North East and
North Cumbria

Speech and Language Therapy Involvement report

South Tyneside and Sunderland

July 2024 v4

Better health
and wellbeing for all...

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Executive summary

Involvement of parents, carers and staff has taken place to support review of the Speech and Language Therapy service provided in South Tyneside and Sunderland. An executive summary of findings from surveys and discussions is outlined below. The full report provides wider analysis and commentary.

The **parent and carer survey** found:

- The most common reason for referral, according to parents and carers, was delayed language development (72%), followed by speech and sound difficulties (48%) and neurodivergence, including autism (37%).
- Parents and carers were most likely to say that they themselves first recognised their child might benefit from speech and language help (59%), followed by school or nursery (6%). However, limited amounts self-refer (11%). The largest referrers are school or nursery (37%) and health visitors (29%). 44% of respondents said that the professional who referred their child offered information or support before making the referral; 31% said they did not.
- When parents and carers were asked what their expectations were when referred to the service, the most common theme was an expectation of help and support in relation to speech and language (n=29) or general statements about help and support (n=16). Many also had expectations around receiving interventions, sessions or one to one support (n=20); an understanding of the issues the child was experiencing and how to help them (n=10); or a professional assessment (n=9).
- Over one third of respondents (35%) said they did not get any contact from the service when they first received the referral. This was as high as 47% amongst the cohort who were referred for neurodivergence including autism (base: 32). Overall, 28% said the service got in touch to let them know how long they would wait, and 27% could not remember. Fewer received information about the service (11%) or advice whilst waiting (9%).
- People were most often informed about an appointment via post (61%). Although post was a popular method of communication (35% preferred), a text message was slightly more popular (36%). More people were willing to receive a letter by email (18%) than currently do (4%).
- Waiting times are a key consideration for parents. Just over half of respondents were seen in six months or under. Just under half waited longer. Just over a quarter of respondents said that they waited for more than a year. When comparing the cohort who were referred for neurodivergence, including autism (base: 32), 6% stated they were seen within three months and 38% waited longer than 12 months, compared to 16% and 26% respectively in the general cohort. However, the small numbers in the cohort could influence percentages. Comments received in other parts of the survey would indicate that people are sometimes given an initial assessment and then placed back onto waiting lists or wait again between therapy.
- Around half of respondents said that the outcome of the first appointment was therapy, with 22% being told about things they could use at home and 5% being discharged.
- Most appointments took place within a clinic (81%), with a small amount taking place in school (4%) and even fewer in the home or family hubs (1% each). Most people had their appointment in their preferred location (84%) and 16% did not.
- When asked if they were able to have appointment at times that suited them and their family, around 20% answered no, just over a quarter answered sometimes and over half answered yes, always. For those who answered no, this appeared to be influenced by dissatisfaction with waiting for some.

- There was generally positive feedback about the therapists, with keeping people updated being the area with most room for improvement (61% overall agreement and 24% overall disagreement).
- Over 60% of respondents said school or nursery was involved in the therapy process, with 30% indicating they were not. 39% of parents said school or nursery had confirmed whether SALT helped the child in their education setting but 36% indicated they had not had confirmation. Two thirds of respondents had noticed improvements themselves but one third had not noticed improvement.
- Parents and carers were asked about their confidence in supporting their child's needs before and after SALT. Overall, 45% of respondents agreed they were confident prior to SALT and 33% disagreed. This compared with 69% agreeing after SALT intervention and 13% disagreeing. The cohort who were referred due to neurodivergence including autism had a larger increase in confidence because they were less confident before SALT (36%) but ended up with a similar level of confidence after (69%). Overall, just over half of all respondents agreed they were satisfied with the service their child had received (51%), but 35% disagreed. For the neurodivergent including autism cohort, satisfaction levels were much lower with only 32% agreeing they were satisfied and 61% disagreeing. (Percentages for the neurodivergent including autism cohort are based on a small sample of 28 and so should be treated with caution).
- Waiting times and a desire for more help and intervention appear to be influencers on the general views of the service. There was also a theme relating to appropriate strategies for the child's needs often related to neurodivergence or autism. These themes reoccurred in open-ended responses.
- Just over half of respondents agreed that the speech and language therapy team supported their child between appointments (18% disagreed). There was worse feedback from those with a child referred for neurodivergence including autism, with 32% agreeing they were supported between appointments and 39% disagreeing (base 28). Both cohorts had 43% agreement that the team helped the school or nursery between appointments.
- Parent and carers' top five desires for a future services are:
  1. Reduced waiting times (n=14)
  2. More appointments, therapy or sessions (n=13)
  3. Improved communications (including managing expectations) (n=11)
  4. More tailored support and intervention (n=9)
  5. Improving parent and school involvement (n=7 for each school and parent)

Qualitative discussions with parents and carers took place with the Sunderland Parent and Carer Forum and in Family Hubs. This offered extra information and also added context to some of the concerns that were raised via the survey. This included information relating to:

- Issues with communication in relation to the process, referral and expectations, role of SALT and interaction with other services when there are other diagnoses. Parents would like to also see improvement to discharge letters with next steps and follow up advice.
- Practical modelling and clear guidance for families and schools is important.
- There are concerns about being discharged too early, or whilst there are still ongoing concerns and issues.
- There is a lack of strategies and resources to support children at home – with some specifics on the strategies needed.
- A view that it requires persistence from families to get help.
- There is confusion about self-referral.
- A desire for support being based on individual need.
- A desire for a multi-disciplinary team approach, with joint working across services to support children with complex or unclear needs.

The **staff survey** findings were as follows:

- The first staff survey focussed on referrals and received 76 responses. Over three quarters of these were from school or nursery settings, and over half of respondents were fulfilling a SENco/SENDco role.
- Referrals can be linked to a number of needs, with over three quarters of referrals made for speech and language difficulties and three quarters for delayed language. Just under half of referrals were linked to neurodivergence, including autism and almost half were linked to dysfluency (there were slight differences from the parent/carer response to this question).
- Around half of respondents are satisfied with the process, whilst 16% were dissatisfied.
- There was a good level of awareness of online advice (63%), but this could be improved with around one third being unaware of this.
- Of those who had used online advice and information (n=30), around three quarters thought it was useful.
- When asked what aspects of referral worked best and what can be improved, there were answers indicating some lack of consistency in either information or communication. That is, elements that were appreciated for some were cited as areas for improvement for others. The form or process was a common theme as something working well (n=38). The most common themes for improvement were improved communication (to acknowledge the referral, on appointments and on waiting times) (n=19) and improvement to waiting times (n=17).
- The follow-up survey to staff received 39 responses. Therefore, percentages must be treated with caution. This survey indicated that most people (82%) were not getting signposting to resources whilst waiting.
- The modelling of intervention most commonly takes place in clinic (62%) or in the school or nursery setting (54%).
- If further support is required from the SALT team in the modelling of interventions, it is accessed by phone (33%) email (31%) or staff wait for the next review appointment (23%). However, the 'other' comments indicate there is difficultly in either getting modelling or accessing it in a timely manner.
- When asked about barriers to access for parents, two thirds responded 'personal circumstances' and 45% location/transport links. A notable proportion felt that parents/carers did not support the referral. Comments indicated that some parents need support to understand what is needed, whether this is due to comprehension, literacy or language barriers (n=5).
- Once discharged from SALT services, one fifth of respondents said there was not enough information provided to ensure the child's needs could be met. Less than 3% responded that there was enough information, whilst 77% responded 'sometimes'.
- When asked what else could have been provided, the most popular responses involved extra resource / information / strategies (n=6), training for schools (n=4) and more, or more intensive, therapy (n=4).
- Most respondents think their school or setting would benefit from more SALT training (94%).
- Respondents most commonly request advice or input from the SALT team when the speech and language need is identified (outside of the EHCP process) (80%) or before the EHCP application (44%).

A range of topics were highlighted as part of the **staff discussions,** feedback from primary and nursery settings raised the following key themes:

- There are factors beyond nursery and school impacting on the speech and language development of children. This includes increasing use of digital technology and lower face to face contact with health visitors.
- Staff training is an important area for development.
- Training for parents is an important area for development and could support consistency at home.
- Improvements could include increased SALT presence in schools, improved short and accessible resources, improved use of family hubs (presence from SALT and inclusion in referral)
- Communication is an area for improvements, including key messages for parents, communicating with settings regarding appointments and feedback to parents.
- Consider location of appointments, this could include postcode mapping or use of the education setting to avoid children missing appointments.

Introduction

In South Tyneside and Sunderland there is an established Children's Speech and Language Therapy (SALT) service provided by South Tyneside and Sunderland NHS Foundation Trust (STSFT). The specification has been in place for some time and is due review. The North East North Cumbria Integrated Care Board (NENC ICB) are responsible for reviewing the service. As part of the review, involvement was planned to understand the current experiences of people who are in contact with the service – both families and professionals. Some initial work had already taken place in Sunderland in January 2024, to begin to gather views from parents and carers as well as schools or education settings. Despite the fact that there was some useful feedback, the limited geography and numbers of responses from parents and carers meant additional feedback was required to get a stronger picture from across both South Tyneside and Sunderland areas. The outcome of the involvement will feed into the wider review with an aim to strengthen and improve the specification. There is also potential to maximise the roles across the wider system to move to a more integrated pathway.

Methodology

Work that took place in January 2024 included a survey to Sunderland education settings and a paper survey to parents and carers. This was followed up with a twelve week fieldwork period running January-March 2025. The work included:

- A session with STSFT Children's Speech and Language Therapy service staff.
- A session with Sunderland Parent and Carer Forum (the forum in South Tyneside was not operational at that time and so could not be included).
- Four sessions for parents and carers were arranged in family hubs (two in each South Tyneside and Sunderland). The South Tyneside sessions went ahead but one of the Sunderland sessions was called off due to flooding and the other had no attendance.
- A session for nursery staff in South Tyneside and a session for nursery staff in Sunderland.
- A session for primary setting staff in South Tyneside and a session for primary setting staff in Sunderland. An online survey to parents and carers, with paper copies on request. All responses were received electronically. The Sunderland Parent and Carer Forum were initially asked their views on proposed questions to give opportunity to shape the survey. Those attending face to face sessions were also made aware of the

opportunity to complete the survey, so it is possible that some participants gave their view via both survey and face to face mechanisms.
- An online survey to staff who refer into the service and a supplementary survey to education settings only. The supplementary survey was launched four weeks after the initial survey in response to feedback from some participants that there were additional elements they would like to give views on. As a result, we cannot determine whether the two staff surveys were completed by the same or different people.

Surveys to parents and carers were promoted by the service provider. Posters advertising both the survey and the parent and carer sessions were advertised in family hubs. Awareness raising also took place via local networks. Surveys to staff were shared by the education teams in both Local Authorities with all nurseries and primary schools.

Analysis

A write up of survey analysis and each discussion session has been outlined in the report below. Where survey data from 2024 is available on similar themes, findings have been presented alongside the 2025 data, with specific references. Data has been presented to one decimal place in graphs and tables and rounded to whole figures in the main text. Therefore, percentages may not add up to 100 due to rounding. Although the report makes use of graphs without additional data tables, base numbers have been included to give context to percentages.

Open-ended survey responses have been coded, themed and presented in frequency tables. Some responses include more than one theme and so the total count of themes is higher than the number of responses to a question. Although attention has been drawn to the most frequent themes, there is useful feedback for commissioners to consider in the wider list of themes. Illustrative quotes have been included to give context to the themes. Direct quotes from respondents are exactly as written and not corrected for spelling and grammar. Any potentially identifying words have been redacted.

Qualitative analysis identified some concern over lack of tailoring for neurodivergence or autistic people. Therefore, additional analysis was undertaken to look at the results for the cohort who were referred for neurodivergence, including autism. Due to the smaller cohort, percentages must be treated with caution. However, differences that may be of note are referenced within where relevant. The conclusion brings together some key observations across the different methods of involvement and both staff and parent or carer groups.

Findings: Parent and Carers

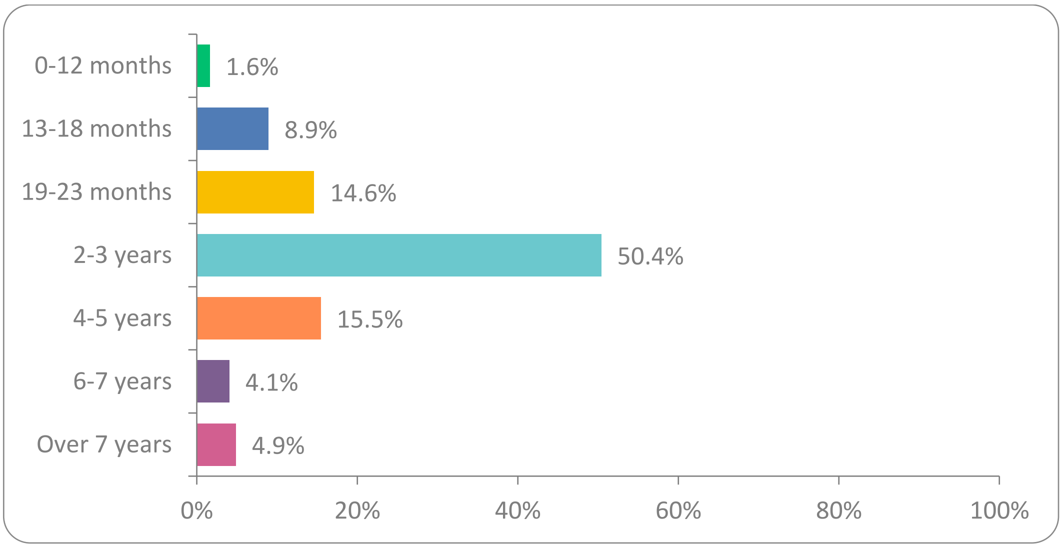
Overall, there were:
- 13 responses to a paper survey in 2024
- 123 responses to the electronic survey in 2025
- 7 parents or carers attending the Sunderland Parent and Carer Forum
- 3 parents or carers attending the South Tyneside Family Hub discussion, and 0 attending in the Sunderland family hub sessions (one due to flood and one due to lack of attendance)

Parent and Carer Survey

123 responses were received to the parent and carer survey. All responses were received electronically.

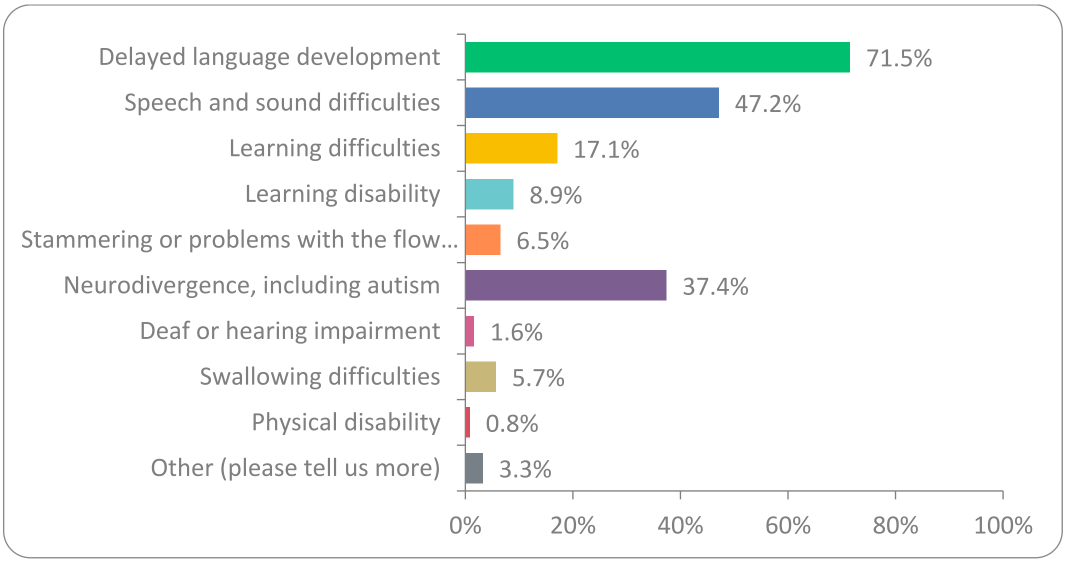
Q1: How old was your child at the time of the referral? (Base 123)

In total, most children are referred at the age of 5 or under (91%). The most popular age for referral was aged 2-3 years with around half of children being referred at this age. This was followed by 16% aged 4-5 years and 15% 19-23 months. There was a similar pattern of responses to the Sunderland survey in 2024.



Q2: Why was your child referred to the Speech and Language Therapy service? (Tick all that apply) (Base:123)

The most common reason for referral, according to parents and carers, was delayed language development (72%), followed by speech and sound difficulties (48%) and neurodivergence, including autism (37%). It is interesting to note that staff were even more likely to select speech and sound difficulties (77%), stammering or problems with the flow and timing of speech (46%) and to some degree neurodivergence, including autism (49%). In the Sunderland survey in 2024, four people specifically referenced non-verbal but this wasn't presented as an option in 2025.

