

on her days off. The mother commented that children born with disabilities were entitled to the best possible service. She wondered if anyone that has to make these decisions to stop or decrease services had a child with a disability or needing speech therapy. If so they would not put up with this appalling service.

J's mother wrote to inform the Scrutiny Panel that she had been forced to take her son to a Private Speech and Language Therapist as he was due an annual review of his statement, which took place on Friday 9th July. The school was very supportive, even though they felt themselves unable to provide the specific help her son needed. It was recommended by the Therapist that perhaps a laptop would help her son achieve his academic potential and also help in his exams. The school said that they would look into these recommendations. If the mother had not taken him to this Therapist the school would have been ill informed of the progress of her son. They could not, therefore, appreciate the speech and language difficulties J was encountering. She feel let down by the local NHS SALT and also felt angered at the fact that she had to pay £45 to get the assessment that her son was entitled to.

T aged 13 has had no speech and language therapy for over two years and this was one of the reasons that his parents sent him to Trinity school in the first place. They felt that their son has been very badly let down. He has limited speech. At every review meeting they urged the school to provide a service but this did not happen. They have written to the school many times but with no success.

A five-year old girl was diagnosed at 18 months with bilateral severe sensorineural hearing loss. She was issued with digital hearing aids and now is a well-established, independent hearing aid user. She was statemented, with speech and language therapy on the statement. As part of the statementing process a SALT assessed her. Appointments were made after school hours and the very young child was too tired to respond to the SALT's instructions. Assessment took place in a health centre and this was not a friendly atmosphere. The mother was not happy with the assessment findings and requested another assessment in the girl's nursery during a school day. This produced different findings due to the less frightening environment for the child and time of assessment.

A parent reported that a child with Downs Syndrome was moving in September from Hearing Impaired Base, where he has been receiving speech and language therapy sessions, to the mainstream school. There is no provision to maintain therapy for him to meet his needs. The speech therapist from the Resource Base is not able to carry on with the intervention

A, aged seven, was seen by SALT on a weekly basis in the nursery. When he transferred to the primary school his parents were told that SALT would continue at school. In fact he had no therapy for a year and no review. His parents were not confident in the SALT programme. They decided to pay for private SALT sessions costing £65 per hour. SALT sessions have helped. A

is a success story although a big disappointment that SALT was not provided by the NHS or the school.

H, now aged nine, has delayed speech and learning difficulties. He was statemented for speech and language therapy. After SALT assessment he received a six weeks block of group therapy at the Five Elms Clinic. He was initially seen monthly, then termly. A programme was sent to his parents and teachers but was not followed due to lack of training. He has had no SALT sessions this academic year

E aged five had glue ear and delayed speech. She was on School Action + but could not access the SALT service. The mother tried all the standard approaches including writing to her MP. Eventually she undertook some training in Cued Speech and articulation. She has been able to work with E and there is definite improvement. The mother would be happy to get involved in more general training of other parents and to share the knowledge and expertise that she has acquired.

S is eight years old and has had speech and language difficulties since nursery. He was referred to SALT by his GP. No speech therapy was provided. Assessment seemed to be a waste of time if this was not followed by treatment. His difficulties in speech affect his understanding of language, ability to read and write and at times he is frustrated due to lack of communication especially with his peers.

L left the Resource Base in December 2003. He was statemented and a speech and language therapy programme was implemented by LSA. However the LSA was not fully confident to implement the programme. His mother is concerned at possible deterioration of her son's speech and language and possible bullying due to speech difficulties. She complained that there was not enough information about courses for parents. She would welcome proper training for parents.

2.3.2 Staff views

A SENCO, who is also an Inclusion Manager, and a Chair of Governors wrote to the Scrutiny Panel along the following lines. The current situation in the Borough means that many children experiences at least two years of missed opportunities to fully access the educational provision on offer. These years of missed opportunity cannot be clawed back and it makes it criminal to know that our children's future is being played with in such a way. A statement of special educational needs is a legal document and anything included in part three should be adhered to. This is clearly not the case for those children who have a statement, as the lack of speech therapists means that they are not seeing a speech therapist or receiving any programmes. In many of the cases in our school this has been the situation for at least two years. In our school the SSAs run the speech and language programmes in order to meet the needs of those children who have speech and language difficulties. More training of SSAs in the delivery of these programmes is needed, as they are not trained speech and language therapists or speech therapy assistants.

However, this is only a second best option. The first option will always be to have speech therapists delivering speech and language programmes.

With the current remodelling of the work force, which involves the regrading of SSAs the unions may not agree to their members delivering these programmes on their current levels of pay. Speech and language needs time and funding, which should be reflected in the level of SEB funding received by schools. Speech and language therapy is a health issue as well as an educational issue and therefore should also be funded by the NHS. There should be also programmes that address the specific needs of those children who experience difficulty around their speech and articulation. As a school they have received intensive training on speech and language from the Speech and Language Needs Team. The school is committed to ensuring that all children are able to access the curriculum. No one should be expected to do work of another professional body with no formal training. If children are truly valued they need to have access to the very best speech and language service. Unfortunately this is not happening unless parents can afford to pay for such a service.

A letter was received from the Chair of Governors of St Joseph's RC School Barking. In her letter she commented that pupils' statements were not met with regard to the provision of Speech & Language Therapy by a qualified therapist. The move towards therapists visiting schools to work with both the children and school staff in a known environment rather than taking children to clinics where they are not comfortable was advantageous to all. The recent initiative by the JPD for speech and language was to be applauded. Any initiative jointly funded by Education & Health gives recognition to the importance of speech and language within an education environment. However as a consequence of this initiative the importance of trained Speech & Language Therapists must not be lost. The writing of programmes and their delivery can only be managed by a trained therapist working closely with the pupils, staff and parents/carers. Their role in the delivery of all speech and language therapy is essential to its future success.

In her letter the Deputy Head and SENCO at Grafton Infants School made the following comments. There was no speech therapy available to most children although initial assessments did take place. There was a 20 week waiting list for assessment. Children entitled to therapy through a Statement were not receiving this. Some parents were paying for private therapy although for many this was not affordable. Children working with Communication Needs Team based at Trinity do get therapy. However, they are limited as to the number of children they can take on. Parents of nursery age children are being told that a therapist will work with their children in school. This does not happen.

2.3.3 Voluntary sector views

A letter was received from the Chair of the Barking & Dagenham Deaf Children's Society (NDCS). There is a local organisation of parents, families and carers that exist to support parents in enabling their child to maximise their skills and abilities. The fundamental role is to advocate for parents and

carers as and when appropriate, whilst at all times ensuring the child's welfare is paramount. NDCS services include: providing clear, balanced information and advice on many issues relating to childhood deafness, advice on audiology, equipment, education, support with benefit claims, legal advice, family weekends and training for families of deaf children. There is a parents' support group of around 12 family members of hearing impaired children across all age groups. It meets monthly. NDCS is part of the Audiology Working Group (AWG) and the Children's Hearing Strategy Working Group (CHSWG). NDCS has voiced concerns about speech and language provision for mainstream hearing impaired children. In the opinion of NDCS SALT should take into consideration the time of day for an assessment especially with very young children as well as providing child friendly surroundings so that they could assess the child in their natural mainstream placements. NDCS also commented that there used to be a therapist for Early Years but the person left and her post has never been replaced. NDCS have concerns about the quality of advice to mainstream schools. Although the Education Services are more accommodating to meet the hearing impaired child's needs there is some uncertainty in the level of support from teachers of the deaf for the new academic year. Who is going to continue on a regular basis with the speech and language programme?

The NDCS had a number of improvement ideas:

The Speech and Language Service should be involved in an Information Day organised by the local NDCS group. Communication among services involved with hearing impaired children across age groups should be improved. Speech and language training for parents and professionals (proper longer courses to give parents and professionals confidence in carrying speech and language programmes) should be organised. There should be an increase in the number of therapists. Clinic facilities should be improved and should become more child and parent friendly. This is not just a funding issue but also one of attitude. Recently one of the clinics refused to receive a donation of toys for the clinic's waiting room. Lengthy assessments should be split in two sessions thus causing less stress for parents and children. Speech and Language Services should be reorganised so that they can deliver therapy at the mainstream school during the school day. The SALT's sessions for the late afternoons should be reserved for secondary age children, who probably will cope better at this time of day. During SALT sessions some time should be spent for liaison with mainstream teachers and LSAs for discussion of progress and advice with some SALT resources provided.

UK Council on Deafness Access to the NHS

The RNID and deaf organisations across the country have worked in collaboration to conduct a survey of deaf and hard of hearing people's experiences when visiting their GP surgeries and hospitals. The resulting Report (A Simple Cure - A UK report into deaf and hard of hearing people's experiences of the National Health Service) reveals that the service received falls well short of what is reasonable, including shocking statistics about the risk deaf and hard of hearing people face when accessing healthcare.

2.4 Adult services

2.4.1 Local provision

An audit was carried out in August 2002 to determine the need for speech and language therapy services for adults with neurological problems. It covered the service at both Oldchurch and Harold Wood Hospital. The aim was to assess the patients within three days of admission using a standardised screening assessment (called the FIRST). This assessment aims at obtaining a brief appraisal of functions that include dysarthria, dysphagia, dyspraxia and aphasia.

