



Children's Services Development Group response
to the
Bercow Review of Speech, Language and Communication Needs
Call for Evidence

18th January 2008

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Section 1: Introduction

1.1 The consultation process

The Children's Services Development Group (CSDG) comprises independent providers of residential education and care services to children with special educational needs and looked-after children. Our membership currently consists of Cambian Group, Castlecare Group, Foster Care Associates, The Hesley Group, Priory Group and SENAD. Between us, we deliver residential education and care to over 3600 children and young people nationwide. Our members' services consistently meet the highest regulatory standards and set a leading example for the training and development of their staff.

Speech, language and communication therapy (SLCT) is a large part of the care services provided by members of the group. Of this group, Priory Education Services, The Hesley Group, Cambian Healthcare and The SENAD Group have taken an interest in the Bercow Review of Speech, Language and Communication Needs and have contributed towards a collective response of their views and opinions.

The consultation process consisted of gathering the responses of each of the providers and identifying areas of consistency and differences between them. The respondents had the choice of answering the original Bercow Review questions or questions compiled by those collating the response, which were adapted from the original questions to be appropriate for service providers. All the respondents chose to answer the selected questions which can be found in **Appendix A** of this document. **Appendix B** shows the original Bercow Review questions alongside the selected questions to show how the two correspond.

1.2 How special education needs relate to speech, language and communication needs

- Autistic Spectrum Disorders (ASD) - providers cater for students with severe communication and relationship difficulties.
- Asperger's Syndrome (AS) – students who have areas of undoubted ability but whose communication and relationship difficulties prevent them from achieving their potential.
- Specific learning difficulties associated with dyslexia – students are unable to communicate effectively using traditional methods of communication, but with the right technology and support/therapy can achieve both academic and social/employment independence.
- Behavioural, Emotional or Social Difficulties (BESD) – students who because of their behaviour, problems in making relationships, or early years social experiences cannot communicate effectively with their peer groups, families or adults.

Section 2: Staff skills and experience

This section addresses the expertise of staff trained in SLCT that the providers have come into contact with, and the extent to which their skills are appropriate for the roles they perform. Respondents also consider the extent of SLCT support available for staff with which the children have the most frequent contact.

2.1 Availability of speech and language therapists

Providers agree that there is a definite shortage of therapists who understand the complexities of working with children who exhibit challenging behaviour. Respondents also report the knowledge and expertise of qualified speech and language therapy varies.

One provider writes that they have been lucky enough over the past few years to rely on two particularly good therapists whose expertise is high. One therapist has particular strength and knowledge of appropriate techniques when working with students with Asperger's Syndrome which has been particularly valuable for their school. In previous years, they report, it has been difficult to find speech and language therapists in the area.

2.2 Staff training

Providers have found it difficult to access the support of speech and language therapists with knowledge of the needs of their students. They report that support in the area of social communication seems to be difficult to find, though it is an area that impacts on many of their students.

As such, the expertise of qualified speech and language therapists is in need of significant improvement. It would be particularly useful for professionals trained in SLCT to gain knowledge of techniques to address the needs of students with significant social communication difficulties.

Respondents suggest that a greater emphasis on this area could be highlighted at university level. Opportunities within the teaching profession for teachers to retrain in this area could be encouraged. Refresher training or enhanced training in certain areas of specific need could be made more available for practicing therapists.

Key point: Improving the skills of the workforce - *The Hesley Group*

"It would be particularly useful for all speech and language therapists to gain knowledge and experience in the management of challenging behaviour. It would help them understand the communicative function of behaviour which is extremely important when it comes to treating children presenting with learning/or behavioural difficulties.

At times staff may be exposed to long periods of intensive work with a student displaying violent, challenging behaviours and they can become vulnerable to emotional and professional burnout. Multi-disciplinary team meetings and support are one of the essential components in helping all staff to maintain their skills, motivation and emotional stability.

It is now well documented that consistency of approach by staff is the most important factor in ensuring a reduction of challenging behaviours (and thereby the success of SLCT and other professionals). New members of a multi-disciplinary team interacting with children with complex needs should undergo a detailed case-specific briefing as part of their induction to working with that person.

The Hesley Group values the contribution of our SLCTs in the development and support of individualised multi-disciplinary person centred plans."