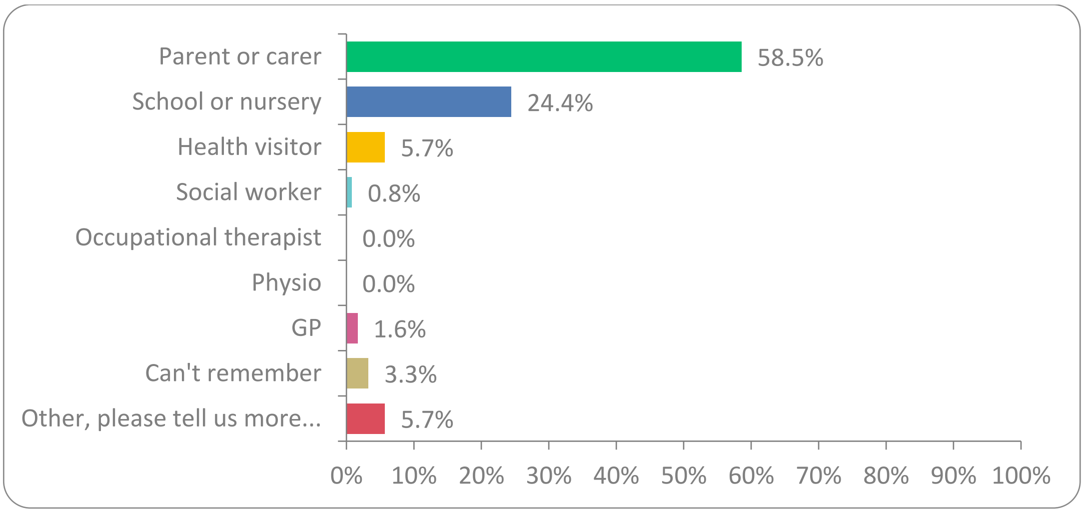


Of those who responded 'other', the following responses were received:

- Use of limited and repetitive words
- Hoarse voice
- Speech
- Cleft lip and palate

Q3: Who first recognised that your child might benefit from speech and language help? (Base: 123)

Parents and carers were most likely to say that they themselves first recognised their child might benefit from speech and language help (59%), followed by school or nursery (6%). Of the 46 people who responded to this question and had children referred for neurodivergence, including autism, it was more likely that health visitors, rather than school noticed that they might benefit from SALT help.

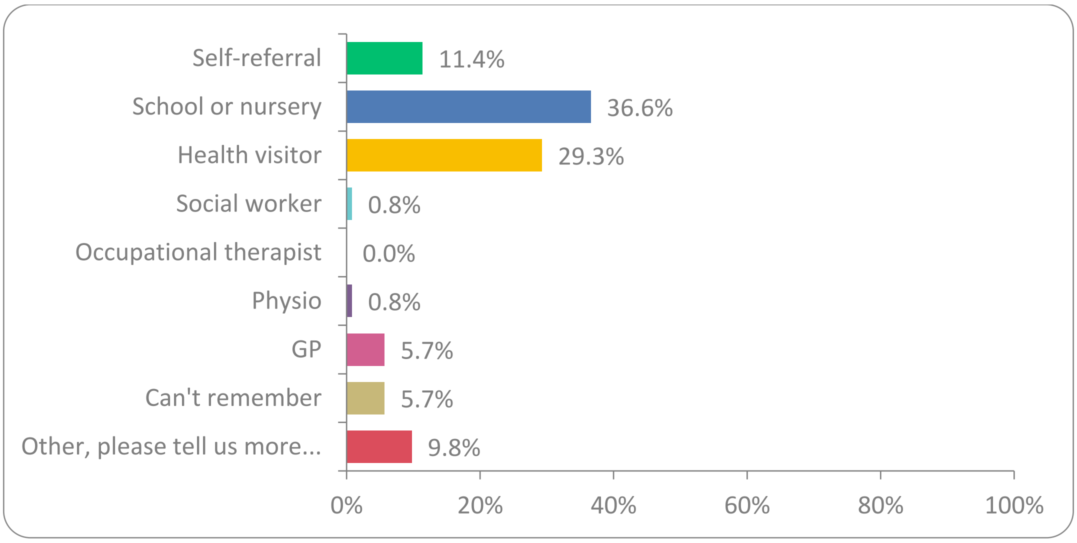


Of those who responded 'other', two wanted to indicate both parents and school/nursery staff. The other responses were as follows:

- Post adoption referral as previously seen elsewhere following
- Traumatic brain injury
- Outreach worker at family hubs
- Cleft nurse
- Consultant
- Paediatrician

Q4: Who first referred your child into the Speech and Language Therapy Service? (Base: 123)
Q5: If you made a self-referral, how did you contact the service? (Base: 14)

Close to 60% of parents first noted that their child would benefit from support, but only 11% did a self-referral. School or nursery managed 37% of referrals, with health visitors managing 29%. In 2024, 10 of 13 parents or carers spoke to a practitioner about their concerns before a referral was made. It may not be surprising that professionals handle the vast majority of referrals, with two thirds of those being managed between the education setting and health visitors; they are likely to be easy points of contact for parents. It may also be that this is the most appropriate way of handling referrals. However, consideration may need to be given to the most appropriate pathway and the associated communications needed to ensure parents are directed appropriately. Of those who self-referred, 7 people referred via telephone, 2 on the website and 5 couldn't remember.

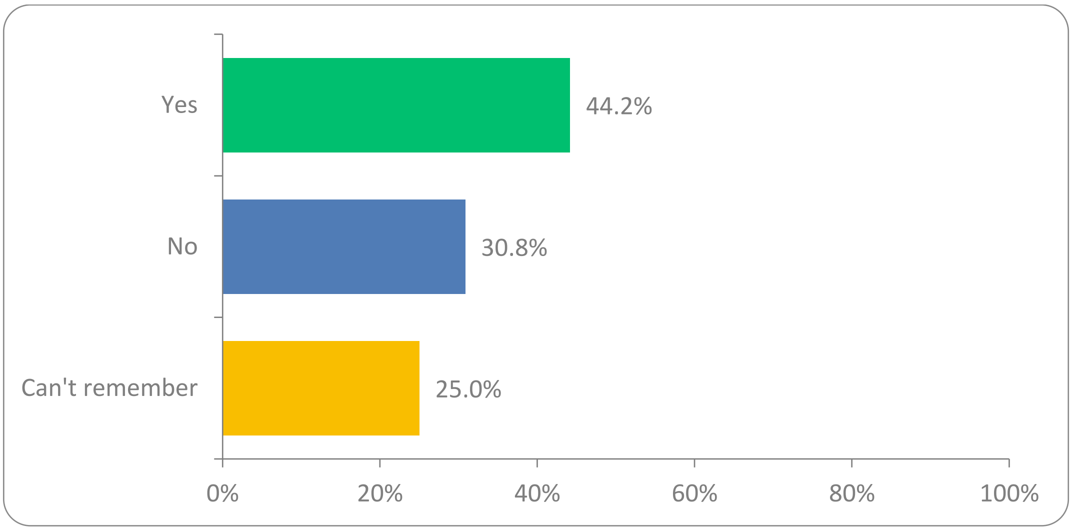


The following responses were received under the 'other' category:

Response	**No.**
Paediatrician	3
Consultant (one including nursery)	2
teacher of the deaf	1
My health visitor, VERY reluctantly	1
outreach worker with agreement from health visitor	1
School referral	1
Community Nursery Nurse	1
Cleft service Newcastle	1
After other services ignored us	1

Q6: Did the professional who referred your child offer any information or support before making the referral? (Base: 120)

44% of respondents said that the professional who referred their child offered information or support before making the referral; 31% said they did not and 25% could not remember. 4 of 13 respondents in 2024 said they were offered support before making a referral.



Q7: What type of information or support did the professional who made the referral offer? (Tick all that apply)

45 people responded to this question, giving an overall total of 78 responses. The most commonly offered support was examples of things to try at home (n=32).

Answer choice	No.
Examples of things to try at home	32
Told about Family Hub groups	17
Other, please tell us more...	11
Chance to try things at home and then review the results before referral	9
Advised to chat to school or nursery	9
Total	**78**

Of those who answered 'other', the following responses were received:

Nursery told us about the referral and what to expect
Support with speech if needed
Support within the nursery setting and advised to get
Hearing checked
The health visitor was excellent
Information leaflets
'Box time' sessions at home
Referred to Early Years Practitioner
Support with feeding in hospital
No advice
Adoption social worker, child moved areas

Q8. What were you expecting from the referral to the service?

85 open ended responses were received to this question, with some responses containing more than one theme. The most common theme was an expectation of help, advice and support that specifically referenced speech, language or communications (including specific problems) (n=29). These comments were either very general or just referenced support with speech, with no specific outcomes referenced. Linked to this, were 16 general references to help, advice or support but given the survey, it is implicit that these are linked to the same topic. Illustrative quotes are provided below:

> "To help my child be more understood from his speech and language from other adults and children that weren't his parents. And to help his speech and language progress."
>
> "Improved speech in line with current age."
>
> "Support to help my daughter"
>
> "More support than I've had"

20 people made comments that referenced an expectation around interventions, sessions or one to one support.

> "More actual face to face therapeutic interventions rather than assessment appointments."
>
> "I was expecting regular interventions, support in assisting my child to develop speech, a robust plan and regular support for us as a family and into nursery, an open service that communicates across all forums and works together to offer training to families, continuity for the child to see the same therapist, who knows the child and recognise when develop is slow and strategies need adapting and for this to continue until child reaches the level of communication they should be at."
>
> "I was under the impression that it would be 1-2-1 sessions with my child/ren."

A number of parents/carers were also hoping to gain a better understanding of the issues and how to help their children (n=10)

> "support and advice for my daughter and for my family to understand the best way how we can help our daughter."
>
> "Support with strategies to use at home to encourage speech and to help encourage ways for my daughter to communicate at home."

Assessments were raised by 9 respondents.

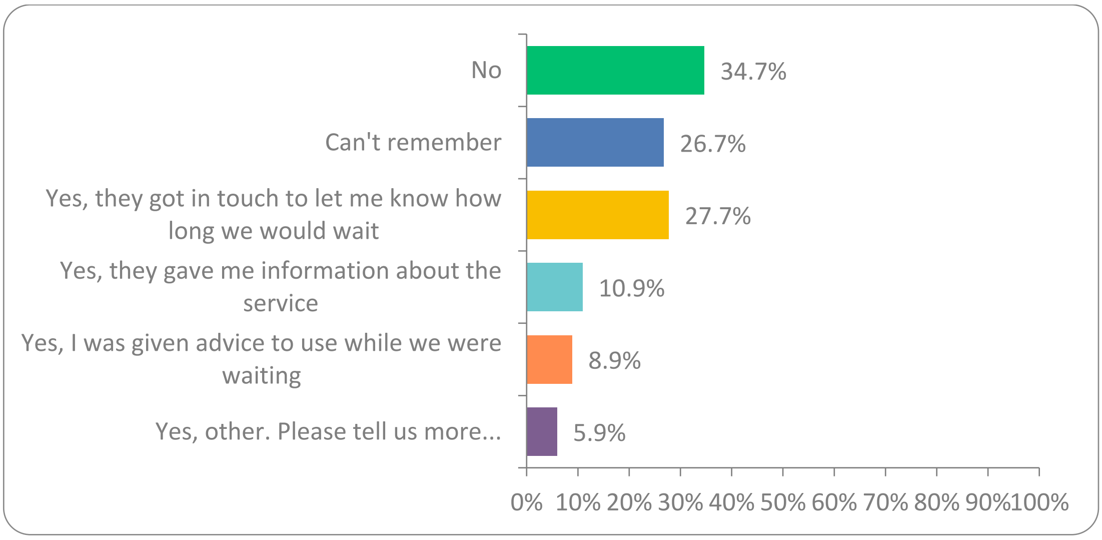
> "For my child to be assessed by a professional"

The full range of themes and count of frequency are presented in the table below:

Theme	No.
Help, advice or support with specific reference to speech / communication (including improving or starting)	29
Interventions / sessions / one to one (including one reference to tailored one to one)	20
Help, advice or support (including one reference to bigger network of support) /	16
Advice / strategies / resources to use at home and improve understanding	10
Assessment	9
Unsure at the time	6
Help with possible ASD assessment / neuro affirming support	3
To start chewing / swallowing / improve feeding	3
To be seen quickly / within six months	2
A consistent professional	2
Long waits (for referral and assessment)	1
Expecting telephone appointment (due to pandemic) that wasn't received	1
Not much, lack of speech was due to being quiet / autistic	1
To be added to the waiting list	1
A robust plan	1
Group time for interaction and learning	1
Help with global development delay	1
Information not relevant to the question	1

Q9: Did you get any contact from the Speech and Language service when they first got your referral? (Tick all that apply) (Base: 101)

Over one third of respondents (35%) said they did not get any contact from the service when they first received the referral. This was as high as 47% amongst the cohort who were referred for neurodivergence including autism (base: 32). Overall, 28% said the service got in touch to let them know how long they would wait, and 27% could not remember. Fewer received information about the service (11%) or advice whilst waiting (9%). In 2024 6 of 13 parents or carers said that they received acknowledgement of the referral.



The 'other' responses were as follows:

> "We were told waiting times (although it has now been close to two years since initial assessment). Also attended little adventurers group sessions."
>
> "To say we were on a waiting list and may take some time. No help or support offered at this stage"
>
> "given info to read"
>
> "Did a on phone assessment before the face to face assessment"
>
> "Initially yes but other things I had to personally contact the service"
>
> "Let me know he was on waiting list and he will be seen to as soon as they can"

Q.10 If you were given advice to use at home whilst waiting, please tell us more about whether it helped and if it could be improved.

39 responses to this question were received. These were coded and themed, with some responses containing more than on theme. 17 people indicted that they were not given advice to use at home whilst waiting. Many of the responses gave an indication of the help received without any specific reference to whether it was helpful, but 5 people did make specific references to the advice being helpful.

> "Don't think we were given any advice until we actually saw a therapist"
>
> "None. Just a long wait time."
>
> "I was given at home tasks I could try, they helped a lot until his first appointment"
>
> "Guidance was excellent and helped"
>
> "I received some print outs but no other help."

Theme	No.
No / none (including one reference to advice not possible until assessment has taken place)	17
Specific reference to being helpful	5
Tasks / paperwork for home	4
Reference to long wait	3
Can't remember	3
Guidance – no specifics	3
Could be improved or it helped but more was needed	2
Specific reference to not being helpful	1
Advice from someone who did not know the child	1
Not neuro diverse affirming practice	1

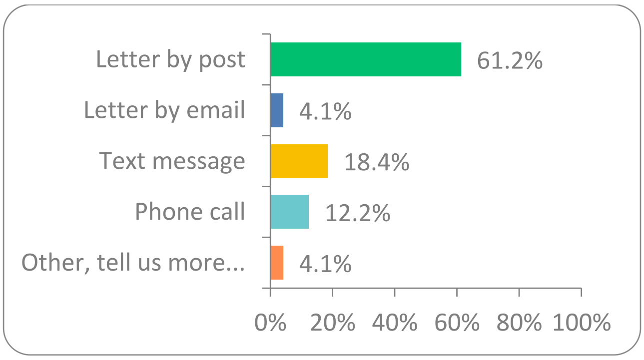
Found info online	1
Read 'it Takes Two to Talk'	1
Needs consistent work in schools	1
Not ongoing	1
From health visitor	1
Needed more one to one support	1
Group sessions offered advice	1
School helped whilst waiting	1
Paid for private SALT	1
From nursery key worker	1
Repeating with correct sounds	1
Videos to watch	1
Received the child's report	1
Acknowledge the issue to reduce anxiety	1

Q11: How were you given your appointment information? (Base 98)
Q12: What is your preferred method of communication? (Base 98)

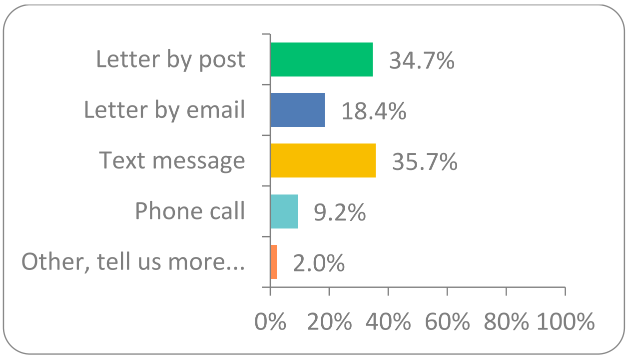
People were most often informed about an appointment via post (61%). 'Other' included two people who were still waiting, one who couldn't remember and one who received a phone call followed by a letter.

When looking at preferences, although post was a popular method of communication (35% preferred), a text message was slightly more popular (36% preferred and 18% receiving information this way). More people would prefer a letter by email (18%) than received appointment information this way (4%).

How were you given your appointment information?

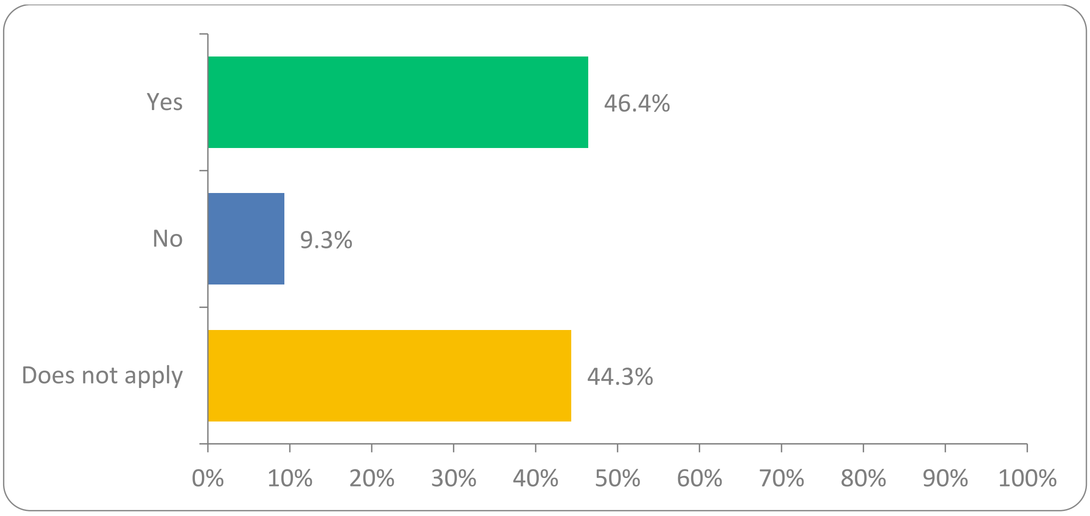


What is your preferred method of communication?