The required intensity of therapy and an estimate of total hours of contact needed were worked out from the scores obtained from the questionnaire. These consisted of the following:

Intensity of therapy and level of input

Intensity of therapy	Level of input	Hours per patient episode
Very high	Assess, advise, programme of care and therapy 3-4 times weekly up to 25 interventions	20
High	Assess, advise, programme of care and therapy once or twice weekly up to 13 interventions	10
Medium	Assess, advise, programme of care for patient and family with a review on a weekly basis	6
Low	Assess and advise only	2

During the audit 51 patients were assessed and in 39 it was considered that they would benefit from speech and language therapy. The diagnoses included cerebro vascular accident (CVA)/ transient ischaemic attack (TIA); head injury; tumour; Parkinson's disease; and other.

Need for SALT for different clinical conditions

Diagnosis	Number assessed	Number needing SALT
CVA/TIA	34	27
Head injury	5	3
Tumour	5	4
Other	4	2
Parkinson's disease	3	3
Total	51	39

Given that the audit covered a two-week period it was possible to estimate the total service requirements for the whole year.

Total service requirement for the whole year

Required intensity	Number of patients per year	Total number of hours needed to see all patients
Very high	390	7800
High	104	1040
Medium	416	2496
Low	130	260
Total	1,040	12,636

To provide the total number of 12,636 hours would require 10.3 speech and language therapists for neurology. Stroke patients contribute about 80% to the overall workload. This means that approximately eight whole time equivalent speech and language therapists are needed for stroke patients alone.

Number of qualified therapists in post per 100,000 population

Category	Number of qualified therapists in post per 100,000 population
ITU	0.03
Neuro/head injury	0.00
ENT	0.00
Progressive neurological diseases	0.89
Rehabilitation	0.15
Older people	0.28
Total	1.35

The numbers quoted are for whole time equivalent staff and they shown per 100,000 people in order to compare them with national norms. The national figures are based on the research-based recommendations in the paper by Enderby and Davies (1989). This document written in 2002 recommended that there needed to be the following numbers of qualified speech and language therapists for the following caseloads.

2.4.2 National recommendations

Category	Number of qualified therapists per 100,000 population
Stroke patients	4.6
Progressive illness	1.4
Head injuries	1.0
Dysphonia and laryngectomy	0.4
Care of the elderly	1.1
Total	8.5

There is some difficulty in matching these standards against the current provision because the local services are categorised in a different way from that above. Nevertheless it is clear that the recommended levels are more than six times the current provision.

2.4.3 Contacts

Contacts for the year April 2002-March 2003 Barking and Dagenham residents

Hospital	Inpatients or outpatients	Initial contact or total face to face	Number
BHR	Inpatients	Initial	133
		Total face to face	633
	Outpatients	Initial	63
		Total face to face	354
Neurocare		Initial	3
		Total face to face	20
St George's Hospital	Inpatients	Initial	30
		Total face to face	208
	Outpatients	Initial	6
		Total face to face	71
	Ryder Unit	Initial	4
		Total face to face	96
Memory Clinic		Initial	1
		Face to face	2
Collaborative Care Team	Outpatients	Initial	11
		Face to face	336
Community Rehab Service	Outpatients	Initial	22
		Face to face	74

2.4.4 Adult caseload

A snapshot of the number of Barking & Dagenham residents over 65 years of age on the caseload was carried out in July 2003. This showed

Caseload for those over 65

Hospital	Number	Percentage over 65
Oldchurch	15	90%
Victoria Centre outpatients/domiciliary	35	50%
St George's Inpatients	18	99%
St George's Outpatients/day hospital/domiciliary	17	99%

Information was not available for Harold Wood Hospital patients.

The total adult caseload in June 2004 was as follows:

Adult caseload in June 2004

Harold Wood Hospital Outpatients	193
Harold Wood Hospital Inpatients	34
St George's Hospital Outpatients	77
Ste George's Hospital Inpatients	47
Ryder Stroke Unit	10
Ryder Stroke Unit Outpatients	15
Victoria Centre	187
Oldchurch Hospital	55
High Wood Hospital Outpatients	34
High Wood Hospital Inpatients	7
High Wood Stroke Unit	9
Total	668

2.4.5 Local provision of services for those with difficulty swallowing (dysphagia).

An audit of the frequency of review of dysphagic inpatients was carried out at Oldchurch Hospital and Harold Wood Hospital 2001 and again at Oldchurch Hospital in 2003. This audit provided a breakdown of the frequency of review of dysphagia for all new patients referred for a one-month period. The initial audit was carried out in November 2001 and there was a further audit at Oldchurch in October 2003. The picture in 2001 was as follows: 36 reviews were carried out on 30 patients at Oldchurch and 16 on 18 patients at Harold Wood (the combined total being 52 reviews on 48 patients). The 2003 figures for Oldchurch were 96 reviews on 49 patients this being a 63% increase in patients being referred and a 167% increase in reviews. The mean time between reviews was 6.79 days for the 2001 patients and 3.7 for the Oldchurch patients in 2003. This would suggest that despite the increase in referrals there was a substantial increase in the number of reviews. There was also a reduction in the interval between reviews suggesting an improvement in patient care for this particular patient group. It should be pointed out, however, that this improvement was the result of a short term, time-limited increase in funding by the Barking, Havering and Redbridge acute Trust targeted at reducing hospital waits to meet government targets.

2.4.6 Audit for adult inpatients and outpatients at St George's Hospital December 2003 with dysphagia

This was carried out by Sarah Colley. The audit covered St George's Hospital inpatients, outpatients seen at the day hospital and outpatient domiciliary patients. The number of inpatients varied from 30-41. During the trial week approximately 30% of patients came from Havering and 70% from Barking and Dagenham. There were 21 new referrals during the trial week and all were considered appropriate. One third of new referrals were transfers and all of these patients were transfers from Oldchurch Hospital.

The number of Day Hospital Outpatient on the case load ranged from 48 to 50 per week. Of these 66% were Havering and 34% Barking and Dagenham residents.

The number of domiciliary outpatients on the caseload ranged from 34-35 per week. Of these patients 80% were from Havering and 20% from Barking and Dagenham. Waiting times ranged from 5 to 77 days for new referrals.

2.4.7 Audit of tracheotomy patients - January 2004

During the period from March 2002 to August 2003 there were 65 tracheotomy referrals at Oldchurch Hospital. During the first six months there were 16 referrals, during the second six months 21 and during the final three months 28. The present funding is for five hours per week and this includes one hour for a multidisciplinary ward round and four hours per week contact time with patients. The speech and language service has to cover the Intensive Therapy Unit (ITU); the High Dependency Unit (HDU) ward B2 including Neuro ITU; E1 and E3 the designated tracheotomy wards. The actual patient time being spent at present is approximately 20 hours per week. The aspects of the role have developed significantly since it was first created. Particular attention now is given to weaning patients off their tracheotomies. The post-holder has been involved in the development of Trust protocols for this client group. Considerable time has been spent on training colleagues and ward staff. The result of inadequate patient contact time with tracheotomy patients is that they will spend more time in hospital. The longer the tracheotomy is in situ the longer the rehabilitation process.

2.4.8 An analysis of time spent by therapists on different activities

An audit was carried out for the whole speech and language therapy service for one week in November 2003 to establish what activities the therapists and assistants were engaged in. The following table summarises the results.

Time spent by therapists on different activities

Activity	%	Activity	%
Face to face	29%	Attending courses/ training	2%
Report writing	11%	Liaison with carers	2%
Planning and analysing	8%	Telephone contacts with patients	1%
Routine clerical	7%	Case conferences	1%
Professional liaison	5%	Adaptation of equipment	1%
Policy planning note writing	5%	Audit	1%
Statistics	4%	Teaching parents	1%
Meetings support groups	4%	Public/carers training	1%
Travel	4%	Clinical supervision	1%
Liaison with other agencies	2%	Other health professional training	1%
Telephone contact general	2%	Liaison with non carers	0%
Goal setting	2%	Own discipline training	0%
Ward rounds	2%	Student training	0%
Other telephone contacts	2%	Professional advice and support	0%

These figures were compiled from the paper data sheets used by 20 therapists. It can be seen that no time is found for professional advice and support, own discipline training and student training. All these activities are important in terms of professional development and in the retention of staff. Training other health professionals, training the public and carers and teaching parents amounts to a total of only 3% of the therapists' time. In addition data from the group of ten therapists using hand held computers (Psions) to collect information showed that 1% of their time was spent in professional advice and support and 6% on own discipline training.

2.4.9 The planning process

It is clear from a letter from the Acting Head of Profession to the Head of Older People's Services in Havering PCT (See Appendix 1) dated 7th July 2003 that those with a responsibility for the delivery of the service were trying to find ways of increasing its visibility with a view to its being given a higher priority. The Acting Head of Profession expressed her concern about the potential risk to patients resulting from the low establishment level for speech and language therapy at St George's; the changed nature of in-patient needs and its effect on the intensity of speech and language input required and the growth in the number of patients going home on modified diets and the need to carry out essential follow up. She also stated that there was an establishment of 0.8 wte speech and language therapists at St Georges to cover inpatients for all wards, outpatients, domiciliary outpatients, and day hospital outpatients.

