Children and young people's speech, language and communication needs - an introduction for health audiences

This short briefing has been produced on behalf of The Communication Council to be shared with key health audiences with responsibility for strategic planning, commissioning and delivery of services relating to speech, language and communication across England.

It is intended as an introduction to the issue and it is hoped it will provide a starting point for further discussion, improvements and changes. We would be very happy to discuss anything in the briefing further and to work with colleagues across the health, education and social care sectors to address the issues raised in it. If you would like to get in touch please email enquiries@thecommunicationtrust.org.uk

What are speech, language and communication needs?

A child with speech, language and communication needs (SLCN) is a child who is not following the expected pattern of speech, language and communication development for their age.

The causative and risk factors of SLCN are varied and complex, including congenital disorders and neurological or physiological impairments. SLCN may co-exist with another condition such as Autistic Spectrum Disorder or a hearing impairment. Environmental factors also impact on speech, language and communication development, with factors like social disadvantage and the home environment playing a role. It is important to note that in some cases the cause of a child or young person's SLCN is simply not known.

How common is SLCN?

Currently recognised prevalence levels show SLCN to be one of the most common childhood disabilities. Depending on the criteria adopted, estimates indicate that as many as 10% of all children have SLCN – for a substantial proportion of this group, their needs will be long term and persistent[1].

7% of all children have a specific language impairment (SLI), meaning SLCN is their primary need[2]. Additionally, at least 3% of children have SLCN linked with other impairments, including those with hearing impairment, autistic spectrum disorders, specific learning difficulties, such as dyslexia and general learning needs[3]. 0.5% of children have severe and complex difficulties with communication that affects their ability to express their most basic needs[4]. These complex difficulties include children and young people who require augmentative and alternative communication (AAC) provision to communicate (AAC provision is explained further in this briefing, on page 3).

The prevalence of SLCN is raised in areas of social deprivation and studies have demonstrated that in some areas upwards of 50% of children may start school with impoverished speech, language and communication skills[5].

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[1] Law, J., et al (2000) *Provision for children's speech and language needs in England and Wales: facilitating communication between education and health services* DfE research report 239

[2] Tomblin, J., B., et al (1997) *Prevalence of Specific Language Impairment in Kindergarten Children Journal of Speech, Language and Hearing Research 40* and Lindsay, G., and Dockrell, J., with Mackie, C., and Letchford, B., (2002) *Educational Provision for Children with Specific Speech and Language Difficulties in England and Wales.* CEDAR

[3] Lee, W. (2013) *A Generation Adrift*, The Communication Trust

[4] Communication Matters (2013) *Shining a light on Augmentative and Alternative Communication.* Communication Matters

[5] Lee, W. (2013) *Talk of the Town evaluation report.* The Communication Trust.

Who addresses the needs of children with SLCN?

A range of practitioners both in health and education are involved in addressing the needs of children with SLCN. This includes health visitors, speech and language therapists, paediatricians, clinical and educational psychologists as well as school staff such as special educational needs coordinators, teachers and teaching assistants.

There are concerns about the under identification of SLCN in both health and education sectors and this may impact on the accuracy of prevalence levels. For example, The Better Communication Research Programme highlights that in 2011, schools only recognised 1.6% of pupils as having primary SLCN[6].

Factors that may contribute to this under-identification include, but are not limited to:

- A lack of training and professional development about SLCN given to some key professionals, including health visitors and school nurses.
- A lack of clear understanding in both the children's general workforce and health workforce about developmental expectations for children and young people.
- Misinterpretation of signs and symptoms of SLCN for other issues such as behavioural problems or attention issues; this is often particularly the case as children get older.
- Problems with effective and timely referrals to specialists such as speech and language therapists, particularly for older children.
- The variation in specialist provision and services across the country.
- The gaps that exist between health and education provision which children and young people with SLCN too often fall into.
- SLCN can be complex and difficult to identify.

How are the needs of children with SLCN addressed?

The ways in which the needs of children with SLCN are addressed vary greatly and may be planned and delivered by health or education services, or in some cases jointly.

A framework of support based on a graduated approach from universal, to targeted to specialist is a very helpful approach. Using an 'Understand, Plan, Do and Review' cycle, this approach enables commissioners to make best use of resources, in terms of provision, interventions and expertise based on the differing levels of need of their children. For a detailed view of commissioning support for SLCN, we would signpost commissioners to the Commissioning Support Programme, which developed six descriptive documents focusing on commissioning support for SLCN[7].

