**Children and young people’s speech, language and communication needs**  
*an introduction for health audiences*  
*Last updated September 2014*

This short briefing has been produced on behalf of The Communication Council (see point 9 for more information about the 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 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.

1. **What are speech, language and communication needs?**
A child with speech, language and communication needs (SLCN) will not be 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 other conditions such as Autistic Spectrum Disorder or a hearing impairment. Environmental factors impact on speech, language and communication development, with social disadvantage and the home environment playing a role. In some cases the cause of a child or young person’s SLCN is simply unknown.

2. **How common is SLCN?**
SLCN is 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.\(^5\)

7% of all children have a specific language impairment (SLI), meaning SLCN is their primary need\(^2\) and 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.\(^4\) Children and young people with complex difficulties include those who require augmentative and alternative communication (AAC) provision to communicate (AAC provision is explained further in this briefing, in point 6).

The prevalence of SLCN is higher 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.\(^5\)

3. **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 (SENCOs), teachers and teaching assistants.
Under identification of SLCN in both health and education sectors has an impact on the accuracy of prevalence data. For example, The Better Communication Research Programme highlighted that in 2011, schools only recognised 1.6% of pupils as having SLCN as their primary need.6

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

- A lack of training and professional development about SLCN among 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 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.
- The complexity of SLCN which often makes it difficult to identify.

4. How are the needs of children with SLCN addressed?

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

A framework of support based on a graduated approach from universal, to targeted and specialist is a very helpful approach. Using an ‘Understand, Plan, Do and Review’ approach enables commissioners to make the best use of resources, in terms of provision, interventions and expertise based on the differing levels of need of the children they seek to support. This cycle forms the basis of understanding good joined up commissioning as outlined in the 2014 special educational needs and disability reforms. The new duty on local authorities and their health partners to commission services for children and young people with special educational needs and disabilities jointly and the new duty on health commissioners to arrange services set out in an Education, Health and Care Plan (EHCP) are welcome steps towards effective joined up commissioning between health, education and social care services.

For a detailed overview of commissioning support for SLCN, commissioners will be interested in the Commissioning Support Programme, which developed six descriptive documents focusing on commissioning support for SLCN7 and a report from this Council which provides practical information regarding commissioning for SLCN services within the context of the SEND Reforms.8

It is worth noting here however, that many children and young people with speech, language and communication needs will not have (or indeed need) an EHCP, yet they will continue to need targeted or specialist support for their SLCN. Addressing the needs of these children and young people and ensuring they get the right support remains a key challenge as the legal requirements for this group are weaker.

Information on evidenced-based interventions for those with SLCN is growing steadily. These are listed on the What Works database, which was developed following the Better Communication Research Programme9,10 and follows the universal, targeted and specialist graduated model. Speech and language therapy interventions also feature in the Cochrane review library,11 and whilst there are limitations to the evidence base as it stands currently, it is a rapidly growing area in the sector.
5. 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.\textsuperscript{12}

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.\textsuperscript{13} In the same areas, upwards of 50% of children may be entering school with language delay.\textsuperscript{14}

Research has also shown ethnic disproportionality in identifying SLCN. A number of ethnic groups are over-represented in comparison to their White British peers.\textsuperscript{15} 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 the identification of SLCN.\textsuperscript{16}

Although SLCN affects children and young people from all backgrounds, the link between social deprivation and SLCN is strong. To begin to address the issue seriously, SLCN needs to be understood partly as a public health and equalities concern. The NHS Public Health Outcomes Framework already includes a focus on increasing the ‘school readiness’ of children as part of the indicators for the objective to improve ‘the wider determinants of health’.\textsuperscript{17} With communication and language skills being a significant indicator of school readiness in the EYFS profile,\textsuperscript{18} 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 recognise that in areas where there is more social disadvantage, the need for resources will be disproportionally higher than in other areas. This issue should be taken into 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 and Health and Wellbeing Boards in the Joint Strategic Needs Assessment (JSNA) process.