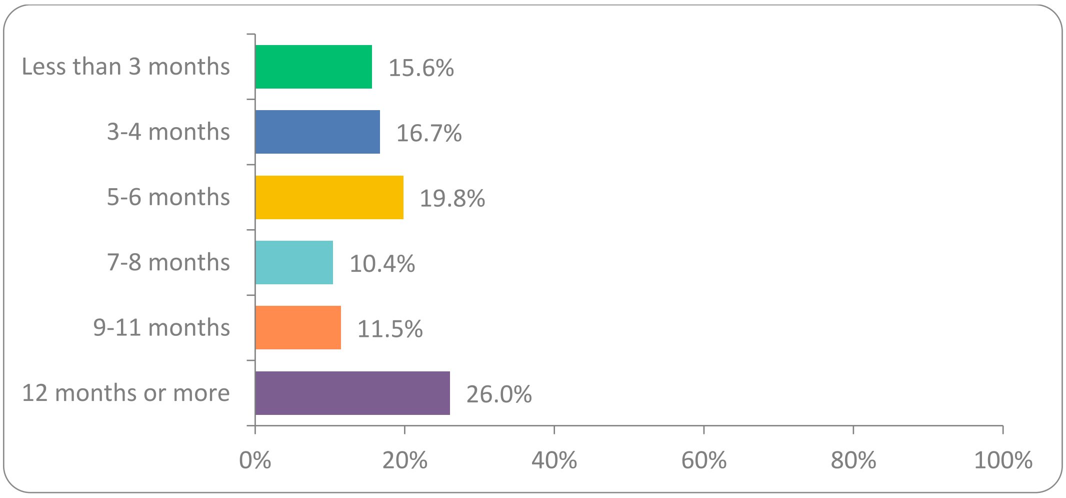
Q13: If you had to cancel or change your appointment, was it easy to contact the service to let them know? (Base 97)

Most of the people who needed to contact the service, found it easy to do so. However, 9% did not think it was easy to make contact.



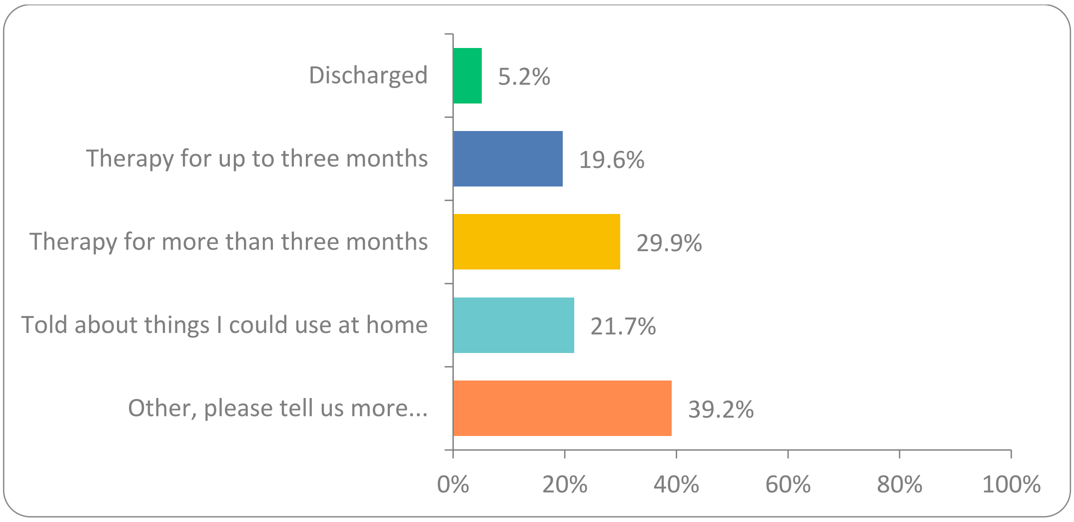
Q14: How long did you wait for an appointment? (Base: 96)

In total, just over half of respondents were seen in six months or under. Just under half waited longer; within that just over a quarter of respondents said that they waited for more than a year. In 2024 3 people reported waiting less than 1 month, 3 people 1-3 months, 2 people 3-6 months and 2 people 6-9 months. It is interesting to note that, in 2025, when comparing the cohort who were referred for neurodivergence, including autism (base: 32), 6% stated they were seen within three months and 38% waited longer than 12 months, compared to 16% and 26% respectively in the general cohort. However, the small numbers in the cohort could influence percentages. Comments received in other parts of the survey would indicate that people are sometimes given an initial assessment and then placed back onto waiting lists.



Q15: What was the outcome of the first appointment? (Tick all that apply) (Base 97)

Around half of respondents said that the outcome of the first appointment was therapy, with 22% being told about things they could use at home and 5% being discharged.



Of those who ticked 'other', the most common theme was some reference to waiting (n=16), including reference to being put onto a waiting list, waiting times or that they're still waiting for the appointment. Three of these respondents referred to having some level of treatment and then being put back onto waiting lists for further treatment. A further three made specific reference to receiving an assessment and then waiting further.

> "Waiting for an appointment"
>
> "First appointment was an assessment to what was needed then put back on the waiting list"
>
> "three months but then reput back on a waiting list we fitted the service rather than service fitting my child"
>
> "6 session block but we had to go back onto the waiting list to wait for another 5-6 month"
>
> "Told it seemed likely my child had autism and put back on a never ending waiting list."

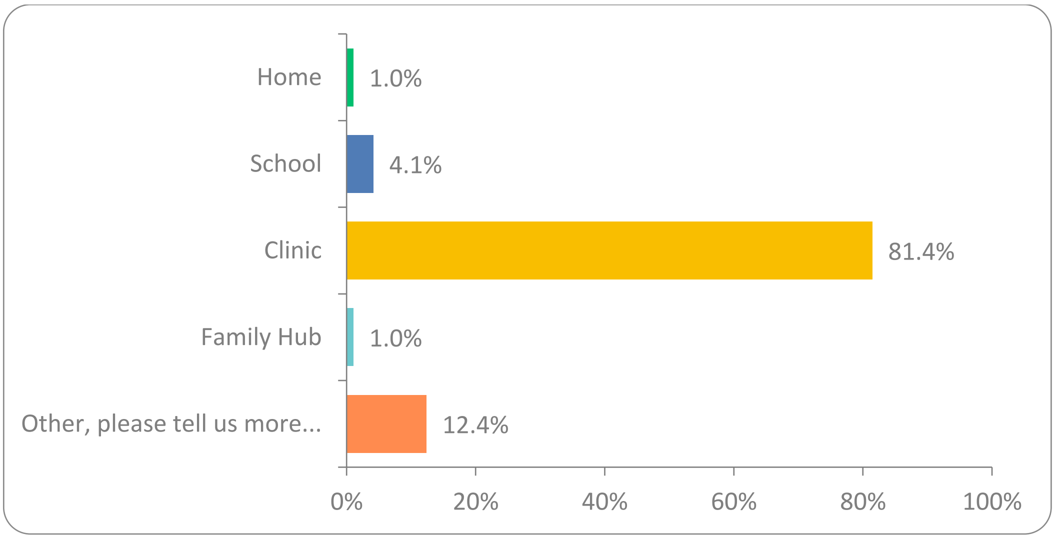
All themes and the frequency is outlined below:

Theme	No.
Put on waiting list / reference to waiting times / still waiting (including references to having an assessment or some treatment and then being put back on further list)	16
Referred for ASD / supported ASD diagnosis	4
Limited number of sessions	4
Told things I could do at home	4
Group sessions	3
Review after a period / annual check in	3
Natterjacks	2
Referred to a speech and language unit (one reference to school)	2

Little adventurers	2
Moved to next phase/higher level SALT	2
Nothing consistent (including changing therapists / irregular appointments)	2
Nursery observation/visit for review	2
Seen every six weeks / appointments	2
Referred to specialist school	1
Open to SALT for years	1
Social communication pathway	1
Discharged with patient initiation open referral	1
Referral for ADOS assessment	1
Referral to hearing, then paediatrics (then on to specialist SALT for ASD)	1
Report stating needed SALT	1
Operation for tonsils and grommets then speech difficulties were not present	1

Q16: Where did your child's appointment take place? (Base: 97)

Most appointments took place within a clinic (81%), with a small amount taking place in school (4%) and even fewer in the home or family hubs (1% each). In 2024 8 took place in a medical setting, 2 at home, 1 at school and two referenced the place rather than the setting.



Of the 12 people who responded 'other', two gave two responses. The responses were themed as follows:

Theme	**No.**
Hospital	4
Speech and language department	1
Phone	2
Clinic	2
Durham Road Centre	1
Family Hub / Children's centre	2
Medical centre	1
Still waiting for an appointment	1

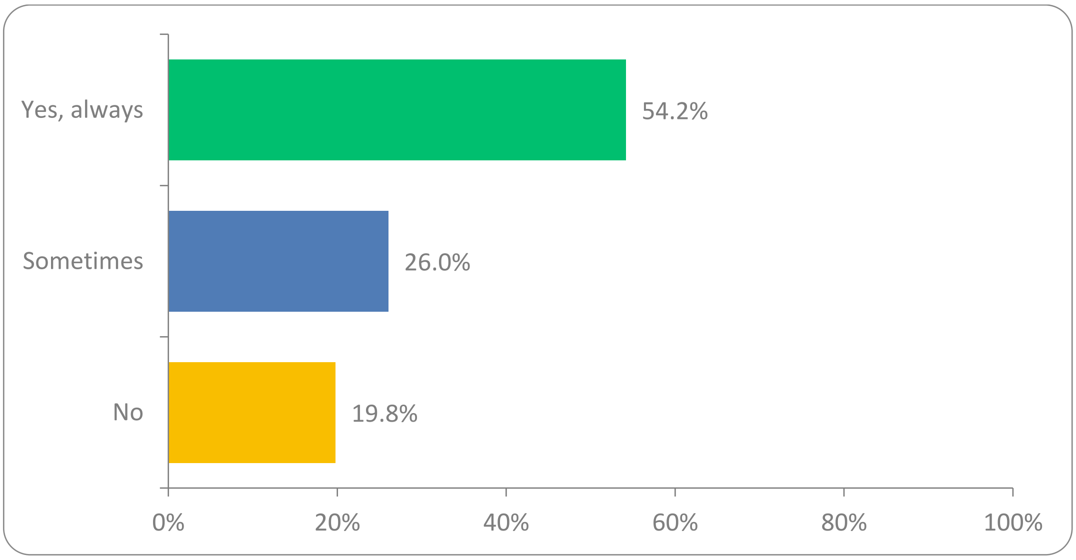
Q17: Was the location of the appointment your preferred option? (Base 96)

Most people had their appointment in their preferred location (84%) and 16% did not. Of the 30 people who were referred due to neurodivergence, including autism, 77% said it was their preferred location. From the 15 responses that offered further information, the following themes were recorded:

Theme	No.
Wasn't given choice	6
Would have preferred school	5
Far from home/difficult to get there or get child there/would have preferred more local clinic	4
Would have preferred home	2
No preference	1
Would have preferred in person	1
Would have preferred a familiar setting	1
Would have preferred family hub	1

Q18: Were you able to have appointments at times that suited you and your family? (Base: 96)
Q19: If you had any difficulties accessing the service, please tell us about it below

When asked if they were able to have appointment at times that suited them and their family, around 20% answered no, just over a quarter answered sometimes and over half answered yes, always. Those who were referred due to neurodivergence, including autism were less likely to answer yes, always (37% base: 30). The follow up question asking for explanations indicated that views may have been influenced to some degree by dissatisfaction with waiting times.



24 responses were received to the question of whether there are any difficulties accessing the service, with some answers containing more than one theme. This question may have been more insightful if it had been specific to appointment times as many responses were more general.

Seven respondents referenced waiting times, including reference to ASD. In relation to waiting, three people noted the needs of the child change by the time they are seen:

> "His assessment was April 2024 and he is still awaiting a follow up appointment. I previously contacted speech and language to ask how long it would take but the said he was in the queue. Everything I've read about autism says early intervention is key and sadly I'm watching his early years slip by awaiting a block of therapy to help him."
>
> "Referral made however awaiting an appointment……over 6 months now"
>
> "The waiting is so long that the child doesn't receive the help they need on time and they have grown /progressed till they were seen.
>
> "I have had several difficulties with the speech and language service of which I raised a complaint with the manager, xx. The continuity, passed from pillow to post, using a database to throw my child out for her next appointment to any given therapist who picks her up like a task in a call centre. Meeting different people all the time, bearing in mind my daughter was since diagnosed as autistic and building relationships and trust have been hugely difficult. Therefore a therapist understanding her needs from someone's notes is not the same as a therapist who knows my child and has made regular contact with her and understanding of her challenges. My child was completely nonverbal but as soon as we had her asd diagnosis we were discarded by the service and put back on a waiting list where she waiter a further 12 months to be seen. Very poor."

Four referenced difficulties attending during working and school hours:

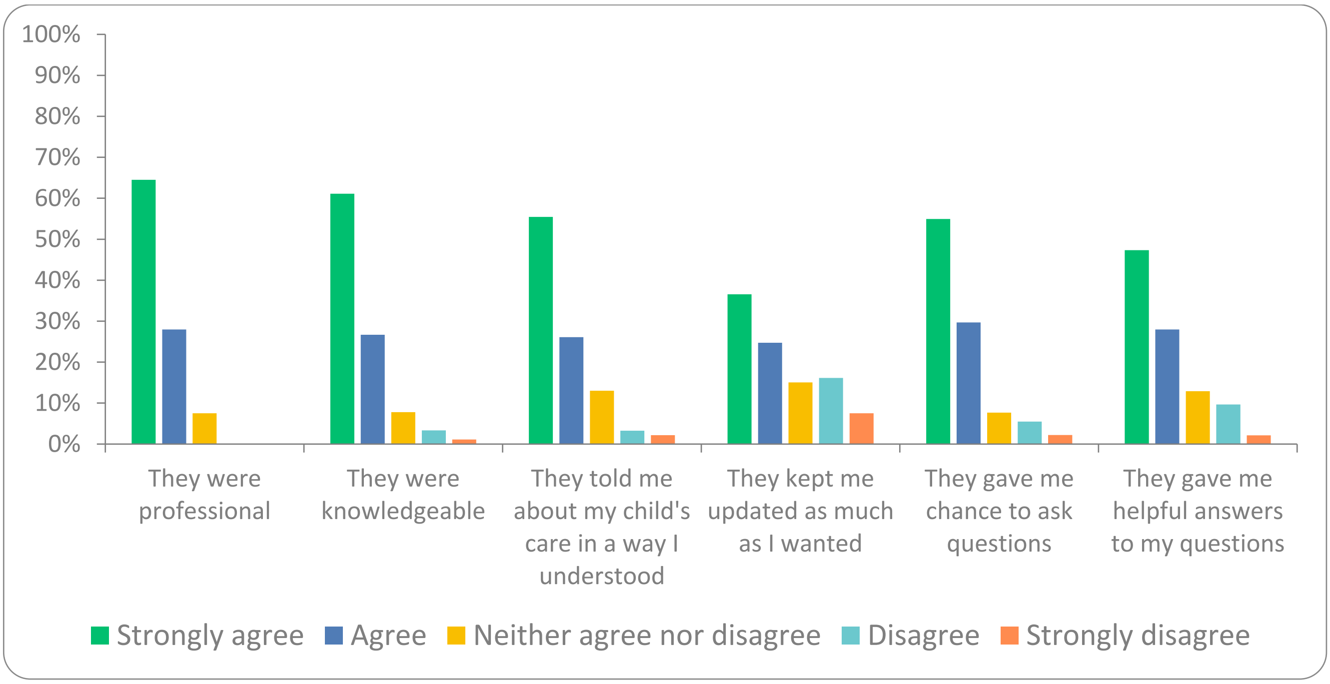
> "We are both working parents in a job where it is extremely different to get time off and the appointments were very limited to certain times or days. Very frustrating after waiting for SO long. Our child's assessment and then therapy sessions have taken place in different buildings which is a nuisance. It is not made explicitly clear you can ring the service for updates and support, returned phone calls can take days. Service is massively stretched."

The full count of themes is as follows:

Theme	No.
Long wait /reference to waiting / waiting again following ASD diagnosis	7
Difficult to attend during working and school hours	4
The child's needs change before being seen	3
No/nothing	3
Not inclusive for people with additional needs (including one stating the group environment was too loud/crowded)	3
Not informed that the member of staff was not in work/cancelled with no notice	2
No therapy during Covid/on phone due to covid	2
Phone calls not returned/ difficult to get through	2
Discharged without being informed/before ready	2
Difficult to rearrange an appointment	1
Assessment and therapy in different buildings	1
Not explicit that you can ring for updates	1
Lack of continuity of therapist	1
Appointment letter was confusing	1

Q20: How much do you agree or disagree with the following statements about your child's therapist? (Base: 93)

When asked how much they agreed or disagreed with statements about the child's therapist, results were overall positive. The highest levels of agreement were in relation to the therapist being professional (93% overall agreement, no disagreement). All other statements had between 75% and 88% overall agreement. This was with the exception of "they kept me updated as much as I wanted" which had 61% overall agreement and 24% overall disagreement.