2.3 Provision of SLCT in mainstream settings

Providers report that children with severe learning difficulties have few opportunities to receive quality SLCT. The caseloads of therapists are large and, as much of their work consists of assessments or advice, they have little time for working directly with individual students.

With regard to students with dyslexia, staff who have specific qualifications in teaching dyslexic students have the ability to help with many areas of language and communication. However, appropriate courses to further train staff in this area are quite rare and funding opportunities vary from authority to authority. More opportunities to enhance the skills of current staff are needed.

Respondents report that the understanding of the difficulties students with dyslexia face, in terms of receptive and expressive vocabulary issues, is inconsistent in mainstream schools. It was suggested that support for SLCT needs is generally inconsistent in mainstream settings, but even in schools with SLCT provision, many dyslexic pupils do not qualify for additional support.

2.4 Transferring skills between care and education professionals

For private providers, much of the functional communication work with children is through a multi-disciplinary approach of care and education staff. These staff, who interact with children the most frequently, need the support of speech and language therapists, particularly when designing and reviewing care programmes.

Although health and education services are increasingly working together, there is an ongoing cultural difference between education staff and speech and language therapists. Therapists work on a deficit model, whereas teachers provide education for all. There must be further developments in joint working and these developments must acknowledge, respect and use the differences between the two approaches. However, respondents' views suggest that specialist settings are more likely to provide the necessary level of communication and joint working between health and education professionals.

Key point: Improving the skills of the workforce - Priory Education Services

"Where it is available we believe that the training for specialist staff (eg. speech and language therapists) is of a high standard. However, training for other staff involved in the care and education of our students is very limited, particularly in the maintained sector. In some instances we have been able to work with the local Primary Care Trusts to jointly fund the provision of specialist staff, but this is the exception rather than the rule.

In our schools and colleges staff must work as a team. Specialist SLCT staff provide one-to-one therapy for each student for only a very short period of the week, owing to high demand for their time. Their support to teachers, support workers, care staff etc is therefore important. Only with good teamwork between these staff can we achieve the desired objectives with each student. The availability of training for this wider group of staff is very limited.

As a company we place a lot of emphasis on the skill development of our staff, and as such we would like to see a greater emphasis on speech language and communication not just in terms of the number of therapists, but in the training of teachers and social care staff, too."

Section 3: Providing appropriate environments for children with speech, language and communication needs

In this section, respondents consider the appropriateness of services in various settings and the extent to which the statementing process is successful in matching an individual's needs with their learning environment.

3.1 Mainstream provision

Students experiencing high functioning Autism and Asperger's syndrome have reportedly not received sufficient support from SLCT services when in mainstream education. Expertise appropriate for providing the right communication environment for children with special requirements such as these is not widely available in mainstream education.

One provider, who caters for students at the most acute end of the autistic spectrum, reports that the reason most students are referred to them is because placements in mainstream settings breakdown due to the severity of their challenging behaviour. Most parents of children with such needs are dissatisfied with the lack of coordination between services and the lack of support from SLCT for staff and / or their child.

Providers report that, for the students with very acute special education needs, services are not adequately provided in mainstream settings. Smaller, specialised settings, providing services and programmes specific to their needs are more appropriate. Students with acute special education needs in mainstream settings often find it hard to cope in large schools, finding it threatening and confusing, and staff communication can often be inappropriate, especially for students with Asperger's syndrome. As a result, students find it impossible to communicate their frustration in any other way than through disruptive behaviour. Such patterns of behaviour often lead to children being excluded from mainstream school.

As the I CAN report '*The Cost to the Nation of Children's Poor Communication*' report indicates, there is a high correlation between children with special education needs (speech, language and communication needs in particular) and corresponding challenging behaviour, with exclusion and youth crime (2007: 7). Respondents have highlighted a consistent and prevalent pattern of failure of in the statementing process – students being placed in inappropriate environments leading to exclusions and then to youth crime.

In other instances, large maintained special schools do not have the skills or the technology to enable them to meet the needs of this relatively small group of students. Again, the better solution is smaller, very specialised schools where time and resources can be given to address students' individual needs.

