

**Westminster Hall Debate**  
**‘Speech Therapy Services for Children’**

9.30am, Wednesday 3<sup>rd</sup> November 2010

**Purpose: A briefing for Paul Maynard MP ahead of his scheduled Westminster Hall debate on Speech Therapy Services for Children**

This paper is structured as follows:

1. Summary of the scale of the problem
2. Overview of Issues around speech, language and communication (SLC)
3. Issues to raise with the Minister and suggested questions
4. Background to I CAN, The Communication Trust and ACE

## **I. The scale of the problem**

- As many as 10% of children in the UK – over 1 million - have speech, language and communication needs (SLCN), that require specialist help. This represents approximately three children in every classroom<sup>1</sup>.
- Of this group, a large cohort – between 5-7% of the child population - have specific language impairment, meaning that they have difficulties with learning and using language that are **not** associated with factors such as general learning difficulties, or other conditions, such as cerebral palsy, hearing impairment or autistic spectrum disorders. A child with SLI might be bright, but struggle to understand the language used in the classroom and thus struggle to attain and achieve.
- In some areas of social deprivation upwards of 50% of children – equivalent to as many as 17 per classroom - are starting school with language delay<sup>2</sup>. While their general cognitive abilities are in the average range for their age, their language skills are delayed, and remain so into secondary school.
- Communication problems can occur both in isolation and as the result of another disability, such as autism, Downs Syndrome or a hearing impairment.
- 60-90% of young offenders have SLCN.
- Speech, language and communication are the most common type of need in primary-aged children with statements of special educational need. 26.5% all mainstream-educated, statemented children in this age group have speech, language and communication as their primary need.
- A shortage of employed speech and language therapists means that in some areas children are unable to access crucial services or have to endure lengthy delays, resulting in a “postcode lottery” of service provision.
- Two-thirds of 7-14 year olds with communication difficulties have behaviour problems.

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<sup>1</sup> I CAN, *The Cost to the Nation of Children’s Poor Communication* (2006) and Law et al (2000) *Provision for children’s speech and language needs in England and Wales: facilitating communication between education and health services DfES research report 23*

<sup>2</sup> Basic Skills Agency (2002), *Summary Report into Young Children’s Skills on Entry to Education*. Also Locke and Ginsborg (2002) *Development and Disadvantage: Implications for Early Years IJCLD Vol 27 No 1*

- A recent study from the University of Sheffield concluded that 'for a high proportion of secondary age pupils at risk of permanent school exclusion, language difficulties are a factor in their behaviour problems and school exclusion.'
- Most children with SLCN do not have statements and most are not even on School Action or School Action Plus; therefore, there is no guarantee of that the needs of most children with SLCN will be met.
- **Without intervention, SLCN impacts on literacy development, educational outcomes, emotional and social development. Children with SLCN are at increased risk of emotional and behavioural difficulties<sup>3</sup>, often undetected and frequently excluded from school<sup>4</sup>. Unsupported around one third of children and young people with SLCN will go on to require treatment for mental health problems.**

## 2. Overview of Issues around SLC

In September 2007, the Secretaries of State for Children, Schools and Families and Health asked John Bercow MP to lead an independent review of services for children and young people with Speech, Language and Communication Needs. In March 2008 an interim report was published which established where difficulties lay and the final report with recommendations was published in July 2008. On publication, the Government announced that it accepted the key recommendations and would invest up to £52 million to lead action to take them forward.

The Government responded to the final report in December 2008 with the *Better Communication Action Plan*. In the action plan, the Department for Children, Schools and Families and the Department of Health committed to the appointment of a communication champion and the formation of the Communication Council to support initiatives to improve services for children with SLCN. Jean Gross was announced as the communication champion on 15 October 2009. Jean took up this post full time from 1 January 2010. As communication champion, Jean Gross is working with The Communication Trust to raise awareness of the importance of communication, share good practice and deliver the National Year of Speech, Language and Communication in 2011.

We were delighted that the Education Secretary Michael Gove specifically backed the Bercow Report during a recent debate on the pupil premium and that the Government has indicated its desire to ensure services for speech and language are improved. We believe it of crucial importance that the Schools and NHS White Papers make progress on SEN and SLCN and that the Government does not construct a new system that locks out services for children with speech and language difficulties.