How much do you agree or disagree with the following statements about your child's therapist?						
	Strongly agree	**Agree**	**Neither**	**Disagree**	**Strongly disagree**	**Total**
They were professional	64.5% 60	28.0% 26	7.5% 7	0.0% 0	0.0% 0	93
They were knowledgeable	61.1% 55	26.7% 24	7.8% 7	3.3% 3	1.1% 1	90
They told me about my child's care in a way I understood	55.4% 51	26.1% 24	13.0% 12	3.3% 3	2.2% 2	92
They kept me updated as much as I wanted	36.6% 34	24.7% 23	15.1% 14	16.1% 15	7.5% 7	93
They gave me chance to ask questions	54.9% 50	29.7% 27	7.7% 7	5.5% 5	2.2% 2	91
They gave me helpful answers to my questions	47.3% 44	28.0% 26	12.9% 12	9.7% 9	2.2% 2	93

Q21. If you have any further comments about the therapist, please tell us below

The most frequent themes were positive, with 13 of these being about the staff and 6 about the service or outcome:

> "SALT have been supportive, informative, professional and transformative for my child."
>
> "xx has been brilliant with my son and myself. He has come on so much since his first appointment with her. She was very supportive to us through a diagnosis of a condition…I will always remember her words of don't give up on him when I thought things would never get any better for him."

6 people mentioned unsuitable strategies or a lack of understanding of the needs of the child:

> "Completely outdated approach to language, my son is a gestalt language processed and the therapist told me my son couldn't talk but didn't want too. 5 months with a private Salt and he now speaks, is able to answer questions and initiatives conversions"

There was reference to a lack of continuity from 5 people:

> "It's hard to fill this one in as my child never had the same therapist which I think was hard to get the rapport between some therapist with my child. It was very disjointed and no consistency."

There was reference to waiting from 5 people

> "I think the waiting times are horrendous, I appreciate a lot of children need help, but we've been on waiting lists for almost 2 years"

There were 5 people who made general negative comments about the service or outcome and a further four about the therapist or staff:

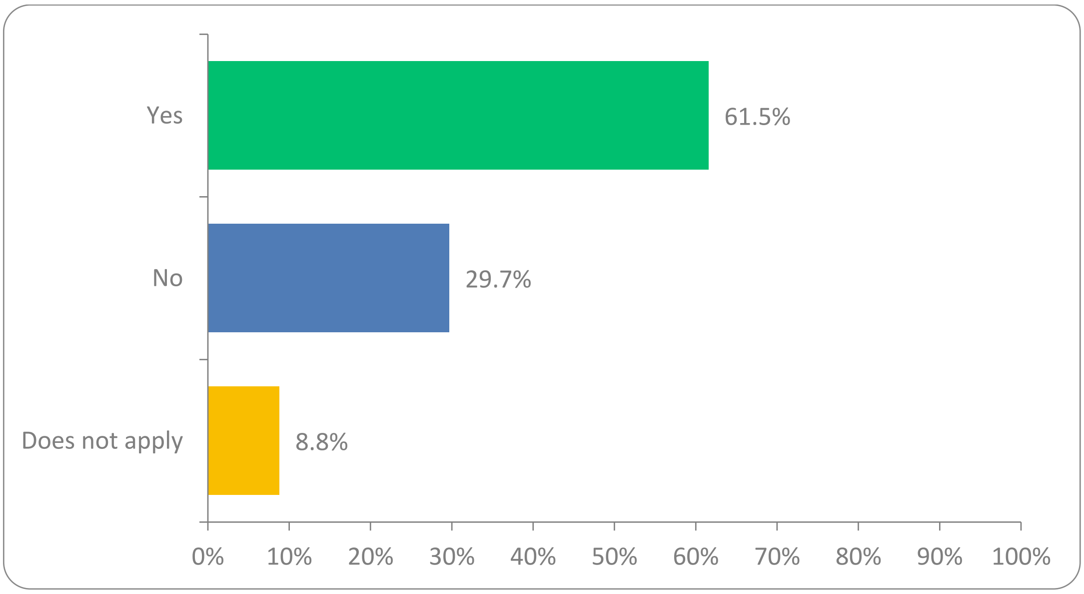
> "In my meeting xx…the answer…was that they did not have the funding …the service the were offering was not their "gold standard"…I may have to get my head around that some autistic children will never have a 2-way conversation! This was in reference to my 3 year old daughter. In the studies early intervention is key however this was the attitude."

The full list of themes and frequency is as follows:

Theme	No.
Positive regarding staff	13
Positive regarding service or outcome	6
Used unsuitable strategies or lacked understanding	6
Lack of consistency of therapist/continuity	5
Waiting long or difficult	5
negative regarding service or outcome	5
negative regarding therapist/staff	4
Lack of follow up	3
Reference to being short-staffed or lacking funding	3
More help / longer intervention needed	2
Limited feedback or information	2
Lack of explanation of terminology (some comments linked this to reluctance to speak about suspected ASD)	2
No	1
Haven't progressed past the initial assessment	1
Lack of management when transferred to a school out of the borough	1
Adapted language/tone between parent and child	1

Q22: Was your child's school or nursery involved in the therapy process? (Base: 91)

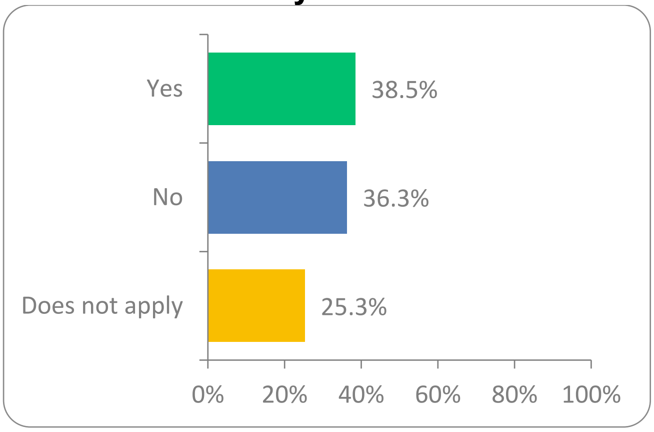
Over 60% of respondents said school or nursery was involved in the therapy process. 30% answered 'no'. 9 of 13 respondents in 2024 reported that their child's school or setting was involved in the therapy process. 6 of 13 respondents said their school could support their child's needs better after therapy.



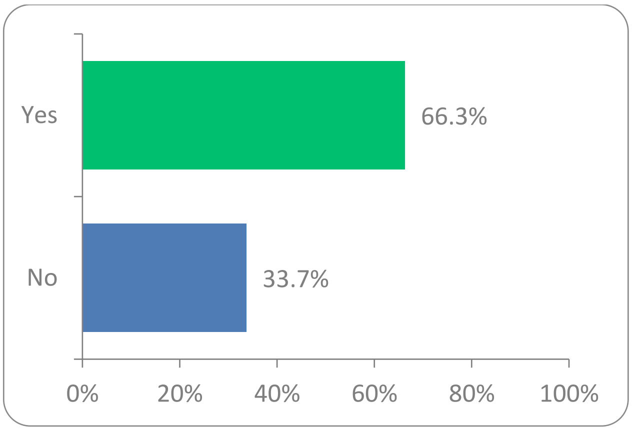
Q23: Has your child's school or nursery confirmed whether the Speech and Language Therapy has helped your child at school or nursery? (Base: 91)
Q24: Have you noticed any improvements in your child's speech and communication skills since starting therapy? (Base: 86)

39% of respondents said their school had confirmed whether SALT had helped their child. Two thirds noticed an improvement themselves. Those who were referred due to neurodivergence or autism are less likely to say they have noticed improvements in speech and communication skills (54%, base 26). 4 of 13 parents or carers thought the therapy had helped in their everyday life in 2024.

Has your child's school or nursery confirmed whether the Speech and Language Therapy has helped your child at school or nursery?

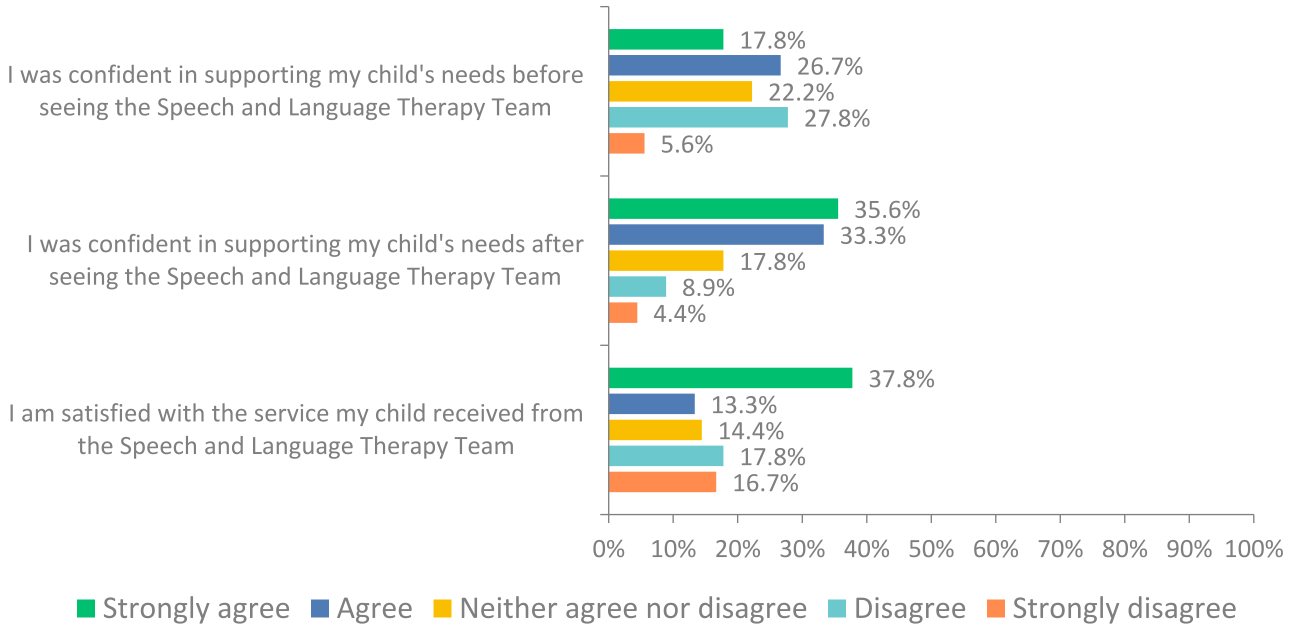


Have you noticed any improvements in your child's speech and communication skills since starting therapy?



Q25: How much do you agree or disagree with the following statements? (Base: 90)

Parents and carers indicated that their confidence in supporting their child's needs improved following SALT appointments. Overall, 45% agreed they were confident prior to SALT and 33% disagreed. This compared with 69% agreeing after SALT intervention and 13% disagreeing. The cohort who were referred due to neurodivergence including autism had a larger increase in confidence because they were less confident before SALT (36%) but ended up with a similar level of confidence after (69%). Overall, just over half of all respondents agreed they were satisfied with the service their child had received (51%), but 35% disagreed. For the neurodivergent including autism cohort satisfaction levels were much lower, with only 32% agreeing they were satisfied and 61% disagreeing. (Percentages for the neurodivergent including autism cohort are based on a small sample of 28 and so should be treated with caution). 8 of 13 parents or carers said they were confident to support their child's needs after therapy in 2024.



How much do you agree or disagree with the following statements?						
	Strongly agree	**Agree**	**Neither**	**Disagree**	**Strongly disagree**	**Total**
I was confident in supporting my child's needs before seeing the Speech and Language Therapy Team	17.8% 16	26.7% 24	22.2% 20	27.8% 25	5.6% 5	90
I was confident in supporting my child's needs after seeing the Speech and Language Therapy Team	35.6% 32	33.3% 30	17.8% 16	8.9% 8	4.4% 4	90
I am satisfied with the service my child received from the Speech and Language Therapy Team	37.8% 34	13.3% 12	14.4% 13	17.8% 16	16.7% 15	90

Q26: If you were not satisfied, please tell us why below

24 people followed up to explain why they were not satisfied. The most frequently mentioned theme was length of wait times (n=16). This was closely linked to some of the other themes, such as a need for more help and concerns about the lack of support.

> "We have had no therapy. We waited almost st 1 year for the referral. Had one assessment and waited 6+ months for natterjavks which we still haven't been invited too."

> "Again, waiting, waiting and more waiting, the nursery setting is helping her more than SALT"

> "It has taken 3 years for my child to eventually get individual 1:1 therapy after attending every step requested of us"

10 people expressed a need for more help, made comments about discharge being too early, or identified ongoing issues and 9 people referenced a lack of therapy or support:

> "I feel like a 6 week block is not long enough given the time we have waited"

> "More support required but service under resourced and no further treatment could be offered."

> "Not enough sessions. Had a playgroup session for a few weeks and a couple of appointments with a therapist - but that was all. Even though still significant delay. Needs to be more appointments, which I know is difficult due to the demands of the service and the volume of need."

> "Child has started to use words and communicate whilst waiting for appointment. Felt that once my child spoke with words it felt it was not seen as a need for involvement further. My child was discharged from services but I felt the biggest need was the need for support around communication and understanding of language which was not addressed. After an asd diagnosis and with support from school a re-referral was made and again feel that no significant support was offered past an initial appointment and discharged. I feel this is the significant area of need for my child still and is having the greatest impact on her development"

> "I have still not received any appointments for my child's therapy to start she did say there was a very long waiting time"

9 people also referenced the lack of appropriate strategies for their child's needs, they felt the intervention was not appropriate for their child, or they wanted more tailored interventions. This included people who felt that strategies were not inclusive and lacked tailoring to neurodivergence, ASD or specific types of language processing. Others felt their child's needs were not well suited to group interventions.

> "Was provided with a one size first all approach. NHS service did not recognise my child as a Gestalt Language Processor and give appropriate strategies to support this"

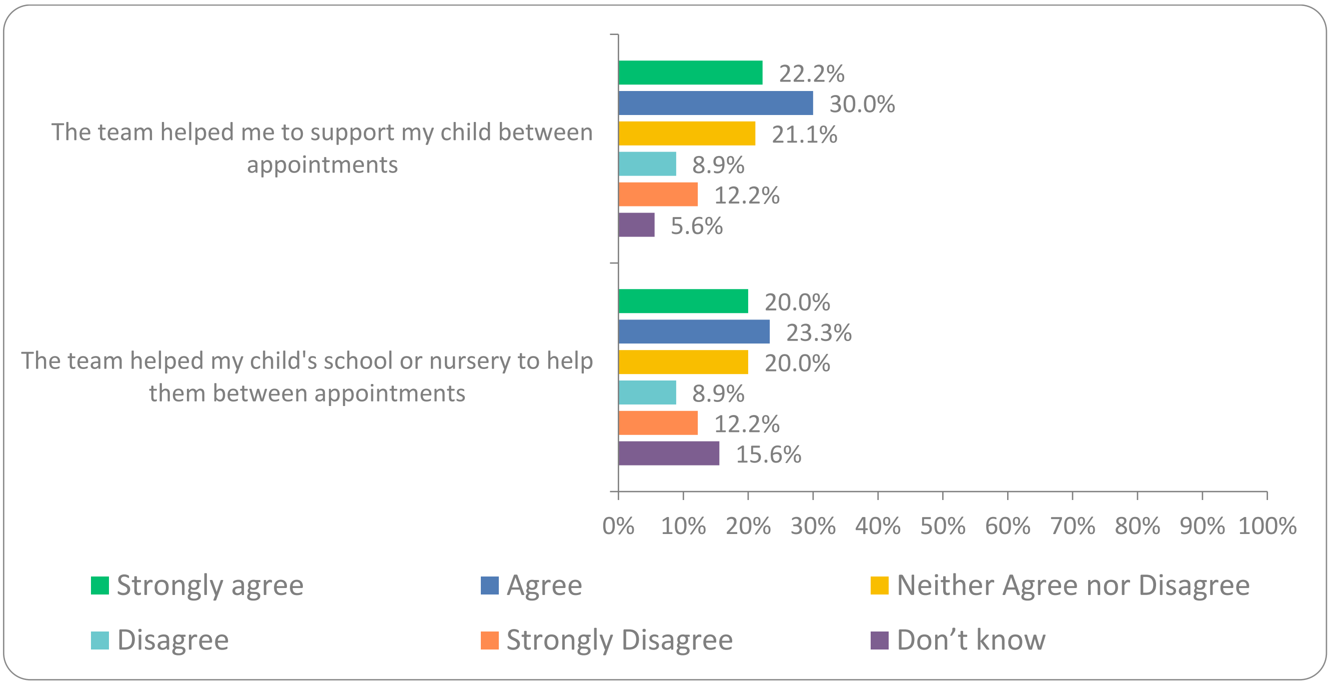
> "Structure of social communication little adventurers sessions were completely inappropriate (change of venue frequently, room which echoed, children with different abilities, children expected to follow instructions, children expected to play with toys which my son can't do). Back on waiting list after sessions - then 1 clinic session in a small room which was an unfamiliar environment and my son spent the whole session trying to leave the room and distressed so no observation could be done. Despite strategies not working I was told to continue doing them - no alternatives suggested. Told to continue makaton even though my son does not give any eye contact (and had t teach myself). Was only provided with one communication board but not coached on how to use it (my son can't point so I don't know how this is going to work?). I am completely lost with how to support my son going forward. He is non verbal at 4 years old and we have virtually no SALT input. Its a continuing cycle of 1 session followed by another year long waiting list."
>
> "I felt like little explores play group was too generic and not specific enough to my child I don't feel like my child was seen in a one to one situation enough, I dislike the advice on request and was offended by the wording of the letter saying if they haven't heard in 6 months they will assume he has made progress and will discharge him (he is pre verbal and 6 years old- they know fine well in 6 months he won't have caught up to his peers in speech development and yet he will be discharged and expected to be referred with a massive waiting list! "
>
> "Intensive interaction is an ableist support method, it is not neuro-affirming and nobody was trauma informed."