3.2 Specialised learning environments

Learning environments selected for children on an individual basis are an important aspect of the success of the child's experience. Providers have emphasised that selecting the environment based purely on their impairment may not be sufficient. For example, not all children with an autistic spectrum disorder present challenging behaviours, but for those that do, it is important to understand that these behaviours are usually caused by an interaction between the child, the environment and their previous experiences. If the problem of behaviour is a response to confusion in an over-stimulating environment, then activities in a specialised learning environment can be carefully structured to reduce unpredictability.

Key point: Assessment and placements - *The Hesley Group*

“Basing commissioning on looking at a student’s broader learning environment is essential, especially for students with complex needs and severe communication difficulties. The aspects of the school environment and the ways in which students communicate with teachers, carers etc has a great impact on how a student adjusts to the learning environment and the success of the student’s overall experience.

Issues for private providers are often around the effective commissioning of services on an individual needs-led basis, rather than on the statementing process where one size fits all. For those children with very complex needs specialised providers are often better able to create environments which accommodate the specific needs of the individual and provide them with strategies to aid learning and encourage appropriate behaviour.”

Section 4: Service delivery

In this section, respondents consider whether health and education services work adequately in partnership to provide SLCT services. Important steps that are required to improve the standards and appropriateness of services have been suggested, including how to improve service commissioning.

4.1 Communication between health and education authorities

One respondent reports that when placements are funded by the local education authority, there is generally little communication with the health authority with regards to SLCT provision. NHS waiting lists for SLCT are long and therefore, in order to meet the needs on the statement, local authorities have to pay for independent therapists rather than wait for the health authority to provide a therapist to see the pupil.

Providers suggest from their experience that there is a long way to go before health and education services are working closely enough to meet the needs of all students with speech, language and communication difficulties and bring down such waiting times. Respondents question whether current policies adequately reflect the needs of children with severe difficulties and suggest that the current system is too inflexible to respond to the inconsistencies in services that are identified.

Key point: Responsive service delivery - *Priory Education Services*

“We support the Government’s desire to see Local Authorities and Primary Care Trusts working together. We hope that through the creation of Children’s Trusts this will soon come about, though at this juncture there is little evidence that these policies are helping many of the students we know who have acute needs.

We accept that tables of standards and the achievements of our students must be properly interpreted (their achievements towards independent living can often be as significant as attaining academic qualifications). But all too often, we would say, expectations of special schools and their students are too low. We do not believe that it is impossible to accurately measure the achievements of our students. Our exam results in 2007 demonstrate the potential even students with acute communication difficulties can achieve and we call on the government to recognise this attainment.”

4.2 Partnership working

Respondents are of the opinion that it is not the case that the independent sector alone can meet specialist needs – providers are aware of many excellent specialist facilities in the maintained education system. Rather, providers should be working together to a much greater extent, in order to get specialist knowledge into maintained schools.

Respondents have voiced encouragement to the government to support partnership-working strategies if the *Every Child Matters* agenda, that places emphasis on co-ordinated services, is to be supported effectively.

Section 5: Funding and resources

This section addresses the question of whether early intervention and services provided through the current funding system is the best value or indeed the most appropriate approach for the individual. The balance of funding between the needs of a wide group of children and those with the severest needs is also considered.

5.1 Early intervention

Though the intensity of early SLCT intervention varies depending on the need and environment of the individual, respondents believe that the earlier the intervention and provision of SLCT the better - the treatment being more effective, thus saving money in the long-term. However, there is insufficient funding for all groups of children with special education needs who would benefit from SLCT to receive it.

Providers report that early speech and language therapy intervention can prevent children from developing challenging behaviour. They call for greater emphasis to be placed on early intervention as the actions frequently have a communicative base (often it reflects the frustration of the child that they are not able to communicate proficiently). This communicative function needs to be properly addressed in order that the intervention is appropriate and parental communication develops.

5.2 The balance of funding

Respondents state that the balance of funding and resources for meeting the needs of a wide group of children and the needs of those with the severest needs is not correct. This is owing to funding going almost exclusively to those with the most acute needs or to students whose parents have the capabilities in terms of time, money, understanding or expertise to fight for service provision for their child.

Often parents must be prepared to fight up to the tribunal level to get the resources they feel is right for their child if their local authority will not issue a statement stipulating the needs of their child. Providers report that it is often the case that simply to get a child assessed for a statement is challenging enough for parents, without the cost of appeals owing to local authorities resisting providing statements of need.

