

Tees Valley Speech and Language Therapy Services Review: Survey Results

Christianne Ormston

Involvement and Engagement Lead

October 2024

**Better health
and wellbeing for all...**

Contents

Executive Summary.....	4
Professionals survey.....	4
Parents and Carers survey.....	5
Introduction	8
Project Overview.....	8
Methodology	8
Response rates.....	9
Notes on analysis.....	9
Professionals Findings	10
Q1. What area do you work in? (n=90)	10
Q2. Which service do you work within (n=91).....	10
Q3. What is your job role? (Open response) (n=87).....	11
Q4. How frequently would you say that you made a referral into the Children and Young People’s Speech and Language Service in Tees Valley? (n=91)	12
Q5. What is the primary reason for referring into the Children and Young People’s speech and language therapy service? (N=91)	12
Q6. How satisfied are you with the current referral process (n=90).....	13
Q7. Did you know about advice and information available online? (n=90).....	14
Q8. If you were aware of the online information, was it helpful to you? (n=56).....	14
Q9. What aspects (if any) of the referral process did you find most effective? (open response) (n=62).....	14
Q10. What challenges (if any) have you encountered through the referral process? (Open response) (n=58).....	15
Q11. Are there any specific improvements you would suggest to streamline the current referral process? (Open response) (n=47)	16
Q12. How would you rate the communication between your team and the Speech and Language Therapy service in Tees Valley if a referral is not accepted? (n=86).....	17
Q13. Please provide some further information to help explain your answer to question 12. (Open response) (n=68).....	17
Q14. What do you believe are the strengths of the Children’s Speech and Language therapy service in Tees Valley (Open response) (n=72)	18
Q15. What do you believe could be improved within the Children and Young People’s Speech and Language Therapy service in Tees Valley (Open response). (n=69)	19
Q16. Any other information, comments or suggestions (Open response) (n=26)	20
General reflections on any significant differences between the North of Tees Valley and the South of Tees Valley for professionals’ responses.	20
Parents and Carers Findings	21
Q1. Which area do you live in? (n=540).....	21
Q2. How old was your child at the time of referral? (n=540)	22
Q3. Why was your child referred to the Speech and Language Therapy Service? (Tick all that apply) (n=540).....	23
Q4. Who first recognised that your child might benefit from a referral into the Speech and Language Therapy Service? (n=540).....	24

Q5. If a professional referred your child, did they offer any information, guidance or support to you and your child, prior to making the speech and language therapy referral? (n=496).....	25
Q6. If you answered yes to Q5, what support did you receive? (n=278).....	25
Q7. How satisfied were you with the communication to and from the Speech and Language Therapy Service? (n=540).....	26
Q8. How long did you wait for an appointment (open response) (n=482)	27
Q9. Where did your child receive speech and language therapy services? (n=539)	28
Q10. Was the location of your appointment your preferred option? (n=528).....	28
Q11. Was your child's nursery or school setting involved in the therapy process at all? (n=532)	29
Q12. On a scale of 1 to 100 (1 being the least), how confident were you in supporting the needs of your child before seeing the speech and language therapy team? (n=531)	29
Q13. On a scale of 1 to 100 (1 being the least), how confident were you in supporting the needs of your child after seeing the speech and language therapy team? (n=525).....	30
Q14. On a scale of 1 to 100 (1 being the least), how satisfied were you with the service you and your child received from the speech and language therapy team? (n=516).....	30
Q15. If you scored less than 50 to Q12, can you tell us why? (n=211)	31
Q16. Do you agree with the following statement...The speech and language therapy team enabled me and my child's nursery/school to continue to support my child's needs in between appointments? (n=533).....	32
Q17. Is there anything else you would like to share about you and your child's experience of this service? (n=256)	32
General reflections on any significant differences between the North of Tees Valley and the South of Tees Valley for parent/carers responses.	33
Annex A.....	36
Parents and Carers Equality and Diversity Monitoring	36

Executive Summary

Patient engagement was undertaken during August, September and October 2024 to inform the development of a single Speech and Language Therapy Service across Tees Valley.

This was done via two online surveys, one for professional referrers, which resulted in 92 responses and one for parent and carers, which resulted in 541 responses. Limitations to the research methodology are acknowledged. This is due to this being reliant on input via survey only, online only access and reliance on service providers to promote the survey, or provide any support to people who are not able to engage digitally. It is also acknowledged that the time frame for involvement, over a key holiday period and then the initial return to school period, also provided challenges to encouraging responses.

Further participation was encouraged through extending the deadline for the survey for an additional 7 days, from 30 September to 7 October, to encourage education professionals to respond.

Key findings are outlined below:

Professionals survey

There were 92 responses to the professionals survey. This is a smaller number of responses but responses cover similar themes. This can be used to indicate some helpful trends and inform future changes to services.

Key findings are:

- 57% of the respondents (n=51) worked in Middlesbrough, 24% of the respondents (n=21) worked in Redcar and Cleveland, 11% of respondents (n=10) worked in Darlington, and 9% (n=8) worked in Stockton. No respondents worked in the Hartlepool area.
- Over half of the respondents worked within a school or nursery setting. 9% of respondents worked in Health Visiting (n=8), 8% (n=7) worked within youth justice, and 10 further respondents who responded 'other', worked in education (n=10). Other settings were also mentioned by other respondents.
- Professional referrers were asked to inform of their role in an open response question. 87 respondents gave 96 responses as some respondents had more than one role in relation to their work with children and young people. The majority of responses came from SENCOs (32), Teachers (15), and nursery teachers (10), followed by a range of roles supporting children and young people.
- 37% of respondents (n=34) referred into the service every 1-3 months. 24% (n=22) referred into the service once a month. 8% (n=8) referred into the service fortnightly, and 4% (n=4) referred once a week. 25% (n=23) responded 'other'.
- The majority of the respondents (59%, n=54) referred for delayed language development. The second most frequent reason was neurodiversity (13%, n=12), followed by speech sound difficulties (12%, n=11). Further less frequent reasons were also given.
- Professionals' satisfaction with the service was generally positive. 61% of respondents said they were satisfied with the current referral process (n=55), and 11% were dissatisfied with the referral process (n=10). 28% (n=25) were neither satisfied or dissatisfied.
- For those that were satisfied with the current referral process, key themes around reasons for satisfaction include a simple, online referral process, easy to complete, supportive competent therapists, quick response, and good communication and relationships.
- For those that had been dissatisfied, key themes were long waiting times, uncertainty about the referral process, not enough staff, slow service, lengthy paperwork, paper based/slow communication, and difficulties in having a referral accepted.
- 58% (n=52) said they knew about advice and information online. 42% (n=48) said no they did not. The significant majority of those that knew about it, found it helpful.

- The most effective aspects of the referral process were said to be that it was an easy form to use, easy to refer, good communication to and from the SALT team including email receipt of referral, and good support from the SALT team.
- The challenges of the referral process were long waiting times, difficulties with the referral form, poor communication/slow response times/not hearing back.
- Suggested improvements to the referral process included better communication between SALT and referrers, including updates on the process and the referral itself; digitise communication and email referrals, reduce waiting times, more positive triage and increased support while waiting.
- When rating the communication between their team and speech and language therapy teams in the event a referral isn't accepted, the majority of those responding thought it was excellent or good (72%, n=62).
- The strengths of speech and language service in Tees Valley were said to be good responsive communications which included email communication, website resources, use of QR codes and signposting; Friendly, approachable and consistent staff; Staff knowledge, experience and skill ; Multidisciplinary working including partnerships with schools; and Supportive to children, young people and families.
- When asked for more general improvements to the speech and language service in Tees Valley, themes included more therapists, reduced waiting times and earlier assessments, better communication with the referrer and other professionals, more frequent sessions, training for professionals, more support for families between sessions, updates on waiting lists, and reports which are shorter, available more quickly and available digitally/online with clear personalised targets.
- Respondents who had referred into the North Tees service (Darlington, Hartlepool and Stockton) were less satisfied than those who had referred into the South Tees service (Middlesbrough and Redcar). However, very low numbers mean that this is only an indication of a possible trend.

Parents and Carers survey

There were 540 respondents to the families and Carers survey. This is a good cohort in terms of numbers of responses, and they present useful findings in terms of patient voice and indicate trends and experiences with the service.

Key findings are:

- 30% of respondents (n=161) came from Middlesbrough, 25% (n=137) came from Stockton, 21% (n=111) came from Redcar and Cleveland, 13% (n=72) came from Darlington, and 11% (n=59) came from Hartlepool.
- 35% (n=187) responded that their child was 2-3 years old at the time of referral. 19% (n=101) responded that their child was 3-4 years, 16% (n=86) responded that their child was 18 months to 24 months, and 10% (52) responded 4-5 years. This shows that intervention in early years is very important.
- In response to the reason for their child's referral, 540 respondents gave 1068 responses, indicating the often multiple and complex issues impacting on individual children being referred into the Speech and Language Therapy service. 388 responses said delayed language development, 215 responses said speech sound difficulties, 143 responses said neurodiversity, 93 responses said learning difficulties and 80 responses said learning disabilities.
- Parents/carers were the main group who noticed their child would benefit from a Speech and Language referral- 328 responses said 'self', 150 responses said health visitor, 134 responses said nursery teacher, and 85 responses said 'school teacher/SENCO'. Again this highlights the importance of early years intervention.
- Prior to the referral being made, 49% of respondents said yes, they had information, guidance or support (n=245) and 51% of respondents said no, they did not (n=251).

- Those that did receive support prior to the referral, 39% (n=109) said that they received examples of activities and tasks that they could do at home, 32% (n=88) said that they had nursery/school based support, 12% (n=33) said that they had support from family hubs, 4% (n=12) said that they had support from group interventions such as Early Talk Boost, and 13% (n=36) said other.
- 46% of respondents (n=247) said that they were satisfied with the communication to and from the service. 20% were neither satisfied or dissatisfied (n=110) and 8% (n=43) said they were dissatisfied. A further 26% (n=140) said they were dissatisfied and provided details through comments in an open response. Key themes included no communication including a lack of letters, calls emails, chasing for appointments and difficult to get in touch with; no continuity in the service including gaps in sessions and a lack of follow on sessions; long wait times generally; appointments not frequent enough, and a lack of guidance and support.
- People were asked to tell us how long they waited for an appointment. 482 responses were received. Some people provided additional information to the response question. Therefore 496 comments were received. From these responses, 319 people quantified an approximate amount of time they waited for their first appointment. On average, people waited 33 and a half weeks for their first appointment, with the majority of people waiting 6 months (73 respondents) or between 4-12 weeks (70 respondents). However, a large number of people had been waiting for a year or more (87 respondents), with several respondents commenting that they had waited too long (42 respondents).
- 37% of respondents (n=198) said that their child received speech and language therapy services at school, 19% said a clinic (n=101) and 19% said at home (n=101). 22% (n=116) said 'other' and when this was analysed, 116 people made 180 comments. Of these, 76 identified where their child receives treatment, with two thirds (53) identifying more than one location. People were more likely to say that their child receives treatment at home (45 people) or at school (43 people). Furthermore, people told us their child received treatment at a clinic or hub (27 people) or at their child's nursery (24 people). Other locations mentioned included online, GP surgery, hospital or childminders.
- Respondents were asked if the location of the appointment was their preferred option. 86% (n=454) of respondents said yes, it was their preferred option. 5% (n=26) said no it was not their preferred option, and 9% (48 people), said no and offered further comment on why it was not their preferred option.
- 72% of respondents (n=383) said nursery or school were involved in the therapy process, and 28% (n=149) said no.
- Respondents said that on a scale of 1 to 100 (1 being the least), they would put their confidence in supporting the needs of your child **before** seeing the speech and language therapy team at 60 (n=531).
- Respondents said that on a scale of 1 to 100 (1 being the least), they would put their confidence in supporting the needs of your child **after** seeing the speech and language therapy team at 69(n=525).
- Respondents said that on a scale of 1 to 100 (1 being the least), they would put their satisfaction at 60 (n=516).
- For those that scored less than 50, the reasons given were lack of communication, lack of guidance and support to parents, poor quality of the service received, including views that some interventions were poor quality – noting that the phrase 'let down' emerged several times from different respondents; long waiting times after initial assessment; not enough appointments; and lack of consistency in the service.
- When asked to agree with following statement "The speech and language therapy team enabled me and my child's nursery/school to continue to support my child's needs in between appointments? (n=533), 49% (n=263) of respondents agreed with the statement. 29% (n=153) neither agreed or disagreed, and 22% (117 respondents) disagreed.
- When asked to give further reflections on the service, the key themes were positive about the service, negative about the service, Poor quality of the service, not enough appointments, Lack of guidance and support to parents, issue with frequency of appointments, poor communication, and experienced improvements in child.

