



Bercow: Ten Years On

An independent review of provision for children and young people with speech, language and communication needs in England.

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HOW TO READ THIS REPORT

- A summary of recommendations are included at the end of each chapter.
- Recommendations in full can be found at the end of the report.
- *The Bercow: Ten Years On* website contains further calls to action and practical steps that everyone can take.
- The full report can be downloaded from www.bercow10yearson.com

Foreword



Chairing the Review of Services for Children and Young People (0–19) with Speech, Language and Communication Needs (SLCN) 10 years ago was the most stimulating project of my parliamentary career up to that point.

Given the vital importance of communication to a child's life chances, the chance to make a difference was a privilege I was honoured to accept.

During the review we identified five key themes – issues that needed to be addressed for real change and improvement to happen:

- Communication is crucial
- Early identification and intervention are essential
- A continuum of services designed around the family is needed
- Joint working is critical
- The current system is characterised by high variability and a lack of equity

The final report which we published in 2008, focused on practical proposals to improve services, together with measures which sought to embed speech, language and communication in wider policy frameworks for the future.

In the years following the report's publication, a number of our recommendations were implemented, including:

- the creation of the Communication Council;
- the post of Communication Champion, which was filled by Jean Gross CBE;
- a National Year of Speech, Language and Communication in 2011; and
- the Better Communication Research Programme, a programme of research to enhance the evidence base and inform delivery of better outcomes for children and young people with SLCN.

There have also been many important developments since the publication of the report that have significantly impacted on services for children and young people with SLCN, such as changes within the commissioning and provider landscape, and the Children and Families Act, which ushered in the biggest education

reforms in a generation for children and young people with special educational needs in 2014.

It is in the context of these changes that I was delighted to learn of the intention of I CAN, the children's communication charity, in partnership with the Royal College of Speech and Language Therapists (RCSLT), to undertake an independent review of provision for children and young people with SLCN in 2018.

The 10th anniversary of the original report provides an ideal opportunity to look again at provision for children and young people with communication difficulties, and ensure their needs are placed at the heart of local and national policy, where they belong.

It is my hope that this report will act as a call to action to all those involved in supporting children and young people, to come together and do what is needed to make a difference to the lives of those for whom communication is more difficult.

RT HON. JOHN BERCOW MP

Introduction

The most fundamental life skill for children is the ability to communicate. It directly impacts on their ability to learn, to develop friendships and on their life chances. As a nation, we have yet to grasp the significance of this and as a result, hundreds of thousands of children and their families are suffering needlessly. This report aims to help change this situation.

More than 1.4 million children and young people in the UK have speech, language and communication needs (SLCN). Language disorder alone is the most common disorders of childhood,¹ affecting nearly 10%² of children and young people everywhere throughout their lives. In areas of social disadvantage this number can rise to 50%^{3,4} of all children and young people, including those with delayed language as well as children with identified SLCN.

Poor understanding of and insufficient resourcing for SLCN mean too many children and young people receive inadequate, ineffective and inequitable support, impacting on their educational outcomes, their employability and their mental health.

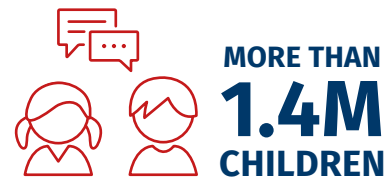
We must improve the outcomes for these children and young people.

Time for change

A lot has changed in the 10 years since The Bercow Review of Services for Children and Young People with Speech, Language and Communication Needs in 2008. Some of this change has been for the better, but sadly far from all of it.

Without a shift in approach, children and young people will continue to leave school without basic language and literacy skills. We will continue having disproportionate numbers of young people with SLCN who are not in education, employment or training, who need mental health support or who are in contact within the youth justice system. Children and young people with lifelong communication needs will not get the support and adjustments they require. As a result, children and young people with the potential to do well will struggle to make an active contribution to society as adults.

We cannot afford, socially or economically, to continue with the status quo.



**MORE THAN
1.4M
CHILDREN**

with speech, language and communication needs (SLCN)

What this report shows

Speech, language and communication are critical to children and young people's development, but a lack of awareness and priority has led to national and local strategies that do not have the speech and language of children and young people at their heart. Nor do they recognise the numbers of children and young people with SLCN. There is a lack of clear leadership and limited understanding of the need to work across and between the health and education systems.

As a result, the SLCN of children and young people are not sufficiently

prioritised. This is the case in decisions about planning, commissioning and funding services, and there is often no joined-up approach across education and health. So, service models are far less effective and the workforce is not sufficiently equipped to have the necessary positive impact on children and young people. Their needs are too frequently unidentified and unsupported.

But it can be different, and we will show outstanding examples of what can be achieved, as well as recommendations which seek to secure this good practice for all.

Key changes since 2008



POSITIVE

More evidence about SLCN through the Better Communication Research Programme.



Consistent government funding for workforce development in SLCN.

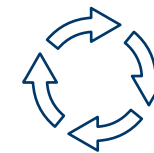


A national service specification for Alternative and Augmentative Communication (AAC).



Increased recognition of SLCN in the justice system.

Language and communication as one of the three prime areas of the Early Years Foundation Stage curriculum.



THE CHANGING LANDSCAPE

Reforms and reorganisation of the NHS.

Academies and free schools – increased autonomy for schools.

Reforms to support for children with special education needs and disabilities (SEND).

Significant changes in the use of technology.



NEGATIVE

Austerity and resulting cuts to services.



Loss of senior and specialist speech and language therapy posts.



Removal of speaking and listening from the National Curriculum.



Removal of a judgement of communication from the Ofsted framework.



No assessment in spoken language after age five within the curriculum.



Developmental language disorder: A condition where children have problems understanding and/or using spoken language. There is no obvious reason for these difficulties – no hearing problem or physical disability explains them.

The children and young people

- More than 10% of children and young people have long-term speech, language and communication needs (SLCN) which create barriers to communication or learning in everyday life:
 - 7.6% have developmental language disorder.⁵
 - 2.3% have language disorders associated with another condition such as autism or hearing impairment.⁶
 - SLCN also include conditions such as speech difficulties, stammering and many others.
- Children living in areas of social disadvantage are at much higher risk, with around 50% of children starting school with delayed language and other identified SLCN.^{7,8}

The impact

We have more evidence than ever before demonstrating the direct impact of SLCN on children's life chances.

EDUCATIONAL ATTAINMENT

- Just 26% of young children with SLCN made expected academic progress in the Early Years Foundation Stage⁹ compared with 69% of all children.
- Just 15% of pupils with identified SLCN achieved the expected standard in reading, writing and mathematics at the end of their primary school years¹⁰ compared with 61% of all pupils.
- Only 20.3% of pupils with SLCN gained grade 4/C or above in English and maths at GCSE, compared with 63.9% of all pupils.¹¹

SOCIAL, EMOTIONAL AND MENTAL HEALTH

- 81% of children with emotional and behavioural disorders have unidentified language difficulties.¹²
- Young people referred to mental health services are three times more likely to have SLCN than those who have not been referred.¹³

LIFE CHANCES

- Children with poor vocabulary skills are twice as likely to be unemployed when they reach adulthood.¹⁴
- 60% of young offenders have low language skills.¹⁵

Background

Bercow: Ten Years On follows in the footsteps of its predecessor *The Bercow Report*¹⁶, investigating the services and experiences of children and young people with speech, language and communication needs (SLCN) and their families.