Key point: Balance between early years provision and other ages - *The Cambian Group*

“The balance of resources leans towards the youngest and most severe speech or language need. Insufficient resources mean that groups of individuals outside this category are not receiving the services they need.

Priority for SLCT services is generally for preschool children and school age with specific language impairment and some other specialist groups such as dysfluency and eating and drinking difficulties. We believe that these priorities are based on the best available evidence on effectiveness and response to change.

Students with Higher Functioning Autism and Asperger’s Syndrome who come to us very often score in the above average range on formal assessments of language functioning such as the Clinical Evaluation of Language Fundamentals; assessments used in mainstream services do not generally highlight their social communication difficulties. Many of the responses that will be received from health trusts will refer to speech and language impairments rather than include this group with impaired social communication.

Many of the students who come to our specialist placements have been school phobic and have therefore been out of education. Within a positive communication environment with appropriate behaviour management, students attend lessons and achieve GCSE's. The educational environment here is sustained through specialist multidisciplinary working.

SLCT departments do have to prioritise their caseloads and there is no evidence to support Higher Functioning Autism and Asperger's Syndrome students being prioritised over others. However, we do believe that long term planning based on realistic outcome measures would show that if this group received input as children and adolescents they will be able to make a more positive contribution to society as adults. This client group should receive more funding and resources but not at the expense of other groups."

5.3 Statementing

As argued above in section 3, providers are eager to see that assessments are based entirely on the needs of the individual and that placements should be in an environment appropriate to their needs. Here respondents state that any other or additional considerations, such as limited local resources, distort the assessment of the individual.

Respondents report that statements are often too generic to be a true reflection of the needs of an individual. Often they are written more in consideration of available resources than what services are most appropriate to meet a child's needs. Providers agreed that, even if an individual is successful in gaining a statement, the guarantees are so vague that local authorities can select the extent to which they commit to providing services, leading to disparities in addressing needs.

Key Point: Statementing - *The SENAD Group*

"There is considerable variation in the content of SEN statements that local authorities issue. As a result, there are discrepancies in the support that children receive – a "postcode lottery" is a phrase many use to describe the inconsistencies.

For example, one statement will provide a detailed specification of the special educational needs of the child, and the services they require, in a comprehensive 3 page document. Others will present allegedly the same information but without depth and understanding and will cover just one page.

This variation in the depth of assessment and the time and effort put into achieving a good knowledge of the needs of the young person highlights issues regarding national training, consistency and guidance. We understand that some parents will even request a potential provider to write the statement of need in order that their child can access services."

With concerns regarding the statementing process in mind, respondents have called for an independent body to assess individuals. This body would not be focused on driving down the costs of service provision (as local authorities are pressed to do) but would only report on the services individuals require to meet their needs. Accountability of appropriate service provision could also be enhanced through this body.

Some respondents expressed concern regarding disputes within the current funding system, which relate to earlier points regarding communication between health and education departments. They report that, as those with the severest needs are often the most complex and challenging cases, they are also often the most expensive to care for. Wherever there is departmental debate regarding who covers which percentage of the cost of care, issues concerning inadequate arrangements to ensure effective commissioning of services will remain.

Key point: Commissioning - *Priory Education Services*

“We find that many of the problems currently experienced by our students and their families may be due to the current funding system, and the lack of flexibility in the system.

Of course we would like to see more money available. But we would also like to see much greater understanding by some local authorities of how our services are funded. Often whilst they provide fully for inflation for their own services, they limit the amount available to our staff who educate and care for ‘their’ students. Equally, as providers we must be open on how we spend our income and how we deliver our services.”

Section 6: Recommendations

This section summarises the recommendations respondents voiced, with regards to potential changes to the current system of SLCT provision, whilst answering the consultation questions.

6.1 Availability of speech and language therapists

Respondents informed this report that at present there are insufficient numbers of professionals in mainstream health and education services to work with children requiring SLCT. Availability varies a great deal throughout the country. Retaining speech and language therapists will continue to be an issue if flexibility is not shown for part time working; particularly as progression opportunities and salaries don't correlate with other professional groups with similar qualities and responsibilities.