The SLCN sector has a base of evidenced interventions which is growing steadily. These are listed on the What Works database, which was developed following the Better Communication Research Programme[8,9,] and follow the universal, targeted, specialist graduated model. Speech and language therapy interventions

[6] Meschi, E., Mickelwright, J., Vignoles, A., & Lindsay, G. (2012). *The transition between categories of special educational needs of pupils with speech, language and communication needs (SLCN) and autism spectrum disorder (ASD) as they progress through the education system.* DfE.

[7] The Commissioning Support Programme, http://www.commissioningsupport.org.uk/ To access the SLCN tools individually please click here- http://www.thecommunicationtrust.org.uk/commissioners/slcn-commissioning-tools.aspx

[8] Law, J., Lee, W., Roulstone, S., Wren, Y., Zeng, B., & Lindsay, G. (2012). *"What works": Interventions for children and young people with speech, language and communication needs.* DfE

[9] What Works Database www.thecommunicationtrust.org.uk/whatworks

also feature in the Cochrane review library[10], and whilst there are limitations to the evidence base as it stands currently, it is a rapidly growing area in the sector.

SLCN and inequality

There is a strong link between the prevalence of some types of SLCN and inequality, with the odds of having identified SLCN being 2.3 times greater for pupils entitled to free school meals and living in more deprived neighbourhoods[11].

Children from low income families lag behind their peers by nearly one year in vocabulary at school entry, with gaps in language much larger than gaps in other cognitive skills[12]. In the same areas upwards of 50% of children may be entering school with language delay[13].

Research has also shown ethnic disproportionality in identifying SLCN. A number of ethnic groups are over-represented in comparison to their White British peers[14]. However, being recorded as having English as an Additional Language (EAL) was found in the same research to have only a very weak association with identification of SLCN[15].

Although of course, SLCN affects children and young people from all backgrounds, the link between social deprivation and SLCN is strong. It shows that to begin to address the issue seriously, SLCN needs to be understood partly as a public health and equalities concern. Importantly the NHS Public Health Outcomes Framework already include a focus on increasing the 'school readiness' of children as part of the indicators for the objective to improve 'the wider determinants of health'[16]. With communication and language skills being a significant indicator of school readiness as included in the EYFS profile[17], it is essential that this understanding of the importance of language and communication is extended beyond the pre-school age range and into wider public health discussions.

It is important that professionals and those with strategic responsibility and oversight are aware that in areas where there is more social disadvantage, the need for resources will be disproportionally higher than in other places. This issue should be taken in to account during planning to ensure resources are distributed in a way that meets local health needs. This approach will support commissioners to fulfil a core part of the 'understand' and 'plan' requirements of the best practice commissioning cycle for SLCN provision.

This discussion is not particular to SLCN, and it formed the foundations of both the Marmot Review and the Annual Report of the Chief Medical Officer 2012. Both highlight the essential importance of knowing the health needs of local populations and propose a 'proportionate universalism' approach to effectively working to reduce health inequalities across society[18,19].

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[10] Law, J., Garrett, Z., Nye, C. (2010*) Speech and language therapy interventions for children with primary speech and language delay or disorder*, The Cochrane Library http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004110/references

[11] Strand, S., & Lindsay, G. (2012). *Ethnic disproportionality in the identification of speech, language and communication needs (SLCN) and autism spectrum disorders (ASD).* DfE.

[12] Waldfogel, J. and Washbrook, E. (2010) *Low income and early cognitive development in the U.K.* Sutton Trust.

[13] Lee, W. (2013) *Talk of the Town evaluation report*. The Communication Trust.

[14] Strand, S., & Lindsay, G. (2012). *Ethnic disproportionality in the identification of speech, language and communication needs (SLCN) and autism spectrum disorders (ASD).* DfE.

[15] Ibid.

[16] Department of Health (2012) *Improving outcomes and supporting transparency. Part 1 A public health outcomes framework for England, 2013-2016*.