This extensive review has heard from more than 2,500 people across England; more than contributed to the original Bercow review. We collected views from parents and carers, children and practitioners. We also spoke to employers, commissioners and other local leaders. Whilst informed by a rich body of recent academic studies and reports, the focus of the review is on the new evidence from the front line; from local practice and from the experiences of children and their families.

We consulted with more than 2,500 people between January and November 2017

Surveys and Submissions

- Main survey of practitioners and others
- Parents and carers of children with SLCN
- Children and young people
- Commissioners – health, local authority and schools
- Employers
- 75 written evidence submissions

Oral evidence sessions

- The impact of SLCN: what happens if needs are not identified or supported
- Support for children aged 0-2
- Commissioning of support for children and young people with SLCN
- Low-incidence, high-need conditions: deafness, selective mutism, cleft lip and palate, brain injury and stammering
- The links between language and social disadvantage

Digging deeper

- Focus groups with children and young people
- In-depth review in three local authority areas
- Review of relevant research and policy reports

The review benefited from a decision-making panel of key influencers, chaired by Jean Gross CBE, guiding and supporting the process. It was further supported by an advisory group of experts: practitioners, researchers and decision-makers.



The resulting report presents a picture of the current landscape for children and young people with SLCN with a focus on solutions, and presents examples of effective practice. Further information is available on the *Bercow: Ten Years On* website: www.bercow10yearson.com

The report and website include:

- recommendations to government and local leaders to ensure change is sustainable and embedded;
- bold calls to action for those involved in supporting children and young people; and
- signposts to helpful information for practitioners, children and young people, and parents and carers to respond to the calls to action.

Our analysis of the evidence collected identified five key themes which provide the structure for this report:

- Communication is crucial, yet awareness of children and young people's speech, language and communication is not sufficient.
- Systemic change is needed – speech, language and communication must form a core part of national and local plans.
- Services must be equitable. Currently there is far too much variation in the support children and young people receive for their SLCN.
- Support must make a difference and be based on the evidence of what works.
- Children and young people's needs must be identified early and then supported appropriately.

Communication is crucial

Speech, language and communication skills are crucial to every person: for brain development in the early years and our attachment to others, for expressing ourselves and understanding others, for thinking and learning, for social interaction and emotional wellbeing, in school, as part of society and in the workplace. Yet despite their centrality, the importance of these skills continues to be widely underestimated.



Language is crucial: The most important factor in reaching the expected levels in English and maths at age 11 was children's language skills at age five; more important than poverty or parental education. **Save the Children (2016)**
The Lost Boys

What needs to happen

We need everyone to understand speech, language and communication needs (SLCN) better. Think of the difference that wider public understanding of autism, mental health and dementia have made in those areas. Only through having greater awareness of SLCN, and their impact on children and young people's life chances, will we raise the profile of SLCN and ensure these needs are prioritised.

The evidence

Our evidence shows a lack of awareness and information about speech, language and communication in general and more specifically about SLCN. There is both a social and economic impact of not providing support to children with these needs.

LACK OF AWARENESS AND INFORMATION

Since the Bercow review in 2008 there has been some progress in awareness of the crucial role of speech, language and communication. But the momentum created by the initial review has not been maintained. There is still insufficient public awareness and understanding among decision-makers and professionals about the importance of speech, language and communication, particularly beyond the early years of life.

"With greater public awareness comes greater pressure on funders to provide an appropriate level of service for this population" **Professional Association**

Although there is more high-quality information available for practitioners and parents and carers, our surveys told us it is still not reaching

them when they need it, and parents and carers regularly encounter professionals whom they felt did not know enough to effectively support them and their children.

Readily available information is essential but parents and carers reported low priority given to speech, language and communication in children's services. There is no clear message for parents and carers about speech, language and communication in the way that there is for a good diet or exercise. Yet spoken language is vital for our children's cognitive development and mental health, just as diet and exercise are crucial for physical health.

Where information sharing is working well services are using innovative methods such as social media, video clips and other technology presenting information to parents and carers in accessible ways.

THE INDIVIDUAL IMPACT

Our consultation with children and young people highlighted the crucial nature of spoken language, with children commenting that their difficulties made everything more challenging, both inside and outside of school.

In school, the sheer amount of language can be overwhelming, especially if teaching staff are unclear on how best to support language in the classroom.

The children and young people we talked to also recognise the impact of SLCN on their own wellbeing and how a lack of understanding in the adults around them can make the situation much worse.

Children with SLCN told us:

"It makes everything hard"

"Talk too many words and my head can't do it really like BOOM!"

"It isn't good when they shout if we don't understand, 'cause people might get a little bit sad"

Information from our oral evidence sessions described a situation of compounding risks: children who enter school with SLCN are at higher risk of literacy difficulties, which in turn increases the likelihood of behavioural

and mental health problems, and involvement in the justice system.

THE SOCIAL IMPACT

Lack of awareness is an issue not just for individual families, but for society as a whole. Half of children and young people living in deprived areas may have SLCN.^{17,18} Children and young people are at high risk, with a stark social gradient in the quality of language they hear,¹⁹ impacting on educational outcomes²⁰ and health inequalities. In 2010 *The Marmot Review* reported that children from disadvantaged backgrounds were more likely to begin primary school with lower language and literacy skills than their peers.²¹

More recently, reports have found a link between:

- social disadvantage and school readiness²²; and
- speech, language and communication development and health.²³



Our research has shown very little change in parents and carers' views in the last 10 years, with 78% reporting information was either not easily available or not available at all; in 2008 the figure was 77%.

"It makes everything hard"



“Poor communication and ineffective acquisition of early language are associated with behavioural problems, in turn linked to worse outcomes, including worse health, throughout life”
UCL Institute of Health Equity²⁴

“Children’s language development should be viewed as a public health wellbeing indicator, rather than just as an individual or ‘clinical’ concern. Child language is similar to obesity and other risk factors (such as mental health and diet) in terms of its impact on children’s overall wellbeing”
Early Intervention Foundation²⁵

The Department for Education’s social mobility action plan²⁶ recognises a gap between the early language skills of children from disadvantaged backgrounds and those from more advantaged areas. Given the Government’s vision for a country in which it is your talent and hard work that matter, rather than where you were born or who your family are,²⁷ we need greater recognition of the importance of speech, language and communication to the social mobility agenda across Government.

THE ECONOMIC IMPACT

The lack of awareness of the importance of spoken language also has an economic impact. Communication skills are highly regarded in the workplace, but employers experience challenges in recruiting staff with adequate skills across all levels, from entry level through to graduate entrants.²⁸

Communication difficulties at all levels in the workplace can impact on problem solving, effective practice and decision-making.²⁹ Loss of production through the lack of soft skills, including communication, has been estimated at £8.4 billion a year by 2020.³⁰ Raising awareness of and improving the speech, language and communication skills of children and young people needs to be recognised as a solution to increasing employability and productivity across Government.

Now is the time to ensure plans such as apprenticeships and vocational skills programmes take account of the need to support young people’s speech, language and communication.