The providers recognise that some professionals other than speech and language therapists can meet some children's SLCT needs - but insist that a trained professional should provide all children with speech, language and communication needs with therapy. There should be adequate provision of therapists and service provision should be made standard to all children with social communication difficulties. With this provision in mind, the government needs to focus on long-term planning of training and 'upskilling' staff within the work place to develop adequate outcome measures.

Also called for is an independent standards body, similar to OFSTED, to monitor the performance of therapists and SLCT providers. Respondents report that, although all therapists are registered with the Health Professions Council (HPC), there doesn't appear to be national monitoring of provision at the service level.

6.2 Review of current practice

In their response, providers have urged the government to ask Ofsted, and local authorities, to review current practice and to provide clear statements on how they will create proper partnerships to ensure that national policy and parental expectations can be met.

Suggestions for improvement include the Government looking at:

1. SLCT training for all staff involved with students with special education needs;
2. reviewing the assessment/statementing process and how it relates to meeting assessed need;
3. how funding for students with acute needs is provided;
4. how Local Authorities can secure appropriate provision to meet needs, especially those with acute needs and who are few in number.

6.3 Government targets and appropriate provision

Providers report that in order for local authorities to meet government expectations to reduce the use of 'out of authority' placements, they are expecting mainstream schools, or large maintained special schools, to meet the needs of all statemented children. This, in the respondents' opinion, is an impossible task if children are to reach their maximum levels of attainment and independence. Such schools are not appropriate to provide specialist programmes of care for students with very complex and acute needs.

Respondents call for national evidence to be shared on the services provided at a local level in order to compare the outcomes for their type of student with, and without, the level of intervention that they provide. For example, data on outcomes for dyslexic pupils in mainstream environments is not available as a discrete group.

Respondents request that the government raise its expectations for the social, academic and educational achievements of both schools and students with special education needs. No provider, be it in the independent or maintained system, should be approved unless it can clearly demonstrate how it will achieve agreed outcomes.

Appendix A: Children's Services Development Group Consultation Questions

The following questions were selected by those collating the Children's Services Development Group's response. They are based on, or taken directly from, the original review questions, but are only those appropriate for service providers.

Section 1: The service you provide

1a. Please provide us with an outline of the speech and language communication therapy (SLCT) services you provide and the kind of children's needs you are able to provide a service for.

Section 2: Staff skills and experience

2a. Do you know if access to training and development opportunities for speech and language therapists is:

a) excellent b) good c) satisfactory d) in need of significant improvement

2b. Do you find the expertise of those who are qualified:

a) excellent b) good c) satisfactory d) in need of significant improvement

2c. Do you know of any specific areas of knowledge that it would be particularly useful for speech and language professionals to gain or improve?

2d. Can some children's speech, language and communication needs be met by professionals **other than** speech and language therapists in your organisation?

2e. Do you believe there are sufficient numbers of professionals needed to work with children requiring SLCT? If not, do you believe that the recruitment and retention of speech and language therapists is a problem?

2f. In your experience, is SLCT support provided through mainstream services sufficient to meet children's needs?

Section 3 and 4: Service delivery

3/4a. Do you have any opinions regarding whether the health and education services work well together to provide SLCT services?

3/4b. Do you have any opinions regarding how strategic leaders could strengthen the delivery of SLCT services?

3/4c. What are the important steps needed to improve standards? (For example, what should be the role of Government departments and national guidance?)

3/4d. What are the commissioning opportunities available for private sector providers to provide specialist care in mainstream settings?

Section 5: Funding and resources

5a. Do you think there are adequate arrangements in place to ensure effective commissioning and delivery of services?

5b. Do you think that the balance of funding and resources is correct for meeting the needs of a wide group of children and those with the severest needs?

If you do not believe the balance is there, why do you think it is not?

5c. Do you think the balance of funding for the provision of speech and language therapists, appropriate equipment and information/training for current staff is right (at the national or local level)?

5d. How intensive do you think early intervention should be in order for it to provide the best value for money?

What is the best kind of assessment in order for this early intervention to be provided?

Section 6 - Standards and accountability

4a. Is evidence to show that standards and children's outcomes are improving shared regularly between the private and public sectors, or not?

4b. Do you have any opinions and / or concerns regarding accountability at the national level?