- Attention was given to any significant differences emerging between the respondents from the two areas- North Tees and South Tees.
- 272 respondents came from Middlesbrough and Redcar and Cleveland, and, 268 respondents came from Stockton, Darlington and Hartlepool combined, showing an approximate balanced response from the North and South of the area.
- Generally, the responses show that the parents and carers who have accessed services in Middlesbrough and Redcar and Cleveland, have responded that they are:
 1. More supported prior to accessing services
 2. More confident in supporting their child before and after intervention from the speech and language therapy team
 3. More satisfied with the communication to and from the service,
 4. More satisfied with the service itself, and
 5. More supported by their education setting than parents who have accessed services in Darlington, Stockton and Hartlepool.

Introduction

Project Overview

North East and North Cumbria Integrated Care Board (NENC ICB) in Tees Valley is looking to commission a new service which intends to provide Speech and Language Therapy Services within a single contract throughout Tees Valley.

At the moment, services in Tees Valley are delivered through two separate contracts – one in the North of the area (covers Darlington, Stockton and Hartlepool), and one in the South of the area (covers Middlesbrough and Redcar and Cleveland).

NENC ICB, Middlesbrough, Redcar and Cleveland, Stockton, Hartlepool and Darlington Local Authorities have taken a whole system approach to speech, language and communication.

They share the vision that all children and young people have access to high quality support for speech and language and communication needs when and where they need it. Therefore, this specification, needs to be delivered within the context of this approach and work within a whole system response to need.

Much of the local Tees Valley development around earlier speech and language support has focused upon work within early years and primary school education settings. There is a future aspiration to support speech and language across all education settings including secondary schools. As part of the local transformation work 'Talks' programmes have and are establishing integrated speech language and communication pathways. This is referred to as the graduated response. These include key messages for practitioners across all disciplines and support parent carers with consistent approaches to communication.

Example of current initiatives locally which the service needs to consider; Accelerating progress for 3–4-year-olds, Improving communication skills for 2-year olds, and Early Language Support for Every Child.

The new service will look to work within the wider system and be flexible and innovative in ongoing approaches to speech language and communication needs. It will look to deliver a shared vision for speech and language across the Tees Valley area. It will provide leadership and guidance to the wider system, and deliver key components of a Speech and Language Therapy Service.

In order to inform this new service, we asked for views on the current service. This helps understand the needs and requirements of service users, parents, carers and families, alongside professionals working within the service and those professionals referring into the service.

The Speech and Language Therapy Service (covering Stockton, Hartlepool and Darlington) will end on 31 March 2025. The service that covers Middlesbrough and Redcar and Cleveland, which is jointly commissioned with Local Authorities and through education, also ends on 31 March 2025.

There is an opportunity to bring together a Tees Valley wide service.

The Involvement and Engagement Team were asked to engage with parents, carers and professionals to ask their views and experiences. These views will be used to shape the new service.

Methodology

Two separate online surveys was designed and open in August with an email sent across commissioner and involvement networks on 22 August 2024. The email contained a link to the survey. The survey was also promoted on the ICB website involvement pages. The survey was open until 30th September 2024. This was then extended to 7th October 2024.

When considering the results, it should be noted that there are some limits to the research methodology. The survey was delivered on-line only, and communications came via the current service provider and commissioners. As such, people who are not able to engage online would lead to feedback may not have been captured. See notes on analysis below for further information on this.

Despite the limitations around sole reliance on surveys as a methodology, the response rates are good and the findings do offer some interesting insight which may help to inform future service development.

Response rates

Responses were received from 92 professionals and 540 parent/carers. The numbers of children seen by the service in Teesside are not collected but the numbers of contacts are (and these may be multiple contacts for a single child).

The contact figures for the service are:

2021/22 – 40,580

2022/23 – 40,600

2023/24 – 34,802

Notes on analysis

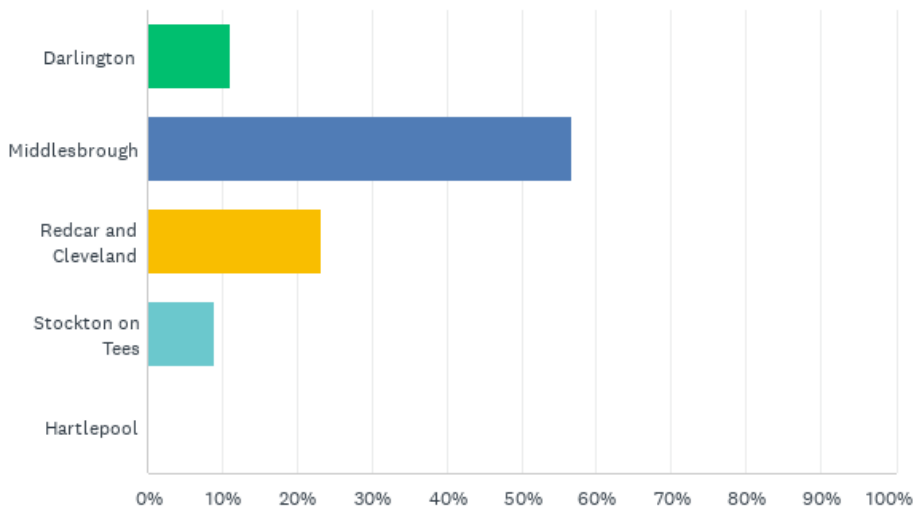
The number (n) of respondents to each question is displayed in brackets throughout the report and it is important to note that where n is low, percentages need to be considered with caution. Despite low numbers in places, the responses do offer some insight.

Open ended questions were coded into themes as far as possible and have been presented with illustrative quotes throughout.

Professionals Findings

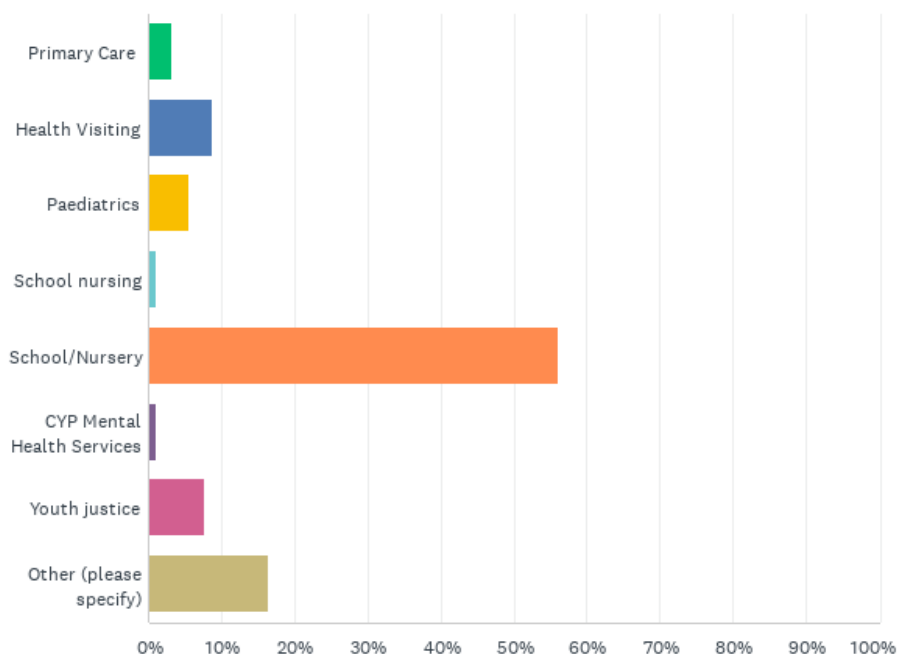
Q1. What area do you work in? (n=90)

57% of the respondents (n=51) worked in Middlesbrough, 24% of the respondents (n=21) worked in Redcar and Cleveland, 11% of respondents (n=10) worked in Darlington, and 9% (n=8) worked in Stockton. No respondents worked in the Hartlepool area.



Q2. Which service do you work within (n=91)

Overall, 56% of respondents (n=51) worked within a school or nursery setting. 9% of respondents worked in Health Visiting (n=8), 8% (n=7) worked within youth justice, and 10 further respondents who responded 'other', worked in education (n=10). The full breakdown can be found below.



Service	Number of responses	Percentage
School/nursery	51	56%
Education	11	13%
Health Visiting	8	9%
Youth Justice	7	8%
Paediatrics	5	5%

Service	Number of responses	Percentage
Primary care	3	3%
CYP Mental Health Services	2	2%
School nursing	1	1%
Sensory Support Service	1	1%
Early Years	1	1%
Foster Carer	1	1%

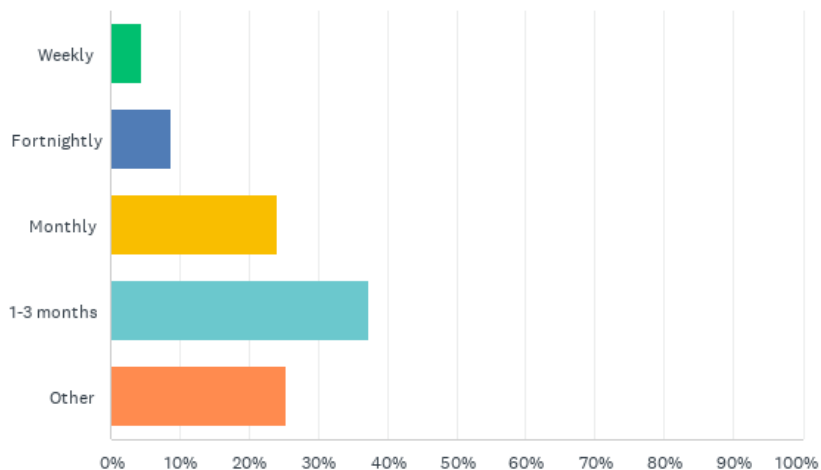
Q3. What is your job role? (Open response) (n=87)

Professional referrers were asked to inform of their role in an open response question. 87 respondents gave 96 responses as some respondents had more than one role in relation to their work with children and young people. The majority of responses came from SENCOs (32), Teachers (15), and nursery teachers (10), followed by a range of roles supporting children and young people.

