Changing the Delivery of Speech Therapy

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The paper seeks to describe the way in which changes were brought about in the delivery of speech therapy to children in special schools. Changes were necessary in order to make most use of existing staff resources and to investigate the effects of treatment. Both aims were achieved, but improvements to practice are continuing. A change in service organisation across the two state services of Health and Education takes time to bring about.

Key Words: Speech therapy; Special needs; Planning joint services; Efficacy of treatment.

There is a pressing need in all countries to ensure maximum use of the resources available to help children with problems of communication since their needs are not well provided for.

The insufficiency of speech therapy in the UK, especially for children with communication difficulties and other special needs, is a much debated and highlighted matter. It is important that the need for services for these children does not become subsumed within the arguments about the profession. The needs of the communication handicapped are not one and the same as the need to develop and expand the profession of speech therapy.

Speech therapy is only one of a range of services which these children may need to call on, for instance special educational provision with specifically trained teachers, specialist medical practitioners, social workers, centres for the provision of communication aids and so forth. Parallels can readily be drawn with the provision for other handicaps, which when applied in the UK show the relative paucity of provision by health, education and social services for the handicap of speech and language. It is therefore important that where services do exist, they act in a co-ordinate and efficient way.

Any manager of a service for this population will, therefore, perforce need to accept that the job will involve the adoption of two key philosophies.

Firstly, an acceptance that demand will outstretch resource, both within the individual service and for services elsewhere, and consequently a need to set priorities.

Secondly, that a proportion of time and
energies must be devoted to advancing the understanding of the needs of this population in order that, in time, resources and services can improve.

One of the key difficulties in setting priorities and planning services is the lack of research concerning the efficacy of intervention, and especially applied research which looks at how the organisation and quantity of services affects outcome.

There is a great deal of work which highlights the significance of language and communication in education, and some, such as Berry and Kellett which described characteristics of the difficulties exhibited in a school population. Two sources which do connect theory and practice and the effect the organisation and quantity of services have on efficacy are to be found in “The Practice of Special Education” and “Preventing Difficulties in Learning.” The essential inter-relationship between how services are managed and what tasks are actually given is fearlessly and may be uncomfortably explained and illustrated.

Before I describe the approaches which we have adopted in Tower Hamlets in the East End of London, I would like to briefly set these developments into the context of the present health and educational provision in the UK, and then more locally in the Borough of Tower Hamlets.

Speech therapists are mainly employed by health authorities. The health service spends most of its money on acute services. Many children with chronic or long term handicap will have received highly expert and well provided care in, as it were the “acute” stage of their problems, such as “at birth”.

Continuing services such as physiotherapy and respite care are often absent or very limited. The 1981 Education Act, set up the system of statementing the needs of these children. This has created unprecedented difficulties for health service managers. For the first time, bold figures which express the inadequacy of services for this group exist.

The research undertaken at the Institute of Education in London in the mid 80s identified the dilemma of the interface of health and educational services. It was said that confusions about terminologies and philosophies abounded, but it was clear that "resource management is a key issue in the effective operation of the act". It is similarly clear, to those working with these children, that their health, education and social needs are inextricably bound together, and while different authorities may provide for them, they must plan and work together.

Tower Hamlets is the name of the Borough which lies in the old East End of London, its western boundary being the commercial City of London. The speech therapy and special education services have worked closely together for many years. Influential in the provision and arrangements of the speech therapy service has been such reports as the Court Report in 1976. This recommended changes in children health services which abolished divisions between prevention and treatment, hospital and community and professions, and emphasised the need to improve the rights of parents. The translation of these ideas into practice through multidisciplinary teams, improved training of staff and integrated educational provision was further emphasised in the Warnock Report later in the decade, which called for a wider perspective of special needs by service providers who should integrate their specialist expertise into mainstream educational practice.

The Tower Hamlets speech therapists