Activity statistics for the year ending March 2003 were as follows. For inpatients there were 103 initial contacts and 645 total face-to-face contacts.

For outpatients including domiciliary visits and day hospital patients there were 29 initial contacts and 225 face-to-face contacts. The notional caseload proposed by the Association of Speech and Language Therapy Managers in 1995 was one wte for 30 patients for domiciliary care of the elderly and one wte speech and language therapist for 35 care of the elderly inpatients.

In a follow up letter, copied to a wide group within the PCT, the Acting Head of Profession reiterated her concerns and enclosed the results of the audit for adult patients dated December 2003.

2.4.10 Complaints of the adult service

At the first stakeholder meeting the wife of a stroke patient described the problems she had encountered in trying to get speech and language therapy services for her husband.

In 2000 her husband had a CVA leaving him with aphasia. He did receive some therapy whilst in Harold Wood undergoing rehabilitation and for a while after discharge. Then somebody made the decision to stop this, which she was not happy about. She was told that her husband had gone as far as he probably could go and therapy was stopped. At this stage he could not draw a shape on command; he could not draw any letter of the alphabet and could not write his name. He could only say yes and no. A friend of a friend told her about a unit called "Connect". Her husband had an interview with them and was taken as a client. "Connect" not only do speech and language therapy, they promote total communication, in so many ways. Her husband can now sign his name on documents, letters of alphabet but not spell very well. He can do easy sums, can handle money and can now speak about 200 words.

While her husband has been in therapy, she, along with other patients' relatives, formed a Family Support Group. People go to Connect (which is part of City University). They come from all parts of London, Kent, Essex, Surrey even Eastbourne. In this family group all manner of topics come up, finance, emotion, legal things, gardening, computing, almost anything we want. They did a project where they contacted all sorts of places to see if our local Boroughs could support in any way people with aphasia - i.e. libraries. There seemed to be no funding for people with aphasia but there were funds for the deaf. She was unable to get speech therapy from the local service. She recommended that the local Speech and Language Therapy Service get in touch with Connect in order to explore collaboration on training, support, and communication skills

2.5. Learning disabilities

2.5.1 Children's services

The service to special schools and portage per-school provision was the subject of an audit in September 1999, which mapped speech and language therapy provision against caseload size and complexity over a 4½ year period. This was reviewed the following year and this information was provided to the (then) Health Authority to assist them in the preparation of their development plans. The audit concluded that caseloads were increasing significantly in complexity and rising at a rate of 27.5% over the four-year period for Havering and 57% for Barking and Dagenham. There was no corresponding increase in speech and language therapy service provision.

The resulting action plan recommended that service delivery should be regularly monitored in order to identify changes that should be made in terms of staffing and skills mix. There was, originally, no service provided for adults with learning disability. Services to special schools, purchased by Paediatric Commissioners, provided for children up to the age of 16. The establishment of speech and Language Therapy input into community teams for adults with learning disability provided a service for young people of 18 years (19 years if they remained in full time education) and over. This was purchased by adult learning disability commissioners.

Despite the need for provision to cover 16-19 years olds being raised with the Health Authority this has never been provided and there continues to be no service for young people attending further education centres in special schools, at local colleges or in employment. The information for this section was provided Lesley Nicholls – Speech and Language Therapist and Susanne Marsh – Specialist Speech and Language Therapist.

3. Costs

3.1 Current costs of the service

3.1.1 Current costs of children's service

Barking and Dagenham		Havering		Brentwood	
Community					
SM	1.0	NL	1.0	JF	0.6
LN	0.1	LN	0.6	CM (locum)	1.0
RY (locum)	1.0	SS (SLTA)	1.0		
BB (locum)	1.0	SS (SLTA)	1.0		
		EL (locum)	1.0		
		SH (locum)	1.0		
		JR (locum)	0.6		
Subtotal	3.1	Subtotal	6.2	Subtotal	1.6
Special needs					
LN	0.3	JR (tech instructor)	0.5	RW	0.2
SM	0.2	MF (tech instructor)	0.3		
		SM	0.4		
Subtotal	0.5	Subtotal	1.2	Subtotal	0.2
Hunters Hall ARP Language base		Language Units		Language Units	
RW	0.2	RW	0.2	RW	0.2
JR (Tech instructor))	0.3	KR	0.6	CG	0.5
		ES	0.5	JR (Tech instructor)	0.2
Subtotal	0.5	Subtotal	1.3	Subtotal	0.9
Hearing impairment					
AT	0.6	AT	0.4		
NL	0.4	TW	0.5		
MY (locum)	0.2				
Subtotal	1.2	Subtotal	0.9		
Total sessions	5.3		9.6		2.7
In addition to there are administrative and management sessions					
Administrative	1.56		1.56		0.88
Management	0.5		0.4		0.2
Grand total	7.16		11.76		3.78

Estimated cost £309,700	£401,300
£145,000	

The total estimated cost of the current paediatric services across the three PCTs is £856,600.

3.1.2 Current costs of adult service

The adult service is provided by Barking and Dagenham PCT to its own population, to Havering PCT, to Brentwood, Billercay and Wickford PCT and to the Barking, Havering and Redbridge Hospitals Trust. In terms of whole time equivalent staff the service is as follows

Numbers of whole time equivalent staff and costs for the adult service

	Barking and Dagenham PCT	Havering PCT	Brentwood, Billercay & Wickford PCT	Barking, Havering & Redbridge Hospitals Trust.	
Clinical establishment	0.3	2.950	0.8	6.525	10.575
Admin, Clerical and IT support	0.35	3.250	0.9	7.125	11.625
Pay costs	£10,735	£77,711	£27,015	£187,650	£303,111
On costs	£2,684	£19,428	£6,754	£46,912	£75,778
Courses and equipment	£500	£3,250	£1,000	£10,000	£14,750
Mileage	£2,035	£5,000	£1,275	£4,200	£12,510
Total	£15,954	£105,389	£36,044	£248,762	£406,149

3.1.3 Adults with learning disabilities Current numbers of staff and costs

Speech Language Adult Service Clinical Sessions June 2004	Barking & Dagenham pct	Havering pct	Brentwood, Billericay Wickford pct	Total
Speech and Language Therapists WT				
Adults with Learning Disability				
SD also supervises therapists across Havering & Brentwood	0.600			
SM			0.400	
Communication Access Worker	1.000	1.000		
MRE Communication Access Worker	0.5			
L.H student		1.000		
Vacancy		0.500		
Total WTE	2.100	2.500	0.400	5.000
A&C + IT support	*0.05	*0.05	0.050	0.150
*Secretarial Support from ALD Team Offices				
Pay Costs	£53,004	£58,819	£15,735	£127,558
On Costs	£13,251	£14,708	£3,934	£31,893
Courses, Supervision. Equipment	£2,500	£2,750	£500	£5,750
Mileage	£2,500	£2,500	£1,000	£6,000
Total	£71,255	£78,777	£21,169	£171,201

3.1.4 Summary of current costs and budget for all three services

	Paediatric	Adult	A.L.D.	TOTAL
Cost:	£856,600	£406,149	£171,201	£1,433,950
Budget:	£689,820	£210,616	£57,705	£958,141
			GAP	£475,809

3.2 Future costs of the service

3.2.1 Future costs of children's services

The following table describes the requirements of the future service based on national averages to meet all demand. The management sessions remain the same. Administrative services increase proportionately. SLTs and SLTAs would need to be appointed at different grades to develop the specialisms required.

Barking and Dagenham		Havering		Brentwood	
Community					
SLTs pre-school	4.0	SLTs pre-school	4.0	SLTs pre-school	2.0
SLT schools	5.0	SLT schools	5.0	SLT schools	2.5
SLTA pre-school	4.0	SLTA pre-school	4.0	SLTA pre-school	2.0
SLTA schools	5.0	SLTA schools	5.0	SLTA schools	2.5
Training (Pre-school)	0.2	Training (Pre-school)	0.2	Training (Pre-school)	0.1
Training (schools)	0.4	Training (schools)	0.4	Training (schools)	0.2
Subtotal	18.6	Subtotal	18.6	Subtotal	7.3
Special needs					
SLT pre-school and school	3.3	SLT pre-school and schools	2.4	SLT	0.5
		SLTA	2.6	SLTA	0.6
Subtotal	3.3		5	Subtotal	1.1
Hunters Hall ARP Language base		Language Units		Language Units	
SLT	0.2	SLT	1.3	SLT	0.8
SLTA	0.3	SLTA	0.4	SLTA	0.4
Subtotal	0.5	Subtotal	1.7	Subtotal	1.2
Hearing impairment					
SLT preschool	0.5	SLT preschool	0.5	SLT preschool	0.2
SLT school	1.0	SLT school	1.0		
Subtotal	1.5	Subtotal	1.5	Subtotal	0.2

Total sessions					
Clinical SLT	14.6	Clinical SLT	14.8	Clinical SLT	6.3
Clinical SLTA	9.3	Clinical SLTA	12.0	Clinical SLTA	5.5
In addition to there are administrative and management sessions					
Administrative	1.6	Administration	3.7	Administration	1.6
Management	0.2	Management	0.4	Management	0.2
Grand total	25.7	Grand total	30.9	Grand total	13.6
Estimated cost	£918,411		£985,318		
	£384,897				

3.2.2 Future costs of adult service

Adult service staffing levels. Prediction for September 2004.