What's your role?	Number of responses
Teacher	15
SENCO	32
SEND Practitioner	8
Operations/Case Manager	6
Youth Justice Professional	1
Advanced Clinical Practitioner	2
Teacher of Deaf children and young people	3
Teacher of the visually impaired	1
Health Visitor	6
Nursery Teacher	10
Other	12
Total	96

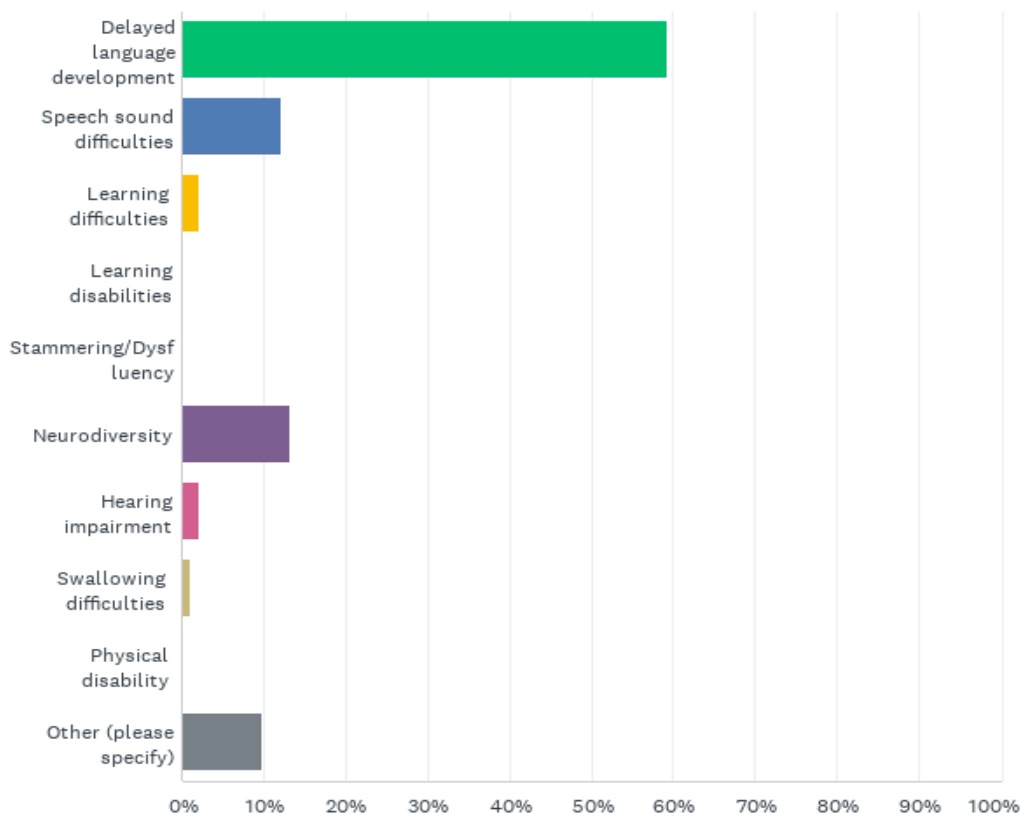
Q4. How frequently would you say that you made a referral into the Children and Young People's Speech and Language Service in Tees Valley? (n=91)

37% of respondents (n=34) referred into the service every 1-3 months. 24% (n=22) referred into the service once a month. 8% (n=8) referred into the service fortnightly, and 4% (n=4) referred once a week. 25% (n=23) responded 'other'.



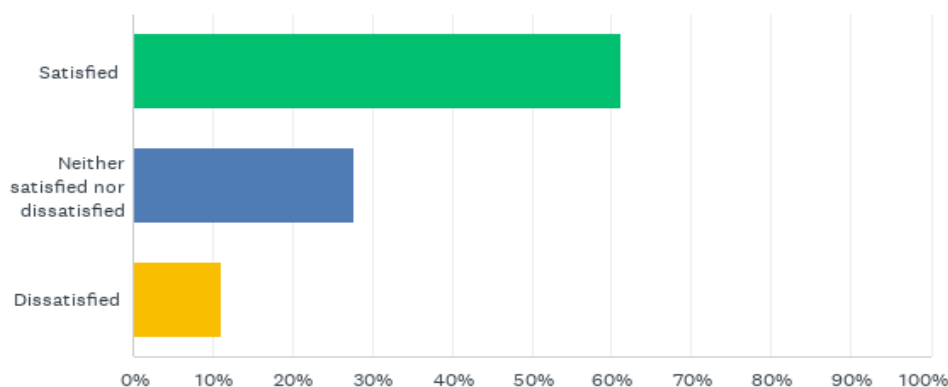
Q5. What is the primary reason for referring into the Children and Young People's speech and language therapy service? (N=91)

The majority of the respondents (59%, n=54) gave the reason as delayed language development. The second most frequent reason was neurodiversity (13%, n=12), followed by speech sound difficulties (12%, n=11). Those that chose 'other' said that it was for multiple combinations of the reasons already listed.



Q6. How satisfied are you with the current referral process (n=90)

Overall, 61% of respondents said they were satisfied with the current referral process (n=55), and 11% were dissatisfied with the referral process (n =10). 28% (n=25) were neither satisfied or dissatisfied.



Respondents were asked to comment on their reason for their response in an open comments section. There were 57 respondents and 106 responses. A number of themes emerged which have been quantified by the number of times they were mentioned.

For those that were satisfied with the current referral process, key themes are a simple, online referral process, easy to complete (24 responses), supportive competent therapists (15 responses), quick response (14 responses), and good communication and relationships (13 responses).

“Quick response back on the whole. Helpful communication if I make enquiries, SALT therapists have been supportive and made timely communications when I have contacted them”.

“The forms are accessible and clear for parents and professionals to complete. Children are then seen promptly for initial assessment and professionals support me as a teacher in supporting the children.”

For those that had been dissatisfied, key themes were long waiting times (n=13), uncertainty about the referral process (n=7), not enough staff (n=4), slow service, lengthy paperwork, paper based/slow communication (n=4), and difficulties in having a referral accepted (n=4).

“I think that Speech and Language Services are very understaffed which impacts on the referral and intervention process.”

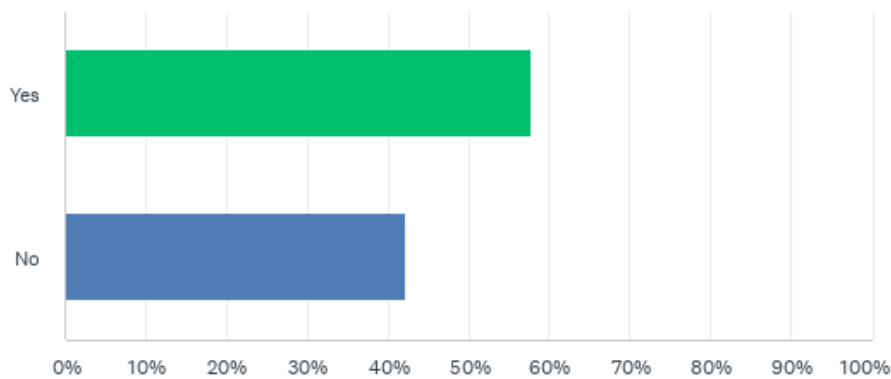
“Lengthy paperwork, lack of clear and timely communication from service, paper based responses, incredibly slow service”.

Theme	Number of times it was mentioned
Waiting times	13
Not enough staff	4
Effective Screening	3
Quick response	14
Simple online referral process, easy to complete	24
Check where referral is at and waiting time	2
Good communication and relationships	13
Difficulties in having a referral accepted	4
General additional support in schools needed	3

Theme	Number of times it was mentioned
Uncertainty about the referral process	7
Slow service, lengthy paperwork, paper based/slow communication	4
Supportive, competent therapists	15
Total responses	106

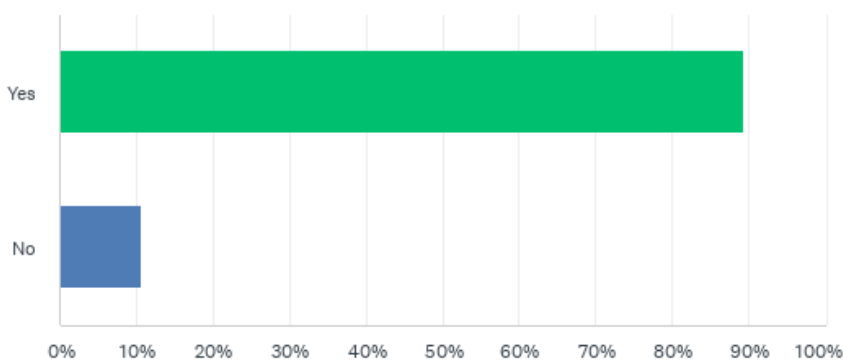
Q7. Did you know about advice and information available online? (n=90)

58% (n=52) said that yes they did know about advice and information online. 42% (n=48) said no they did not.



Q8. If you were aware of the online information, was it helpful to you? (n=56)

Of those that responded, 89% (n=50) said yes it was, and only 11% said no (n=6).



Q9. What aspects (if any) of the referral process did you find most effective? (open response) (n=62)

There were 62 respondents to this question and 92 responses. Key themes to emerge were that it was an easy form to use (20 responses), easy to refer (13 responses) through the online form (11 responses). Good communication to and from the SALT team including email receipt of referral (18 responses) and general good support from the SALT team pre and post referral (16 responses).

“Easy to refer and have a good working relationship with the Speech and Language therapy team”.

“Forms are straight forward to fill in”.

“Once a referral has been made it is helpful to have the acknowledgement email”.

Theme	Number of times it was mentioned
Assessments and Triage	4
General support and advice from the SALT Team pre and post referral	16
Easy to refer	13
Easy form to use	20
Good communication to and from the SALT team including email receipt of referral	18
Online form	11
Screening tool	3
Timely responses and appointments	2
Inclusion of parents in schools’ approach to therapy	2
Not sure	1
Being able to identify concerns with the children within the referral form	1
Nothing	1
Total	92

Q10. What challenges (if any) have you encountered through the referral process? (Open response) (n=58)

58 respondents responded with 64 responses. Key themes included waiting times (17 responses), difficulties with the referral form (11 responses), poor communication/slow response times/not hearing back (5 responses). 17 responses also mentioned that there were no challenges, indicating that they had been satisfied with the service received.

“The current time scale of the referral process from the referral being in place to the child being observed. I have previously referred a child to speech and language, and they have left for school nursery before we have had acknowledgment of the referral”.

“The referral form formatting is not always user-friendly (eg boxes to add in dates that are not text boxes)”.

“None so far”.

Theme	Number of times it was mentioned
Waiting times	17
None (no challenges)	17
Other organisations’ staff not having the skills or experience to support SALT interventions	2
Inappropriate intervention	2
Difficulties with the referral form	11
Paper based responses/reports rather than digitised	2
Poor communication/slow responses/not hearing back	5
Other	8

Theme	Number of times it was mentioned
Total	64

Q11. Are there any specific improvements you would suggest to streamline the current referral process? (Open response) (n=47)

47 respondents gave 50 comments. Key themes to emerge included better communication between SALT and referrers, including updates on the process and the referral itself (10 responses), digitise communication and email referrals (8 responses), reduce waiting times (4 responses), more positive triage and support while waiting (3 responses). The majority of those who responded said no specific improvements to suggest (16 responses), indicating that they were satisfied with the current referral process.

“An update on process as families often ask us to chase this up”.

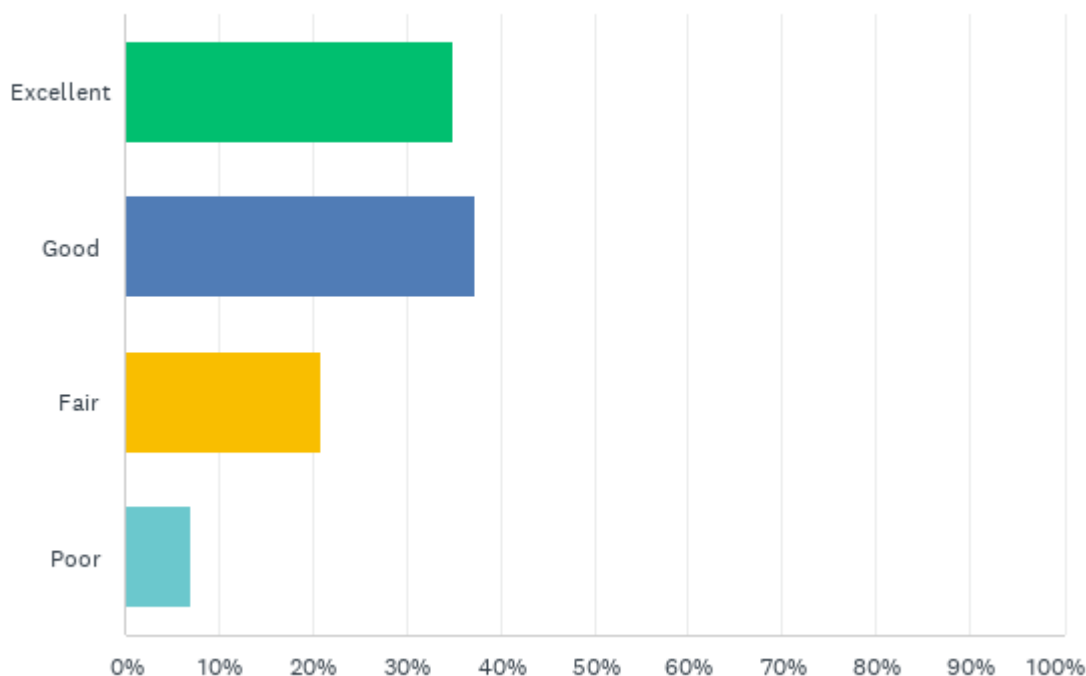
“Reduce waiting times”.