The full list of themes and frequency they were mentioned is outlined below:

Theme	No.
Issue with waiting or the length of the process	16
Wanted more help / discharged too soon / ongoing issues	10
Lack of therapy or support	9
Lack of appropriate strategies for needs / wanted more tailored / intervention not appropriate	9
Got the support from school or nursery (not NHS)	5
No/lack of follow up	4
Issue with communications (none, letters, making appointments)	3
Issue with venue/location	3
Disjointed	2
Positive regarding team	2
Under-resourced	2
Negative regarding staff	2
Couldn't code	1

Q27: How much do you agree or disagree with the following statements about the Speech and Language Therapy Team? (Base: 90)

Just over half of respondents agreed that the speech and language therapy team supported their child between appointments (18% disagreed). There was worse feedback from those with a child referred for neurodivergence including autism, with 32% agreeing they were supported between appointments and 39% disagreeing (base 28). Both cohorts had 43% agreement that the team helped the school or nursery between appointments.



How much do you agree or disagree with the following statements about the Speech and Language Therapy Team?							
	Strongly agree	**Agree**	**Neither**	**Disagree**	**Strongly Disagree**	**Don't know**	**Total**
The team helped me to support my child between appointments	22.2% 20	30.0% 27	21.1% 19	8.9% 8	12.2% 11	5.6% 5	90
The team helped my child's school or nursery to help them between appointments	20.0% 18	23.3% 21	20.0% 18	8.9% 8	12.2% 11	15.6% 14	90

Q28. What more you would like to see from the service in the future?

The top priorities for improvement include reducing waiting times or delays (n=14):

> "Shorter waiting times between block therapy."
>
> "Shorter waiting lists"

Providing more appointments, therapy or sessions (n=13)

> "More one to one sessions, evaluating children every 6 months   Not being so hard on parents when it's all new to them."

> "More therapists. More frequent sessions. Closer links to school. Integrated learning. Group sessions. More parental involvement."

> "Continuity and actual therapy to help improve speech"

Improving communications (this included comments about managing expectations) (n=11)

> "More effective communication and ideally a quicker response time even if just an initial call to let me know how long I was expected to wait or how long until he could be seen face to face, this experience gave me a lot of worry and anxiety about my son starting school…"

> "Active therapy or manage parents and professionals expectations of what speech therapy actually is…"

> "More communication and advice while waiting for appointment."

9 people mentioned the importance of providing more tailored support, this included one comment regarding the benefits of being treated at home for someone who finds it difficult in unfamiliar spaces and one comment that mentioned the importance of training for staff treating autistic people:

> "A more tailored approach for each child depending on needs."

> "Home service tailored to the child to aid improvement since they would benefit more from service/support delivered in a more familiar environment"

> "Some actually support for neuro divergent children. Look at current research and appreciate not all children learn the same way. Respect parents and autism outreach request to see children in school."

There were also comments about improving the involvement of parents (n=7) and school (n=7).

> "When the school or nursery submits the referral to be a lot more involved in the process of what is needed between appointments. There's only so much I can do at home with practising the words given and it would be a lot more helpful if they were to also practise with their speech and language tutor (provided im school). I have never met my child's speech and language tutor who he see's so it's hard to pass the information on between appointments."

> "I would like the team to take on board my comments. It's vitally important to see the same therapist especially for children like my daughter he doesn't form relationships well or engage as easily, new faces at every intervention. Also link ups between school, home and salt would be appreciated. And more regular reviews."

> "To be involved in the process of involving school not just therapist and school. Parents need to be in that meeting and agree targets as well so we are all delivering the same message to the child. More information and a point of contact would help when your child is back on the waiting list awaiting further sessions. Consistency is key."

The full list of themes and frequency is outlined below:

Theme	No.
Reduce waiting times / delays	14
More appointments/therapy/sessions	13
Improve communications (including managing expectations)	11
Provide tailored support (including 1 re: provision at home, 1 comment regarding improving training for treating autistic people)	9
Improve parent involvement	7
Improve school involvement / observations in school	7
Improve consistency of staff and provision	4
Request for improved appointments or specific type of help (i.e. 121 or group)	4
More follow-up	4
Issues with restricted blocks of therapy	4
More staff needed	3
Nothing or maintain good standard	3
Provide resources / improve resources (including one suggestion for an online portal)	3
More flexibility with appointments	3
Regular evaluation / check in	3
Provide support whilst waiting	2
School could not resource suggested intervention	1
Continue it within the NHS	1
More parity between SEN schools in the borough and those placed outside of the borough	1
Travel / location concerns	1
Include autistic people in recruitment	1

Feedback in 2024 included:

- More services for autism
- Monthly phone calls, updates
- Look at new things to help communication
- Consider new devices and apps
- Try different targets to support development
- More structure
- Better tailored support
- More time taken to assess and work with children, give more support
- Waiting list for CYPS too long
- Work with school and home together
- More resources and more regular support

Q29. If you have any other comments about the speech and language therapy service, please tell us below

Given the final opportunity to give any additional comments, 8 people commented on waiting, 8 people took the opportunity to give some positive feedback on the therapist or service and 5 people highlighted the need for more staff, funding or support for the service. The full list of themes and count of frequency is outlined below the illustrative quotes.

> "The initial assessment was great. Very informative. But we didn’t know this was only an assessment. We honestly though this was the journey into therapy…this was never brought to

our attention. So leaving the room with another 6 month wait list to go on a 5 week course is completely unacceptable."

"We have a follow up appointment to see how she is going, if she needs further support she will go back onto a waitlist which could take another 9month. If you have already been seen and in the process surely we should get priority"

"I have 2 children with ASD and have been in the service for the past 4 years. The waiting lists have been a problem all of this time. It is quite clear the numbers of children coming into the service are increasing and funding for more staff is desperately needed."

"Need more staff and should not make it so hard to access services"

"Therapist was excellent. The service requires more support to offer a more comprehensive service to children who need help."

"All therapists we have been in touch with have been great and very helpful but the wait lists mean we have had no real input for over a year. No early intervention when really needed."

Theme	No.
Waiting is an issue (including between assessment and therapy or between blocks of therapy)	8
Positive comments regarding the therapist or service	8
More staff / funding / support needed for the service	5
Therapy should to suit needs (e.g. playground therapy / group therapy not suitable)	2
Not clear the assessment was just assessment	2
Negative comments regarding service (used private)	2
No	1
Listen to teachers	1
Review SALT provision for Thornhill school	1
Lack of help	1
The service relies on education but then doesn't support	1
Service needs review (better previously)	1
Consistency of therapist important	1
The environment needs to be more child friendly	1
Include autistic / non-verbal people on the team	1

Demographics

The following gives a summary of the demographic breakdown. This was not used for further analysis as the numbers within categories would have been too small:

- There were more respondents from South Tyneside than Sunderland (63% and 38% respectively).
- The majority of respondents where white British and all spoke English as the main language at home. Although this is not surprising given the low ethnic diversity of the local areas, it should be noted that the voice of ethnic minority parents or carers is missing from this involvement exercise.
- Most respondents were either in the 25-34 (30%) or 35-44 (48%) age category. This is not surprising as many respondents are likely to be parents of young children.
- 91% of respondents are female, showing an under-representation of male respondents.

- 71% of respondents have no impairments or conditions. Around a quarter have some type of disability.
- 89% of respondents were heterosexual or straight, 2% gay or lesbian and 1% bisexual.
- Most respondents either had no religion or belief (51%) or were Christian (39%)
- 1% have serviced or are serving in the armed forces.

The full breakdown of respondents was as follows:

Postcode (base 88)

63% of respondents were from South Tyneside and 38% from Sunderland.

Postcode	Percent	No.
NE34	18.2%	16
NE32	15.9%	14
SR5	11.4%	10
NE35	8.0%	7
SR2	5.7%	5
SR6	5.7%	5
DH4	4.5%	4
DH5	4.5%	4
NE33	4.5%	4
NE3	3.4%	3
NE36	3.4%	3
NE38	3.4%	3
SR3	3.4%	3
NE31	3.4%	3
SR4	1.1%	1
NE37	1.1%	1
NE	1.1%	1
SR1	1.1%	1
Total		88

Ethnicity

94% of respondents said their ethnicity was white British, 4% white other, 1% Black or Black British – African and 1% prefer not to say (Base 87)

100% of respondents spoke English as a main language at home, with 3% also speaking other languages at home. (Base 91 and 90)

Age (base 90)

Age	Percent	No.
16-24	0.0%	0
25-34	30.0%	27
35-44	47.8%	43
45-54	11.1%	10

55-64	5.6%	5
65-74	1.1%	1
75-84	0.0%	0
85+	0.0%	0
Prefer not to say	4.4%	4
Total		90

Sex

Sex	**Percent**	**No.**
Male	4.4%	4
Female	91.1%	82
Non-binary	0.0%	0
Prefer to self describe	0.0%	0
Prefer not to say	4.4%	4
Total		90

98% stated that their gender identity was the same as their sex registered at birth (base 89)

Disability (base 84)

26% of respondents noted that they had one of the disabilities listed.

Disability	**Percent**	**No.**
Long term health condition	9.5%	8
Physical impairment or mobility issues	1.2%	1
Sensory impairment, such as blind or visual loss and Deaf or hearing loss	1.2%	1
Mental health condition	10.7%	9
Learning disability	1.2%	1
Neurodivergence	3.6%	3
Other	0.0%	0
No condition or impairment	71.4%	60
Prefer not to say	8.3%	7
Total		90

Sexual orientation

Sexual orientation	Percentage	No.
Heterosexual or straight	88.8%	79
Gay or lesbian	2.3%	2
Bi or bisexual	1.1%	1
Prefer to self-describe	0.0%	0
Prefer not to say	7.9%	7
Total		89

Religion or belief (base 88)

Religion or belief	Percentage	No.
No religion or belief	51.1%	45
Christian	38.6%	34
Buddhist	0.0%	0
Hindu	0.0%	0
Jewish	0.0%	0
Muslim	0.0%	0
Sikh	0.0%	0
Other religion	2.3%	2
Prefer not to say	8.0%	7
Total		88

Armed Forces (base 87)

97% no, 1% yes, 2% prefer not to say.

Sunderland Parent and Carer Forum

A discussion was held on 14th February 2025 with Sunderland Parent Carer Forum. There were seven attendees. The themes of the discussion are summarised below.

Concerns about discharge and ongoing support

- Children are being discharged from Speech and Language Therapy (SALT) services despite ongoing parental concerns.
- Discharge sometimes occurs when a child self-corrects, even though issues remain.
- Parents are not always informed or reassured about the discharge process, and follow-up advice is often lacking.

Lack of strategies and resources

- Parents report not receiving practical strategies to support their child at home.
- There is a need for accessible resources on:
    - Supporting children who self-correct but still struggle.
    - Managing stammering/stuttering that reoccurs.
    - Helping children cope with anxiety around social activities.
- Parents often resort to YouTube or online resources due to a lack of professional guidance.

Communication and clarity

- Parents feel the support process and expectations are unclear.
- Discharge letters need improvement—parents want clear explanations of why the child is being discharged, what was done, and what happens next.
- More information is needed about the role of SALT and what the service plans to do.

Access and fairness

- Some parents feel that only the most persistent families get support.
- There is confusion about whether self-referral to SALT is an option.
- Support should be based on individual need, not just diagnosis.

Diagnosis versus needs-based support

- Linked to the point above, children with autism are being discharged despite ongoing speech and language needs.
- Parents want reassurance that autistic children will continue receiving appropriate support based on their individual needs.

Multi-disciplinary team (MDT) approach

- Parents request better joint working across services to support children with complex or unclear needs ("in-between" children).
- They feel an MDT approach would help identify needs more effectively and improve outcomes.

The themes of the discussion group relating to discharge despite ongoing concerns, lack of strategy and resources to support at home, issues with communication and concern over autistic children's needs being met are also echoed in survey feedback.

South Tyneside parent and carer sessions

Two sessions took place in South Tyneside with parents and carers. The first was held in Hebburn Family Hub on 4th February, with one person attending. This was followed with a session on 10th February at All Saints Family Hub, with two people attending. A summary of discussion across both sessions is outlined below.

One parent was unclear when Natterjacks sessions would begin following referral. She was also unclear whether issues with hearing (not picked up in initial contact with a SALT clinician) would impact on the recommended speech and language therapy approach. The parent indicated that they were happy with the advice provided in the letter from the service and appreciated the clarity.

Another parent noted that approximately one year of regular SALT resulted in good progress. However, the therapist left and there was no replacement. The SALT team had advised that the child's needs would be met by the school in future. The specialist school provision said the child would be receiving regular input from their private SALT team. The parent believed this was happening, but after a year, her child had regressed significantly and no longer uses the communication packs that were previously helpful. The child has recently seen a therapist again, but the interventions provided haven't been effective. The parent has now been told that the child has been transferred to another team and is unsure where they are on the waiting list. She is now also exploring private options for support.

A third parent shared her experiences of delays and lack of ongoing support. She spoke about how her son's development regressed at the age of one and he stopped communicating. He was diagnosed by age two. The parent did a self-referral to SALT but was contacted close to the child's second birthday and told to reapply when the child turned two. Following the second referral, the SALT team observed him as part of the EHCP process. The parent asked about training but was told it was too early, and training would not be helpful at that point. The EHCP states the child should be observed quarterly by the SALT team, with updated strategies provided. This has not happened; he is now five and has only been seen twice, including the initial observation. This was queried with the service and the parent was advised that the EHCP would need to be amended. The child has been attending a specialist school for two years, and the parent only recently had their first meeting with the school about speech and language. A SALT therapist has now seen the child again and said a communication board would be provided, with the next review in 12 months. The parent feels she has not been supported in how to use the board effectively and no modelling has been done with the school. When she asked what would happen if her child's needs change or progress stalls, she was told the school should be able to advise. The parent doesn't feel the school has the right knowledge and believes the service doesn't want to deal with complex cases.

Overall, the discussions demonstrated that parents experienced a lack of communication and clarity of processes following referral. This included uncertainty about referral pathways, timelines, interaction of SALT when there are other diagnoses and who is responsible for providing ongoing support. It was also indicated that there is a need for more support or more consistent support, including practical modelling, and clear guidance for families and schools.

Findings: Staff

In summary, the following involvement took place:

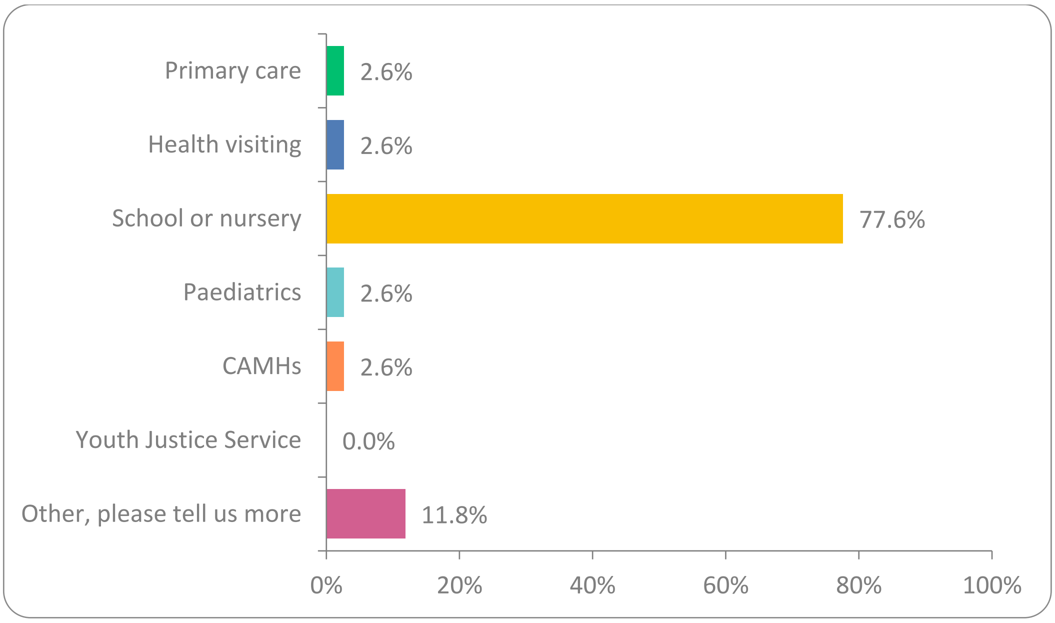
- 57 responses to the schools and setting survey in Sunderland in 2024
- 76 responses to the South Tyneside and Sunderland staff survey (1) in 2025
- 39 responses to the South Tyneside and Sunderland staff survey (2) in 2025
- 46 attendees at four setting discussions (a separate session for nursery and primary settings in each area)
- Approx. 60 clinicians present at the full SALT Team Feedback meeting in 2024

Staff Survey (1)

A survey was circulated to staff professionals who refer into the SALT service. 76 responses were received. A follow up survey with additional questions on referrals was also sent to school and nursery settings (see findings below).

Q1: Which service do you work in? (Base: 76)

The majority of respondents were from school or nursery settings (77.6%). Of those that replied 'other' there were 4 people from family hubs, 2, education related, 1 from Children's Integrated Therapies, 1 from children's services and one from social services.