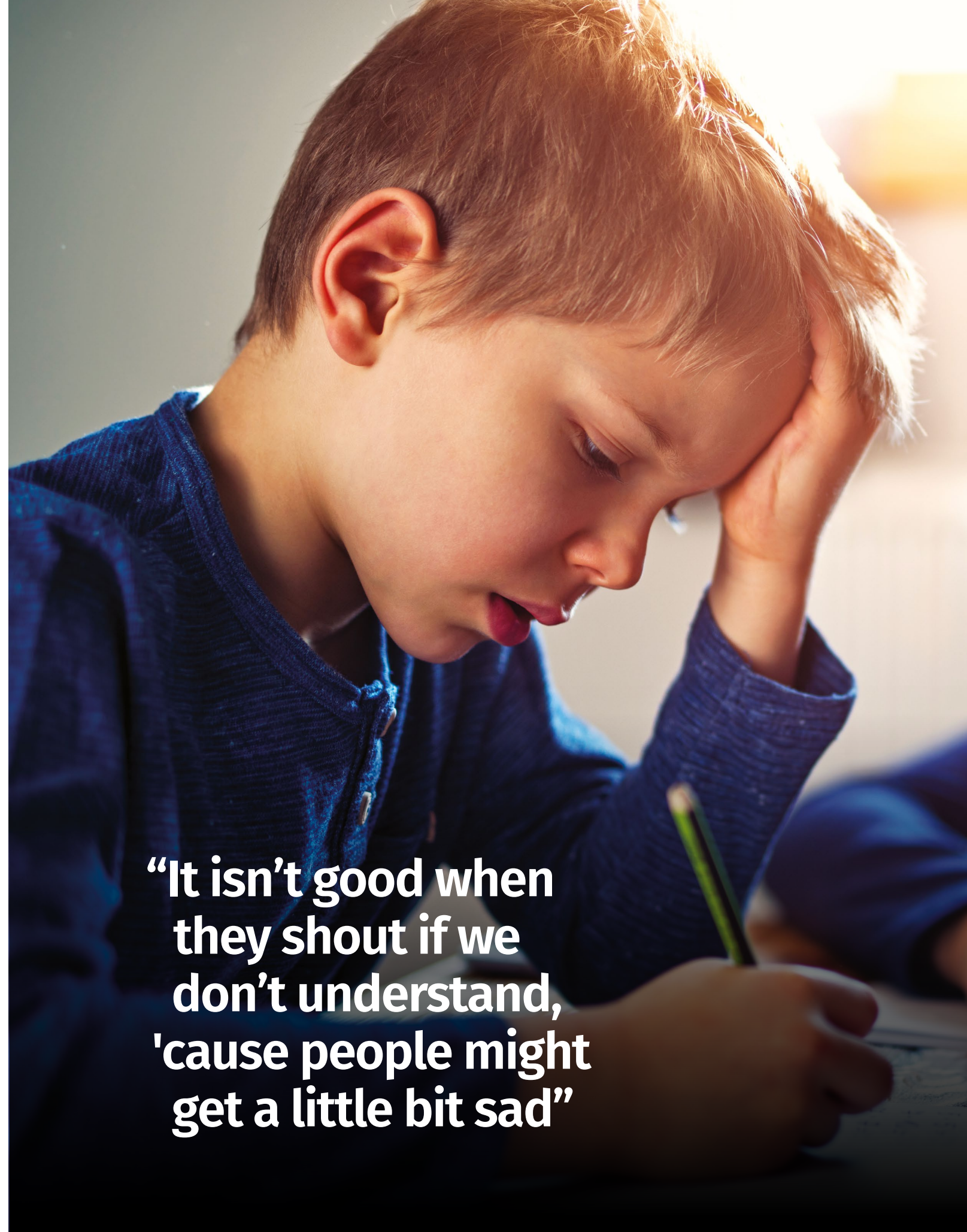
THE DIFFERENCE THAT CAN BE MADE

We heard examples of excellent local initiatives recognising the crucial role of communication and prioritising language to tackle social disadvantage in the early years.



GOOD PRACTICE EXAMPLE

Warwickshire Time to Talk prioritises speech, language and communication. They have expanded and contracted as funding changed, developing traded services and thinking creatively. They collect data each year, evidencing impact. They train champions, some with level 3 qualifications – 98% of settings now have a champion. They spread the word locally with leaflets, multi media campaigns, films and growing social media networks. Their promotional week is in its fifth year.



“It isn’t good when they shout if we don’t understand, ‘cause people might get a little bit sad”



“Quality interaction at every point makes the difference.”

SPEECH AND LANGUAGE THERAPIST

In this chapter we have highlighted the impact that lack of awareness of children and young people’s communication can have. Our recommendations will raise awareness and put speech, language and communication centre stage in public policy.

Recommendations

- 1.1** Public Health England should develop clear messages and information for parents and carers regarding speech, language and communication and promote these directly to public services.
- 1.2** The Department for Education should strengthen the place of communication and language in its strategy to improve social mobility.
- 1.3** Local authorities should ensure that evidence from this report is included in their contribution to tackling health inequalities: in their published Joint Health & Wellbeing Strategy and in their contribution to Integrated Care Systems. In their inspections, regulators should check to see that this evidence is reflected.
- 1.4** The Department for Education should ensure that communication skills, specifically those identified as needed for the workplace, are appropriately recognised in the criteria for the Functional Skills qualifications.
- 1.5** The Education and Skills Funding Agency should revise their apprenticeship funding rules for training providers and employers, to include training for communication skills development in the list of items that can be funded.

See page 40 for the recommendations in full. Further calls to action and practical steps that everyone can take can be found at www.bercow10yearson.com

GOOD PRACTICE EXAMPLE

Language is used to tackle social disadvantage in children’s centres in the Kirkby area of Knowsley, an area of high need. They focus on their community through the local children’s centre, with prevention, early identification and appropriate support to get children ready for school. Workforce development and production along with parents and carers are key, alongside working with charities such as I CAN. Following the introduction of the new pathway, 72% of children now meet expectations.

A strategy for system change

Speech, language and communication are foundation life skills. Children’s communication is everyone’s business. However, speech, language and communication needs (SLCN) rarely feature in national policies. The result is an absence of integrated system-wide approaches to supporting children and young people with SLCN, both locally and nationally.

Without a clear and unified message from the highest levels in both education and health, support will continue to be inconsistent and insufficient. Many children and young people will miss out on the support they need, and the impact will be costly, both to the economy and society.

What needs to happen

We need a national strategy for children and young people to ensure their needs are prioritised across government; within that strategy, we need the importance of communication to be recognised and consequently integrated into all plans for children and young people.

At a local level, we need strong leadership to ensure that speech, language and communication is integral to local plans and that integrated systems are put in place to support children and young people with SLCN.

The evidence

Our evidence shows a lack of leadership and a lack of a cohesive approach for children and young people at a national level, impacting on the priority given to SLCN at a local level. In places with strong and committed local leaders, who drive shared responsibility and buy in, children and young people with SLCN are better supported. We need to ensure this good practice is replicated nationwide.

NATIONAL STRATEGY AND POLICY

Providing early support to children and young people can reduce the likelihood of severe problems later in life, which could cost an estimated £16.6bn a year.³¹ Yet children are not sufficiently prioritised by government, as shown by the lack of a cross-governmental strategy for children and young people.

Our evidence clearly demonstrates the lack of a strategic approach to supporting children with SLCN: 95% of respondents to our survey felt that central Government’s contribution to raising standards and improving outcomes for children and young people with SLCN is either not clear or in need of strengthening.