	Barking & Dagenham PCT	Havering PCT	Brentwood, Billericay Wickford PCT	Barking, Havering & Redbridge Hospital Trust	Totals
WTE Speech and language therapists	0.300	2.950	0.800	6.525	10.575
Admin, clerical and IT support	0.350	3.250	0.900	7.125	11.625
Vacancies	0.2	0.75	0.2	0.725	

It needs to be pointed out that the total cost would not all fall on Barking and Dagenham as the adult service covers the three boroughs and BHR Acute Trust. The table below shows the notional case load and suggested numbers and costs of WTE speech and language therapists.

Notional Case Load based on the findings of the Association of Speech and Language Therapy Managers

Caseload category	Number on Caseload	Suggested WTE Speech and Language Therapists
Mixed Hospital Adult Caseload	30	1.00
Mixed Adult Caseload Community	30	1.00
Stroke Unit	15	1.00

Neurosurgical Unit	15	1.00
Domiciliary Adults - mixed caseload	25	1.00
Adults with swallowing problems	15	1.00
Care of the Elderly Inpatients	35	1.00
Care of the Elderly - Day Hospital	27	1.00
Care of the Elderly Domiciliary	30	1.00
Laryngectomy	20	1.00
Adults who stammer	30	1.00
Voice problems	12	1.00
Domiciliary Stroke - all ages	35	1.00
Care of the Elderly Acute/ Rehab	35	1.00
Head Injury	10	1.00
Oncology	10	1.00
Dysphagia Clinics	15	1.00
Voice clinics	15	1.00
Total	404	18
Average case load for one therapist	22.44	
Our Service's Adult Caseload = 855		
Suggested number of therapists for this caseload would be		38 WTE
When fully staffed our establishment is		10.575 WTE

Estimated cost of 38 WTE x £25,000	£950,000
25 % Oncosts	£237,500
Courses supervision equipment	£38, 000
Mileage	£12,000
Total	£1,237,500

The chart at the bottom of page 36 and continuing on page 37 represents the cost to the Adult service of the Proposed Reconfiguration of the Department to reflect career progression, recruitment and retention. This strategy had to be abandoned because of the financial deficit.

3.2.3 Future costs of adult learning disabilities service

[Not yet available].

3.2.4 Total cost to Barking and Dagenham of ideal future service

Paediatrics	£918,411
Adults	£1,237,500
Adults with Learning Disabilities	(Not yet available)
Total	(Not yet available)

3.3 Expansion plan

3.3.1 Staged expansion plan for new posts for children

Stage 1				
Training Post	SLT		0.4wte	
Community Pre-School	SLT		1.0wte	SLTA 2.4wte
School Age Special Needs	SLT		1.6wte	
Mainstream Schools	SLT		2.0wte	SLTA 2.0wte
Hearing Impairment	SLT		0.5wte	
Stage 2				
Mainstream Schools	SLT		3.0wte	SLTA 3.0wte
Stage 3				
Special Needs Pre-School & School Age	SLT		1.4wte	
Stage 4				
Community Pre-School	SLT		1.0wte	SLTA 1.0wte
Hearing Impairment	SLT		0.2wte	

3.3.2 Expansion plan for new posts for adults

Therapist	WTE		National salary scale 01.04.2004 including Outer London Allowance
1. Part-time clinical specialist	0.100	Clinical Specialist Acute/Rehabilitation	£3,194.50
	0.500		£17,864.50
2. Part-time clinical specialist	0.025	Clinical Specialist NICU Dysphagia	£860.38
3. Part-time	0.140	Clinical Specialist	£4,818.10

clinical specialist		Tracheotomy /Voice	
	0.660		£22,713.90
4. Full-time therapist with	0.500	Clinical Specialist Laryngectomy/Dysphagia	£13,772.00
Three part-time posts	0.200		£5,309.80
	0.300		£9,583.50
5. Full-time with	0.400	Developing Specialist Acquired communication disorders) /traumatic brain injury	£12,778.00
two part-time posts	*0.6		£15,929.40
6. Part-time post	0.500	Stroke rehabilitation	£13,274.50
7. Split adult 0.6WTE	0.600	Generalist	£13,758.00
/paed 0.4WTE			
8. Full time with	0.400	Fast stream	£9,172.00
With two part-time posts	* 0.6		£13,758.00
Total			£156,786.58

Re-structuring of present posts will cost an additional £18,150. Additional posts as proposed include a new clinical lead post at £40,220; an upgrade of the Joint Team Leader Post, £2,500 and the re-structuring of the Adult With Learning Disability Service will require s new clinical lead post.

Havering PCT pay for the two part posts marked with * as the therapists are part of the Havering Community Rehab. Team. The service level agreements with Havering PCT, BHR, and BBW PCT should be adjusted to reflect restructuring. There are savings to be made with the reduction of costs of locums.

4. Comparison with other services

In addition to the recommendations of the North Thames managers Group it has been possible to draw on the guidance and guidelines published by the Royal College of Speech and Language Therapists. In comparing the service in Barking and Dagenham with other boroughs, documents have been received from South London, now Lambeth PCT, Southwark PCT and Lewisham PCT and from Camden PCT. In the case of South London there is a single lead organisation that provides services to three London Boroughs. In the case of Camden there is a service across two London Boroughs, the lead organisation being Islington PCT.

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5. NHS plans

The NHS planning system is relatively complex and it takes a long time to initiate change unless this fits in precisely with meeting Government targets. Speech and language therapy services are not currently targeted. The pressures on the PCT are such that despite significant increases in their overall budget little of the new money is available for non-targeted services. The planning system requires that local development plans should be negotiated, generally on a three year rolling programme with updates and amendments each year. There is one factor that might influence the prioritisation of speech and language therapy services of children and that is the new Government emphasis on the health and education of children. The appointment of directors of children services as senior executives within the local authority is a signal that priority will be given to children in the next few years. This should have some impact on speech and language therapy. Although there are no formal targets for adults there are national service frameworks (NSFs) for cardiovascular disease and stroke and for cancer and these do provide some indicators of good practice on which speech and language therapy can hang. There are some initiatives for those with learning disabilities but these are insufficient for PCTs to increase funding.

Some insight into the problems facing the PCT can be seen in the following transcript of a report from the PCT Chief Executive to the PCT Board on 24 June 2004. The new Chief Executive said that Board members should be aware that there is continuing concern from parents with school aged children not being able to access SALT. The Children and Families Directorate of the PCT took the decision in March to reduce the input into mainstream schools and concentrate on pre-school provision. This was due to a large number of vacancies and not being able to find locums, combined with a general lack of resources. The PCT has now successfully recruited three therapists. However, the issue is wider than this in that children's services costs are significantly in excess of the budget due to overly ambitious Service Level Agreement (SLA) income projections set last year based on the actual 2003/4 agreements. It has further been established that SLA activity in 2004/5 is also not covered by the income contracted for and the interim Director of Children's Services is negotiating either a reduction of service to the other PCT's/trusts or a commitment to additional income. MP's in both Barking and Dagenham and Havering (to whose residents we provide SALT) have also sent in letters questioning our position. On this basis the PCT will need to review its overall position on the provision of SALT shortly in conjunction with Havering PCT.

Returning to the issue of recruitment information from the Children and Families Directorate has clarified the numbers of new recruits over recent months. On June 24th one therapist was appointed. She had successfully trained with the PCT while being sponsored by them. Two other graduate posts were advertised and have been successfully filled.

6. Key issues

6.1 Caseload and waiting lists

At present demand outstrips supply. Comparisons over time and with other services lead to the inevitable conclusion that staffing establishments are inadequate. One of the most dramatic shortfalls is in secondary schools where there is essentially no service. Waiting times are excessive. Following detailed audits the limitations of the Speech and Language have been described by successive NHS bodies, initially the Barking and Havering Health Authority and subsequently the Barking and Dagenham Primary Care Trust. At a national level the effectiveness of speech and language therapy has been published. At a local level the need for an increased and enhanced service is clearly established.

It is recommended that the Director of Public Health of Barking and Dagenham confirms the need for increased speech and language therapy services for children as a matter of urgency.

6.2 Communication and involvement of parents

During the visits and at the stakeholder meetings it was possible to assess some of the problems facing children and their parents. The impression was given that not enough information was given to parents. For example, parents might not even know the name of the therapist. Parents appreciated that front line staff tried to their uppermost to deliver a high quality service but they were hampered by insufficient numbers of therapists. Many commented that they would be interested in more involvement in the management of their child's speech and language problem and that they would be willing to attend training courses if these were available. Extra support for parents is needed and this could include training as well as setting up groups. Information is needed so that parents know what to expect at the visits. They need access to resource 'library'. Parents need to be included in therapy sessions to ensure carryover and generalisation at home and other social situations outside of school.