[17] Department for Education (2013) *Early Years Foundation Stage Profile Handbook*

[18] Marmot, M. (2010) *Fair society, healthy lives : the Marmot Review : strategic review of health inequalities in England post-2010*

[19] Annual Report of the Chief Medical Officer 2012 (2013), *Our Children Deserve Better: Prevention Pays*

SLCN and inequitable provision

In addition to these links between SLCN and social inequality, there is also significant inequity of provision regionally. The existence, effectiveness and availability of specialist services in different local areas often varies dramatically and not as a result of any robust needs assessment or outcomes focus, the same is true of the prioritisation of different groups and ages of children[20]. Due to this and other factors, needs often go unmet. This is true for all types of SLCN, and a particularly poignant example can be seen with regard to children and young people who require augmentative and alternative communication (AAC).

This term refers to a range of resources that support or replace spoken communication, including gesture, signing, paper-based communication boards and communication aids which use digitised or synthesised speech. Whilst children who need AAC may be more easily identifiable, the levels of competency amongst the local and specialist workforce to meet their needs is hugely variable across the country. The new specialised commissioning arrangements for AAC services will improve provision for children with the most complex needs from April 2014; however, the inconsistency of local AAC service provision remains a real cause for concern for a wider range of children who need AAC. The NHS Mandate is clear on the importance of 'embracing opportunities created by technology' to support people with long-term physical and mental health conditions and working to improve the consistency and availability of AAC services should be understood in relation to this requirement.

What is the impact of SLCN for the health and life outcomes of children and young people?

The impacts of SLCN on children and young people can be significant and wide-ranging, particularly if their needs go unidentified or unsupported.

Some statistics;

- Self-perceived quality of life is worse for pupils with SLCN than their peers, in particular difficulties with social acceptance and being bullied, moods and emotions[21].
- Limited language skills are a significant risk factor for mental health difficulties[22,23,24.]
- The attainment at GCSE of pupils with SLCN is significantly lower than their peers. Around 13% of pupils with SLCN gain 5 A*-C grades at GCSE. Nationally, 59% of all pupils and 69% of pupils who don't have any SEN achieve this level[25].
- The attainment gap at GCSE is high, at 46% and widening[26].
- At least 60% of young offenders have SLCN[27].
- 88% of long term unemployed men have SLCN[28].

[20] Bercow, J. (2008) *The Bercow Report: A Review of Services for Children and Young People (0–19) with Speech, Language and Communication Needs,* Department for Education

[21] Lindsay, G. & Dockrell, J. (2012). *The relationship between speech, language and communication needs (SLCN) and behavioural, emotional and social difficulties (BESD).* DfE.

[22] Snowling, M. J., Bishop, D.V.M., Stothard, S.E., Chipchase, B. and Kaplan, C. (2006) *Psychosocial Outcomes at 15 Years of Children with a Pre-school History of Speech-Language Impairment Journal of Child Psychology & Psychiatry* 47(8):759-765

[23]Botting, N. (2006) Nuffield Foundation Seminar – 21st February 2006 *Social and Emotional Health in Young People with SLI – what are the clinical and educational implications*

[24] NICE/SCIE (2006) *Parent-training/education programmes in the management of children with conduct disorders.* NICE technology appraisal guidance 102.

[25] School Census Data 2012, DfE

[26] Ibid.

[27] Bryan, K and Mackenzie, J (2008) *Meeting the Speech Language and Communication Needs of Vulnerable Young People*

The Annual Report of the Chief Medical Officer 2012 included some excellent examples of the potentially avoidable long term issues that unmet SLCN can have on children and young people. The report listed poor speech and language development as an adverse child health outcome associated with risk factors which "play a fundamental role in determining the life chances for that child"[29].

The report highlights the role early identification needs to play in order to improve the life chances of children as they progress into adulthood, and contextualises the issue well with examples from the impacts SLCN can have. It is important to note that "acting early does not mean just acting in early life"[30], but as early as needs occur, at any point in the life course- the earlier needs are identified the earlier they can be acted on. It is a widely recognised public health message that prevention and early support are preferable to later intervention and treatment.

What can be done to improve outcomes for children and young people from the health perspective?

"We need to stop thinking of spend on healthcare for children and young people and instead think of investing in the health of children and young people as a route to improving the economic health of our nation." - The Annual Report of the Chief Medical Officer (CMO) 2012[31]

This was the main focus of the CMO annual report for 2012, and it is a conclusion directly applicable to the SLCN context. Getting the right support early is essential for children and young people with SLCN, at whichever point in their life course it is required.