It doesn’t have to be this way. In our oral evidence session we heard about a national strategic approach to addressing speech, language and communication development in Scotland.

In response to an amendment debate in the Scottish Parliament in February 2016, Scottish Government committed to a Communication Summit held jointly with the RCSLT. At the event, cross sector leaders gathered to discuss the importance of children and young people’s speech, language and communication development and agree how to work together to improve this. As a result of the summit, Scotland’s Deputy First Minister and Cabinet Secretary for Education and Skills requested an Action Plan for systemic change and growth of Scotland’s speech, language and communication assets.

The absence of children and young people is notable in health policy: the Royal College of Paediatrics and Child Health (RCPCH) have reported that child health is suffering due to a disjointed approach from central Government in England.³²

Where children are included in health policies, they rarely mention SLCN, more frequently focusing on issues such as obesity³³ and tooth decay.³⁴ While the government's commitment to prioritising children and young people's mental health is welcomed, we are concerned that speech, language and communication is not recognised as a risk factor.^{35,36}

Beyond the early years, education policy puts very little emphasis on spoken language. Since the publication of the original Bercow Review in 2008, there is no longer a distinct 'speaking and listening' strand to the National Curriculum in schools, and spoken language has been removed from the grading of GCSEs in English and English language, sending a signal to schools that spoken language is not a priority.



53% of survey respondents did not feel that the way children learn in schools supports their spoken language development.

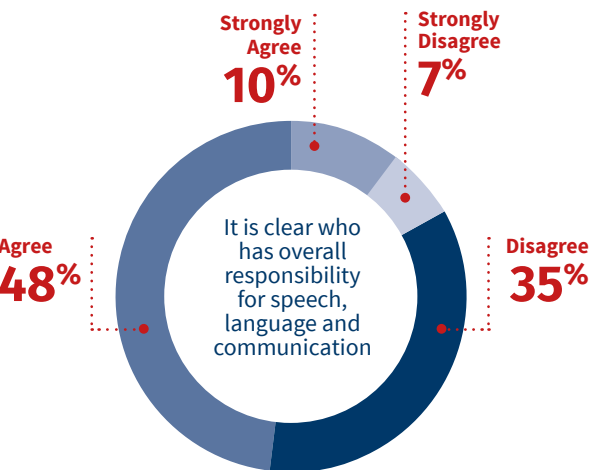
Children and young people with SLCN who took part in our focus groups commented on the particular challenges of their educational experiences, including working in silence and the focus on writing.

“Working in silence, that is bad. Because the teacher is telling us to be quick when we are trying to ask questions. It doesn't help at all”
Child with SLCN

“[What I find difficult is]... lots of writing, because it's really boring and really, really tricky”
Child with SLCN

THE NEED FOR AN INTEGRATED APPROACH

Unclear lines of responsibility and variation in the extent to which speech, language and communication is included in local plans are concerning. Our survey found that 42% of respondents feel it is not clear who has overall responsibility for speech, language and communication in their area.



Of the 44 sustainability and transformation plans (STPs) published in 2016, only three mention children's speech, language and communication.

Parents, carers and practitioners alike are too often frustrated by the inefficiencies caused by the lack of an integrated system.

“I was leading on any health issue and was spending half my day trying to sort things out with people saying, this isn't mine, we're not responsible for that... that made us think, we've just got to do this in a more joined-up way. And it saves time” **Head of Commissioning**

Many people told us that the joint Ofsted and CQC local area special educational needs and disabilities (SEND) inspections have the potential to be a positive driver towards a more integrated approach. Of the first 16 areas where inspectors had significant concerns about the local area, 11 of the inspection reports identify strategic planning, joint commissioning or leadership as areas of significant weakness.



GOOD PRACTICE EXAMPLE

Stoke Speaks Out is a multi-agency initiative to tackle the high incidence of delayed language in Stoke-on-Trent. With strong local leadership, this city-wide strategy offered training and support for all practitioners working with children under seven and their families. The initiative resulted in huge improvements in children's early language, with an 18% reduction in the number of children with delayed language at school entry. A return-on-investment analysis of Stoke Speaks Out, conducted by the New Economics Foundation, has demonstrated the contribution that the programme makes to improved school readiness for children at age five, and improved educational attainment and prevention of offending amongst young people in the long-term.

THE IMPORTANCE OF LEADERSHIP

In our review we heard repeatedly that restructuring of NHS speech and language therapy services over recent years has resulted in the downgrading or removal of senior posts, meaning there are fewer speech and language therapists working at a strategic level with the ability to influence decision-makers. The same is true for educational leadership for children's SLCN. We heard in our evidence of many local authority advisory services being reduced or disbanded.

“...[we] have seen a reduction in senior posts and so specialist knowledge of speech, language and communication/SLCN has gone, both in education and speech and language therapy services” **Professional Association**

Yet a strong theme emerging from the review has been the importance of local leadership. In our evidence the areas with more strategic, well-developed and impactful support were led by strong local leaders who recognise the importance of speech, language and communication.

In their first year of local area SEND inspections, Ofsted and CQC also found that, “in the most effective local areas, strong strategic leadership had led to established joint working between education, health and care services... [In areas of significant concern] leaders were unable to secure much needed joint working, leading to poor collaboration and commissioning between professionals from education, health and care.”³⁷

In this chapter we have shown that children and young people with SLCN rarely feature in either national or local plans. Our recommendations call for a national strategy for children and young people, with a recognition of speech, language and communication at its heart. The strategy must be underpinned by strong leadership in order to deliver the change that is needed.

Recommendations

NATIONAL STRATEGY AND POLICY

- 2.1** The Department for Education and the Department of Health should use the findings and recommendations of this review as the driver to develop a new cross-governmental strategy for children, including a joint statement about the importance of children's speech, language and communication.
- 2.2** Ofsted should review the extent to which the teaching and monitoring of spoken language is taken into account in its framework for inspection when next revised in 2019.
- 2.3** Government should commission Ofsted and the CQC to continue their inspections of local areas and SEND beyond the current initial five year cycle.
- 2.4** The Department for Education and the Department of Health should strengthen the place of speech, language and communication in its proposals to transform children and young people's mental health provision.



THE IMPORTANCE OF LEADERSHIP

- 2.5** Government should establish a system leadership group to drive forward the recommendations of the report, and the tangible actions arising.
- 2.6** Government should ensure that existing and future leadership boards include parents and carers and an expert in speech, language and communication and SLCN to inform strategic decisions.
- 2.7** School leaders should ensure that the importance of spoken language is reflected in their schools' special educational needs (SEN) information report.
- 2.8** NHS England, NHS Improvement, Public Health England and Health Education England should make use of the evidence from this review regarding the impact of effective leadership on improving service commissioning and provision, to demonstrably inform their work developing leadership in the allied health professions.

See page 40 for the recommendations in full. Further calls to action and practical steps that everyone can take can be found at www.bercow10yearson.com

An accessible and equitable service for all families

THE COMMISSIONING LANDSCAPE

Since 2008 the commissioning landscape has changed rapidly, becoming more and more complex. The Health and Social Care Act (2012) established clinical commissioning groups (CCGs) as the primary commissioners of the majority of health services, able to commission from a multiplicity of providers. The responsibility for commissioning specialist services sits with NHS England, while public health moved to the remit of local authorities. Meanwhile, education funding has increasingly been devolved to schools, who have also now entered the playing field as commissioners of support for children with SLCN.

