

The links between children and young people's speech, language and communication needs and social disadvantage

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This briefing from [The Communication Council](#) provides an overview of the relationship between speech, language and communication needs and social disadvantage, and its impact on the education, health and wellbeing of children and young people. It also highlights some of the evidence around 'what works' in terms of supporting children with SLCN from disadvantaged backgrounds and outlines some policy and practice recommendations from the Council in relation to this topic.

Appendix A includes links to further information regarding the links between SLCN and social disadvantage and Appendix B outlines two case studies provided by members of the Communication Council focussed on approaches to SLCN in areas of social disadvantage that have made a positive difference.

The Communication Council hopes that the following paper will provide a useful starting point for health and educational professionals and local and national decision-makers to make changes and build on good practice to best support children and young people with SLCN in areas of social disadvantage.

To discuss any of the issues raised in this briefing further 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. In some cases the cause of a child or young person's SLCN is simply unknown. The expected national prevalence data suggests that 10% of all children have long term or persistent SLCN.¹ Around 5-7% of all children have a specific language impairment (SLI),² meaning SLCN is their primary need and estimates suggest 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

Speech, language and communication needs can also result from reduced opportunities within a child's communication environment which limit their learning of language. These needs are sometimes described as speech, language and communication delays and there are links between social disadvantage and language difficulties relating to reduced opportunities.

2. What is social disadvantage?

In this briefing we take a broad understanding of the term social disadvantage. Factors that contribute to being socially disadvantaged include poverty, social exclusion, material deprivation and low socio-economic status. Areas of social disadvantage are often identified via consideration of factors such as a high proportion of children and young people being eligible for free school meals; low household incomes and reduced access to basic resources and services.

3. What is the relationship between SLCN and social disadvantage?

The links between social disadvantage and SLCN are complex. It can be difficult in practice to distinguish between SLCN caused by environmental factors and SLCN caused by neurodevelopmental problems – there is overlap between the two⁴ - and SLCN and social disadvantage both also have relationships with other factors, including ethnicity.⁵ The relationship between SLCN and social disadvantage is however strong.

- There is a strong social gradient for SLCN and social disadvantage. Children eligible for free school meals and living in a deprived neighbourhood are 2.3 times more likely to be identified as having SLCN.^{6,7}
- It is still the case that in some areas more than 50% of children start school with delayed language skills.⁸
- 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.⁹ Evidence suggests vocabulary and concept development is especially critical for children from low and moderate income homes, and has been found to be the best predictor of whether children who experienced social disadvantage in childhood were able to ‘buck the trend’ and escape poverty in later adult life.¹⁰
- Children from the poorest 30% of neighbourhoods are 11 percentage points less likely than their peers to reach the expected level in communication and language on the Early Years and Foundation Stage (EYFS) profile, and 9 percentage points less likely to reach the expected level in personal, social and emotional development. Average differences in behaviour and emotional health between the poorest and richest children were apparent as early as age 3.¹¹ Recent research has found that a child in the lowest income group was on average 17.4 months behind a child in the highest income group at age 3 with their language development.¹²
- Further to this, recent research is also showing that in addition to increased risk of language delay, which can in itself lead to longer term difficulties, children living in areas of social disadvantage are more at risk of clinically significant language problems, or language disorders.¹³ This research adds to a growing body of evidence that highlights that the increased risk for children from socially disadvantaged families also extends to fundamental language skills previously thought to be relatively free of socioeconomic effects.

4. Why does this relationship exist?

It is important to recognise that social disadvantage does not *inevitably* lead to SLCN. However, it is a powerful risk factor. Social disadvantage can have both a direct and indirect influence on children’s speech, language and communication development.

Direct influencing factors

- Limited access to resources and materials that can support and encourage speech, language and communication development – books and engaging toys, for example.
- Increased risk of a range of health and developmental problems, including low birth weight, increased risk of injuries and ill health. We know that SLCN often co-exist with other medical conditions and there is evidence to show that a number of conditions and disabilities including chronic otitis media with transient hearing loss, untreated orthodontic problems and cerebral palsy have an increased prevalence among poor children.¹⁴