It is recommended that more resources should be targeted at parents. These should include training, support and the provision of materials.

6.3 SEN statementing issues

This was a significant area of complaint. The statements themselves took a long time to complete but the real problem was that children who were statemented with speech and language as their principal problem and those where it was a secondary problem were not getting the service that the statement required. There were many cases where private funds had been used to provide assessment, treatment and care when the NHS and the local authority had failed. There is a question of legal liability for cost of treatment of statemented children in cases where it is written into Part 3 of the child's Statement of Special Educational Needs as an "educational provision", and whether parents have a case for reimbursement. Camden is one London Borough that has budgeted for reimbursement of private care if the local services have not been able to comply with the statement.

It is recommended that the Council and the PCT formally acknowledge their responsibility for providing services to statemented children in cases where it is written into Part 3 of the child's Statement of Special Educational Needs as an "educational provision", and they make public how this is to be funded. In the absence of public provision the Council should make clear its policy on the reimbursement of parents whose children have been assessed and treated in the private sector.

6.4 Multi-agency working

There are many examples of excellent multidisciplinary and multi-agency working. At a formal level there is the Local Strategic Partnership, a Children's Services Strategy Group as well as a specific group between Education, NHS and the voluntary sector for speech and language services. There is substantial cooperation between the agencies on terms of those delivering the service. The major barrier to more successful working is the failure, of the NHS to allocate sufficient funds to speech and language therapy services.

The Scrutiny Panel recognised the excellent multi-agency working that currently exists. Most of the difficulties arise from inadequate funding.

It is recommended that adequate arrangements are made to ensure that proposals in the report are implemented and monitored through existing joint strategy groups (for example, for children, the Children's Services Strategy Group).

6.5 Service delivery to children with speech difficulties

There is a specific problem of providing a service to mainstream schools. There has been a substantial investment in speech and language therapists by the Education Service. It is important to recognise the changing system of funding with over 90% of the Education budget devolved to schools and so they have an increasing role in setting priorities. One development has been the decision to bring groups of schools together in five clusters. This should help with the organisation and delivery of services. The SALT service has prepared a forward plan for the expansion of the service. This plan has been included in the main text.

The Scrutiny Panel strongly recommends that the PCT include the implementation of Stage 1 of the expansion plan, prepared by its own operational staff, in the local delivery plan, in particular the training post, the two speech and language therapists and the two speech and language therapy assistants for maintained schools and that this plan is implemented at the beginning of the year 2005-2006. (See also section 7.13 below).

6.6 Service delivery to adults

The current adult SALT team cannot meet the current demand. Their expansion plan is described in the main text.

It is recommended that the Director of Public Health of Barking and Dagenham confirms the need for increased speech and language therapy services for adults as a matter of urgency.

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6.7 Service delivery to those with learning disabilities

There is a continuing question of the adequacy of services to those who are in transition between childhood and adulthood.

It is recommended that the Director of Public Health of Barking and Dagenham confirm the need for increased speech and language therapy services for those with learning disabilities as a matter of urgency.

6.8 Early identification and intervention

There is consensus on the importance of early identification and intervention for children with speech and language difficulties. This will soon become even clearer with the introduction of neonatal hearing screening. Central funding for this initiative is for the screening programme itself and not for the consequential investigation and treatment. Some of this treatment will fall on the NHS and some on the Education Authority with an emphasis on the pre-school and pre-nursery age group.

It is recommended that the Council and the PCT make increased provision in their 2005-6 budgets for the treatment and support of children with hearing problems, which will include those identified by the Neonatal Screening Programme.

6.9 Recruitment and retention

The recruitment and retention of speech and language therapists is a national problem. A survey commissioned by the DFEE found that recruitment difficulties nationally are part due to a shortage of speech and language therapy courses and this is now being addressed. With regards to retention they suggested that there is a need to develop an educational specialism that is attractive to speech and language therapists, allowing them recognition and status as autonomous and adequately remunerated professionals. The latest proposal from the Government 'Agenda for change' has not been well received by speech therapists and at present it appears that more may be leaving the public services than are recruited. In fact in a recent telephone poll 90% of SALTs said they would leave the profession if Agenda for Change went ahead. SALTs may not agree to levels of pay. In Barking and Dagenham it was stated that some SALTs are currently in posts that command a higher grade than they are being paid. Even if financial resources became available it might still be difficult to recruit therapists and attract them to the area. One factor is that there are only limited numbers of therapists available. One possible way forward would be to increase the training of other grades and other staff so that they can extend their role within the overall service. Agenda for Change (AFC): how will this affect recruitment and retaining of therapists?

It is recommended that the Council and the PCT review their existing policies for supporting key workers and formulate and implement an action plan to improve the recruitment and retention of speech and language professionals in Barking and Dagenham, looking at issues including pay, work/life balance, benefits and affordable housing. It is also recommended that both organisations acknowledge the

exceptional contribution made by existing staff who have worked hard to provide a high standard service with inadequate resources.

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6.10 Service evaluation

The speech and language therapy services have been extensively audited over the last few years. Audit is a continuous process that can provide useful information to improve clinical practice. It is also frequently used to aid planning and priority setting. It appears to the scrutiny panel that the time has come for action on the results of these previous audits and that there is no need for further audits to assist the planning process in the immediate future.

6.11 Complaints

Over the last few years the level of complaints for both children and adults has been unacceptable. The vast majority of these complaints have been related to under-provision of the service. Many are voiced within the local setting; many others are made formally to the different organisation. Many parents that provided information to the Scrutiny Panel spoke of being ignored and of feeling that their child's problem was not been taken seriously.

It is recommended that both the Council and the PCT ensure that future complaints are fully recorded and monitored and that reports are discussed within both organisations and also at the joint working groups with responsibility for children, adults and those with learning disabilities.

6.12 Problems arising from lead PCT responsibilities across several PCTs

There is a problem delivering a service to a wide population including specifically those living in Havering and Brentwood by a single service. Inevitably there are questions of fairness in the way in which services are supplied to the three populations. It is possible that each PCT will want to manage its own SALT service in the future. However, there remains the continuing problem of critical mass and the fact that in some subspecialties a single therapist will have a caseload across more than one PCT. At this stage an option appraisal has not been carried out and it should not be assumed that three small teams have advantages over a single service across three PCTs.

It is recommended that the two PCTs that receive services from Barking and Dagenham PCT consider as a matter of urgency whether they wish the lead arrangement and shared arrangements to continue. The Scrutiny Panel recommends that these organisational arrangements be confirmed so that they can be operational by the onset of the year 2005-2006.

6.13 Budget issues

The Panel has been given insight into the budgeting of the PCT since it came into existing in 2002. It does appear that prior to 2003-2004 there was no clarity about the budget for Speech and Language Services. Now that there is greater clarity it appears that there is 30% shortfall between current expenditure and allocated budget (or put another way there is a 30% overspend on the current budget). This remains a major problem for the PCT both for the current year and for future years. At the stakeholder presentation

by the PCT the problem of prioritising Speech and Language was discussed. Given that the PCT is required to focus on current Government priorities that concentrate on hospital waiting times in Accident and Emergency Department and on waiting lists for elective surgery it is not surprising that Speech and Language Therapy Service remain under-financed. The Scrutiny Panel would like to see a substantial shift in budgetary allocation to the Speech and Language Service for children, adults and for those with learning disabilities. It would look to the PCT to describe the necessary changes in the forthcoming local development plan.

In line with approaches in other London Boroughs the Scrutiny Panel would like to see further discussion about the further integration of services and about the possibility of moving ahead on shared or pooled budgets.

It is recommended that Barking & Dagenham PCT fund the gap between current budget and spend where it relates to services for the Barking & Dagenham population, and that Havering and Billericay Brentwood and Wickford Primary Care Trusts and Barking Havering & Redbridge Hospital Trust are asked to fund the service at the current level provided.

It is recommended that the PCT accepts the long-term plan to increase Speech and Language Therapy establishments across, children, adults and those with learning disabilities.

The Scrutiny Panel strongly recommends that the PCT include the implementation of Stage 1 of the expansion plan, prepared by its own operational staff, in the local delivery plan, in particular the training post, the two speech and language therapists and the two speech and language therapy assistants for maintained schools and that this plan is implemented at the beginning of the year 2005-2006.

The Scrutiny Panel recommends that the PCT re-profiles its future budgets so that appropriate resources are made available for children, adults and those with learning disabilities who have speech and language difficulties.