Health and Wellbeing Boards were intended to bring all partners together to improve the health and wellbeing of their local population, with the potential to play a key role in joint commissioning. The Children and Families Act (2014) also required local authorities and partners to make "joint commissioning arrangements" to provide for children with special education needs and disabilities (SEND).

Our evidence shows a system of fractured services and high levels of inequity for children and young people. The postcode lottery described by families 10 years ago remains: the support you get depends on where you live or where you go to school.

The variation in availability of services to support children and young people with speech, language and communication needs (SLCN) is unacceptable. With decisions about children made in local areas, and no clear steer from government, there is wide variability across England.

Where there has been a push from government is towards outcomes-based joint commissioning. However this is still the exception rather than the rule.

We have found examples of excellent joint commissioning, but more commonly we have heard about services that are commissioned in a way that cannot meet local needs, driven by unhelpful targets. Commissioners themselves are too often forced to focus on the short term, rather than planning based on longer term impacts and costs.

What needs to happen

Within a local area, we need systems in place to ensure support is planned and funded so that it meets children and young people's SLCN regardless of where they live. Local areas and schools should be aware of how many children and young people have SLCN in their community, and use this knowledge to commission support accordingly. To do this we need commissioners to understand SLCN.

Commissioning should be based on what makes a difference for children and young people, both in the short and long-term. We need more collaboration and for agencies across local areas to jointly take responsibility for ensuring support is available for children and young people with SLCN, whatever their age or level of need.

The evidence

Our evidence shows an unacceptable level of variation in the support available to children and young people with SLCN, as a result of commissioning which is not based on an analysis of local need.

COMMISSIONING

Repeatedly joint commissioning was highlighted as one of the most promising solutions to providing equitable and accessible support. Where it is happening, leadership and knowledge are key.

The commissioning landscape is complex, characterised by a huge variety of commissioners and providers, with a lack of clarity about who is responsible for providing what. Our evidence provided confirmation that on-the-ground joint commissioning is not easy.

Very often joint commissioning arrangements are patchy; in an RCSLT survey, speech and language therapists reported varied and inconsistent levels of joint commissioning.³⁸ This issue is not limited to speech and language therapy.³⁹

“Current commissioning and funding arrangements are not conducive to joint working and collaboration. This needs to be commissioner-led” Practitioner

A number of factors compound this situation. Reduced levels of public funding mean that commissioners and leaders of children's services have limited resources, reduced capacity, and competition for limited funds.

“Money and resources will always be an issue and never more so perhaps than now. Inevitably this puts a strain on relationship between service providers, schools and families” Assistant Director of Children's Services

“...I was given the devastating news just before Easter that speech and language therapy in our area has been outsourced and that they are no longer funding children in junior school and above!” Parent

The formation of integrated care systems, while controversial, may enable closer collaboration between NHS organisations, local authorities and others, who have the potential to address these issues.

The increase in the number of schools commissioning speech and language support presents both opportunities and challenges. Some schools are forming networks to share resources; for example a partnership made up of 10 schools in Brighton, most of whom have a speech and language champion. The network provides a safe place for schools to discuss how they can use their funds effectively, also providing a vehicle for sharing and disseminating ideas.

However, it can also lead to variation in the support that is available so that this depends not just on where you live, but where you go to school.

“Commissioning by schools varies very much from head to head and their priorities – some heads see very little value of speech, language and communication and feel other curricular areas far more important. Thus, very big discrepancies between similar schools...” Professional Association

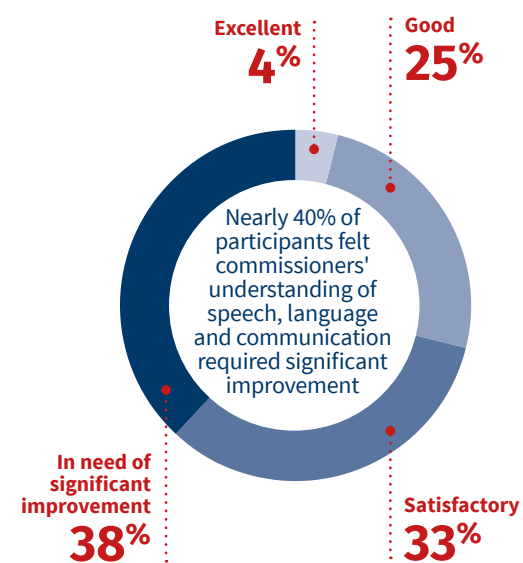


We heard from commissioners that one of the biggest barriers is that there is no widely accepted definition of what joint commissioning means, and for schools in particular commissioning is a relatively new concept.

Our evidence also found that many commissioners do not have sufficient understanding of speech, language and communication, particularly for low-incidence, high-need conditions where they are unlikely to have detailed knowledge: conditions like selective mutism, hearing impairment and stammering. Given their competing priorities, increasing commissioners' understanding is crucial, with strong leaders in local services who can work with and help to inform their commissioning decisions.

Commissioning should be based on a robust analysis of the needs of the local population in order to ensure the right support is available. Yet our evidence shows that in many areas this is just not happening. Local data systems are not joined up across education, health and local authorities making it very difficult to collate an accurate picture of the populations' needs.⁴⁰ For example, information collected on children at the two-and-a-half-year health visitor check is not shared, and is in a different format and system to the data early years practitioners collect in nurseries and schools.

“True needs-led joint commissioning across disciplines would allow the holistic needs of children and families to be addressed in the most efficient and effective way”
Speech and language therapy service



ACCESSIBILITY OF SPECIALIST SPEECH AND LANGUAGE SUPPORT

The result of this fragmented commissioning is that many parents and carers find services such as speech and language therapy are difficult to access.⁴¹ Too many children are not getting the support they need. Parents and carers shared stories of being let down by the system – experiencing insufficient support, irregular appointments and support being indiscriminately withdrawn. For many, the support they needed was not available.

The *Local Area SEND inspections: one year on* report from Ofsted and the Care Quality Commission found that access to therapy services was weak in half of the local areas inspected, making it worse than access to mental health services, which was poor in more than a third of local areas.

The evidence we heard through our review described a situation that is unacceptable.

Many parents and carers shared negative experiences for themselves and their child, describing services as poor, appalling or awful, dreadful and frustrating. Children and young people also told us that the support they needed was not available.

“...after this experience I do not wish any parent to go through this EVER. No child deserves such treatment” Parent

“I should have speech therapy, but it never happens” Child with SLCN

“I am in special college in my special school I got no help at all only when went to independent special college I got help it cost lot of money to go tribunal to get it” Young person with SLCN



Just 15%

of survey respondents felt speech and language therapy was available as required.

There are particular challenges in accessing support for older children and young people – just 3% of people who responded to our survey felt resources for children and young people’s speech, language and communication are used to provide support for young people aged 16-25.

Overall, our review paints a picture of specialist services that are unable to meet the needs of children and young people with SLCN and their families. Many professionals are equally frustrated about being put in the untenable position of being asked to practice in a way that is not in the best interests of children and young people.

National datasets exist; we know enough about prevalence to calculate local need. We now have high-quality guidance, tools and resources to support commissioners to use the available data so they can commission in an informed way. We need to ensure this reaches the people responsible for planning and funding support, and to spread the good practice that already exists.