Indirect influencing factors

- The communication environment, and in particular the quality of parent child communication and conversation, is an important indirect influencing factor. Evidence shows that the way parents talk to children and the way they give children opportunities to talk influences children's early language development - and that the levels of stimulation tend to be lower in more disadvantaged families.^{15,16,17}
- Parental expectations of what constitutes typical development also play a role, which in turn is influenced by levels of parental education.
- Additionally, families who experience social disadvantage often have to contend with a multitude of stresses which impact on their ability to interact with and actively cultivate their children.^{18,19}
- The quality of early years provision a child experiences can have a real impact on their speech, language and communication development. Children from low income families make the strongest progress when supported by highly qualified staff, particularly with graduate level qualifications.²⁰ However, some types of provision are considerably less likely to be good or outstanding in areas of social disadvantage.
- Though family and parental factors are critical, neighbourhood factors such as safety, cohesion and crowding may influence family practices – for example, children may not be allowed to play in the neighbourhood park if the area is not deemed to be safe by the parents, which then reduces the number of experiences the child is exposed to.²¹ So the neighbourhood effects on language development may be indirect in critical early stages of development. Neighbourhood effects, though generally overshadowed by family effects in the early years, seem to become more direct as the child moves into school and forms relationships outside the home.²²

The factors outlined above are not exhaustive and this complex issue requires ongoing research. They do however outline the potential for intergenerational cycles of need: many adults living in poverty will not have had the development of their communication skills supported previously, which in turn will affect their ability to support their children's communication development.

5. What is the impact of the relationship between SLCN and social disadvantage?

We know that children and young people living in areas of social disadvantage often have significantly lower levels of educational attainment than their better off peers.²³ This pattern is reflected around language development specifically.

Educational achievement

Good spoken language skills are strong predictors of later academic success. Children with poor language and literacy development at 5 years are at substantial risk of low achievement at 7 years²⁴ and beyond.²⁵ Between 50% and 90% of children with persistent SLCN go on to have reading difficulties.²⁶

Research tells us that early vocabulary and concept development are especially critical for children from low and moderate income homes,²⁷ with vocabulary at age 5 a strong predictor of the qualifications achieved at school leaving age and beyond.²⁸ In groups of socially disadvantaged children, poor readers at ten are four times less likely to be entered for GCSEs than good readers.²⁹ Just 13% of young people with SLCN who are entered for their GCSE's achieve 5 A*- C grades including maths and English, compared to 70% of those young people with no SEN.³⁰

'Norm shifting' and under identification

The prevalence of language delay and difficulties in children growing up in areas of social disadvantage can make identification of their needs much harder. In a classroom where many children have delayed language skills, the sense of typical or average development can shift for teachers - pupils may appear to be developing in line with their peers, when in fact compared to typical developmental norms nationally, their progress may well be below average. The norm has shifted, making identification of needs much more difficult.

In one pilot study, despite staff in a small federation of schools being highly committed to supporting speech, language and communication, there was a systematic challenge in teachers' ability to identify children and young people's SLCN. Across the federation, results suggested around 40% of pupils with SLCN were not being identified.³¹ Further, more than a quarter of 3-4 year olds in these nursery classes had standardised scores below 70. This is a level which would have met the criteria for a Statement of Special Educational Needs in many local authorities.

For children who do not have their needs identified in primary school, we know that it becomes even more difficult to identify needs in secondary education. The profile of SLCN changes over time; social communication difficulties can become more prominent than at primary school³² and the nature of difficulties can become more complex. As a child's age increases, good 'surface' language skills³³ or clear speech³⁴ might make everyday conversation manageable, effectively masking underlying SLCN. Associated behaviour, emotional and social difficulties or literacy difficulties may be most visible³⁵ and be identified as priorities with communication needs being missed.

Behaviour, social and emotional development

The relationship between SLCN and behaviour, social and emotional development is complex. Evidence has shown that children and young people with SLCN report a poorer quality of life than their peers particularly around their moods and emotions and in terms of social acceptance and bullying.^{36, 37, 38} These social, emotional and behavioural components can impact massively on children and young people and may persist over their childhood and adolescence,³⁹ with long-term social consequences.⁴⁰

This complexity has been described as a compounding risk⁴¹ faced by children with SLCN: their communication difficulties put them at risk of literacy difficulties and this in turn puts them at risk of further educational problems; then as they come to adolescence they have problems coping with peers, with school and with family relationships and their communication difficulties become labelled as behavioural problems. 60% of young offenders have speech, language and communication problems⁴² and we also know that children excluded from school are likely to have special educational needs, including a high incidence of SLCN. When this is understood within the context of the social gradient of SLCN – the risk is compounded even further.

6. What do we know works to support the speech, language and communication development and needs of children and young people in areas of social disadvantage?