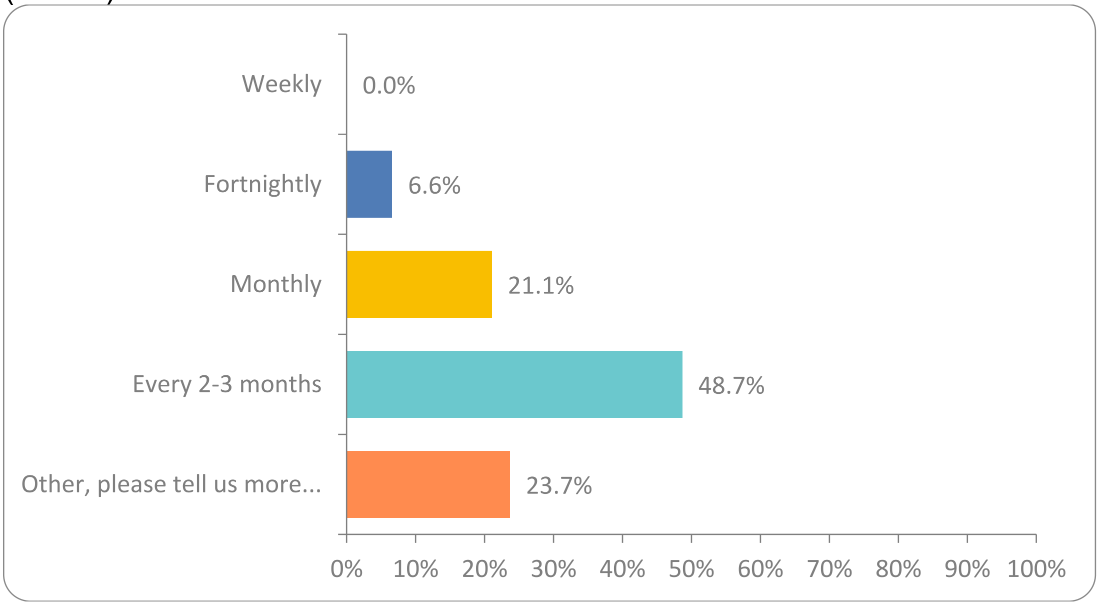
Q2: What is your job role?

75 people responded to this question, with some people listing two roles (e.g. head teacher and SENCO). The most popular responses were SENCO or SENDCO; Head, Deputy Head or SLT; and early years lead.

Job role	No.
SENDCO/SENCO	40
Head/Deputy Head/SLT	16
Early years lead	11
Nursery manager	5
Teacher (including specialist)	5
Teaching assistant (including HLTA for communications, speech and language)	2
Inclusion manager	2
Nursery nurse	1
Parenting support worker	1
Medical secretary	1
Paediatric Physiotherapist	1
Community paediatric nurse	1
CCN	1
Family worker	1
Community practitioner	1

Q3: How frequently do you make a referral into the South Tyneside and Sunderland Foundation Trust (STSFT) Children's Speech and Language Therapy Service? (Base: 76)

Respondents were most likely to refer into the service every 2-3 months (48.74%) or monthly (21.1%).

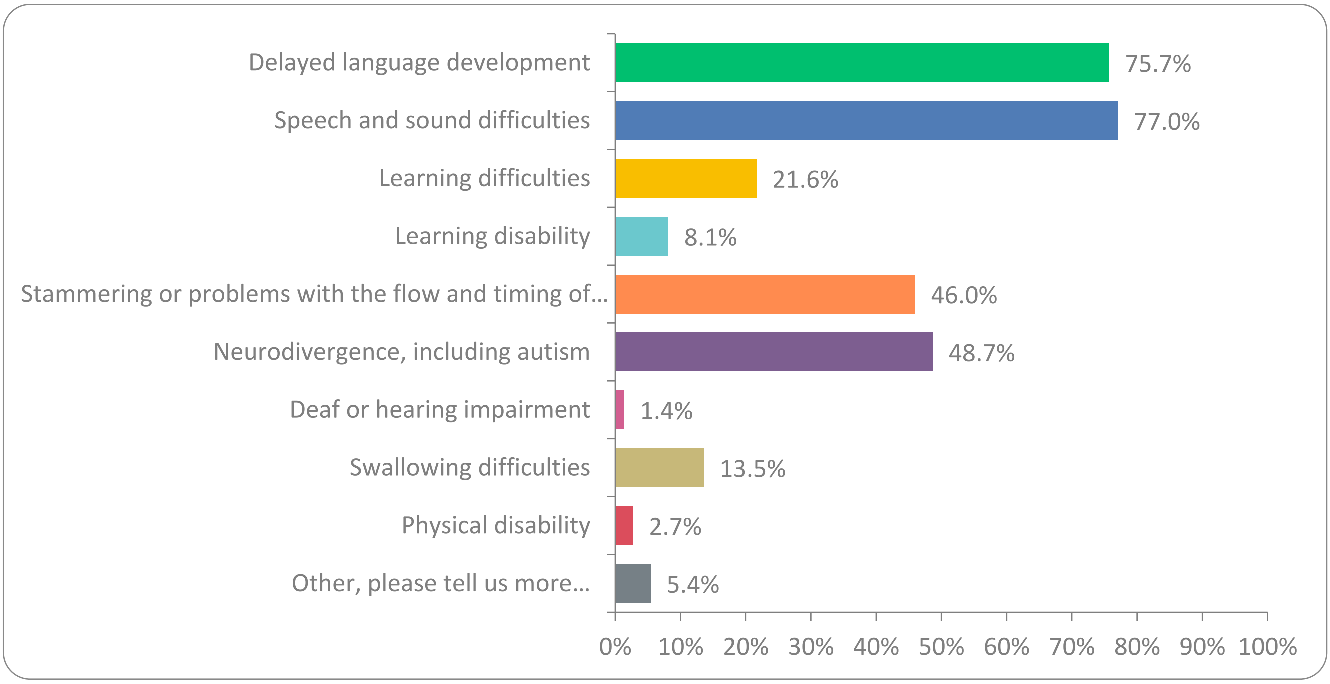


Of those who ticked 'other', the most popular response was that it varied, or referrals were as needed.

Theme	No.
Varies/as needed	7
1/2/few times per year	4
Rarely/not often	3
SENDCO Refers	1
Never	1
Parents are asked to refer	1
Unsure	1

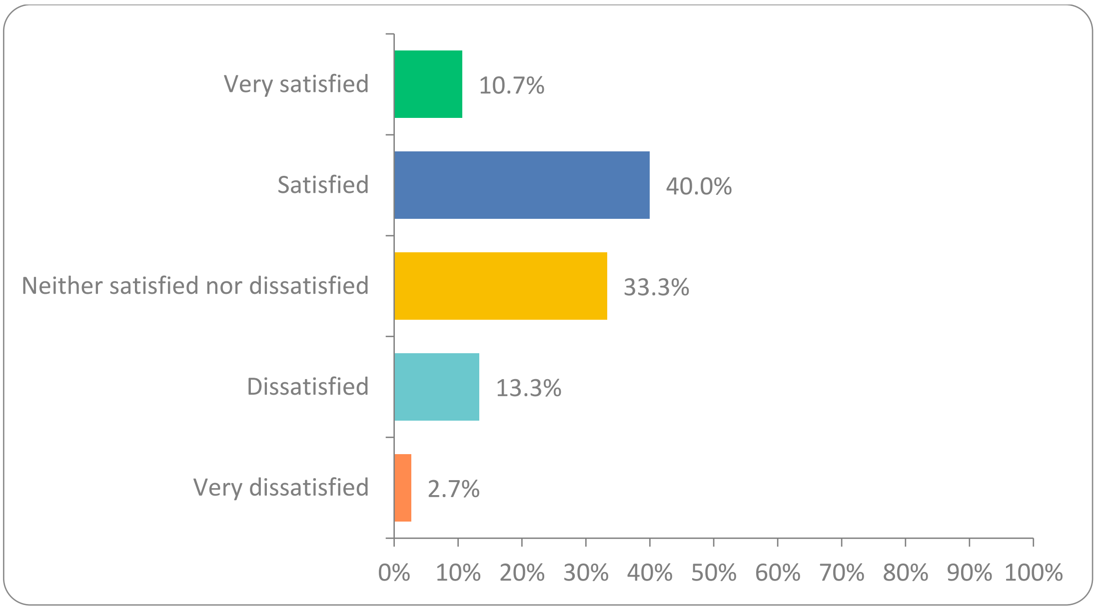
Q4: Why do you most often refer into the STSFT Children's Speech and Language) Therapy Service? (Tick all that apply) (Base: 74)

The most popular reason for referral was speech and language difficulties (77%), followed by delayed language development (76%). Just under half or respondents said referrals were linked to neurodivergence, including autism (49%) and this was closely followed by dysfluency (46%).



Q5: How satisfied are you with the current referral process? (Base: 75)

Just over half of respondents were very satisfied or satisfied with the process (51%). A third had no strong view, and 16% were dissatisfied or very dissatisfied.



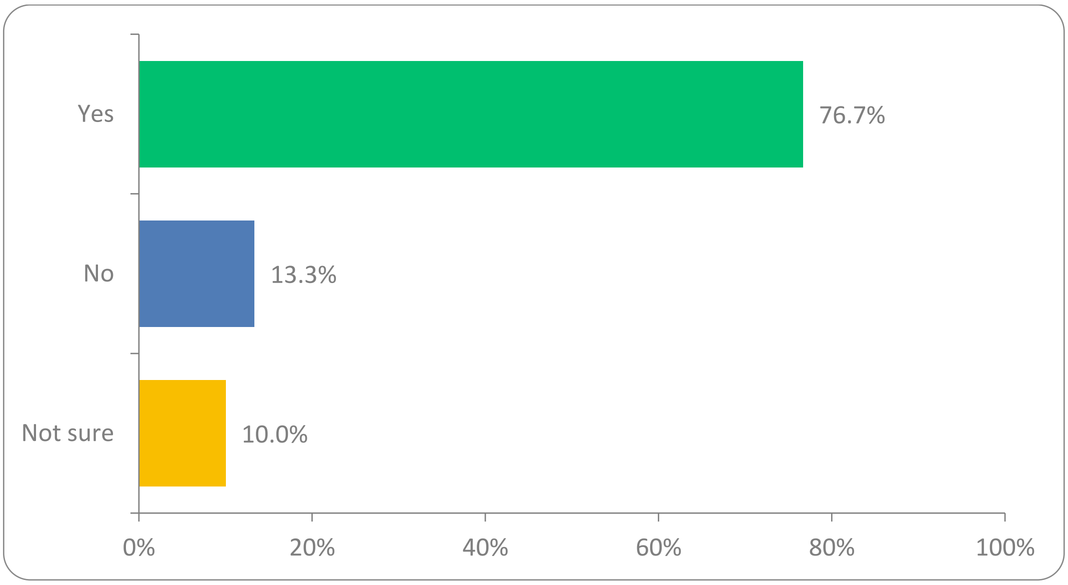
Q6: Do you know that there is advice and information on the Speech and Language Therapy service website? (Base: 75)

Although there was a good level of awareness of the advice and information available online (63%), over a third were not aware of this information (37%)

Q7: Have you used the online advice and information? (Base: 48)
Of those who were aware of the online advice and information, around 65% had used it and 35% had not.

Q8: Was the advice and information on the STSFT Speech and Language Therapy website helpful? (Base: 30)

Of those who had used the online information, over three quarters thought it was useful, whilst 13% did not.



Q9: What aspects of the referral process work best?

56 responses were received to this open-ended question. The responses were coded and themed. Some comments contained more than one theme. The most common theme by far was that the form or process is working well. This included comments on it being easy to complete, comprehensive or that it is helpful to be able to indicate specific concerns or needs. It is worth noting that there were 2 comments indicating that it would be preferable to email referral or submit it online, whilst two people commented that it was positive to be able to send by email.

Theme	No.
Form or process (including easy to complete, comprehensive, helpful to be able to indicate specific concerns or needs)	38
Contact with therapists/SALT team (including admin)	5
Email response or information on triage	4
School based assessment supporting referral (e.g. ECAT)	3
Would prefer e-referral or online to email	2
Sending by email/secure email	2
NA	2
Outcomes for children/feedback from parents	2
Consent from parents	2
Referral criteria	1
The process is difficult	1

Illustrative quotes are provided below:

> "The reviewed referral document is much more user friendly and effective."
>
> "The referral from is simple and easy to complete."
>
> "The new editable version of the form allows me to add more information for a referral. The specific questions on the form allows me to work with teachers and consider each area of difficulty."
>
> "Communication, support and advice from the SALT team is invaluable."
>
> "Very skilled specialists who do support children and school staff very well and are always really helpful and responsive when I call the service."
>
> "I like that an email is sent to let me know that the referral is being triaged."

Q10: What could be improved about referral process?

62 people gave ideas about improving the referral process. These were coded and themed. Some people mentioned more than one theme. It was interesting to note some level of contradiction between responses to questions 9 and 10, potentially indicating inconsistency in either process or information. Of the top five themes, four had some opposing views in question 9 (removing the not applicable/nothing answers).

The most common theme to question 10 was that communication could be improved. This included statements about a lack of acknowledgement. However, 3 people indicated that they like the email acknowledgement following referral in question 9.

> "There is limited communication once a referral has been submitted. It would be helpful if there was an acknowledgement of a referral that has been received."
>
> "We don't get any acknowledgement that the referral has been accepted or even received. Had a case where it was missed and didn't find out till a year later when we rang up to find out what was happening."

The next most common theme was in relation to waiting times (17 comments). This also related to the 2 comments made about discharge, in that professionals were acknowledging the long waits for children if parents struggle to make appointments and then the children are discharged and have to be re-referred.

> "the wait for children to access therapy is shocking!...sometimes appointments are send through a text and then parents have to access via website using a pin. Some parents do not have credit on their phones to access the internet or they have learning difficulties and cannot read/access the web. Children are then discharged from the service due to not attending their appointment. An appointment they did not receive in the first place. Regardless of this fact, children have to be

> re-referred to the service, meanwhile the child struggles on and has to wait another 8 months and by this point they are significantly below age related expectations, their self esteem is low and become reluctant communicators (to name a few issues)…"
>
> "shorter waiting times - support at the earliest opportunity"

6 people indicated that they would like to be able to email referrals so that there was not reliance on post (including one that suggested instructions on where to send if not using post would be helpful). A further five people suggested that the referrals should be online. However, 2 people responded to question 9 by saying they liked the fact they could email referral.

> "Make it online and more streamlined."
>
> "Referral to be emailed/ online system therefore not relying on posting. This will make referrals slightly quicker and will also give a better point of contact. Many of our children have parents who struggle to engage with other services and therefore miss appointments and get discharged. We are then back to the start and have to wait for up to 7 months again. On some occasions this has meant that children are waiting years to be seen and given additional support. I also think a 7 month waiting list is unacceptable and something needs to change. We also have children in school who have Autism as well as speech and language needs. We have one particular family who attended the 'Little Adventurers' group but due to illness missed their final session (but attended all others). Because of this SaLT refused to provide a report to school which is an essential part of the reports needed for an EHCP. This child has now been rereferred and now we are once again waiting another 7 months."

4 people thought that more face to face intervention was important. However, 5 people praised the interaction with the SALT Team in question 9 and a further 3 thought that school based assessment to support referral was useful when responding to question 9.

3 people feel the form is too long or detailed. However, this was outweighed by the responses to question 9, where 38 people cited the form as something working well.

Theme	No.
More communication, including updates on appointments, waiting times and outcomes and acknowledgement of the referral.	19
Waiting times	17
Allow email so not reliant on post (one suggested clear instructions of where to send if not using post)	6
NA/Nothing	6
Make online	5
Face to face intervention (not targets)/therapist in school/nursery/assessment could take place in school	4
The form is detailed/ requires boxes ticked/ is too long	3
If parents miss appointments, the child is discharged (or SALT don't report)	2

Advice only pathway is not explained to parents	2
More support in school	1
Digital/access barriers when parents are sent a text to access an appointment letter	1
Should accept a GP letter instead of proforma	1
Written advice	1
Screening was a useful way of working with children whose parents struggle with appointments	1
Have the named SALT in school	1
Review box on ASD (not felt appropriate as parents think they will get a diagnosis)	1
Inform parents they can refer	1
A school pushes for first word referral with parents first	1
Remove need for parental signature (whilst still getting permission)	1
Not discharging children who are advice on request	1
Referral should be shared with CYPS	1
Example referral information to help completion	1
Speaking to professionals	1
For a school with all pupils ASD, it would be better if all were children open instead of referring each one	1

Findings: Staff Survey (2)

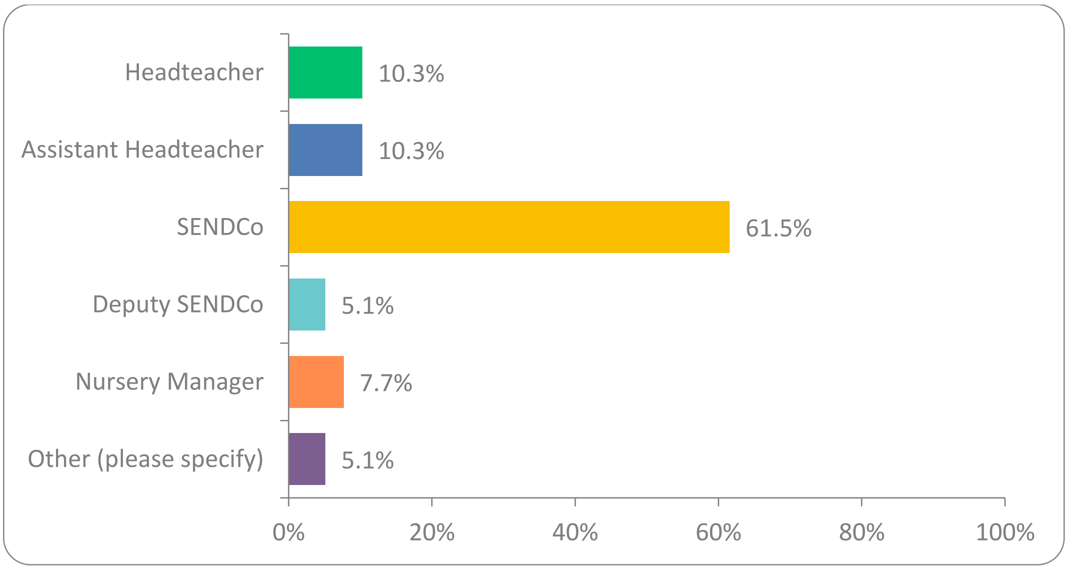
Following some initial feedback from staff indicating they would like to be able to offer more detailed feedback, a second staff survey was launched to schools and nursery settings. 39 responses were received to this survey. Percentages should be treated with caution due to the low numbers. Base numbers provide context for percentages.