“Online portal for referral , please email reports to us rather than post”.

Theme	Number of times it was mentioned
None	16
Better communication between SALT and referrers/updates on process and the referral	10
Digitise communication and email referrals	8
Reduce waiting times	4
Revise online referral form	4
More supportive triage/supported waiting period and screening prior to referral	4
Other	4
Total	50

Q12. How would you rate the communication between your team and the Speech and Language Therapy service in Tees Valley if a referral is not accepted? (n=86)

35% of those that responded (n=30), rated the communication as excellent. 37% (n=32) responded that it was good, 21% (n=18) that it was fair, and 7% (n=6) responded that it was poor, showing that the majority of those responding thought it was excellent or good (72%, n=62).



Q13. Please provide some further information to help explain your answer to question 12. (Open response) (n=68)

Respondents were asked to provide further information to explain their responses on the communication between their team and SALT when a referral was not accepted.

There were 68 respondents who have 83 responses. Positive key themes included good communication, advice and support at different stages of the referral process (34 responses), referrals always or nearly always accepted (10 responses), good co-operation across and between multi disciplinary teams (8 responses), thorough assessments undertaken (2 responses).

“I have been able to discuss the referral with a member of the SLT team to review if more information is needed.”

“Requests for information are responded to quickly, a multidisciplinary approach is adopted between services, to effectively meet children's needs”.

“All our referrals are accepted”.

A number of key themes were also raised by those who had experienced issues, including issues with communication including delays in receiving reports (13 responses), gaps in communication between services and with parents (10 responses), referral wait times too long (3 responses), delayed paper based responses (2 responses) and uncertainty on where to go if SALT unable to help (1 response).

“Reports sometimes take a while to be sent out”.

“School often receive responses much later than parents so communication between school and parents can appear inconsistent”.

“Slow responses, paper based responses, long referral times”.

Theme	Number of times it was mentioned
Good communication, advice and support at different stages of the referral process	34
Referrals always or nearly always accepted	10
Good cooperation across and between multi disciplinary teams	8
Thorough assessments undertaken	2
Issues with communication including delays in receiving reports	13
Gaps in communication between services and with parents	10
Referral wait times too long	3
Delayed paper based responses	2
Uncertainty on where to go if SALT unable to help	1

Q14. What do you believe are the strengths of the Children’s Speech and Language therapy service in Tees Valley (Open response) (n=72)

There were 72 respondents to this question and 125 responses. Key themes included good responsive communications which included email communication, website resources, use of QR codes and signposting (22 responses); Friendly, approachable and consistent staff (20 responses); Staff knowledge, experience and skill (16 responses); Multidisciplinary working including partnerships with schools (18 responses); Supportive to children, young people and families (14 responses).

“Very good communication, forward reports to all professionals, very good at referring to us, very committed team”.

“A friendly, knowledgeable team who are very hard working and approachable and proactive”.

“The quality of the therapists who come into school is excellent. They often go above and beyond to help our children, advise staff and support families”.

Theme	Number of times it was mentioned
Good responsive communications, including email communication, website resources, use of QR codes and signposting	22
Friendly approachable and consistent staff	20
Staff knowledge, experience and skill	16
Multidisciplinary working including partnerships with schools	18
Supportive to children, young people and families	14
Good support and advice	10
Sharing of resources	4
Provision of therapy plans/feedback/detailed reports with useful recommendations and targets	11

Theme	Number of times it was mentioned
Supportive to schools and other educational settings	6
Easy referral process	1
Other	3
Total	125

Q15. What do you believe could be improved within the Children and Young People’s Speech and Language Therapy service in Tees Valley (Open response). (n=69)

69 respondents gave 94 responses. Themes included more therapists (20 responses), reduced waiting times and earlier assessments (18 responses), better communication with the referrer and other professionals (12 responses), more frequent sessions (9 responses), training for professionals (6 responses), more support for families between sessions (4 responses), updates on waiting lists (4), and reports which are shorter, available more quickly and available digitally/online with clear personalised targets (4).

“More therapists so children are seen quicker and more frequently”.

“Reduce the waiting lists, better communication with the referrer with regards to outcomes/suggestions”.

“At times the gap between sessions is too long”.

Theme	Number of times it was mentioned
More support for families between sessions	4
Filling vacancies and reducing turnover of therapists	3
More therapists	20
More frequent sessions	9
Training for professionals	6
Early years support	2
Better communication with the referrer and other professionals	12
Reduced waiting times/earlier assessments	18
Improved resources and online access to resources	3
Improved reports, shorter, available more quickly and available digitally/online with clear personalised targets	4
Updates on waiting lists	4
Nothing	3
Capacity to deliver more specialise therapy for the deaf	2
Other: including:	
More access for Children and Young People on the Neurodiversity Pathway	1
Access to SALT within the youth justice system	1
Address confusion over opt in letter	1
Not sure	1
Total	94

Q16. Any other information, comments or suggestions (Open response) (n=26)

26 respondents made 28 responses. The key themes were recognising the value of the service and named individual therapists (9 responses), No (no further suggestions) (7 responses), more therapists needed including those working in neurodiversity (2 responses), and communication with the families to see how things are going (2 responses).

“We have some great partnerships with some of your professionals which results in extremely good joined up working - when it works well it is excellent”.

“No-thank you I know there are a lot of patients and no shows and complexities and I do think the service aims to do their best”.

“More SaLT’s needed as the need continues to grow rapidly, including neuro needs where specialist advice is required”.

Theme	Number of times it was mentioned
No	7
Recognising the value of the service and named individual therapists	9
More therapists needed – including those working in neurodiversity	2
Communication with the families to see how things are going	2
Role modelling of strategies for parents	1
Good communication including reports	1
Reports sent digitally	1
Therapists observing in school	1
Good partnership working across organisations	1
Urgent cases need a faster approach	1
Reduce waiting times	1
More training for professionals in the referral process	1
Total	28

General reflections on any significant differences between the North of Tees Valley and the South of Tees Valley for professionals’ responses.

As this work is to inform a single service across Tees Valley, bringing together 2 services currently operating in the North (Darlington, Hartlepool and Stockton) and the South (Middlesbrough and Redcar) of the area, attention was given to any significant differences emerging between the respondents from the two areas.

For professionals, as the number of respondents was relatively small (92) and didn’t include any respondents from the Hartlepool area, only potential trends could be feasibly identified.

When asked what area people worked in (n=90) 18 respondents were from Darlington and Stockton, and 72 respondents were from Middlesbrough and Redcar.

When asked Q6. How satisfied are you with the current referral process (n=90), 46 (65%) respondents from Middlesbrough and Redcar said they were satisfied, 18 (25%) were neither satisfied or dissatisfied, and 7 (10%) were dissatisfied.

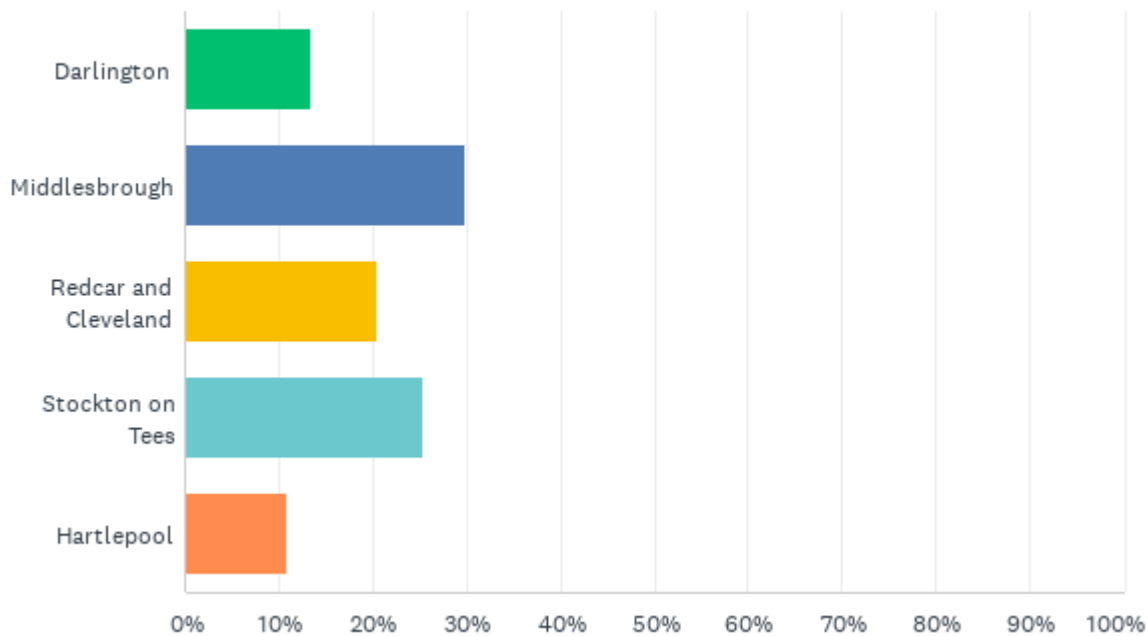
8 respondents (44%) from Darlington and Stockton said they were satisfied, 7(39%) said they were neither satisfied or dissatisfied, and 3 (17%) were dissatisfied.

This shows that respondents who had referred into the North Tees service (Darlington, Hartlepool and Stockton) were less satisfied than those who had referred into the South Tees service (Middlesbrough and Redcar). Low numbers mean that this shows a potential trend but no conclusions can be drawn.

Parents and Carers Findings

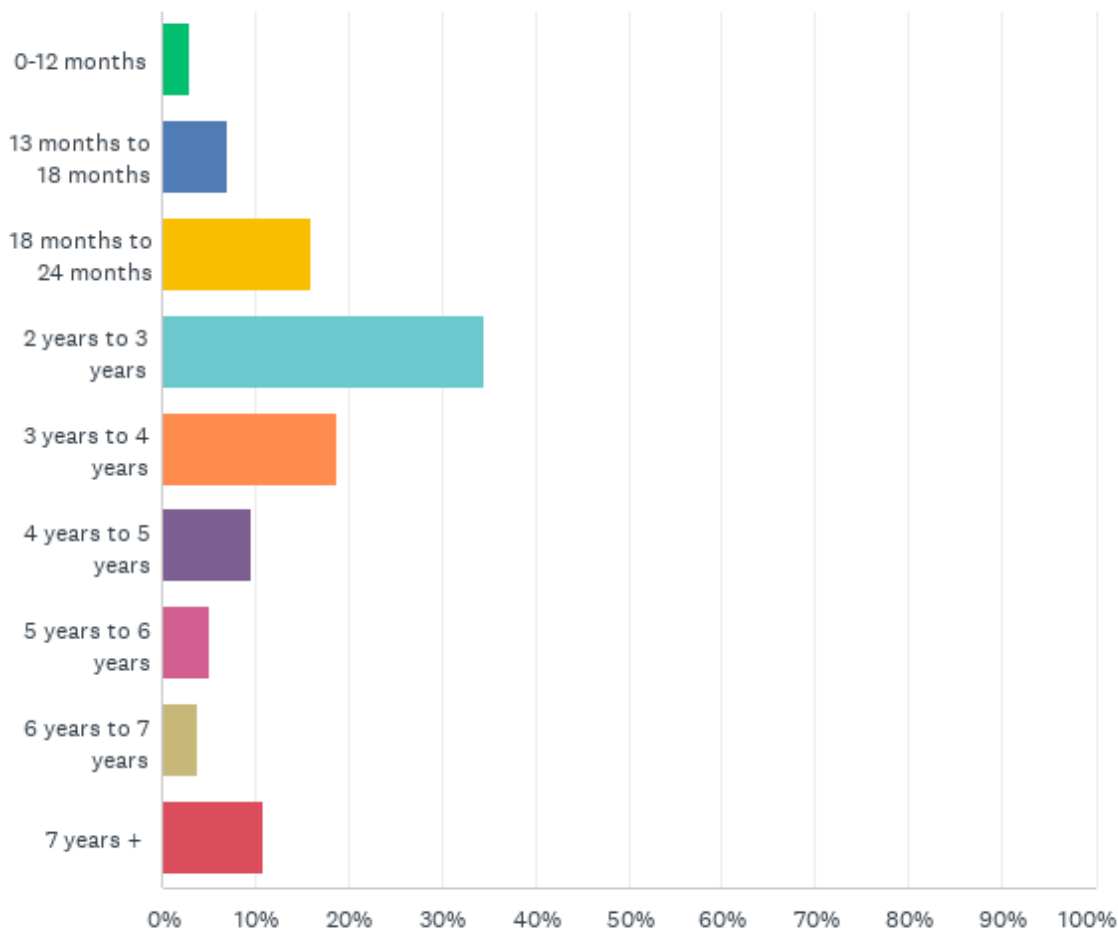
Q1. Which area do you live in? (n=540)

30% of respondents (n=161) came from Middlesbrough, 25% (n=137) came from Stockton, 21% (n=111) came from Redcar and Cleveland, 13% (n=72) came from Darlington, and 11% (n=59) came from Hartlepool.