### Question for the Minister

- How will the Minister ensure that the Schools and NHS White Papers address SEN issues and incorporate solutions for SEN alongside the broader reform agenda?

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<sup>3</sup> Durkin K and Conti Ramsden G (2010) *Young people with specific language impairment: a review of social and emotional functioning in adolescence Child Language Teaching and Therapy* 26 2 105-121

<sup>4</sup> Clegg, J. (2004) *Language and Behaviour: an exploratory study of pupils in an exclusion unit Proceedings of the British Psychological Society Developmental Section Annual Conference, Leeds, September*

### 3. Issues to raise with the Minister and Suggested Questions

#### Identification and workforce

*The challenge: to ensure that parents are supported to identify a child's speech and language needs and to help the children's workforce – teachers, GPs, early years workers, Health Visitors and others – to understand what to look for in a child that has speech and language difficulties*

#### **i) Identification of SLCN - screening**

Early identification is a preventative tool and mitigates the negative impact of SLCN in terms of emotional development, behaviour, learning and attainment and self esteem (and longer term mental health issues).

We would like to see **universal screening for SLCN at 2-2 ½ (to tie into the Healthy Child Programme) and five (preferably on school entry and to precede the proposed reading test)**. Timely intervention will, in many cases, allow those with the potential to catch up to do so as well as reduce the need for costly long term specialist intervention. Where specialist intervention is required, we would anticipate that screening would lead to more timely and accurate referral – essential given the pressure on scarce specialist speech and language services.

*We would also like to see more targeted screening for SLCN for young people with identified risk factors, for example, a 10 point differential between verbal and non-verbal on CATs tests, behaviour, reading age etc. Given the disproportionate number of excluded children who have SLCN, we would also like to ensure that they are screened for SLCN before they are permanently excluded.*

#### Questions for the Minister

- Has the Minister considered the case for introducing universal screening for SLCN?
- Will the Minister consider the identification of SLCN within the Government proposed plans for reading tests?

#### **ii) Workforce**

A move towards screening for SLCN will require a better-trained workforce. There is a correlation between the skills of the workforce and outcomes for children. However, in the case of speech, language and communication, we know that many professionals feel unconfident and lack the skills to identify and support children with SLCN.

We would like to see **all** of the children's workforce appropriately trained in order to:

- know the pattern of typical communication development
- be able to support development of all children

- be able to recognise non typical development
- be able to support children with SLCN
- know how SLCN link to various impairments and to social deprivation
- know their place in the referral system to ensure appropriate children get referred to specialist care

### Question for the Minister

- What steps will the Government take to improve the ability of the children’s workforce to identify SLCN?
- Can the Minister confirm whether the Government will introduce a Masters Level Module on SLCN as proposed by both John Bercow and by Brian Lamb in his recent SEN review?

### Commissioning

*The challenge: once a child’s needs have been identified, to have commissioners – Heads and GPs in the first instance and in the medium term parents – that are capable of putting in place a developmental plan for an individual child that wraps support around the needs of that individual child and brings together the various delivery agencies*

Effective commissioning is the cornerstone of a responsive and effective service transformation and for speech and language there is a need for effective commissioning to come through from a number of areas.

Our vision is one whereby schools and Local Authorities work closely together to commission for high incidence needs with statutory responsibility for providing the service sitting with the Local Authority. GP consortia will also need to commission services when the access point is through them; however, unless the child’s needs are low incidence – high need then the referral should be to the Local Authority/school with the Health and Wellbeing Board assessing the effectiveness of this pathway management.

For low incidence – high need SLCN we believe that commissioning should sit at the regional level, i.e. those defined as falling within the Specialised Services National Definitions Set. These specialised services include communication aid services, defined as including “expert assessment, followed by demonstration, trial and provision of appropriate electronic and non-electronic communication devices, i.e. augmentative and alternative communication systems, user training, equipment maintenance, on-going support and periodic review.” (4.3, SSNDS Definition No. 5, page 5).