Meeting need and providing effective, evidence based support in a timely manner ensures not only better outcomes for children and young people but also a better return on the investment put in by services. A good example of this is that every £1 spent on enhanced speech and language therapy generates £6.43 through increased lifetime earnings[32]. Working in this way makes sense for services and authorities working to increasingly tighter budgets for the foreseeable future and also reflects the expectations of the NHS Mandate which highlights 'the important additional role the NHS can play in supporting economic recovery. The same point was clearly evidenced in the seminal Marmot review[33].

Effective investment in preventative and targeted services minimises long term impact and ensures that resources can be invested into specialist services for children and young people with more complex but low incidence needs, for example those who may require AAC or other specialist services. These specialist services require a higher level of investment, but in 90% of cases will be the responsibility of local services commissioned by Clinical Commissioning Groups (CCGs), education and social care commissioners and overseen by Health and Wellbeing Boards that have been established in every Local Authority in England[34].

The SLCN sector has produced a number of tools and guidance to support commissioners to achieve good outcomes for children and young people with SLCN, and a number of these are available and summarised here. Commissioners are encouraged to read the guidance already available and work with the sector to

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[28] Elliott, N (2009) *An exploration of the communication skills of unemployed young men RCSLT conference presentation: Locked Up and Locked Out: Communication is the Key*. Cardiff

[29] Annual Report of the Chief Medical Officer 2012 (2013), *Our Children Deserve Better: Prevention Pays*. Ch2 p19

[30] Ibid. Ch1 p4.

[31] Ibid. Foreword p1.

[32] Ibid.

[33] Marmot, M. (2010) *Fair society, healthy lives : the Marmot Review : strategic review of health inequalities in England post-2010*

[34] AAC Sub-Group, CRG Complex Disability Equipment (2013) *How to access an AAC assessment and equipment: Commissioning AAC services 2013 – 2014*

develop solutions and ideas where there are gaps or issues identified to ensure the crucial issue of children and young people's SLCN are addressed effectively and appropriately.

Some areas in particular where health colleagues can make a real impact for the outcomes of children and young people with SLCN include:

- Spreading the word about the importance, prevalence and impact of SLCN to colleagues across the health sector, this will be especially important for new health bodies including CCG's and Health and Wellbeing boards in particular.

- Understanding the importance of early and effective identification of SLCN in socio-economic groups where there are often issues relating to appropriate identification. This includes children and young people living in areas of social deprivation and also some ethnic groups. Ensuring appropriate equality monitoring and cultural competence are part of planning and providing services for SLCN will be important for practitioners and those with responsibility for strategic planning, as with any health provision focussed on minority groups.

- Recognising the importance of speech and language therapists (SLTs) in providing prevention and promotion services in local areas to aid early support and identification of SLCN, helping to stop needs going unmet.

- Being able to offer timely, specialist SLT assessments and interventions, to those children and young people identified as having SLCN.

- Supporting and investing in the crucial role SLTs play in 'bridging the gap' between health and education and working collaboratively with colleagues in settings in both sectors to do so.

- Prioritising SLCN as an area for both initial training and CPD for professionals working directly with children and young people such as GP's, school nurses and health visitors, particularly considering the current government commitment to expand and transform the health visiting service to ensure that children have the best start in life. It must also be an area of understanding for those responsible for commissioning services locally and nationally.

- Recognising the essential importance of specialist SLT services in helping to achieve the above by increasing the knowledge, skills and confidence of the wider workforce.

- Getting positive outcomes for children and young people with SLCN by ensuring it's an issue that is recognised and included within the Joint Strategic Needs Assessment (JSNA) process.

- Prioritising clarity about the specialist and local commissioning services for AAC support and making sure the provision available through both of these routes is sufficient to meet identified need. It will also be essential for long term sustainability that data interrogation and local approaches are used to ensure potential areas of unidentified need for such services are picked up and improved.

- CCGs need to be supported to understand local health needs in relation to SLCN and the savings and impact planning for and commissioning SLCN services to meet the local health population needs can have in the longer term. A good example of this would be that they could buy in a higher level of evidenced early years intervention for language and communication, including SLT services, for deprived areas where evidence has shown there is likely to be a high incidence of language delay in school entry age children. This pro-active effort would work to ensure more children were supported to 'catch up' early, saving on more costly assessments and interventions for those children later in their development.