Q2. How old was your child at the time of referral? (n=540)

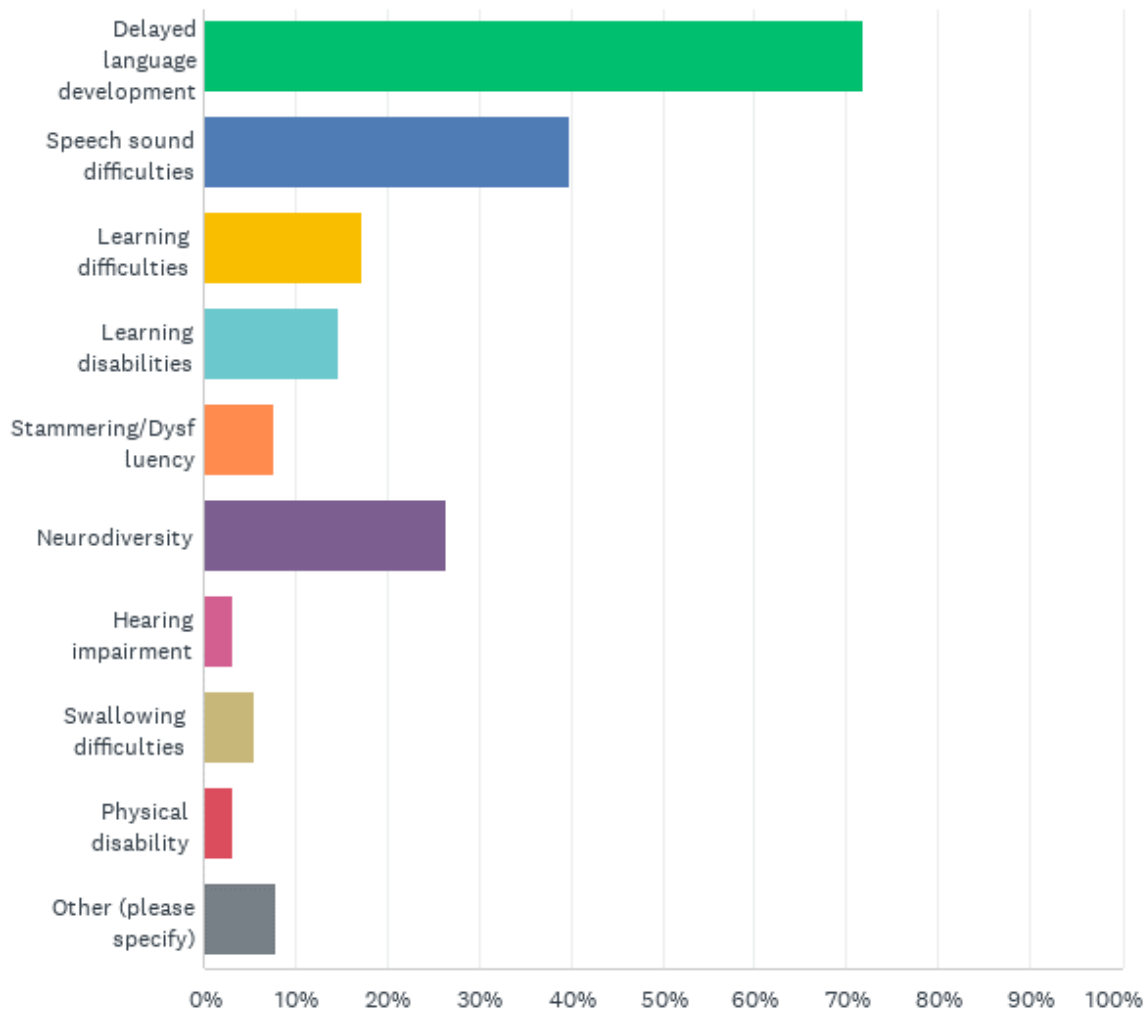
35% (n=187) responded that their child was 2-3 years old at the time of referral. 19% (n=101) responded that their child was 3-4 years, 16% (n=86) responded that their child was 18 months to 24 months, and 10% (52) responded 4-5 years. This shows that intervention in early years is very important. However, an outlier to this was 11% (n=59) who responded that their child was 7+ years at the time of referral.



Q3. Why was your child referred to the Speech and Language Therapy Service? (Tick all that apply) (n=540)

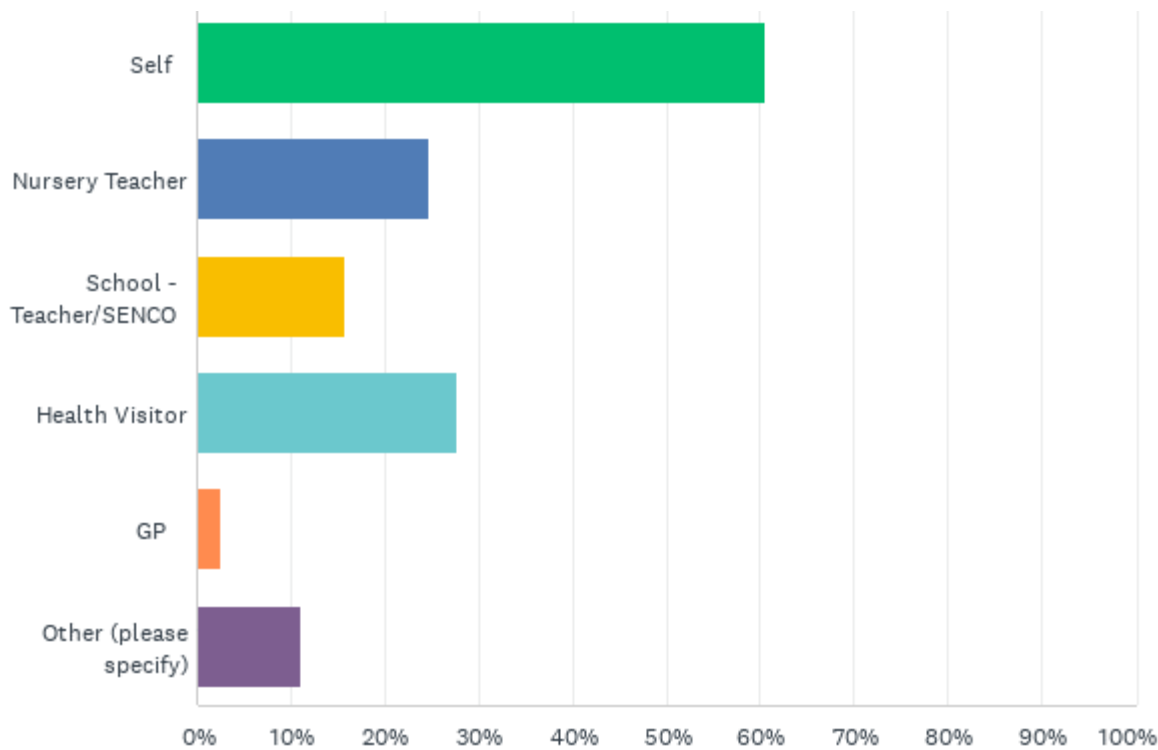
540 respondents gave 1068 responses, indicating the often multiple and complex issues impacting on individual children being referred into the Speech and Language Therapy service. 388 responses said delayed language development, 215 responses said speech sound difficulties, 143 responses said neurodiversity, 93 responses said learning difficulties and 80 responses said learning disabilities.

43 respondents said 'other' and analysis of the comments shows that those 43 respondents made 53 responses. The main reason for other referrals into the service was autism or suspected autism (14 and 3 responses respectively). 16 responses identified communication barriers such as their child being non verbal (7 responses), communication or language barriers (6 responses), or that their child had stopped speaking or had mutism (3 responses).



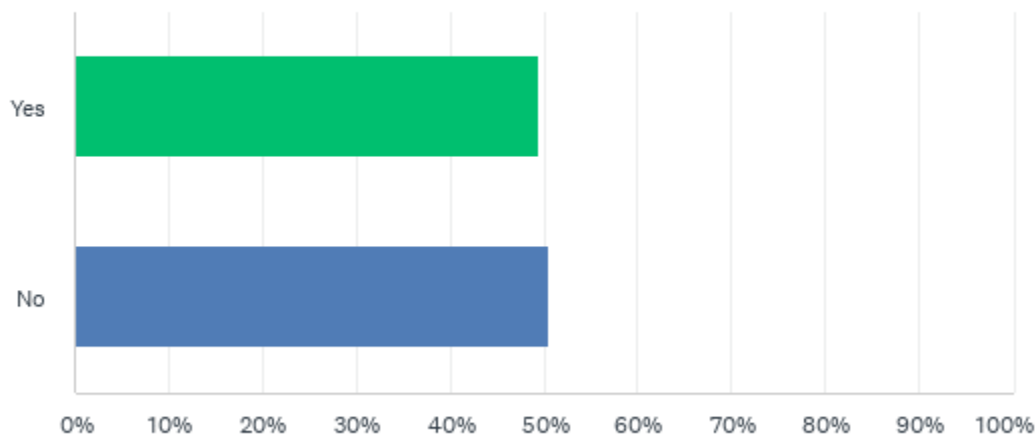
Q4. Who first recognised that your child might benefit from a referral into the Speech and Language Therapy Service? (n=540)

540 respondents made 771 responses. 328 responses said 'self', 150 responses said health visitor, 134 responses said nursery teacher, and 85 responses said 'school teacher/SENCO'. Again this highlights the importance of early years intervention. For those that responded 'other', 26 of those responses were related to a hospital-based intervention from a paediatrician, consultant, physiotherapist or other hospital based clinician.



Q5. If a professional referred your child, did they offer any information, guidance or support to you and your child, prior to making the speech and language therapy referral? (n=496)

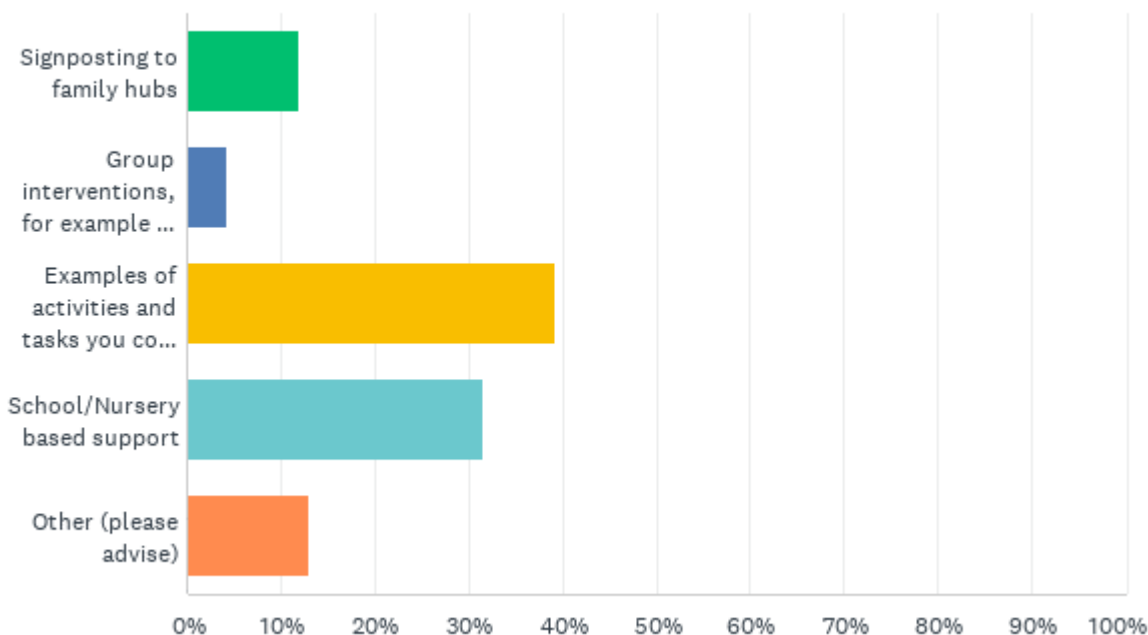
49% of respondents said yes, they had information, guidance or support (n=245) and 51% of respondents said no, they did not (n=251).