*We believe that Local Authorities should be responsible for the commissioning of all services for children with SLCN, aside from low incidence – high need services which should be commissioned via the NHS’s specialised regional commissioning structures.*

We also believe that commissioners would be assisted by a list of nationally accredited interventions, perhaps under a broader banner of ‘SEN services’. We believe funding mechanisms and the pupil/health premium models could be utilised to start this process and to develop nationally accredited interventions for speech and language. Such a list would need to align closely with Graham Allen’s review into early



intervention, perhaps with a payment premium being made available for proven interventions delivered within early years settings.

The Communication Champion's has recently AAC paper and proposals for commissioning arrangements for AAC / communication aid services in light of the NHS White Paper proposals

#### Question for Minister

- Can the Minister confirm that the Government will support the proposal from the Communication Champion for a new model of commissioning around AAC?

#### **Providers**

*The challenge: to develop a provider market across all sectors that is able to meet the needs of children with all forms of speech and language difficulty*

*Transforming Community Health Services, Necessity not Nicety and now Equity and Excellence have all made clear the shift towards a commissioner/provider shift within the NHS and an incremental move towards a provider market. The expected alteration to Any Willing Provider, allowing any provider that meets Care Quality Commission and Monitor accredited standards to offer their services to commissioners at tariff and without the need to sign a contract with Consortia will also stimulate the market.*

Market reform is also very much in evidence within education. The Academies Act 2010 removes many of the powers which Local Authorities have had for years over admissions and forthcoming legislation is likely to make it more difficult for Local Authorities to object to applications for free schools under planning regulations. Slimmed down curricula within early years and at primary and secondary will also provide greater scope for schools to work with the private and voluntary sectors on specific projects.

*We believe that the Government needs to look seriously at the provider market for speech and language. If left solely to the market, and even with improvements in commissioning, it is likely that children and young people in several areas of the country will not be able to access the support they need, particularly at the 'universal' and 'targeted' end of the system.*

*What is therefore required is an immediate appraisal of what providers exist currently, where they are located and what type of services they deliver. We believe that this should be a key part of the national year of speech, language and communication in 2011, leaving a solid information platform on which to build.*

#### Questions for the Minister

- Has the Minister considered the likely impact of market reforms on speech and language provision?
- Will the Minister consider undertaking an appraisal of current provider market in SLC?



## **Funding**

*The challenge: to make sure that funding flows through the system in a way that incentivises providers to drive up quality whilst being understandable for commissioners*

To achieve an effective market for speech and language services it will require flexible yet comprehensive payment mechanisms which provide value for money to the taxpayer whilst attracting providers.

We believe that Monitor, working with the NHS Commissioning Board, should establish a national tariff for speech and language services, payable under *Any Willing Provider*, to help market entrants plan their business models and assist commissioners in agreeing contracts. We also believe that there should be local flexibility under tariff arrangements, giving commissioners the right to 'flex' the tariff dependent upon the shape of the local provider market. This has the attraction of drawing providers into areas that may be deemed more challenging and which uniform tariff payments may not be adequate for.

Within that tariff payment ought to be in-built quality 'top-ups' which incentivise providers to deliver ever more effective services.

*We believe that the Government should shift responsibility for purchasing services to the individual, with parents receiving personal budgets for their child, able then to access the service which they believe to be right. Prior to that, however, there needs to be a period of transition and so until personal budgets are further developed we believe that schools and Local Authorities should hold these budgets, commissioning services on a child's behalf.*

## **Regulation and evaluation**

*The challenge: to enable parents and service users to scrutinise the quality of commissioners and providers, tackle any underperformance and to enjoy the benefits of a market which makes switching provider as easy as possible as a sanction against poor performance*

We recognise that the coalition is determined to reduce the regulatory 'burden' on public services and to give front line professionals greater freedom to shape services. Initial decisions over the Audit Commission have shown a strong lead in this area and we believe more scaling back will be forthcoming.

As the role of Ofsted is assessed, we believe that consideration should be given to how the inspection process best measures how schools and settings are meeting the needs of children and young people with SEN and SLCN. This would be better achieved if inspectors received more training around SEN and SLCN, ensuring that they knew what to look for in terms of good practice and reasonable adjustment in the classroom.