7. Action plan

The Health Scrutiny Panel would like to formalise the steps that will need to be taken to improve the current unsatisfactory situation regarding the local speech and language therapy services. They will be writing to the Barking and Dagenham PCT and the Council asking for early responses to their recommendations and an action plan. The Panel recognises the difficulties experienced by the NHS in finding funds for new developments, particularly those that are not currently of high priority within the Department of Health. The Panel would like to see a collaborative approach between the PCT and the Strategic Health Authority in prioritising speech and language therapy services in North East London. It would be helpful if this service could be discussed during performance management meetings between the two

organisations. The Panel would propose that local collaboration is further increased and that speech and language therapy services become a standing item on the Children's Services Strategy Group. The Panel would also propose that this body takes responsibility for the implementation of an action plan. The Panel is particularly concerned about the failure to provide statemented children with the Speech and language therapy services service that they are entitled to. They would therefore ask the PCT and the Council's Department of Education, Arts and Libraries to address this issue as a matter of urgency.

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9. Glossary

Aphasia	Absence of speech
ARP	Additional Resource Provision
BHR	Barking, Havering and Redbridge NHS Trust
DEAL	Department of Education, Arts and Libraries
CDC	Child Development Centre
CIAS	Community Inspection and Advisory Service
CSSG	Children's Services Strategy Group
CVA	Cerebro Vacular Accident (for example, a stroke)
DfEE	Department for Education and <i>[complete]</i>
DfES	Department for Education and Science
DoH	Department of Health
Dysarthria	A speech disorder that is due to weakness or incoordination of the speech muscles. Speech is slow, weak, imprecise or uncoordinated
Dysfluency	A disorder of speech fluency that interrupts the forward flow of speech. All individuals are dysfluent at times but the kind and amount of dysfluency differs from normal.
Dysphagia	Difficulty swallowing
Dyspraxia	An impairment or immaturity of the organisation of movement. It is an immaturity in the way that the brain processes information, which results in messages not being properly or fully transmitted
EYDCP	
FIRST	A standardised questionnaire
HDU	High Dependency Unit
ITU	Intensive Therapy Unit
LDP	Local Development Plan
LEA	Local Education Authority
LBBB	London Borough of Barking and Dagenham
LSA	Local Service Agreement
LSP	
NDCS	National deaf Children's Society
NHS	National Service Framework
PCT	Primary Care Trust
RNID	Royal National Institute for the Deaf
SALT	Speech and Language Therapy
SENART	
SENCO	Special Educational Needs Coordinators
Session	The working week is divided in ten sessions that is five mornings and five afternoons
SLT	Speech and Language Therapist
SLTA	Speech and Language Therapist Assistant
SSA	Specialist Support Assistant
Tracheostomy	A an operation to to insert a tube into the trachea to assist breathing
WTE	Whole Time Equivalent. A WTE of 0.4 would imply that four sessions were covered

Appendix 1 List of written evidence

Item	Date	Author	Title
1	April 1998	North Thames Region Speech and Language Therapy Managers Group. Lisa Campbell, Jenny Green, Margi Kot, Maria Luscombe, Diana Moir	Position statement on service delivery to children in mainstream schools
2	1999	Royal College of Speech and Language Therapists	Communication: quality 2. Professional standards for Speech and Language Therapists.
3	November 2000	Community Health South London NHS Trust	Review of Paediatric Therapy Services
4	December 2001	S Mulcahy	Business case for the development of community resources
5	August 2002	Melanie Whitehead, Speech and language therapist to the Ryder Stroke Unit, the collaborative Care Team and Harold Wood Hospital	SALT audit of patients with communication problems or swallowing difficulties in Barking, Havering and Redbridge Trust
6	August 2002	SALT Adult Team	An audit of all newly admitted neurological inpatients to Harold Wood and Oldchurch Hospitals to determine the numbers of those who would benefit from Speech and Language Therapy -
7	February 2003	London Borough of Camden	Report of the Speech and Language Therapy Services Scrutiny Panel
8	July 2003	SALT Adult Team	Snapshot of Barking and Dagenham residents over the age of 65 on the Speech and Language Therapy Caseload
9	July 2003	Angela Thomas Acting Head of Profession	Letter to Head of Older Peoples Services Havering PCT
10	October 2003	Angela Thomas	Summary of review priorities for inpatients, outpatients and domiciliary patients
11	October 2003	Angela Thomas	Notional case load study for adult client groups
12	October 2003	SALT Adult Team	Frequency of review of dysphagic patients
13	October 2003	SALT adult team	An audit of the frequency of review of dysphagic inpatients; Oldchurch Hospital and Harold Wood Hospital 2001 and

Item	Date	Author	Title
			Oldchurch Hospital 2003
14	November 2003	SALT Team	Activity analysis November 2003
15	December 2003	SALT Adult Team	Audit of Speech and Language Input for follow-up for dysphagic patients at St. George's Hospital, Hornchurch -
16	December 2003	SALT Paediatric Team	Caseload demands audit December 2003
17	December 2003	Sarah Colley SLT	Audit for adult inpatients and outpatients
18	January 2004	Nisha Patel SLT (Tracheostomy)	Audit of tracheotomy patients -
19	January 2004	SALT Team Adult Services	Tracheotomy post based at Oldchurch Hospital
20	January 2004	Angela Thomas Acting Head of Profession	Letter to Head of Older Peoples Services Havering PCT
21	May 2004	SALT Adult Team	Minutes of the Adult Team meeting held on 7 th May 2004
22	June 2004	Ann Nash Deputy Head/SENCO Grafton Infants School	Letter
23	June 2004	Mrs Teresa Baumann, Chair of Governors St Joseph's RC School	Letter from Chair of Governors
24	June 2004	PCT Chief Executive	Report to the PCT Board
25	June 2004	SALT Adult Team	Review of caseload in the autumn 2001 and the school base priority treatment proposals
26	June 2004	Dr. Sharon Davis and Margaret Rose	The role of the communication access worker
27	June 2004	Speech and Language Working Group	Agenda for the meeting of the Speech and Language Working Group on 25 th June 2004
28	June 2004	SALT Team	Minutes of Staff Meeting of the SALT Service 19 th June 2004
29	June 2004	SALT Adult team	Adult service caseload June 2004
30	June 2004	Community Inspection and Advisory Service Speech and Language Needs Team	Supporting paper to stakeholder meeting on June 17 th 2004
31	June 2004	Lesley Nicholls SLT	Background paper on NARP therapist role for the visit on 23 rd June 2004
32	June 2004	Scrutiny Office	A model for accountability

Item	Date	Author	Title
33	July 2004	Miss J Walters (SENCO and Inclusion Manager) and Mrs P Martin, Chair of Governors	Letter
34	July 2004	Liesel Batterham	Issues in relation to statements of special educational need
35	July 2004	Anna Volkmer SLT and Melanie Whitehead SLT	Communication aids resources
36	July 2004	SALT team	Draft supervision policy
37	July 2004	Lisa Ferrary SLT	Continuing professional development
38	July 2004	Lesley Nicholls SLT and Susanne Marsh SLT	Learning disabilities
39	July 2004	Ann Tingle SLT and Nicola Lewi SLT	Hearing Impairment

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Appendix 2

List of oral evidence

The panel received oral evidence from the people listed below.

Alison Palmer	Co-ordinator SEN Curriculum Development - DEAL
Debbie Reith	Acting Team Leader, Paediatrics, Barking and Dagenham PCT
Angela Thomas	Team Leader, Adults and Acting Head of Profession Barking and Dagenham PCT
Dr. Sharon Davis	Head of Speech and Language Therapy for those with Learning Disabilities
Marie Kearns	(Acting Director, Child and Family Services, Barking and Dagenham PCT)
Robin Land	(Deputy Finance Director of Barking and Dagenham PCT)
Liesel Batterham	Head of SENART - DEAL
Ann Jones	Head of Education Inclusion Team DEAL

Appendix 3

Information provided from the visits

In addition to the presentations at the two stakeholder meetings visits were organised to health settings and schools. These included the Julia Engwell Health Centre, Valence Nursery, Vicarage Fields Health Centre and St Georges Hospital.

At the **Julia Engwell Health Centre** the following issues were raised. The room space was inadequate if all the speech therapy posts were filled. The booking of rooms was also difficult. The centre was under resourced in terms of equipment as well as computers to record the results of assessments. Reports were therefore written up at St. George's Hospital that inevitably meant there was some time delay. Suggestions to improve the current position included the establishment of a training post, the identification of additional space and space that was for the sole use of speech and language therapists and could be used to store equipment. It was clear that there needed to be an increase in SALT assistants and that more projects should be started and current projects should be continued and extended.

At **Valence Nursery** it was stated that children slip through the net for different reasons, but in particular due to age changing their status from pre-school to school-aged. It was unclear who was the key person to contact. Statements indicated the number of hours the child should receive but there was no therapist in place to provide the service. When children move on there is no therapist to carry on with monitoring and advice. There was a 20 weeks waiting list. Suggestions included recruiting more SALTs or providing a private service. Extra training should be provided to teachers and parents. One useful programme would be 'Way 2 Say'. Parents need to be taught that communication can be developed significantly through play language and one specific programme that might be useful would be the Hanan-programme. There needed to be a waiting list initiative to tackle the unacceptable delays. There needed also to be a training initiative. Funding should be made available for training.