Q6. If you answered yes to Q5, what support did you receive? (n=278)

39% of those that responded (n=109) said that they received examples of activities and tasks that they could do at home, 32% (n=88) said that they had nursery/school based support, 12% (n=33) said that they had support from family hubs, 4% (n=12) said that they had support from group interventions such as Early Talk Boost, and 13% (n=36) said 'other' and were asked to provide a response in open text.

In total 36 people made 40 responses. The majority of people (10 responses) said that they received no additional information, guidance, or support, and 7 responses were from people who were referred to another service.



Q7. How satisfied were you with the communication to and from the Speech and Language Therapy Service? (n=540)

46% of respondents (n=247) said that they were satisfied with the communication to and from the service. 20% were neither satisfied or dissatisfied (n=110) and 8% (n=43) said they were dissatisfied. A further 26% (n=140) said they were dissatisfied and provided details through comments in an open response.

140 respondents gave 286 comments. Key themes included no communication including a lack of letters, calls emails , chasing for appointments and difficult to get in touch with (95 responses), No continuity in the service including gaps in sessions and a lack of follow on sessions (37 responses), long wait times generally (29 responses), appointments not frequent enough (25 responses), and a lack of guidance and support (22).

“Long waiting time, appointment letter sent out with little notice, follow up letter not consistent with discussion at meeting and revisit didn’t take place when advised it would.”

“There has been very little communication. We went nearly 1 year without any communication despite chasing and we have had no further update in 8 months despite being told we would be given more information and sessions would be put in place at school. The service has not been great since referral.”

“Not getting any support whatsoever”.

Theme	Number of times it was mentioned
No communication including a lack of letters, calls, emails; chasing for appointments; difficult to get in touch with	95
Long wait (generally)	29

Theme	Number of times it was mentioned
No continuity in the service , including gaps in appointments, lack of follow on sessions	37
Appointments not frequent enough	25
Difficulty in getting an appointment	10
Not enough therapists	8
Waiting time for an initial appointment	13
Incorrect assessment	2
Not received a report	4
Focused on assessment rather than intervention	2
Lack of guidance and support	22
Impersonal service, lack of involvement with the family, didn't feel heard as a family	7
No improvements	12
Not very organised	13
Other – general dissatisfaction with the service	7
Total	286

Q8. How long did you wait for an appointment (open response) (n=482)

People were asked to tell us how long they waited for an appointment. 482 responses were received. Some people provided additional information to the response question. Therefore 496 comments were received.

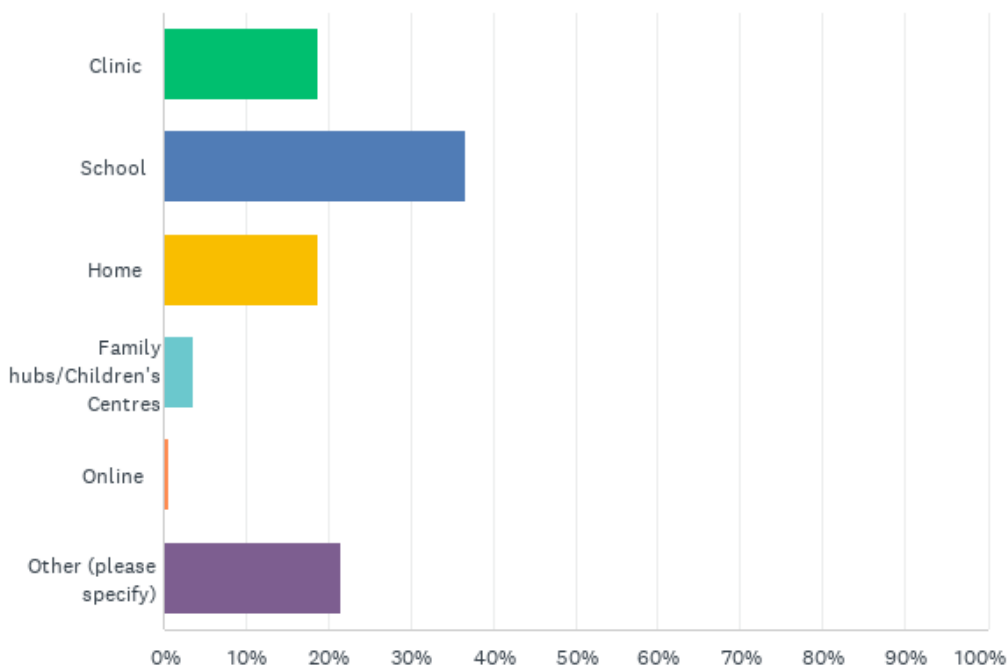
From these responses, 319 people quantified an approximate amount of time they waited for their first appointment. On average, people waited 33 and a half weeks for their first appointment, with the majority of people waiting 6 months (73 respondents) or between 4-12 weeks (70 respondents). However, a large number of people had been waiting for a year or more (87 respondents), with several respondents commenting that they had waited too long (42 respondents).

Amount of time	Numbers of responses
Can't remember/Unknown	58
A long time/months/years/more than 5 years	42
Not long/weeks	33
Still waiting	22
N/A Other	8
Too long between appointments after initial appointment	4
Delayed due to covid	3
Negative comment about service	3
Total	177
2 weeks – 4 weeks	20
4-12 weeks/a few weeks	70
Over 3 months – under 6 months	40
6 months	73
6-11 months/few months	29
A year	32
More than a year, less than 2 years	39
2-3 years	16

Amount of time	Numbers of responses
Total	319
Average	33.5 weeks

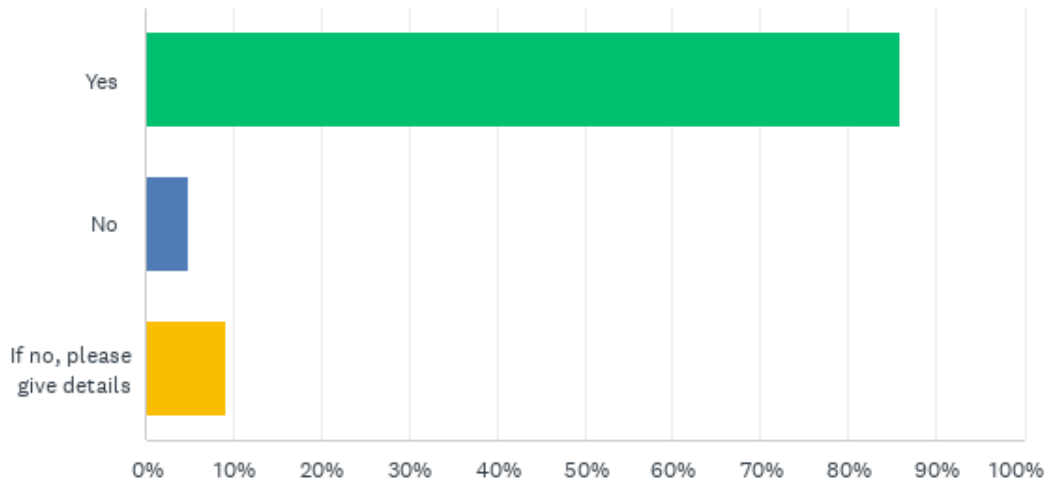
Q9. Where did your child receive speech and language therapy services? (n=539)

37% of respondents (n=198) said that their child received speech and language therapy services at school, 19% said a clinic (n=101) and 19% said at home (n=101). 22% (n=116) said 'other' and when this was analysed, 116 people made 180 comments. Of these, 76 identified where their child receives treatment, with two thirds (53) identifying more than one location. People were more likely to say that their child receives treatment at home (45 people) or at school (43 people). Furthermore, people told us their child received treatment at a clinic or hub (27 people) or at their child's nursery (24 people). Other locations mentioned included online, GP surgery, hospital or childminders.



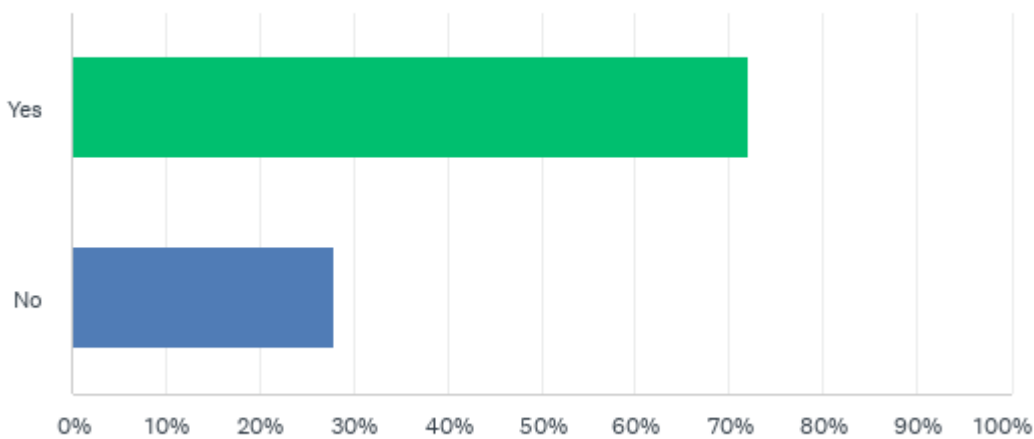
Q10. Was the location of your appointment your preferred option? (n=528)

86% (n=454) of respondents said yes, it was their preferred option. 5% (n=26) said no it was not their preferred option, and 9% (48 people), said no and offered further comment on why it was not their preferred option. There were 55 responses. Key themes included not given a choice (22 responses), unsuitable environment for an appointment (10 responses), no appointment received (7 responses), home would be preferable (6 responses), not applicable (it is unclear if this includes people who haven't received appointments yet, 5 responses), only option during Covid (2 responses), and other (3 responses).



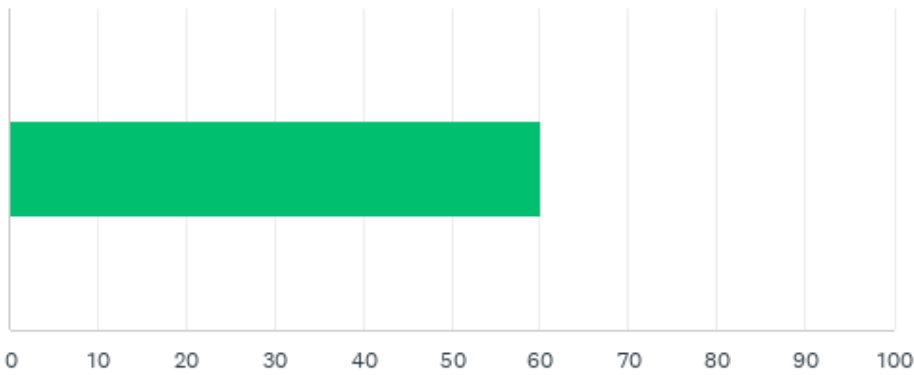
Q11. Was your child’s nursery or school setting involved in the therapy process at all? (n=532)

72% of respondents (n=383) said yes, nursery or school were involved in the process, and 28% (n=149) said no.