GOOD PRACTICE EXAMPLE

Commissioning for children needing Augmentative and Alternative Communication (AAC) – Liverpool

Liverpool City Council and the NHS Liverpool Clinical Commissioning Group collaborate on commissioning for children with AAC needs (for example children requiring communication aids). They work together at the interface between specialised commissioning, through regional centres and local NHS England support, alongside a special resource in a primary school.

The joint commissioning approach helps clarify services for children with AAC needs and takes the higher cost challenges away from the local authority. Working together on commissioning has meant more clarity for commissioners and service providers as well as for children and their families. Outcomes for children are positive and are shared with a steering group, who are responsible for the governance, and funding is administered through the primary school, which eases the process.

GOOD PRACTICE EXAMPLE

Worcestershire promotes One Service, One Solution. Based on a thorough needs analysis, the Local Authority and NHS jointly commission core speech and language therapy services using The Balanced System™ framework with a clearly defined role for speech and language therapists at each level. Schools and settings, each with a named speech and language therapist, can then commission additional activities as top ups. Evidence-based programmes are well embedded into an SLCN pathway, meaning there are clear routes for early identification, information and resources.

As a result:

- Children at risk of SLCN in targeted early years settings have decreased on average by 20%.
- Children are identified earlier: 84% of health visitor referrals are now made under the age of three, compared to 35% in 2010.

GOOD PRACTICE EXAMPLE

Greater Manchester Heath and Social Care Partnership is part of the first wave of integrated care systems. As part of their five year plan to improve health and social care, they have committed to delivering integrated commissioning and provision across all early years services, including a focus on speech, communication and language.

In this chapter we have outlined the factors which contribute to the high variability of support across areas in England. We need to ensure that planning and funding services for children’s SLCN is based on knowledge of what is needed in an area, and that accountability measures are in place to make sure this happens everywhere.

Recommendations

- Public Health England should use its Fingertips tool to provide local areas with data on estimated incidence of SLCN in their local population and the known prevalence of SLCN (based on data from two-year review).
- Public Health England should work with the Department for Education to investigate the addition of data from the Early Years Foundation Stage Profile at age five.
- Local area SEND reviews should take account of the evidence from this review for effective joint commissioning of support for SLCN, and Ofsted

and the Care Quality Commission should train all inspectors to challenge local areas.

- Ofsted should consider children and young people’s SLCN in its future research on SEND, through looking at provision and joint commissioning of specialist therapies, and support.
- NHS England and the Department for Education should provide a clear definition of joint commissioning and fund a programme of training for local joint commissioners on commissioning for SLCN.
- Sustainability and Transformation Partnerships and Integrated Care Systems will provide joined-up commissioning between local government and the NHS.

The provision of integrated commissioning for SLCN should be:

- included in these arrangements as one of the tests in any accreditation regime;
- supported through any national development work; and
- prioritised as a means for reducing health inequalities.

See page 40 for the recommendations in full. Further calls to action and practical steps that everyone can take can be found at www.bercow10yearson.com

Support that makes an impact

Investing in support that does not work is a waste of public resources and a risk to children's life chances. We need to make sure that services are designed around what is going to have the greatest impact for children and young people.

Currently, this does not happen. When resources are stretched, service design is often driven by factors other than evidence about what works. Until we take a more evidence-based approach with longer term thinking, this avoidable situation will persist. Until we plan support using available evidence based on the outcomes we want for our children; until we use data to capture those outcomes, we are making decisions about what services are needed completely in the dark.

What needs to happen

Systems need to be in place to ensure that decisions about support for speech, language and communication needs (SLCN) are made on the basis of what we know will achieve the greatest impact. This means having the right indicators for benchmarking

progress. We need effective and impactful models of support; these should be shared as a strong business case with local commissioners, so they know what 'good' looks like.

The evidence

Although we know much more about what works to make the biggest impact for children and young people's speech, language and communication, people told us that this evidence is not being used to plan services.

THE EVIDENCE BASE

Since the original Bercow review in 2008, our evidence base has grown. The Better Communication Research Programme⁴² provided rich data and strong evidence on children and young people with SLCN in terms of prevalence,⁴³ impact and interventions. It also worked with The Communication Trust to develop the What Works

database for interventions to support SLCN, endorsed by the Royal College of Speech and Language Therapists (RCSLT). There is an expansion of evidence both in terms of academic research and in organisations producing evidenced papers to support the issue. We also have increasing evidence on the cost effectiveness of interventions.⁴⁴ However, the focus is largely on single interventions or programmes. One area where evidence is still required is around effective service models, including within schools.

A raft of local and national data across health and education has the potential to show the impact of intervention, but in our review people questioned whether the right data was collected. Particularly in health contexts, performance metrics often focus on processes and activities such as reduced waiting times or number of children seen. While possibly desirable in themselves, these do not say anything about the impact on children. In fact, beyond the age of five, there is no statutory requirement to report on progress in children's speech, language and communication.



In a survey of NHS children's speech and language therapy services, the vast majority said their commissioner measured the performance of their service on outputs – for example, the number of children seen – compared to around a third who were measured on the impact of their service.

ASSESSING AND REPORTING ON SPEECH, LANGUAGE AND COMMUNICATION

Age	0-2	2 ½	4-5	4-5	5-6	6-7	10-11	15-16
Measure	Health visitor checks as part of Healthy Child Programme	Integrated two year check Ages and Stages Questionnaire (ASQ)	From 2019: Reception baseline	Early Years Foundation Stage Profile (EYFSP)	Phonics screening check	Key Stage 1 tests	Key Stage 2 tests	GCSE
Is speech, language and communication included?	Not always	Yes	Yes	Yes	No	No	No	No



From age five
Continual monitoring of progress in the curriculum
No requirement to measure or report on spoken language

There are now many practical tools available to monitor progress in children’s spoken language, but without an imperative to report on progress, the risk is that these will not be used. Our survey evidence found just this. The drive in Ofsted to look at impact is encouraging; however, it is critical that inspectors ask questions about progress in speech, language and communication.

People told us of examples where data and local evaluations were used to make a case for services. It can be done. A common thread running through many of the best practice examples was a determination to design approaches based on evidence; to capture impact and use it to inform practice and maintain and improve services.

“We must collect consistent data and be able to analyse it in a way that makes that moral business and evaluation case for the work that we’re doing.” **Service Manager**

These service evaluations can be a powerful influencing tool.