The impact of social disadvantage is not limited to SLCN. It formed the foundations of both the Marmot Review and the Annual Report of the Chief Medical Officer 2012. They 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.\textsuperscript{19,20}

6. SLCN and inequitable provision

In addition to the 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. 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 identified, 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 start to improve provision for children with the most complex needs during 2014 - 2015; however, ensuring consistency of local AAC service provision remains a real cause for concern for the 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. Working to improve the consistency and availability of AAC services
will contribute to meeting this requirement.

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

The impact on health and life outcomes 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 do not 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.\(^{28}\)

The Annual Report of the Chief Medical Officer 2012 included some excellent examples of the potentially avoidable long term impact 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 also highlights the role of early identification in improving the life chances of children as they progress into adulthood, and provides useful examples. It is important to note that “acting early does not mean just acting in early life”,\(^{30}\) but acting as early as possible when needs occur, at any point in life. The earlier needs are identified, the earlier they can be acted on. In public health terms- prevention and early support are preferable to later intervention and treatment.

**8. 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 particularly pertinent in relation to SLCN. Getting the right support early is essential for children and young people with SLCN, at whichever point in their life it is required.

Meeting children’s needs 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 in services. For example, every £1 spent on enhanced speech and language therapy generates £6.43 through increased lifetime earnings.\(^{32}\) Intervening early makes sense for services and authorities working to maximise the effective use of finite resources and it 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 can also ensure 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 these cases will be the responsibility of local services commissioned by
Clinical Commissioning Groups (CCGs) and education and social care commissioners. They will be overseen by Health and Wellbeing Boards that have been established in every Local Authority in England. The SLCN sector has produced 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. The Royal College of Speech and Language Therapists (RCSLT) has useful information on its website for commissioners about speech and language therapy services here. The Communication Trust’s What Works database lists interventions for SLCN that have an evidence base and will be helpful to Commissioners wishing to get a better understanding of the evidence based provision currently available.

Commissioners are encouraged to engage with the guidance and resources already available and work with the sector to develop solutions that can meet gaps in the knowledge base and better ensure that children and young people’s SLCN are addressed effectively and appropriately.

There are a range of areas where health services can make a real impact for the outcomes of children and young people with SLCN, these include:

- Spreading the word about the importance, prevalence and impact of SLCN to colleagues across the health sector, this will be especially important for CCGs and Health and Wellbeing boards.

- 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, and 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, regardless of whether they will require an EHCP or not.

- Supporting and investing in the crucial role of SLTs 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 continuing professional development for professionals working directly with children and young people such as GPs, school nurses and health visitors, (particularly in view of the current government commitment to expand and transform the health visiting service to ensure that children have the best start in life) and for those responsible for planning and 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 in both health and education settings.

- Ensuring SLCN is an issue that is recognised and included within the Joint Strategic Needs Assessment (JSNA) process. It will be vital in doing this that the prevalence and historic under
identification of children and young people’s SLCN is understood. SLCN will affect a significant number of children in every local authority and therefore needs to be recognised by every Health and Wellbeing Board.

- Being clear about the different commissioning routes for specialist and local 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 information about local approaches are used, in order to ensure potential areas of unidentified need for such services are recognised and improved.

- Supporting CCGs in understanding local health needs in relation to SLCN and the savings and impact that sound planning for, and commissioning of SLCN services to meet the local health population needs can have in the longer term. For example, commissioning a higher level of evidenced early years interventions for language and communication (including SLT services) for deprived areas where evidence has shown that there is likely to be a high incidence of language delay in school entry age. This approach would ensure more children are supported to ‘catch up’ early, saving on more costly assessments and interventions for those children later in their development.

9. About The Communication Council
The Communication Council is a small and focussed advisory group, made up of representatives from across the Speech, Language and Communication Needs (SLCN) sector. It was originally formed as part of the National Year of Communication in 2011.

The Council works to share learning about the needs of and approaches to meeting the needs of children and young people with SLCN. It promotes and facilitates joined up working across Governmental departments as well as across the sector as a whole, acting as a route for co-coordinating and supporting progress in relation to children and young people’s SLCN.

It’s jointly chaired by representatives from The Department for Education and the Department of Health. The secretariat to the Council is provided by The Communication Trust.

If you want to find out more about the Communication Council or anything in this briefing please contact The Communication Trust on enquiries@thecommunicationtrust.org.uk.
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