Below we outline some key principles that can be viewed as starting points for improving outcomes around children and young people's speech, language and communication development in areas of social disadvantage as well as better supporting those with SLCN in these areas.

- Additional support in the early years to ensure a secure foundation for language and literacy development. It is important that we're aware that social disadvantage can impact very early on in childcare and early education. Children from the most disadvantaged backgrounds may need additional support in the early years to ensure a secure foundation for language and literacy development.⁴³
- The importance of the home learning environment is well-evidenced,⁴⁴ so supporting parents to understand and maximise the ways in which they can support their child's language development are essential.
- Universal practitioner training to teachers, other school staff, health visitors and early years staff to provide a good understanding of the development of language skills and ways to enable good oral language environments for all children,⁴⁵ especially in socially disadvantaged areas. It is also essential that universal training supports these practitioners to identify children and young people whose language is not developing in line with age expectations. In areas of social disadvantage staff also need to become aware of the ages and stages of typical development to mitigate against a tendency towards "norm-shifting" when possibly a majority of children entering school have delayed language skills.⁴⁶ Commissioners and strategic leads locally should implement integrated approaches in which specialists such as speech and language therapists are commissioned to do preventative work with disadvantaged populations.⁴⁷
- Regular monitoring of children's responses to good oral language learning environments is important so that any additional support required can be provided in an appropriate and timely way. Monitoring oral language skills over time is necessary to target support and intervention, and is cited as more effective than one off screening techniques, particularly in schools.⁴⁸
- Using interventions with a clear evidence-base to support children with SLCN.⁴⁹ [The What Works virtual library](#) of evidenced interventions provides this and supports practitioners to find the most appropriate interventions for children and young people by providing a free and easily accessible overview of the evidence base for each intervention listed.
- Effective SLCN provision gives support for emotional and social skills as well as language and literacy skills. This is key in supporting children and young people to develop peer

relationships and pro-social skills and to address the increased risk of emotional problems and challenging behaviour.⁵⁰ Where children and young people are referred to child and adolescent mental health services (CAMHS) or speech and language therapy (SLT), they should have both their language and their behaviour assessed. There should be an increased awareness of the links between language impairment and referrals for mental health assessment.⁵¹

- Joint commissioning by and effective collaboration between education, health and social care services for children with communication difficulties. In planning, commissioning and delivering universal, targeted and specialist provision, it is critical that both health and education services work together in support of children and young people with SLCN.⁵² Services should be driven by the nature and severity of children's needs rather than by diagnostic categories, differences in parental expectations or variations in practices around identification of SLCN, and it is unlikely that one agency can meet these needs effectively in isolation.⁵³ This is especially important in areas of social disadvantage where there are likely to be many factors from across health, education and social components which affect children's development.⁵⁴

The Council heard two case studies of effective practice for supporting the SLCN and language development of children and young people living in areas of social disadvantage. These are provided in Appendix B of this briefing.

7. Key recommendations from the Communication Council

Quality support for early years providers

- Quality provision in the early years is vital. The early years system is made up of a variety of providers and changes to the accountability and assessment systems in the early years, such as the introduction of the baseline assessment process, risk increasing this fragmentation. The breadth of provision in the early years must be recognised and addressed at a strategic level, and systems implemented to better enable different providers across local areas to learn from each other about particular approaches that have been effective in supporting children from socially disadvantaged backgrounds in their care.
- An area for further exploration is the role primary schools can play in reaching back into local early years settings. Some excellent practice around this already exists but is sporadic. The model becoming increasingly popular for ongoing support and interaction between primary and secondary schools is one that could be developed further at this earliest stage of education.
- The introduction of the Early Years Pupil Premium (EYPP) is a welcome one. However, parity is needed between the amount allotted to early years settings and primary schools. Given the disparate and diverse nature of types of early years provision and practice it is also essential that early years providers are supported to make the best use of the funds to effectively meet the needs of children from disadvantaged backgrounds.
- A key part of any improvement in the early years is an improvement in support available to parents. Exploring potential for increased flexibility in the 2 year old funding allocation to allow it to support beyond funded places in settings, and provide direct support to parents is a useful exercise. Recent research from the Early Intervention Foundation⁵⁵ provides strong evidence

around the importance of early attachment and the role of the primary care giver, with specific findings around interventions involving parents that support language development.

- The Council also discussed innovative ways business and employers, both in areas of social disadvantage and more widely, might be more actively involved in supporting parents to understand more about speech, language and communication development and to support their children in developing their skills. This included thoughts around giving time back to employees from the working day to spend extra time reading or talking with their children.