*We believe that a driving force behind service evaluation should be helping parents analyse the service that their child is receiving and for it to be made possible to exercise meaningful choice. That is why we believe it to be of such importance that there is an established provider market for speech and language services able to compete on quality for service flows.*

*We also believe that the Government could consider examining how NHS technology solutions could be applied to speech and language, in particular joining up commissioners in health and education with providers.*



We also believe that the Government could consider examining how NHS technology solutions could be applied to speech and language, in particular joining up commissioners in health and education with providers. If accessible by parents in a secure manner then parents will also be able to interact with both commissioners and providers and engage in meaningful dialogue with the decisions being made on their child's behalf. Via the Summary Care Record there is already a precedent for this within healthcare and its extension to education commissioners and providers has merit.

At the local level we also believe that commissioners and providers will need to be held to account through HealthWatch and that the Health and Wellbeing Boards ought to develop effective communication channels with voluntary sector groups to ensure they have a picture of commissioning and provision in their areas. As demonstrated by the unprecedented response to the Bercow Review in 2007, parents of children with SLCN are enormously motivated and local agencies can harness this for effective scrutiny.

#### Questions for the Minister

- Will the Minister facilitate strong Ministerial dialogue with the Dept of Health to ensure that any SLC strategy is 'owned' by both Departments and is consistent?

#### **Augmentative and Alternative Communication (AAC)**

The Bercow Review found that 'children and young people who require AAC face a particular struggle to have their needs met under the current commissioning arrangements'. The review found no consistent or equitable system (locally, regionally or nationally) for ensuring that those who need communication aids receive them. The Better Communication Action Plan included a commitment that Becta would provide grants totalling £1.5 million over three years to organisations in the alternative and augmentative communication sector. A total £500,000 is available for each of the following three financial years 2009-10, 2010-11, 2011-12. We feel it is important that these grants continue to be funded in 2011-12 and beyond for sustainable services in light of the current and very real vulnerability of specialist AAC services / third sector organisations.

#### Questions for the Minister

- Can the Minister confirm that the grants made available to organisations in the alternative and augmentative communication sector be guaranteed for the next financial year?
- Will the Government guarantee sustainability of funding for specialist third sector bodies delivering AAC services and the leadership costs associated with these services?



#### **4. I CAN, The Communication Trust and ACE**

##### **I CAN**

I CAN is the children's communication charity. Our mission is to ensure no child who struggles to communicate is left out or left behind. Our vision is a world where all children and young people who struggle to communicate receive the help they need so that they can have a happy childhood, make progress at school and thrive as adults. We do this through:

- Increasing public awareness of the problems children face
- Giving expert advice to parents and families about what to look out for and what to do
- Providing assessments for children so that their families know what support will meet their needs
- Giving teachers and people working with children the skills to help children who struggle
- Campaigning to ensure children and families get a better deal

At the very heart of I CAN are our special schools which give expert care and education to children with problems so severe their needs cannot be met elsewhere.

##### ***The Communication Trust***

The Communication Trust is a coalition organisation bringing together 38 voluntary and community sector organisations (including I CAN and ACE) with expertise in children's speech, language and communication. Supported by the Department for Education, BT and other funders, The Communication Trust works to improve the speech, language and communication skills of children and young people and to ensure that children with speech, language and communication needs are better supported and included. The Communication Trust's primary audience is members of the children's workforce and those that set workforce policy and practice.

Both I CAN and ACE are members of The Communication Trust.

##### ***About the ACE Centres***

The ACE Centres, which are based in Oldham and Oxford, provide services across the country to support children and young people with complex needs who need Augmentative and Alternative Communication and Assistive Technology. Services include assessments, training, loan bank, advice & information and consultancy and are delivered by teams of specialist speech & language therapists, teachers and occupational therapists.

Augmentative and Alternative Communication is the term used to describe methods of communication which can be used to add to the more familiar methods of speech and writing when these are impaired. AAC includes unaided systems such as signing and gesture, as well as aided techniques ranging from picture charts and paper-based systems to the most sophisticated computer technologies currently available, which are often referred to as communication aids. AAC can be a way to help someone understand, as well as a means of expression. Increasingly, communication aids and computer technology can be integrated with other equipment, such as mounting systems, specialist seating and environmental controls.

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