Appendix B: How CSDG consultation questions correspond with the Bercow review questions

Respondents were given the choice of responding to the original review questions or the questions written above that were selected to be appropriate for service providers.

All respondents chose to answer the selected questions.

This table shows how the two groups of questions correspond.

<i>CSDG Consultation Question</i>	<i>Corresponding Bercow review question</i>
<p>Section 1: The service you provide</p> <p>1a. Please provide us with an outline of the Speech and Language Communication Therapy (SLCT) services you provide and the kind of children's needs you are able to provide a service for.</p>	<p>(For information)</p>
<p>Section 2: Staff skills and experience</p> <p>2a. Do you know if access to training and development opportunities for speech and language therapists is: a) excellent b) good c) satisfactory d) in need of significant improvement</p> <p>2b. Do you find the knowledge of those who are qualified: a) excellent b) good c) satisfactory d) in need of significant improvement</p> <p>2c. Do you know of any specific areas of knowledge that it would be particularly useful for professionals to gain or improve?</p> <p>2d. Can some children's speech, language and communication needs be met by professionals other than speech and language therapists in your organisation?</p> <p>2e. Do you believe there are sufficient numbers of professionals needed to work with children requiring SLCT? If not, do you believe that the recruitment and retention of speech and language therapists is an issue?</p> <p>2f. In your experience, is SLCT support provided through mainstream services sufficient to meet children's needs?</p>	<p>7. In my local area, access to training and development opportunities for speech and language therapists is: a) excellent b) good c) satisfactory d) in need of significant improvement</p> <p>(For information specific to the environment in which our providers work with children)</p> <p>8 b) What are the important workforce issues to address?</p> <p>8 b) Do the different professionals all have the expertise and ability to address children's speech, language and communication needs?</p> <p>8 b) Are there sufficient numbers of the different types of professionals needed to work with children with speech, language and communication needs?</p> <p>(For information)</p>
<p>Section 3 and 4: Service delivery</p> <p>3/4a. Do you have any opinions regarding whether the health and education services work well together to provide SLCT services?</p> <p>3/4b. Do you have any opinions regarding how strategic leaders could strengthen the delivery of SLCT services?</p>	<p>10. Health and education services work well together to provide [SLCT] services: a) all or most of the time b) sometimes c) rarely</p> <p>11 b) How could strategic leaders strengthen delivery of speech, language and communication services?</p>

<p>3/4c. What are the important steps needed to improve standards? (For example, what should be the role of Government departments and national guidance?)</p> <p>3/4d. What are the commissioning opportunities available for private sector providers to provide specialist care in mainstream settings?</p>	<p>20 What are the important steps needed to improve standards? (...what should be the role of government departments and national regulators?)</p> <p>(For information)</p>
<p>Section 5: Funding and resources</p> <p>5a. Do you think there are adequate arrangements in place to ensure effective commissioning and delivery of services?</p> <p>5b. Do you think that the balance of funding and resources is correct for meeting the needs of a wide group of children and those with the severest needs? If you do not believe the balance is there, why do you think it is not?</p> <p>5c. Do you think the balance of funding for the provision of speech and language therapists, appropriate equipment and information/training for current staff is right (at the national or local level)?</p> <p>5d. How intensive do you think early intervention should be in order for it to provide the best value for money? What is the best kind of assessment in order for this early intervention to be provided?</p>	<p>11 a) (...are formal arrangements in place to ensure effective commissioning and delivery of services?)</p> <p>13 a) How is funding used in your local area? (...is funding targeted at those with the severest needs)</p> <p>13 a) What is the balance of funding for the provision of speech and language therapists... capital investment... and the provision of information and training for school staff?</p> <p>13 b) (...should more resources be directed towards early intervention? What kind of investment offers best value for money in terms of improving children's outcomes?)</p>
<p>Section 6 - Standards and accountability</p> <p>4a. Is evidence to show that standards and children's outcomes are improving shared regularly between the private and public sectors, or not?</p> <p>4b. Do you have any opinions and / or concerns regarding accountability at the national level?</p>	<p>16 Evidence to show standards and children's outcomes are improving is: a) collected and shared regularly b) available for some aspects but not others c) not available</p> <p>17 At national level, lines of accountability are: a) clear b) clear on some issues c) not clear</p>