GOOD PRACTICE EXAMPLE

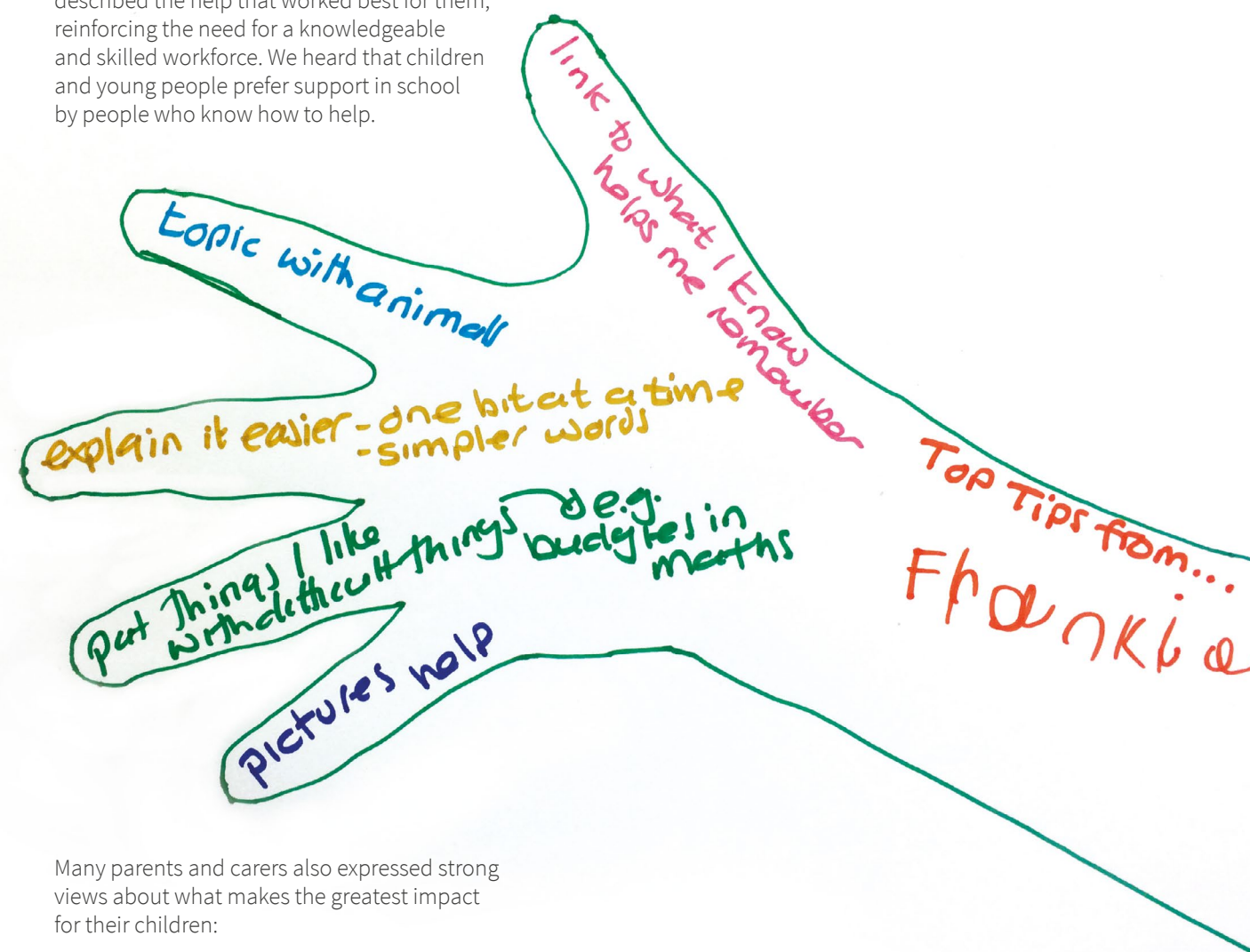
Nottinghamshire Children’s Services employ an evaluation lead, skilled in research, who supports the whole team to be involved in evaluation. They have communicated their evaluation of core programmes in one single ‘Year of Evaluation’ document. Evidence is used to inform improvements to services and to communicate a strong case for continued investment.



In a sample of 42 Ofsted reports from primary and secondary schools across inner city, rural areas and London boroughs, no school reported assessing or tracking progress in spoken language.

EVIDENCE FROM OUR CHILDREN AND YOUNG PEOPLE FOCUS GROUP

Children and young people themselves are a critical evidence source. In our review, they described the help that worked best for them, reinforcing the need for a knowledgeable and skilled workforce. We heard that children and young people prefer support in school by people who know how to help.



Many parents and carers also expressed strong views about what makes the greatest impact for their children:

- Speech and language therapists training and working closely with nursery and school staff
- Communication supportive schools, knowledgeable staff
- Schools and early years settings giving advice and information to parents
- Classroom approaches to involve children: visual support, recasting adult language, giving demonstrations
- Supporting communication at break time or between lessons

“I wish I could have more help at school, so I can be like everyone else.”

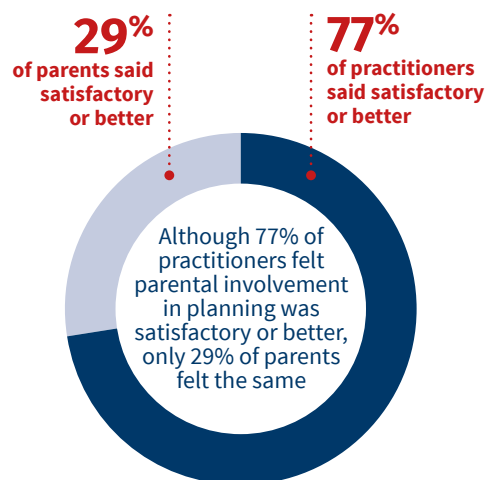
CHILD WITH SLCN

THE EVIDENCE IS NOT USED

On the ground, many practitioners responding to our surveys saw data collected but not used. Likewise, knowledge of what works is not effectively made use of. More than 17,000 people are registered on the What Works database; more than half of school leaders make use of the Educational Endowment Foundation toolkit; many more speech and language therapists have access to resources to support evidence-based practice through the RCSLT. However, this is not enough, we are only scratching the surface. There are still many more professionals who do not make use of these resources. Critically, the evidence is not reaching people it needs to reach: those responsible for commissioning. The research is absolutely clear,⁴⁵ for specific interventions and programmes, we know what works; yet this is not being implemented.

Greater awareness of effective and cost-effective interventions needs to be provided for those responsible for commissioning and delivery of services.” Voluntary organisation

Parents and carers, as well, would like their view of what makes a difference to be taken into account.



In our evidence, we heard from services that were having to scale back, rationing support in ways that are not based on evidence of what works. We heard of specialist services that have been:

- cut by approach, supporting only children with the highest need or reducing training;
- cut due to children not making progress in pre-determined episodes of care, taking no account of the complex nature of some children and young people's SLCN;
- cut by age, with fewer services as children get older: in one example, only very basic drop-in services were offered to children over the age of five.

The situation is exacerbated by the loss of clinical specialism and professional leadership from the speech and language therapy profession. In an RCSLT survey of NHS children's speech and language therapy services, more than two thirds said they had seen a reduction in the number of specialist speech and language therapy roles within their service in the last 10 years.

People told us there needed to be a more consistent approach to the way that children with SLCN are supported. Through our evidence we have identified the key features of impactful practice, but more is needed. We need to draw these together into recognised guidance and ensure they are used by commissioners.

“...Now children who would have been seen in the past are rejected as not high needs enough. They're given strategies and discharged.”

PRIMARY SPECIAL EDUCATIONAL NEEDS CO-ORDINATOR

In this chapter, we have highlighted the fact that, although we now have a rich bank of evidence, this is not used to make the best, most impactful use of diminishing resources. We need to ensure that we mobilise the evidence we have so that it reaches commissioners and drives models of support. We need to ensure our children and young people benefit from what we know works.



“Can we have something like NICE guidance for commissioners and providers to follow around speech, language and communication services, so it is absolutely clear how they should be delivered based on the evidence base and informed professional opinion?”