The role of public health and increased joint working

- Though the health visiting service is now provided by Public Health England, the responsibility for training Health Visitors remains with Health Education England (HEE). It is essential that HEE recognise identification of SLCN and typical language development as a significant gap in the training health visitors are currently receiving and consider ways to address this.
- Whilst it is recognised that Public Health England (PHE) have been increasingly strong in supporting issues of early identification, their funding system works on a localised basis with budget prioritisation taking place in each locality. This gives emphasis to each local authority accurately profiling the SLCN of their community currently identified against what should be expected from research findings, and ensuring areas of social disadvantage receive the support required. More must be done to support each locality to understand the health needs of their population of children and young people and in particular with regard to those growing up in areas of social disadvantage.
- Recent [statutory guidance](#) on supporting the health and wellbeing of looked after children, which was published jointly by the Department for Education and The Department of Health, is an excellent example and the Communication Council welcome similar guidance around SLCN. Directors of public health in local areas would benefit from being a particular target audience for this guidance as would those working in clinical commissioning groups or others involved in the joint strategic needs assessment process.
- Joined-up working and joint commissioning specifically is essential for effectively addressing the needs of children and young people with SLCN living in areas of social disadvantage.⁵⁶ The special educational needs and disability (SEND) reforms have provided a welcome emphasis on the importance of joint working. The work being trialled in Manchester pooling health and social care budgets is interesting and it would be interesting to look at how this model might be adopted more widely for early years, children and young people's services.

Recognition of the long term impact of unidentified or unsupported SLCN

- In the current funding climate, many local authorities and NHS trusts are reducing the amount of speech and language therapy available and restricting the service to deal with more complex or specialist cases only. This is having a significant effect on the support available to language delayed children and young people in areas of social disadvantage and also to the wider children's workforce, who require training and ongoing support in meeting their needs.
- This unfortunate reality places the onus on commissioners to understand the research around the long term effects of language delay as a public health issue for the future, and emerging links with increased prevalence of language impairment in areas of social disadvantage. It also highlights the need for commissioners to commission well-evidenced best practice in supporting

these children: through a social model of provision, equipping the children's workforce and families in the early years. Practitioners and those at a strategic level have a role to play in promoting this message. The Communication Council will continue to work to influence and inform commissioners around these issues.

- The work of the CAMHS taskforce was noted as an excellent example of a focussed approach to service improvement. It has parallels for the issue of SLCN and social disadvantage and could be reproduced to demonstrate the long term impact of reduced support for this population.

Appendix A

Useful additional information on SLCN and social disadvantage

- The Better Communication Research Programme Reports - www.gov.uk/government/collections/better-communication-research-programme
- APPG on speech and language difficulties: The links between speech, language and communication needs and social disadvantage - www.rcslt.org/governments/docs/appg_report_feb_2013
- Save the Children - Early Language Delays in the UK <http://www.ncl.ac.uk/cflat/news/documents/Lawetal2013EarlyLanguageDelaysintheUK.pdf>
- I CAN Talk series (Issue 4) Language and Social Exclusion - www.ican.org.uk/~media/Ican2/Whats%20the%20Issue/Evidence/4%20Language%20and%20Social%20Exclusion%20pdf.ashx
- The Communication Trust - A Generation Adrift - www.thecommunicationtrust.org.uk/resources/resources/resources-for-practitioners/a-generation-adrift/
- For further relevant evidence please see the reference section at the end of this briefing.

Appendix B

Over Hall Community School – a case study

Over Hall Community School is a small school of 203 pupils located in West Winsford (L2) which is the 7th most deprived lower super output area in England. For employment and income deprivation, West Winsford L2 experiences the same level of deprivation as that of the 2% most deprived lower



super output areas in England. 98 pupils receive the pupil premium and 10 receive pupil premium plus.

There has been an increase in the number of children starting Over Hall in Reception below or significantly below expected levels of development. In September 2014, a large proportion of children have started the Reception class below age related expectations in all areas of learning. Only one child achieved the age related expected competencies in reading, writing & numbers and two others achieved age related competencies in writing and maths. By the end of Key Stage 2 however, all pupils at Over Hall made at least expected progress in each of reading, writing and mathematics.

Although children have significantly low starting points on entry, they leave Over Hall at or above national benchmarks and well prepared for the next phase of their education. This is because high quality teaching and a focus on the speech, language and communication needs and development of all pupils is core focus across the whole school.