At the **Vicarage Fields Health Centre** the following issues were discussed. Worksheets can become boring very quickly and then parents have to wait for the next appointment before they receive new sheets. There was a high 'DNA' (did not attend) rate. Some speech and language difficulties are well supported until school age but then there is no one to continue the level of support in pre-school or school. It was suggested that more information should be available to parents. This would include information on the web. The development of a library resource centre should be encouraged. Team meetings should discuss how to support parents more and their training needs. Leaflets should be further developed that inform parents what to expect from the session, what resources are available, and what toys/books are appropriate for their child. Therapist felt that the main thing they all wanted was to develop a working relationship with parents. The criteria for the two-year check should be reassessed. Support at both pre-school and

mainstream levels needs to be focussed on the staff on a continuous basis and not necessarily on specific individuals. Group therapy may need to be extended. Clusters of schools need to be established. The local service should bid for new projects, for example, 'On-track' that is working well in Southwark.

The visit to **St. George's Hospital** looked at the role of the speech therapist that specialises in children's eating and drinking problems. The post was currently filled by a full-time locum. Much of her work was with young children and she spent a lot of time in clinics, doing home visits and visiting hospitals. In fact travelling takes up a lot of her time. There appeared to be some confusion on the exact nature of the role and possibly some duplication. Some of the children she saw were already on the caseload of another speech and language therapist. Files on these children were not always readily available. Therapists had limited access to a computer to type up reports. Computers were often shared between three other professionals. The IT log out system caused problems if a person forgot to log out. Personal safety was an issue when carrying out home visits. There were several administrative issues. In some complex cases a six-page document needed to be filled in and put into the file. It appeared that the therapist was expected to complete two sets of statistics, one for the Speech and Language Team and one for the Child Development Centre (CDC). IT support was poor. If there were access to email some of the paper-based problems would be reduced. Communication between teams was poor. The therapist at St. George's was isolated from the rest of the team.

In addition to the health settings, visits were arranged to several schools. **Five Elms Primary School** is a mainstream school with a resource base for hearing impaired pupils and a nursery intake. There are about 400 children on the roll: 11 pupils are statemented and most of these statements include speech and language therapy. 20 pupils are on School Action + and a further 30-35 pupils on School Action. There was an open referral system for Speech and Language Assessment. However speech therapy was not available for statemented children at school or clinic. Only a small percentage of parents choose private therapy as generally parents were not able to meet the costs. There was no allocated SALT for the school. All the statemented children had had an assessment but there was no programme to follow. The SENCO was not in charge of School Action+ or statement budget. So far the Headteacher had not looked at the possibility of buying in a service. The Specialist Support Assistants (SSA) had not had any specialist S&L training to be able to carry on with Speech & Language Therapy targets. The mainstream school was not able to access any SALT service even for the nursery. For statemented children the school tried to meet their needs through allocating an SSA and using good classroom strategies (e.g. modelling speech). Some concerns were voiced about the partnership between the mainstream school and the Resource Base. There was good communication between SENCO/school and SALT (letters and assessment reports sent to school), but no action to follow up. It was stated that there was a shortage of SALTs in other mainstream schools across the borough. An emergency speech and language programme was put in place for one of the pupils who recently

joined the mainstream school. However, the SSA or classroom teacher was not able to deliver this programme due to lack of specialist training or guidelines from SALT.

Proposals that were put forward during the visit to improve the situation included increasing the number of SALT posts and training for SSAs. This could be difficult at present due to pay modification and there is quite a lot of resentment within the SSA staff as additional pay is only given for English and Maths.

The school provided background information on the partnership between the mainstream school and the Resource Base. Two years ago, as a temporary measure due to staff shortage the SALT Service in one of the Resource Base for Hearing Impaired Pupils in Havering started to act as an umbrella service for the mainstream school. The SALT does the S&L Assessment and Programme of Support, which are carried on by a trained Learning Support assistant from the mainstream school. The same arrangement was put to Five Elms but was not agreed. The Resource Base is staffed by two full-time and one part-time (0.5wte) Teachers of the Deaf and one part-time (0.8wte) Communication Support worker. All are employed by LEA/Hearing Support Services. From September 2004 there will be a decrease of one full-time Teacher of the Deaf post. In addition there are three therapists employed by the NHS with for twelve sessions per week, with four sessions per week being paid by education. The centre was originally resourced for 12 children. At present there are 21 children. The team adopts a Child Centred Approach (using BSL, SSE, oral speech and symbols. All children are statemented or undergoing statementing procedures at the Nursery. The degree of hearing loss is mostly severe/profound. 50% of children have additional difficulties e.g. medical, syndromes, learning difficulties. The teacher in charge of the Resource Base feels that there should be more joint work between the teachers in the centre and the school. Each child receives therapy on a regular basis, depending on his/her needs. This could be 1:1 therapy, group therapy. The teachers of the Deaf work closely together with both formal and informal discussions. The SALT service does home visits during holidays.

A number of improvement ideas were proposed. Education could purchase SALT Assessment Packs. The SALT service could be involved in policy writing for the mainstream school. There were concerns about children who were more difficult to manage because of complex needs. There was good joint working between SALT and Teachers of the Deaf but more involvement was needed from the staff in the mainstream school.

The second school visit was to the **Eastbury Secondary Comprehensive School** (Rosslyn site). There were 1650 students on the roll and 300 on the Special Educational; Needs (SEN) register. The staff felt that a further 100 to 150 students should be on the SEN register. 52 students were statemented, of whom 12 were statemented or on School Action+ with speech and language difficulties. Amongst the findings were; no Speech and Language therapy was provided even if the pupil was statemented; there was no buying in of the SALT service; occasional SALT visits took place for assessment; secondary schools were not a priority; the Communication Team from LEA

came to train LSAs which was positive but not enough; the LSA was not confident in delivering a SALT programme because of lack of training. It was concluded that there needs to be a Language and Communication Resource Base for secondary age students (as occurs in Newham). At present the only Language and Communication Team are based in Trinity School. Overall there are eight secondary schools in the borough, all of them without regular SALT provision

Improvement ideas included organising placements for trainees with accommodation; introducing NVQ level 2 and 3 qualifications for LSAs; giving housing assistance for the NQ SALTs; sponsoring SALT courses; providing additional SALT training for LSAs; monitoring how SEN statements funds are spent.

General information was provided about the Hearing Resource Base. It was part of the Hearing Support Service and for this academic year it is in a transition phase prior to becoming a school responsibility and being funded by them. The Head of the Resource Base is a member of the Senior Management Team. At present there are 12 students in KS3 and two students in KS4. All students are statemented or placed for assessment purposes. They use 'Total Communication' as their mode of communication. The staffing is two whole time equivalent teachers of the deaf and two whole time equivalent communicators. Comments that were made about the service included. There was good access to SALT, a specialist SALT being available one day a week. There was continuity as the same therapist provided the SALT service. The range and type of therapy depended on individual needs. Assessments took place every year and programmes were monitored. Close work with ToD ensured joint targets, regular discussions and reviews. All staff involved are working towards achieving the same targets.

The final visit was to **Hunters Hall Primary School** and its Language Resource Base. This is a mainstream school, one of the largest primary schools in the borough, with 750 pupils on the roll. There are 11 SEN statemented children and 38 on School Action +. Nine children had SALT assessment but have not been seen for two years. There have been continuing changes in SEN school budgets that have made planning difficult. At present there is a buy back system for Advisory Social Communication and a separate budget for Statements and School Action+.

There appeared to be a lack of support for children coming out of the Resource Base. This led to a tendency to keep children for longer. The school was happy to extend numbers to eight in the Resource Base, but this would put a strain on the SALT service. After leaving the Base children usually stayed in the mainstream school. There was a tendency to increase numbers in early years due to better diagnostic tools. There was an increase in the number of children with communication problems (difficulties in expressive and receptive language). Teachers and LSAs were reluctant to implement SALT programmes due to limited time and lack of training. Ideas for improvement included: involving health visitors in early identification of S&L problems; speeding up the process of referral and assessment and the

introduction of the intervention programme; providing SALT training for teachers, LSAs and parents; and ensuring that the SALT service would provide detailed instructions on how to implement programmes and regular monitoring.

There was further discussion about the Language Resource Base. The only provision within the borough for S&L difficulties was at Trinity School. They were resourced for six children over 12 years ago and plans were drawn up to extend this to eight but this was not implemented. The responsibility for funding this service has been transferred to individual schools. All children are statemented. The aim is to provide intensive therapy and then to transfer children to mainstream schools at some point during primary education. The SALT service is involved in admission. Staffing includes one day per week SALT, 1.5 days per week SALT Assistant, a whole time equivalent teacher and whole time equivalent LSA. There is an Outreach Team (eight people including 2-3 SALTs based in the Westbury Centre). Pupils spend most of the time in mainstream classes supported by the base teacher. Comments included the need to extend the Resource Base. At present it is too small for existing needs within the borough to be met. There was good communication with the Outreach Team. Some parents had difficulty in using resources provided for home. There was good use of school/home book. Regular termly and annual reviews took place. Advice and resources were provided for parents, mainstream teachers and LSAs. Coffee mornings were organised for parents. This provided an opportunity for advice, support and the exchanging of experiences among parents. There was no secondary S&L Base provision. Parents were advised to look at three different secondary learning bases (for learning difficulties e.g. Warren School), residential or special schools in neighbouring boroughs. Improvement ideas included extending the Resource Base by using the Outreach Team; and the setting up a secondary school Resource Base. A further idea was that there should be more independence in who is given a place in the Resource Base. At present the decision is made by the SEN with some input from the Resource Base.