Q1: What type of school or setting are you based in? (Base: 39)

The greatest proportion of respondents was from primary schools (64%), followed by nursery school (13%) and secondary school (13%). Two 'other' responses stated they were from special schools.

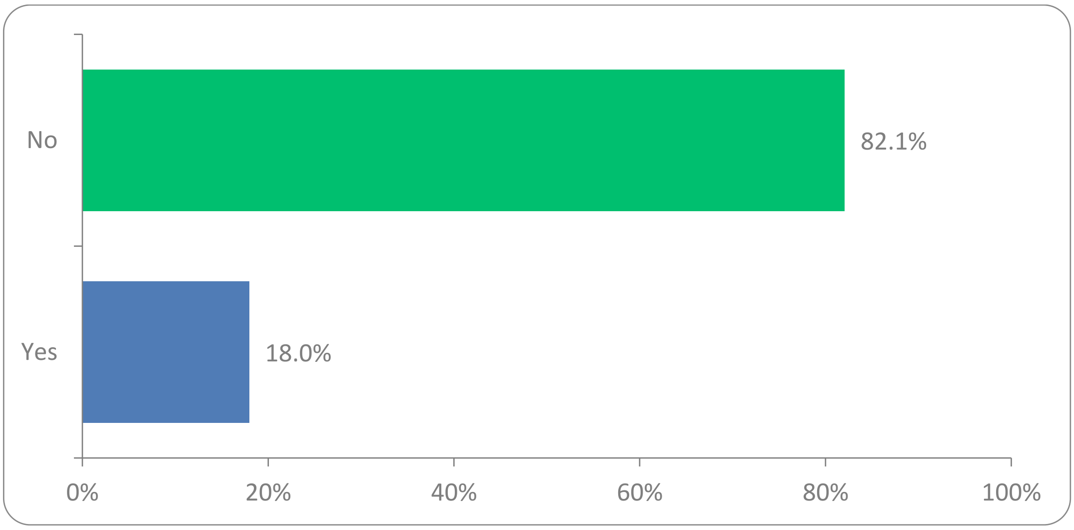
Q2: What is your job role? (Base: 39)

The majority of respondents had a SENDCO role.



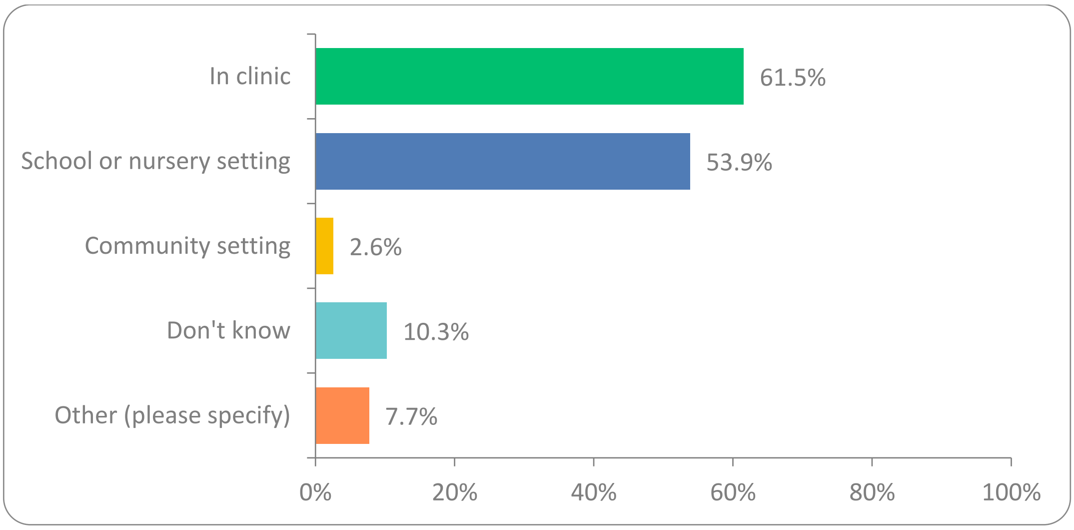
Q3: Do the SALT team signpost you to any information or resources whilst the child is waiting to access therapy? (Base: 39)

The majority of respondents (82%) said that the SALT team did not signpost to further information or resources whilst the child is waiting, with only 18% stating responding that they did.



Q5: Once the child is in therapy, in your experience, where does the modelling of interventions usually take place? (Tick all that apply) (Base: 39)

Once in therapy, the most common places for the modelling of interventions to take place was in clinic (62%) or in the school or nursery setting (54%). 10% did not know.

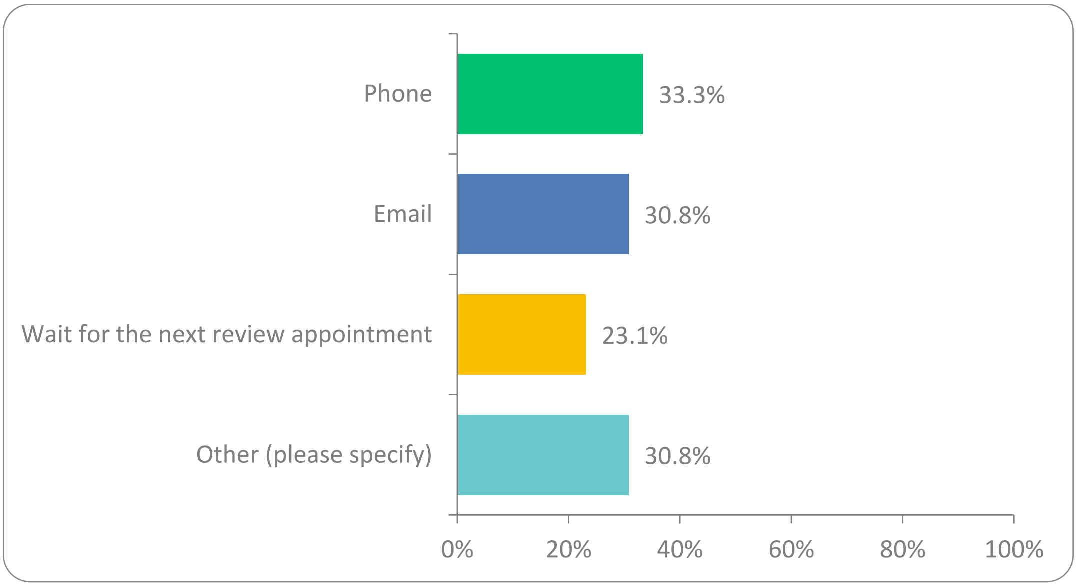


The 'other' responses are provided below.

> "We very rarely have a SALT therapist in school, they come for to complete an assessment and then send through a report and targets, we have very few children who actually receive modelling of interventions."
>
> "This depends case by case. There have been therapists come to school and say they will be back in touch then don't or they come out to school and demonstrate or discuss therapy with school staff. We have had cases where children have been discharged as their need and engagement is challenging without advice on strategies school could try to get the children to a point where they can engage more appropriately."
>
> "Can be in school/nursery/clinic- but we encourage it in school"

Q6: If further support is required from the SALT team in modelling interventions, how do you usually access it? (Tick all that apply) (Base: 39)

Further support is accessed by phone (33%), email (31%) or by waiting for the next review appointment (23%).



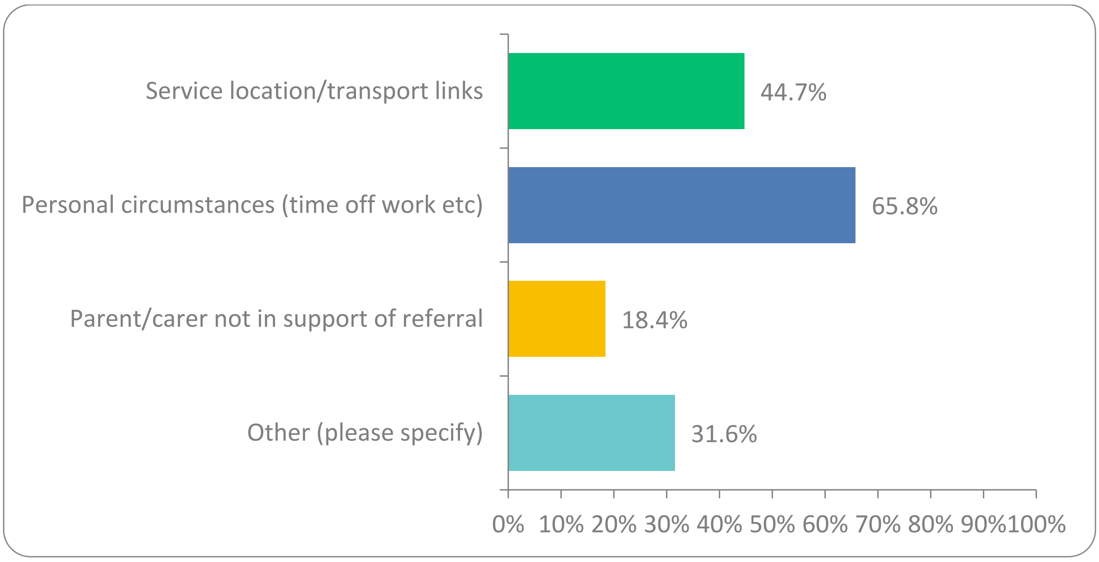
Of 12 'other' responses, there was some indication that either interventions were not modelled, or it was difficult to get additional support when required. The following themes were identified:

Theme	No.
Not known/could ask/not modelled	4
Difficult to get response via phone	2
Told to wait until child is at the top of the waiting list / long waiting period	2
In-house SaLT is used to model or liaise with NHS SaLT	1
When therapist is in school	1
Watching interventions and expectations would be useful	1
Request with therapist via email or request a modelling session	1
post	1

> " We have asked for support in the past but it is usually in the form of a letter sent by SALT. I know that their services are stretched but it would be really useful if we were able to watch interventions and their expectations instead of just being sent lots of resources without an explanation of what to do."
>
> "…it is often very difficult to get through to the person you need and we are often told to wait till the next appointment."
>
> " Contact SALT to ask if they can support but then told that I need to wait until child is at top of waiting list"

Q7: What do you think are the main barriers for parents or carers being able to access appointments? (Tick all that apply) (Base: 38)

The biggest barrier for parents or carers accessing appointments was perceived to be their personal circumstances (66%) and the service location/transport links (45%). However, there was a notable proportion who perceived the barrier being parents or carers not supporting the referral (18%).



Of the 12 'other' responses, barriers involving parents were further highlighted. The most popular response indicated parents needed some support to understand, whether this was due to comprehension or their own literacy/language barriers. This was followed by parents either not attending or forgetting appointments.

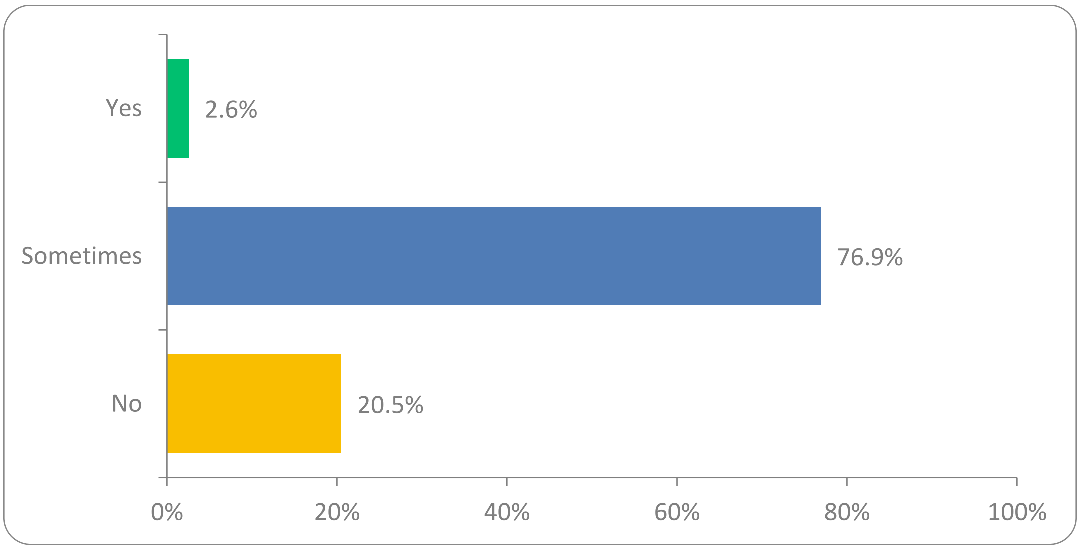
Theme	No.
Issues or support needed with parental understanding, literacy, language barriers	5
Parents not attending /forgetting appointments (one stated they tell school they don't know of appointment)	3
Long waits	2
Appointments were much better attended when they took place in school.	1
Time off school for children	1
Cost of bus fare	1

> "Parents at times need support themselves to organise and comprehend what they need to do. Sometimes they are not literate enough to read documentation and it is missed."
>
> "Parents not understanding importance of attending appointments. Parents own level of knowledge"
>
> "Main reasons is parents just forget to take the children to appointments, it might be better now with the text service and if they still don't attend it is being neglectful on their part."

> "Parents are usually very willing but feel upset that they wait so long."
>
> "The extremely long list to get to be seen and then added to intervention list which is another long wait"

Q8: Once the child has been discharged from the SALT service, do you feel enough information has been provided to ensure the child's needs can be met? (Base: 39)

Over three quarters of respondents answered 'sometimes' to this question, with less than 3% answering 'yes'. One fifth did not think enough information was provided to ensure the child's needs could be met.



In 2024, less than half of respondents (15 of 36) agreed that the speech, language and communication resources were achieving the intended outcomes.

Q9. What else do you feel could have been provided to meet the child's needs?

27 responses were received to this question, some with more than one theme. The emerging themes are presented in the table below.

Theme	No.
Extra support / resources / information / strategies (including a suggestion of implementing these under supervision of a therapist)	6
CPD on the action plan provided to school/training opportunities for staff	4
Additional / direct / intensive therapies	4
Dependent on individual needs / strategies can be generic	3
Improve waiting times	2
Easier contact with therapists	2
Speech therapist assigned to the school / SALT team in schools	2
There can be issues outside of the targeted area of support / ongoing concerns	2
Intervention style plans / personal plans	2
Support for parents to understand how to help their child at home	2
Difficult for busy schools to implement / time challenges for regular interventions for multiple children	2
Groups within family hubs	1

More provision/clinics in schools	1
Online videos	1
Support limited at secondary age	1
Consistency with the same therapist attending (not starting at the beginning each time)	1

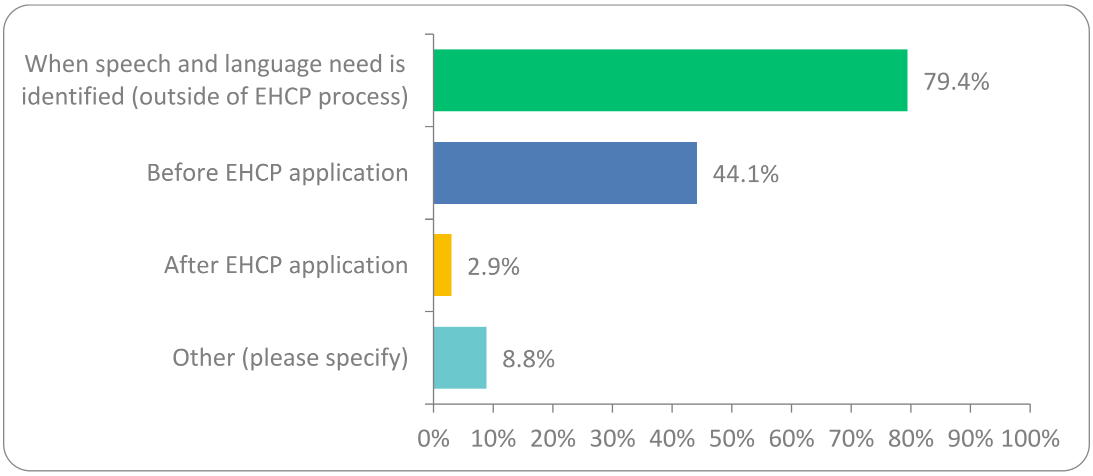
> "Extra support with resources"
>
> "More training opportunities for staff, online videos, strategies to use in class."
>
> "…each child might need something different. A Speech Therapist assigned to the school, to be the link, like AOT, then SENDCo can discuss cases, before a referral is made. Possibly some resources and intervention in school put in place under the advice of the therapist, then after evaluation a referral made"
>
> "Training in schools SALT team in schools more to support"
>
> "Depending on the circumstances more direct therapy rather than just passing on strategies."

Q10: Would your school or setting benefit from more SALT training being made available? (Base: 34)

Most respondents think their school or setting would benefit from more SALT training (94%).