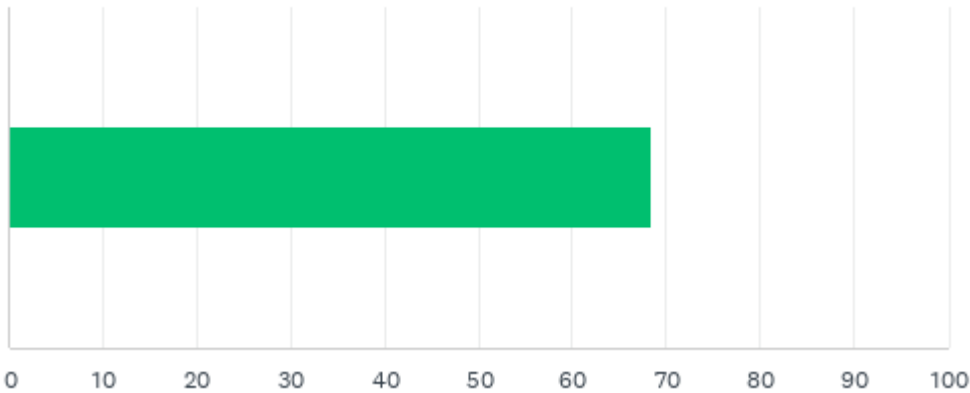
Q12. On a scale of 1 to 100 (1 being the least), how confident were you in supporting the needs of your child before seeing the speech and language therapy team? (n=531)

The average score from 531 respondents was 60 out of 100.



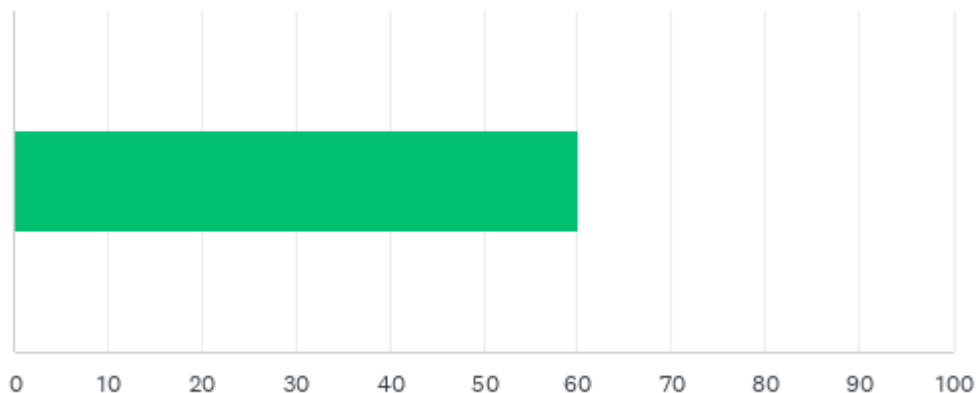
Q13. On a scale of 1 to 100 (1 being the least), how confident were you in supporting the needs of your child after seeing the speech and language therapy team? (n=525)

The average score from 525 respondents was 69 out of 100. Increasing from before the speech and language intervention by 9 points.



Q14. On a scale of 1 to 100 (1 being the least), how satisfied were you with the service you and your child received from the speech and language therapy team? (n=516)

The average score from 516 respondents was 60 out of 100.



Q15. If you scored less than 50 to Q12, can you tell us why? (n=211)

211 respondents gave 485 responses about why they could not score more than 50 out of 100 for Q12. Some of the dominant key themes to emerge were: Lack of communication (80 responses), lack of guidance and support to parents (79 responses); poor quality of the service received, including views that some interventions were poor quality (59 responses) – noting that the phrase ‘let down’ emerged several times from different respondents; long waiting times after initial assessment (47 responses); not enough appointments (46 responses); and lack of consistency in the service (36 responses).

“Offered 3 appointments. Staff off sick then no follow up for months and months. Rang a few times and got told people would ring me back and didn’t. Eventually went out when EHCP was involved.”

“There wasn’t any communication at all from nursery or speech and language to let me know how he was getting on I waited 6 months for a letter”.

“I had no support in what I could do at home”

“The people involved were nothing but lovely and have us some good advice but there was not enough appointments to actually make any significant difference. 1 appointment every 6 months to just sit and observe and play with the child doesn’t really help their speech and language at all. But got given some good advice and people were lovely. Just lack of consistency.”

“The waiting time for the assessment appointment was too long then the waiting time from assessment to treatment was even longer.”

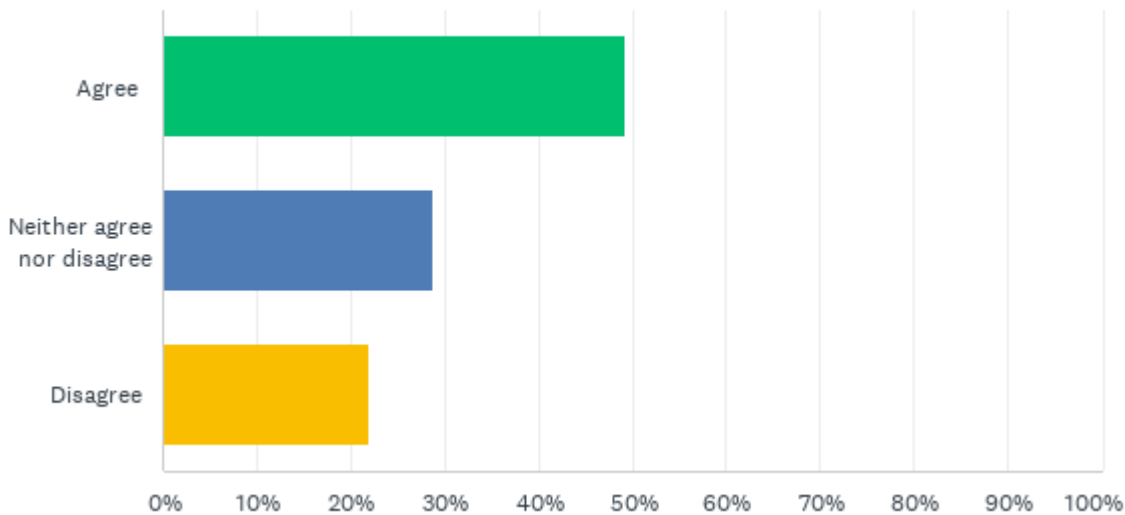
“Originally the first appointment was great the lady come into my sons secondary school said she was going to come back, never has and has not even contacted me since. I’m disappointed to say the least no further forward than we were and wonder why my son refuses to speak to them he feels let down time and time again”.

Theme	Number of times it was mentioned
Lack of communication	80
Length of wait for initial assessment	22
Lack of consistency in service- includes new therapist taking over and changes in the quality of the service.	36
Reliance on school/nursery to implement SALT	8
Issue with frequency of appointments	21
Not enough appointments/issues with appointments being cancelled/booked at inappropriate times.	46
Poor quality of the service/dispute with the service/lack of outcomes for child/‘let down’	59
Poor assessment experience/inaccurate assessment	11
Long waiting times for appointments after initial assessment	47
Lack of guidance and support to parents/lack of promoting knowledge and confidence	72
Issue with lack of staff	6
Didn’t feel listened to	14
Not received report	7

Theme	Number of times it was mentioned
Other –view on the service but no detail/personal comment on child’s presentation	63
Total	485

Q16. Do you agree with the following statement...The speech and language therapy team enabled me and my child’s nursery/school to continue to support my child’s needs in between appointments? (n=533)

49% (n=263) of respondents agreed with the statement. 29% (n=153) neither agreed or disagreed, and 22% (117 respondents) disagreed.



Q17. Is there anything else you would like to share about you and your child’s experience of this service? (n=256)

256 respondents made 547 responses on the service, reflecting on their and their child’s experiences. The key themes were positive about the service (63 responses), negative about the services (56 responses), Poor quality of the service (48 responses), Not enough appointments (44 responses), Lack of guidance and support to parents (44 responses), issue with frequency of appointments (42 responses), poor communication (39 responses), and experienced improvements in child (31 responses).

This gives a mixed picture of the experiences of the service.

“The SALT team as a whole were excellent throughout. They were all incredibly supportive, helpful and approachable. My daughter, myself and husband all benefited immensely from the support we received”.

“Overall disappointing. I have little faith in the effectiveness of the service and how much benefit my child gets from it”.

“Children are not seen frequently enough to facilitate progress, intervention for the development of speech sounds is too late due to poor staffing. I am incredibly concerned to hear of the waiting lists and lack of support for school-aged children”.

“More intervention is needed, more appointments”.

“More communication is needed to know what we can do to help our child and with what happens to get further help and support with ongoing issues”.

“My child’s speech has improved so much with the help of speech therapy. I used to think it would hinder him at school, but he has excelled. He hasn’t let it phase him, and now in year 5 he is in top set for English, and is at greater depth for his reading”.

Theme	Number of times it was mentioned
Positive about service	63
Experienced improvements in child	31
Responsive team	3
Felt supported	30
Friendly approachable, supportive and skilled staff	27
Negative about service	56
Poor communication	39
Length of wait for initial assessment	20
Lack of consistency in service- includes new therapist taking over and changes in the quality of the service.	12
Reliance on school/nursery to implement SALT	4
Issue with frequency of appointments	42
Not enough appointments/issues with appointments being cancelled/booked at inappropriate times.	44
Poor quality of the service/dispute with the service/lack of outcomes for child/‘let down’	48
Poor assessment experience/inaccurate assessment	4
Long waiting times for appointments after initial assessment	25
Lack of guidance and support to parents/lack of promoting knowledge and confidence	44
Issue with lack of staff	6
Didn’t feel listened to	5
Not received report	4
Received no intervention	6
Other –view on the service but no detail/personal comment on child’s presentation/experience not directly related to SALT service	19
No further comments	15
Total	547

General reflections on any significant differences between the North of Tees Valley and the South of Tees Valley for parent/carers responses.

As this work is to inform a single service across Tees Valley, bringing together 2 services currently operating in the North (Darlington, Hartlepool and Stockton) and the South (Middlesbrough and Redcar) of the area, attention was given to any significant differences emerging between the respondents from the two areas.

272 respondents came from Middlesbrough and Redcar, and, 268 respondents came from Stockton, Darlington and Hartlepool combined, showing a balanced response from the North and South of the area.

Trends in responses to the questions are similar until Question 5 - If a professional referred your child, did they offer any information, guidance or support to you and your child, prior to making the Speech and Language referral?

57 % Respondents (n=142) from Middlesbrough and Redcar, said yes, and 43% (n=107) said no.

41% of respondents (n=102) from Darlington, Stockton and Hartlepool said yes, and 59% (n=144) said no, showing that respondents from this area are receiving less support prior to making a referral.

This support was similar (examples of activities you could do at home, school/nursery) but there was less of it offered.

Respondents from Darlington, Stockton and Hartlepool were also less satisfied with the communication to and from speech and language therapy services (Q7).

165 respondents from Middlesbrough and Redcar were satisfied with the communication to and from the service (in response to Q. 7), 52 were neither satisfied or dissatisfied, 20 were dissatisfied and 34 respondents commented on their dissatisfaction.

In comparison, only 82 respondents from Darlington, Stockton and Hartlepool were satisfied with communication to and from the service, 58 were neither satisfied or dissatisfied, 23 were dissatisfied, and 105 respondents commented on their dissatisfaction.

When responding to Q12, on a scale of 1 to 100, how confident were you in supporting the needs of your child **before** seeing the Speech and Language Therapy team, and Q13, which asked on a scale of 1 to 100 how confident were you in supporting the needs of your child **after** seeing the Speech and Language Therapy team, respondents from Middlesbrough and Redcar said **65** before and **75** after.

In comparison, respondents from Darlington, Stockton and Hartlepool responded **56** before, and **63** after, which are lower scores.

When responding to Q14, on a scale of 1 to 100, how satisfied were you with the service you received from the Speech and Language therapy team, respondents from Middlesbrough and Redcar said **73**. In contrast, respondents from Darlington, Stockton and Hartlepool said **47**. This is a significantly lower score, showing that people using the North Tees Speech and Language Therapy services were significantly less satisfied than those using the South Tees services.