References to the Language and Communication Team, based at Trinity School, the Advisory Social Communication Team and the Outreach Team (eight people including 2-3 SALTs based in the Westbury Centre) all refer to the same team, the two parts of the Community Inspection and Advisory Service (CIAS).

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THE EXECUTIVE

23 NOVEMBER 2004

REPORT OF THE DIRECTOR OF SOCIAL SERVICES

CHILDREN AND FAMILIES - FOSTERING AND ADOPTION		FOR DECISION
<p><i>This report concerns a policy issues within the remit of the Executive.</i></p> <p>Summary</p> <p>A ruling in the High Court in respect of payments made to Kinship Carers under Fostering Regulations necessitates a review of our current policy in this area together with our position on Supported Residence Orders/Special Guardianship.</p> <p>The introduction of the Adoption (Bringing Children into the UK) Regulations 2003 requires the Authority to confirm its position and policy in relation to applicants seeking to adopt children from overseas.</p> <p>Recommendations</p> <p>The Executive is asked to agree:</p> <ol style="list-style-type: none"> 1. The revised schedule of allowances for Kinship Carers and Supported Residence Orders/Special Guardianship in line with the minimum recommendations made by the Fostering Network; 2. The suggested policy in respect of applicants seeking to adopt children from overseas in line with the British Association for Adoption and Fostering recommended levels; and 3. The specific package of support outlined in 3.6 of this report, to enable the disabled looked after child PM to move from residential care into a family placement. <p>Reason</p> <p>Approval is sought for a specific package of care to enable a profoundly disabled looked after child to move from residential care into a family placement.</p>		
<p>Contact: Tolis Vouyioukas</p>	<p>Head of Children's Services</p>	<p>Tel: 020 8227 2832 Fax: 020 8227 5998 E-mail: tolis.vouyioukas@lbbd.gov.uk</p>
<p>Philip Segurola</p>	<p>Service Manager Looked After Children</p>	<p>Tel: 020 8227 5807 Fax: 020 8227 5998 E-mail: philip.segurola@lbbd.gov.uk</p>

1. Allowances for Kinship Carers and Supported Residence Orders/Special Guardianship

- 1.1 In common with other Local Authorities, Barking & Dagenham has applied a differentiated schedule of allowances for extended family members and friends who are approved under fostering regulations to care for a child who is already known to them. The authorised current level of allowance is £63.00 per week.
- 1.2 The Fostering Network is a national organisation that serves to promote the development of fostering services across the country. As part of their campaign to ensure consistency of care in the UK the Fostering Network undertake an annual Research Project, from which a minimum recommended schedule of allowances for fostered children is published. These recommended minimum allowances represent the basic cost of caring for a child without any reward element. The schedule is given as appendix A.
- 1.3 This general policy has been challenged in the Courts and a benchmark has been set by the ruling of a high court Judge Justice Munby, in a case brought against Manchester Council. Justice Munby ruled that Manchester had acted illegally in making unreasonable payments to extended family members caring for children who were in the care of the Local Authority. He considered this to be a breach of Article 8 of the Human Rights Act.
- 1.4 In the light of the Manchester ruling, legal advice has been sought from Counsel in this matter. Advice given is that our current policy would be viewed as illegal and be subject to Judicial Review.
- 1.5 As a result of legal challenges in recent Court cases, it has been necessary to agree exceptional additional payments for some Kinship Care arrangements, in line with the minimum recommended Fostering Allowance set by the Fostering Network. This position needs to be regularised and a revised Policy approved.
- 1.6 Legal advice has confirmed that a revision to payments made to Kinship Carers in line with the minimum levels recommended by the Fostering Network would be an acceptable position.
- 1.7 Allowances made to Kinship Carers have also been applied in relation to supported Residence Orders/Special Guardianship. This relates to cases where we agree to provide financial support to enable a Residence Order to be made out to an individual rather than a Care Order to the Local Authority.
- 1.8 It is to be stressed that the care of children within the extended family network is generally a private matter, which does not require the involvement or financial support of Social Services. Agreement to any form of financial support via Kinship Care approval under Fostering Regulations or a Supported Residence Order/Special Guardianship allowances is subject to robust gate-keeping and is only considered as a result of statutory intervention where children are subject to court proceedings or require safeguarding.
- 1.9 The additional costs associated with regularising the proposed enhancement will be £80K. This will be absorbed within the existing Placements budgets.

2. Policy for applicants seeking to adopt children from overseas

- 2.1 The changes brought about by the introduction of the Adoption (Bringing Children into the UK) Regulations 2003 now require that anybody seeking to adopt a child from abroad has to be formally assessed and approved by a registered Adoption Agency.
- 2.2 There is an expectation that all Adoption Agencies will charge for assessments undertaken in respect of people wishing to adopt children from overseas. The British Association for Adoption and Fostering (BAAF) recommend a fee in line with one third of their current inter agency fee of £11,656.
- 2.3 There is a need to confirm our policy in line with other Local Authorities, otherwise we risk being overwhelmed with requests for assessment from applicants across London and the South East.

3. Package of Support for Looked After Child PM

- 3.1 PM is one of four siblings on Full Care Orders to the local authority. PM is profoundly disabled as a result of injuries caused in part by parental neglect. The extent of brain injury means that PM is not weight bearing and is wheelchair dependent. PM is doubly incontinent with no speech and needs to wear a protective helmet to prevent self-injury.
- 3.2 Since coming into care initially in October 2001, PM has been placed in a specialist registered care home for disabled children. The annual cost of this placement is £110K. Whilst PM is well provided for within the care home, given PM's young age we have pursued a care plan to identify an appropriate long term foster family. The voluntary sector group Parents for Children were contracted for PM given their expertise in the permanent placement of disabled children.
- 3.3 Parents for Children have been successful in identifying an excellent family Mr and Mrs D. The family live in Surrey and have four children of their own one of whom is adopted. Mrs D in particular has considerable experience in caring for disabled children and they seem ideally suited to providing PM with a secure family placement into adulthood. Given the scale and complexity of PM's needs an extensive package of support is required before PM can be placed and approval is sought for this.
- 3.4 The full costs of the support package detailed below, whilst considerable, represent a one off cost which can be met from projected under-spends in the Placements budgets. Aside from the significant benefits for PM in being able to move from residential care into a family placement, it should be noted that the subsequent annual saving to the department will amount to approximately £84K per annum over the next nine years, even allowing for some element of respite to be provided.
- 3.5 We will enter into a formal legal agreement with Mr and Mrs D and Parents for Children in relation to the proposed package of care to safeguard PM and the Council's interests.

3.6 Care Package

3.6.1 Allowance

An enhanced fostering allowance of £500 per week is paid to Mr and Mrs D as an exceptional additional payment to reflect the level of PM's care needs and enable Mrs D to give up work to become a full time carer.

3.6.2 Transport

The family require a specialist adapted vehicle to transport themselves and PM together. Extensive research has been carried out by ourselves and Parents for Children as regards vehicles available under the government Motability scheme. Regrettably none of the vehicles under the scheme is suitable due to the size of the family. The only vehicle identified that can transport PM and the family safely is a Volkswagen Caravelle conversion which is not available under Motability.

It is therefore recommended that a one off interest free loans of £30,000 is made to Mr and Mrs D to enable them to purchase the necessary vehicle. The loan will be deducted at source at the rate of £116.50 per week over a subsequent five year period via the carers allowance.

The set of circumstances in this case are exceptional and we do not anticipate this to set a precedent for any further cases.

3.6.3 Set Up Grant

A one off payment of £500 is made for settling in costs.

3.6.4 Aids and Adaptations

PM requires the purchase of specialist equipment in relation to hoists, seating, a bed and showering facilities, the indicated costs of which will amount to approximately £14K. This will be funded from the existing Social Services revenue budget. Minor adaptations are also required to the property to provide a specialist en suite shower facility with overhead ceiling tracking hoist, and ramping and hard standing to the front of the house. Indicated costs for these works is approximately £10K to be funded via Social Services Choice Protects Government Grant.

As Mr D is in employment the family are unable to access a Disabled Facilities Grant without meeting the full costs themselves. It is therefore recommended that these costs are met by the Local Authority. The departmental contribution is thought reasonable as the intended adaptations will detract rather than add to the value of the property.

Fostering Network**Recommended minimum weekly allowance for Fostered Children**

Age	0-4	£127.31
	5-10	£145.15
	11-18	£180.75

An allowance is also recommended for holidays, birthdays and Christmas. Within Barking and Dagenham these payments are currently.

Holiday Grant	£200.00
Birthday Grant	£ 50.00
Festival Grant	£ 50.00

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