Q11: In relation to the EHCP process, when do you usually request advice or input from the SALT team? (Tick all that apply) (Base: 34)

Respondents most commonly request advice or input from the SALT team when the speech and language need is identified (outside of the EHCP process) (80%) or before the EHCP application (44%).



Staff survey Sunderland 2024

Although the survey only took place in Sunderland in 2024, some of the findings are presented below:

- 38 of 55 schools reported having a whole school approach to speech, language and communication
- 38 of 45 had seen an increase in communication needs since the Covid pandemic
- 15 of 36 respondents agreed that the resources available to them were achieving the intended outcomes.
- 17 respondents felt that the resources were allowing them to enact their responsibilities under the graduated response prior to referring a child to Education Health and Care.
- 18 respondents felt the resources were allowing them to enact their responsibilities prior to referring a child to the NHS speech and language service.
- 7 of 36 schools reported buying in speech and language services.
- 23 of 32 school and setting were confident in their staff's ability to identify speech and language needs.
- 22 of 32 described being extremely or veery confident that their school or setting had staff who know when additional specialist speech and language service guidance is needed.
- 10 of 22 settings said they had an understanding of the 0-19 service offer in relation to speech, language and communication support, with 11 of 22 confirming they had actively referred families.
- 17 of 20 settings confirmed they would seek guidance from the Early Years Education Team.
- 7 of 20 knew support was available through Family hubs, and 5 confirmed they would refer for support. 15 were unsure or would not refer to Family Hubs.
- 10 of 31 settings confirmed that they had accessed support from the communication hub.
- 7 of 31 had attended the Language Learning Provision
- 12 of 30 settings reported that a child had accessed Intensive support Service Speech and Language Therapy (SALT) which resulted in them not attending the Language Provision.
- 16 of 30 settings said they had made a referral to the STSFT SALT service. 18 of 31 settings said that the advice and resources offered supported them in applying for an education health and care needs assessment.
- 9 schools or settings said the process was easy and 2 difficult.
- 11 of 16 respondents said they did not receive acknowledgement of the referral.
- 5 of 15 respondents said that they can been made aware that a child had been accepted into SALT.
- 13 of 16 settings said therapists help their education setting to understand how to support the child.
- 12 of 16 respondents agreed the input from the Therapy Team is useful.
- 13 of 30 settings said they had accessed training from the SALT service.
- 24 of 28 settings said that making more training available would be beneficial
- 13 of 28 respondents said they felt there were some gaps in support from the Specialist Team.

Findings: Stakeholder Events

Nursery and primary settings

In Sunderland, engagement took place on 11 September 2024 with feedback from ten settings. Primary school staff engagement took place on 24 January 2025, involving 19 schools. In South Tyneside, nursery engagement took place on 13 January 2025 with feedback from six settings. Primary school staff were engaged on 21 January 2025, with input from seven schools.

Staff were asked about the level of need required to support access to the curriculum and learning environment and how they access help.

Nursery staff indicated that Hight Speech and Language needs are seen all the time. The proportion of children with needs are estimated to be up to 50%, versus 30% that were observed previously. Within the specialist school setting, the majority of the class have hight SLC needs, with 95% of children being non-verbal and requiring SALT support. Mainstream schools are seeing need around both speech and understanding of language. Feedback from 2024 supports this discussion, with 38 of 45 respondents saying they had noticed an increase in communication needs since the pandemic.

Some children with needs have had no prior involvement from the health visiting team. It was noted that some health visits are happening over the phone and Early Language Identification Measure (ELIM) scores are assessed via phone for some families. A SALT therapist is required in school for non-verbal children. It was also noted that a lot of children are not toilet trained and that takes away from the education time

Primary staff indicated that the need often relates to vocabulary, spoken language processing, and general language delays. Where there is no nursery provision, children enter reception with less support. Again, there was an indication that 2 and 5 year old checks are often conducted over the phone, which presents issues. It was also noted that the increasing use of online technology is affecting communication and development. Families who need support are not always accessing Family Hubs. Expectations are often placed on schools to manage everything; however, parents may not understand the school's role or how to support learning at home.

Primary staff indicated that the type of support that is required for children includes staff having access to SALT training and visible support in schools; training and information for parents, especially those with hesitation around using Family Hubs; workshops for staff and parents of severely autistic children; and short and accessible resources explaining different communication needs.

Staff were asked what resources and interventions are available to achieve the intended outcomes for pupils prior to and whilst wating for referral. This included questions on what interventions are being used and are working, awareness of support from 0-19, family hubs and library and how they would like to be informed about support for families.

Nursery setting staff indicated screening takes place at 3 years old. Resources include BLAST. Some settings have Talk Boost, Attention Autism, Colourful semantics and communication books. It was noted that First Words Together can be challenging for parents to attend, or registering with Family Hubs can be a barrier. This would be a useful resource in schools. Having a SALT specialist in Family Hubs would also be beneficial. Children are not attending SALT appointments due to parents not being able to take them. If appointments were in settings, all children would attend. The level of need doesn't represent the SALT team presence in settings.

Primary staff cited Early Words Together, Blast, Sounds Right, Colourful Semantics, ECAT, and Launchpad for Literacy. It was noted that the Healthy Minds model works well and queried whether this could be adapted for SALT. There was also recognition that private therapy is used for older children. There was some awareness of the support through 0-19 team, Family Hubs & Library offer but not everyone accesses these services.

Staff were asked if they know when additional specialist Speech and Language Service is needed. This included how they identify when a referral needs to be made; what a “plan, do, review” approach looks like for their children; what training has been accessed; who is responsible for this in school and what the key successes are.

Nursery feedback indicated that more training is required for staff such as training on simple strategies for practitioners, generic advice and guidance. Some schools had accessed face to face training from the SALT team, whilst others were not aware they provide training. There is no detailed report is provided back to settings from Little Adventurers. Some settings confirmed that, due to long waits, some levels of premature referrals are happening. Schools would support Family Hubs groups being part of a formal referral.

Primary staff said the “plan, do, review” approach involved use of targeted interventions with observation and review cycles. Schools would benefit from more clarity or training on embedding this approach consistently. More training is requested, particularly for staff supporting children with complex needs. There were also requests for training for parents as well, to support consistency at home.

Nursery staff indicated that there is a need for some key messages for parents related to nursery reading, speech language and communication, and the use of digital. Settings are not aware of appointments and only receiving the non-attendance discharge letter. It would be helpful for the settings to receive the copy of appointment letter to prompt the parent.

Primary staff indicated that there was a lack of communication or feedback after referrals. The initial appointments were often not held in schools. It was suggested that postcode mapping could support home visits for families who do not attend due to travel/financial barriers.

SALT Team Feedback

During the staff engagement session on 12 September 2024, around 60 Speech and Language Therapy (SALT) clinicians shared the insights into the current challenges and opportunities within their service.

A significant increase was reported in the number of children presenting with communication disorders, along with rising referrals and requests for autism assessments. While the complexity of cases has grown, clinicians noted this cannot be fully attributed to the Covid-19 lockdown period. System-wide pressures were highlighted, including overstretched teaching assistants, recruitment and retention challenges, and staffing ratios that have not kept pace with the growing needs of children, particularly within speech and language provision. Comorbidities linked to neurodevelopmental traits are also contributing to increasingly complex presentations.

There were concerns about the long-term impact of the closure of Sure Start centres and the reduced empowerment of parents. Clinicians noted that staff-to-need ratios in early years settings are insufficient and that better outcomes were previously achieved when services were co-located. They expressed a strong interest in being more involved in training and upskilling the wider workforce, especially around communication needs. In addition, they highlighted a need to place more emphasis on parental responsibility, particularly given the decline in parental mental health, and called for a shift in how learning opportunities for parents are framed.

The quality of online resources and websites was another key theme. Clinicians suggested that a “drip feed” of strategies would better support settings and families. They also stressed the importance of reinforcing key messages, such as the impact of device use and the need to upskill parents to create communication-rich home environments, despite financial pressures. Ideas were shared about developing a ‘hard to reach’ team, where therapists could work in community groups based in family hubs alongside support workers. They also proposed exploring options to make nursery hours available from nine months old to support earlier intervention.

Workforce capacity remains a concern, particularly due to the reduction in administrative support, which has resulted in more admin duties falling to clinicians. The team raised the issue of how to better identify older children with communication needs, especially at the point of school exclusion, and stressed the importance of earlier intervention to prevent behavioural escalation. A large proportion of referrals (estimated at 70 to 80%) are for children aged 2 to 3 years, prompting questions about how to better support this specific age group.

The commitments involved in the EHCP process were described as time-intensive and a significant draw on staff capacity. It was noted that some schools and settings in Sunderland are buying in their own SALT support. Additionally, clinicians observed that some parents continue attending appointments even when they believe their child no longer requires input, suggesting a need to strengthen communication around progress and discharge. Finally, they identified a need for more consistent identification and signposting within primary care.

Staff pointed out that the current stammering model is working well, and clinicians see further opportunities to expand this through multidisciplinary team working with occupational therapists.

Conclusion

Looking at the findings across all surveys and discussions, a number of key areas have been identified for potential consideration or improvement. These topics for consideration are inclusive of the top five areas parent and carers highlighted as priorities for a future service: reduced waiting times; more appointments; therapy or sessions; improved communications (including managing expectations); more tailored support and intervention; and improved parent and school involvement. It is also noted that there are interdependencies amongst several of the topics highlighted, and communications is a thread throughout as well as a stand-alone topic for consideration.

Referral: Close to 60% of parents or carers that responded to the survey first noted that their child would benefit from support, but only 11% did a self-referral. School or nursery managed 37% of referrals, with health visitors managing 29%. This may be an appropriate level of self-referral given school, nursery and health visitors are likely to be a convenient first point of contact with parents and are well positioned to offer advice. If the current position is to be maintained (or self-referral reduced further) it is worth noting that only 44% of parents or carers said that the professional who referred their child offered information or support. Therefore, if professional referral routes are more desired, improvement of the early support offer, or communications related to this, may also be worth considering. If increased self-referral is beneficial, consideration would need to be given on how to ensure it is simple to access and well communicated. Discussion with parents and carers indicated that there is confusion over self-referral, so improved communications could potentially be beneficial regardless of whether change to the referral route is desired.

Communications: Information from both parents or carers and staff indicated that there is clear scope to improve communications. This is right from the point of referral and through to the discharge process. It was highlighted as one of the top five improvement priorities for parents. It also links with several of the other areas for highlighted for improvement. Areas of communication to improve include:

- **Contact following referral** and confirmation that children have been accepted. Over one third of parents or carers said they had no contact from the service when first referred and there were also mixed views from staff, with some confirmations.
- **Contact whilst waiting** could potentially influence the way people view the service and ensure they have some help until they get an intervention. Overall, 28% of parents and carers said the service got in touch to let them know how long they would wait and fewer received information about the service (11%) or advice whilst waiting (9%). More information to manage expectations, including information on waiting times, the process, the role of SALT, advice and so on could help.
- **Appointment information** - consideration could be given to the way people are informed about the appointments and whether the most appropriate methods are being used. 60% of parent or carer respondents received information by post. Although post was a popular method of communication, text message was slightly more popular, and more people were willing to receive a letter by email than currently do. This suggests there is opportunity to explore more modern communication methods. However, it is important that choice and inclusivity is considered as part of this. A staff comment regarding accessibility highlighted the importance of this when they noted a text with a link to a letter can be a barrier for some parents.
- **Communicating about and throughout the process** - There were some inconsistent staff views about the process. Therefore, it needs to be determined whether this is a communication issue or whether there are inconsistent processes. Parent and carer feedback highlighted a lack of clarity about the support process and expectations. Some parents felt that they would have preferred to have their expectations managed. Both parents and education settings wanted more information throughout the process (see parent and school involvement below for more detail). When parents and carers were asked about the therapist, feedback was very positive in all areas, but the area where there was more room for improvement was keeping people updated (around a quarter disagreed that their therapist kept them updated). Communications is key to ensuring all parties are updated on appointments, progress and ways of supporting the child.
- **Improving use of online resources for professionals** – although many of the staff who responded to the survey were aware of online resources (68%), less than 40% of staff had accessed them. Positively of the 30 who had used online resources around three

quarters found them useful. Looking at ways to communicate or improve access and use of these could be a way to improve support whilst waiting or between appointments.
- **Signposting** – this is relevant to the help outside of SALT section below and also links to the point on contact following referral or whilst waiting. Only 9% of parent and carer respondents said they received advice whilst waiting and this likely adds to the frustrations with waiting times.
- **Discharge** – once discharged from SALT services, one fifth of parent carer respondents said there was not enough information provided to ensure the child's needs could be met. Less than 3% responded that there was enough information, whilst 77% responded 'sometimes'. Qualitative responses indicated that some parents felt discharge was too early and there was lack of follow-up. This is likely to contribute to the desire for more intervention. Information provided at the point of discharge was also considered lacking. Parents want information on why the child is being discharged, what has been done, next steps and follow-up advice on how to continue to help the child.

Help outside of SALT: This has been used as an umbrella to cover **help whilst waiting**, **help between appointments** and **follow-up** (linked to the point above on discharge). Just over half of parent or carer respondents agreed that the speech and language therapy team supported their child between appointments (18% disagreed). There was worse feedback from those with a child referred for neurodivergence including autism. Staff feedback indicated that the majority of respondents (82%) said that the SALT team did not signpost to further information or resources whilst the child is waiting, with only 18% stating responding that they did (based on 39 responses). Qualitative discussion also indicated there is a lack of strategies and resources to support children at home. This area has important links to parent and school involvement as well as communications. Although more help outside of SALT will not resolve waiting lists, it could impact on how people feel about waiting and concerns about lack of help. Consideration of the role and benefit of help outside of SALT may be beneficial. As highlighted above, improved awareness and use of online resources amongst staff could be part of these considerations.

Parent and school involvement: This is linked to many of the points on communications and help outside of SALT. Parents highlighted this in their top five areas for improvement and staff also raised parent and school involvement. Some suggestions linked to areas highlighted above in terms of communication. However, it also goes further to include staff training and modelling of interventions for both school and parents so that there can be a consistency of approach. 54% of staff indicated that modelling of interventions takes place in schools but there were also some comments indicating that it can be difficult in either getting modelling or accessing it in a timely manner.

It was interesting to note that staff perceived there to be barriers for parents engaging due to personal circumstances (66%) and also a notable proportion who felt parents did not support the referral (18%). Staff indicated that some parents need support to understand what is needed, whether this is due to comprehension, literacy or language barriers. Also, that there are issues with not attending or forgetting appointments. Some parents' initial expectations from the service included gaining a better understanding of their child's issues and how to help them (n=10).

Effectiveness and satisfaction: This could be improved with around half of staff respondents indicating they were satisfied with the process and a similar proportion of parent carer respondents agreeing they were satisfied with the service their child received (this appeared lower for those referred due to neurodivergence, including autism). Initial expectations were generally in relation to help, support and interventions. One third of parent and carer respondents indicated their education setting had not confirmed whether there had been improvement and around one third stated they had not seen improvement. That said, there were improvements to confidence in supporting the child's needs, and this appeared to be more so for those referred for neurodivergence including autism. Waiting times and a desire for more appointments or therapy appear to have a big influence on how people feel about the service and therefore are priorities for improvement. There was also a persistent message about the need for more tailored support. These three areas were each part of the top five improvement priorities for parents and carers:

- **Waiting times** were a consistent issue for both staff and parents. Just over half of parent or carer respondents were seen in six months or under. Just under half waited longer. Just over a quarter of respondents said that they waited for more than a year. Those referred for neurodivergence, including autism appeared to be likely to have the longest waits. Comments received throughout the survey indicated there were issues, not just with the initial wait, but also following assessment and between blocks of treatment. This can be exacerbated if a child needs more than one intervention or has more complex needs. Therefore, it is important to look beyond the initial waiting time.
- **More appointments or therapy** was a consistent theme, this included frustrations about being discharged too early as well as a lack of intervention following assessment. It also links to the frustrations with waiting.
- **Tailored support** was a concern for parents or carers, both coming through in survey comments and qualitative discussion. A considerable proportion of children were referred due to neurodivergence, including autism. However, some parents expressed concern about the inclusivity of the service or the ability to tailor to the needs of the child, with some specific references to neurodivergence. Parents suggested more tailored support and improved understanding of diverse needs and difference language processing were important. There was also a suggestion that a more comprehensive multi-disciplinary team approach was needed. Discussion groups highlighted difficulties for parents with other diagnoses or 'complex cases'.

Flexibility of appointments and location: This may be an area for consideration, in terms of removing barriers for parents and improving attendance of children. When parents or carers were asked if they were able to have appointment at times that suited them and their family, around 20% answered no, just over a quarter answered sometimes and over half answered yes, always. This did appear to be influenced to some degree by waiting times, but there were some people who mentioned difficulty with time off work.

Most appointments took place in a clinic (81%) and most had their appointments in a location that was their preference. However, staff raised points about the difficulty for those children whose parents are less engaged or experiencing barriers due to location or transport (45% of staff respondents perceived location and transport to be a barrier). The discussion resulted in a suggestion to hold appointments in the education setting. Comments in the survey noted concerns over children who missed appointments, were discharged and then re-referred and so put back on waiting lists. Holding appointments in settings could avoid missed appointments where there are parental barriers to access. There was also a suggestion that postcode mapping to understand where the greatest issues are could be beneficial. If settings were to be used for appointments in future, it will still be important to think about how to engage parents and keep them informed.

Finally, it may be outside the scope of this review, but it was interesting to note that staff indicated the use of phone appointments by health visitors were potentially impacting and also changing use of the use of technology in wider society. It may be worth considering whether there is a wider system exploration of these issues needed.