Over Hall have used a portion of their pupil premium funding to directly employ a part time speech and language therapist to the school. The school perceives the role as essential not just in supporting those pupils with specific SLCN, but also to help develop the communication skills of all pupils at a universal level by supporting staff to have a better understanding these skills and what to look out for in children who may be struggling. In partnership with colleagues such as the speech and language therapist, the school has developed a programme of tailored activities across all classrooms to support pupils speech, language and communication development as well as their emotional needs. These include role play and puppet activities to encourage and extend vocabulary & language and 'chatterboxes' in every class room filled with props and materials to encourage discussion.

There is also a strong system in place for those pupils with additional needs, including weekly meetings of the special educational needs and disabilities (SEND) team in school. This is a core part of the shared accountability system that shapes the school. An active and engaged leadership team support staff across the school to carry out regular assessments and tracking of pupils on an individual, group and cohort level as well as holding half termly Pupil Progress Meetings and termly head and teacher meetings where teachers talk the head through their classes' progress pupil by pupil. This information is then used to report back to parents and Governors who provide challenge and support.

This involvement of parents is key to Over Hall's success and their creative strategies to support families whose own school experiences in may have been limited or negative, to get actively involved in their children's education is impressive.

Over Hall also play an active role in their wider community as part of the Winsford Education Partnership Collaboration. Through this partnership they've successfully completed I CAN primary talk accreditation and accessed in school employability support where local workers come into school to talk to the pupils about work and their jobs. The partnership is also working to increase

access to speech and language therapy in local schools and facilitating joint commissioning to enable others in the area to buy in support in the way Over Hall has.

Find out more about Over Hall and their work at - www.overhall.cheshire.sch.uk/

Talk of the Town – a case study

Talk of the Town (ToTT) is an integrated, whole school approach to supporting the speech, language and communication development of all children, aged 0 – 19, who live in areas of social disadvantage. It is run by The Communication Trust.



ToTT has 4 component parts:

1. A professional workforce development programme for all staff
2. The identification of speech, language and communication needs, including early identification of developmental delays and clinical need
3. Evidenced based universal and targeted strategies to support the development of age appropriate speech, language and communication
4. Speech, language and communication as integral to whole school planning and practice

ToTT was piloted from April 2011-September 2012 as one of three strategic programmes of *Hello*, the national year of communication. It was implemented across a small federation of schools in Wythenshawe, a deprived area of South Manchester, for children aged 0-19 in one secondary and three primary schools. Links were also made with the early years settings attached to two of the primary schools. The project provided evidence of positive improvements against all key project outcomes, and evidence of shifts in policy and practice.

1. Early Identification

- Levels of under-identification fell from 31% - 5% in the primary setting, and from 50% - 15% in the nursery.

2. Improved outcomes for children

- Improvements seen in the speech, language and communication skills of children in the nursery, primary and secondary settings, using standardised assessments.

3. Sustainability and joint working

- Jointly commissioned speech and language therapy
- Embedded policy and process for identification
- Continuation of interventions, strategies and project groups

- Teaching and learning responsibility for speech, language and communication
- Ofsted report noted SLC as an 'outstanding' feature of schools

4. Workforce development

- An increase in staff confidence in providing positive strategies to support speech, language and communication development

Owing to the success of the pilot study, a grant was received from the Education Endowment Foundation to test ToTT as part of a national research project. The grant funds a randomised control trial (RCT) across 64 schools - 32 control and 32 intervention - in Wigan, Hull and Stevenage/North Hertfordshire, until July 2015 to provide robust evidence for the link between SLC and educational attainment in primary school children in areas of social disadvantage.

The current ToTT project provides a unique opportunity to:

- evidence the impact of improving SLC on attainment levels
- support speech, language and communication being seen as a way to spend Pupil Premium money
- provide a long term sustainable impact for 3 communities, by skilling up the workforce and enhancing joint working

The results of the RCT are due to be reported in summer 2016. Ongoing feedback from staff in the intervention schools is highlighting the emerging positive impact of the project on pupils and staff.

"As children's language skills progress, their writing skills have too; this has been highlighted at pupil progress meetings, when discussing the link between language and literacy. Across the board, writing results have dramatically improved."

"Staff are now much more confident in identifying children with speech and language difficulties."

To find out more about the Talk of the Town pilot project and the current RCT please visit The Communication Trust website here –

www.thecommunicationtrust.org.uk/projects/talk-of-the-town

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