Finally, when asked if the Speech and Language Therapy Team had enabled my child's setting to continue to support my child's needs in between appointments, 64% (n=173) respondents in Middlesbrough and Redcar agreed with this statement. Only 34.22% respondents (n=90) from Darlington, Stockton and Hartlepool agreed with this statement.

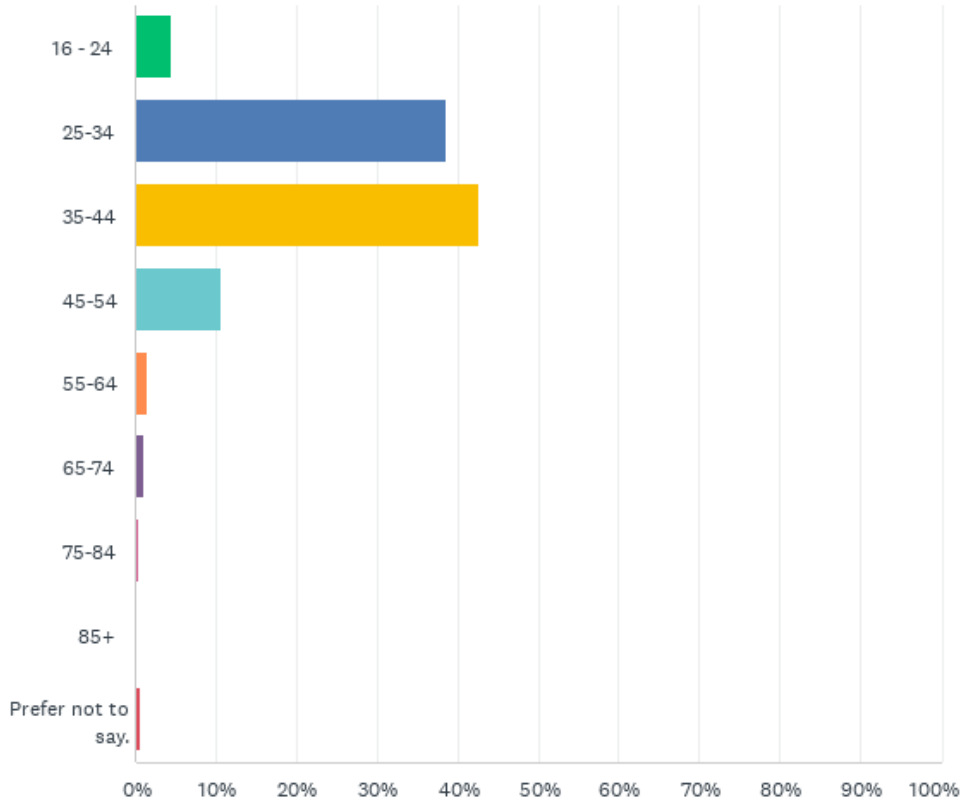
This shows a significant difference in how respondents feel they are supported by their child's education setting in between appointments, based on where they access services in the area.

Generally, the parents and carers who have accessed services in Middlesbrough and Redcar have responded that they are more supported prior to accessing services, more confident in supporting their child before and after intervention from the speech and language therapy team, more satisfied with the communication to and from the service, are more satisfied with the service itself, and feel more supported by their education setting than parents who have accessed services in Darlington, Stockton and Hartlepool.

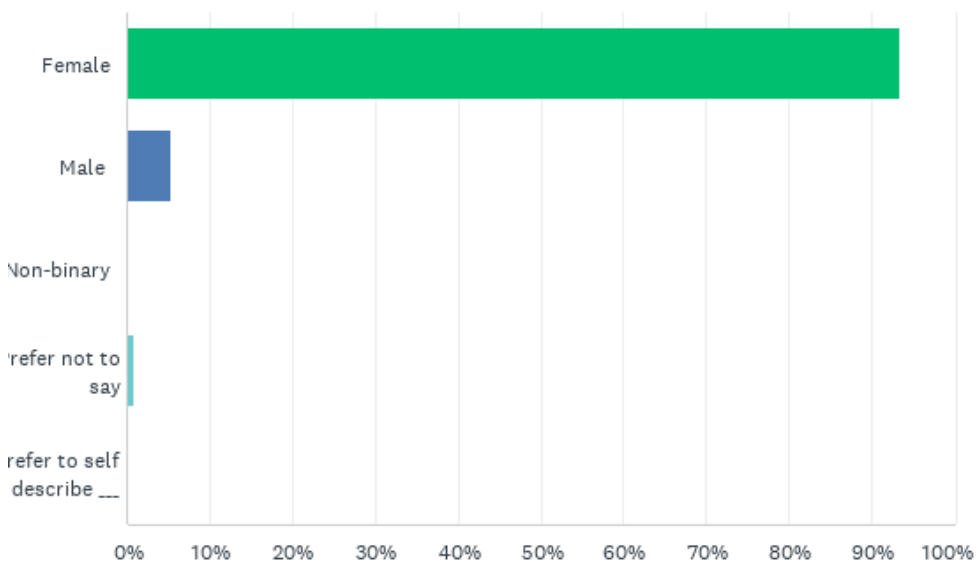
Annex A

Parents and Carers Equality and Diversity Monitoring

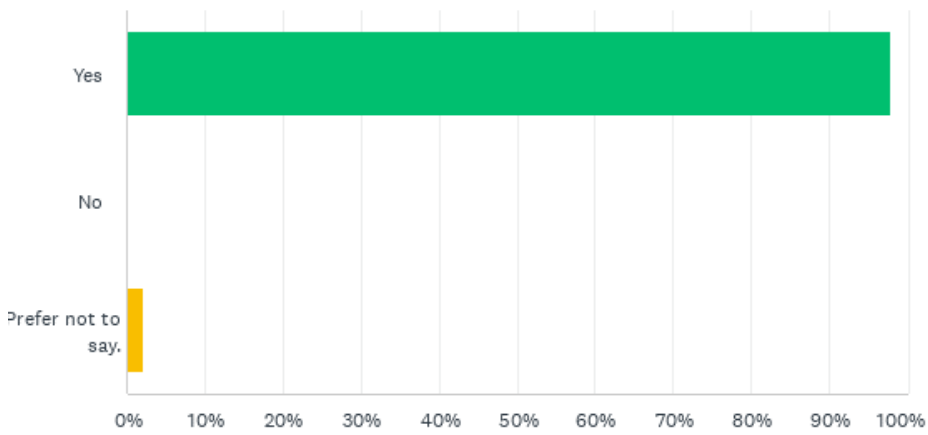
Q17. What age are you? (n=536)



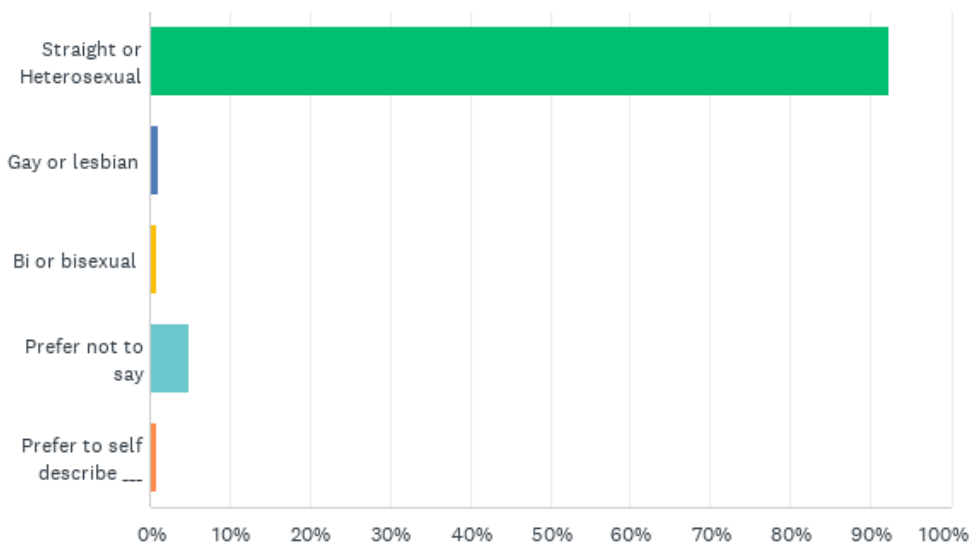
Q.19 Which best describes you? (n=537)



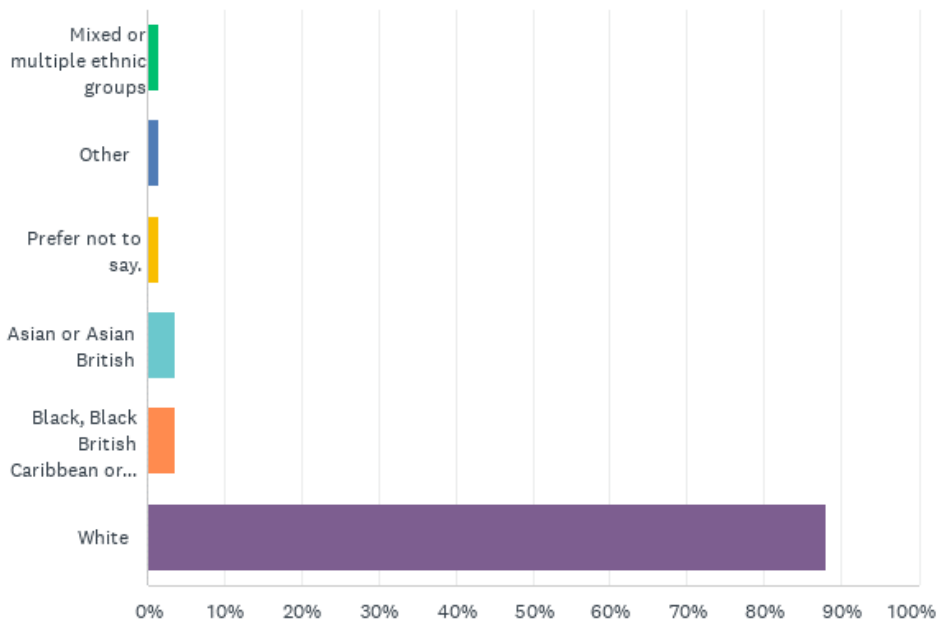
Q.20 Is the gender that you identify with the same as your sex registered at birth? (n=537)



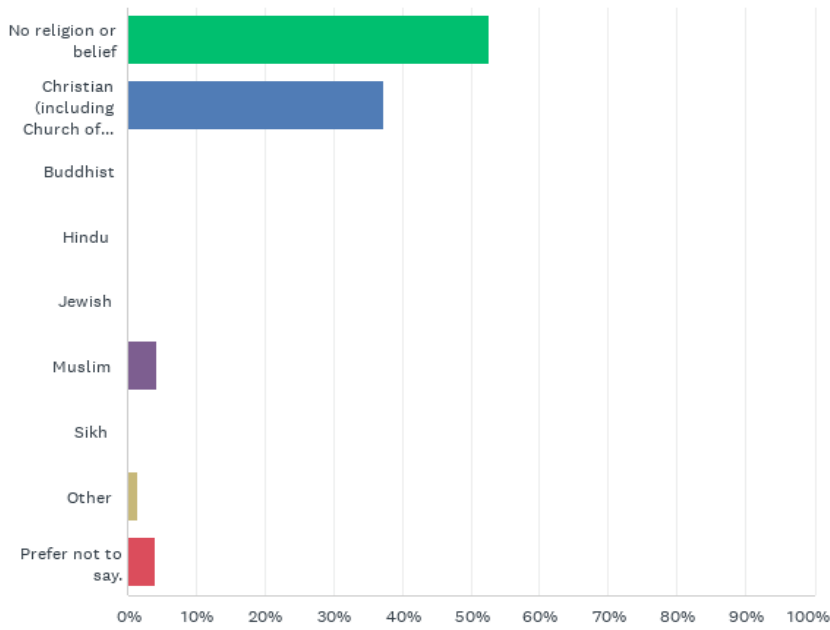
Q.21 Which of the following best describes your sexual orientation? (n=531)



Q.22 How would you describe your ethnic group? (n=535)



Q.23 What is your religion? (n=532)



Q.24 Do you have any physical or mental health conditions, impairments, or learning differences that impact on your ability to carry out day to day activities? (n=513)