SPEECH AND LANGUAGE THERAPY SERVICE MANAGER

Recommendations

MAKING SURE WE HAVE THE RIGHT EVIDENCE

4.1 The Education Endowment Foundation should make a 5-10 year commitment to work closely with language experts to design and fund a school-based SLCN evaluation programme, in order to develop and evaluate innovative models, and to mobilise the evidence already available.

MAKING SURE WE HAVE THE RIGHT INDICATORS AND METRICS

4.2 In their next review and update of inspector training, Ofsted should ensure a focus on children's SLCN.

4.3 NHS England and commissioners should work closely with providers and service users to identify what needs to be measured as an indicator of success and to support providers in being able to collect and benchmark this information.

ENSURING WE USE THE EVIDENCE TO PLAN SERVICES AND INFORM PRACTICE

4.4 CQC and Ofsted, in their Local Area SEND inspections, should judge whether support for children and young people's SLCN is commissioned on the basis of outcomes not outputs.

4.5 NHS England should continue to support providers to collect data on the quality and the outcomes of intervention.

4.6 The Department of Health and the Department for Education should work together on guidance to support a consistent approach to the development of evidence-based integrated care pathways for children and young people with SLCN.

4.7 The Department for Education should continue to fund the sharing of evidence through tools such as What Works.

See page 40 for the recommendations in full. Further calls to action and practical steps that everyone can take can be found at www.bercow10yearson.com

Early identification and intervention are essential

Identifying and supporting children and young people's speech, language and communication needs (SLCN) accurately and early means fewer issues later on. Early identification is a well-evidenced, cost-effective approach shown to result in longer term economic benefits;⁴⁶ yet still too many children are being missed.

Data from our survey tells us that the expertise of school and early years staff to identify and support children and young people's speech, language and communication has improved in the last 10 years, although there is still a way to go. We know the early indicators of difficulties with speech, language and communication; however, commonly used language screening tools are not sensitive enough to pick up on these. Continued lack of awareness, inadequate training for the workforce and increasing demands on practitioners' time mean the indicators are not always used consistently in practice. Too many children and young people are missed altogether; too many are not receiving the intervention they need to make adequate progress.

What needs to happen

We need a systematic approach at a local and national level to ensure we use evidence for identifying and supporting children and young people with SLCN. We know which children and young people are at high risk and we must act on this,

but screening tools are only as good as the people using them. People working with children and young people with SLCN must have the skills and knowledge needed to confidently identify and support them. When children and young people require speech and language therapy, it is essential that they receive the support needed to make progress.

The evidence

Although this is the final chapter in this report, in many ways it is the most important. The message from our evidence could not be stronger. Without impactful support in place, and without a strong, confident workforce, too many children with SLCN are being missed, not identified or supported early enough.



Just **12%** of parents surveyed said their child's difficulties were identified by a professional.

Half said their child's needs were not picked up early enough.

EARLY IDENTIFICATION

More than half of young children in school are not having their needs identified,⁴⁷ often due to insufficient knowledge and skills in the workforce.⁴⁸ In addition to this, although we know increasing amounts about early signs of SLCN (for example, early use of gesture and pointing)⁴⁹ these 'red flags' do not feature strongly in screening tools, and therefore children at risk are not identified early on.

Even so, the most recent survey from the Institute of Health Visiting found that 74% of health visitors have seen a rise in the number of children with SLCN.⁵⁰ In the earliest years, health visitors have an important role in supporting identification of children with SLCN; however, the same survey reported a loss of around 2,000 posts in the two years since health visiting moved to local authorities. With such a reduction in numbers of health visitors, we risk missing even more cases.

It is essential that professionals, such as GPs, health visitors, early years and school-based staff know and recognise the early signs of SLCN.

"...we still find that midwives, health visitors, teaching staff, apprentices have virtually nothing on child development and absolutely nothing on language and communication skills."

Consultant Speech and Language Therapist

In our survey, fewer than half of respondents felt the expertise of the wider workforce in identifying and supporting children and young people's speech, language and communication was good or excellent. People expressed concern that early identification is not being consistently built into either initial training or continuing professional development. The role of The Communication Trust and its consortium members has been instrumental in the improvements we have seen in this area in the last 10 years, alongside local initiatives to train the wider workforce. But there is more to do. We need a systematic, focussed approach to improving workforce skills to ensure these skills are developed and maintained.

“Nursery workers kept telling me not to worry and that it was just because he’s a boy.”

PARENT



Parents and carers reported that, despite their concerns about their child’s communication skills, identification by a professional took a long time, and their concerns were not taken seriously.

“Nursery workers kept telling me not to worry and that it was just because he’s a boy.” **Parent**

The issue of identification was a recurring theme, not just in the earliest years, but throughout a child’s educational journey. We found evidence of many older children continuing through the education system missed or misidentified.

“In my experience, there is still a lot of work to do with early identification of SLCN. Students often come up to secondary school with a label of cognition and learning needs, when actually their primary need is SLCN.” **Practitioner**

We heard about the devastating impact of inadequate identification and intervention.

“Our journey before, during and after her diagnosis though has been a great struggle. Her downward spiral into the friendless, socially isolated, dependent 17-year-old we have today has been heart-breaking to see... What has been difficult? This could be summed up in one sentence: not having R’s needs identified in primary school.” **Parent of child with selective mutism**

“It’s been a long, harrowing and tortuous journey.”

PARENT

Local areas are working hard to overcome some of the challenges we identified. Without exception, they combine a focus on identification and support for the workforce with a strong commitment to intervention to improve outcomes for children.

THE MISSING CHILDREN

Some of the most vulnerable children never make it into the system as a result of non-attendance at speech and language therapy appointments, and we need to ensure they are not penalised because of this. Many NHS trusts have policies that mean that when this happens they are categorised as ‘Did Not Attend’ (DNA) and discharged, putting them at greater long-term risk. We need systems in place to ensure children and young people who are not brought to appointments do not struggle as a result. Programmes like Home Talk in Nottinghamshire reach out to children at risk of missed appointments, with evidence of improved language as a result.



Almost all of the respondents to a survey of NHS children’s speech and language therapy services report that they discharge children and young people who miss appointments.

Our review also highlighted challenges in data tracking, and the impact of a system that did not share information. This resulted in frustration for parents and carers, and poor use of resources.

“Services were not joined up – I spent the first four years of my son’s life at occupational therapy, speech and language therapy and other hospital appointments, repeating the same things and being pushed from one to the other whilst trying to understand what was wrong with my child.” **Parent**

Identification of children’s SLCN as part of mandatory systems will ensure there is a process to follow up children who are identified as struggling as a matter of course. Ways of tracking and sharing this data – from early years to school to other services – is crucial.

The system is missing out many children known to be at high risk. In our evidence, poor identification of children excluded from school, within the care system, with mental health issues, or in contact with the youth justice system was highlighted as a significant risk to children’s wellbeing.

Where there has been positive change – for example, in the youth justice sector – shared knowledge about SLCN makes a real difference for young people, but training cannot be a one-off. There needs to be ongoing collaboration and joint working.

Some areas – for example, North Yorkshire – are prioritising identification and support of the communication needs of vulnerable young people with remarkable results, including economic and social gains. The estimated cost savings associated with the work of the speech and language therapists to carry out speech and language assessments and provide support to meet SLCN was just over £300,000 per annum.⁵¹ The Group Manager described their work as vital for working with these complex children and young people: “...I can’t emphasise strongly enough how important their role is.” But these examples are rare.

GOOD PRACTICE EXAMPLE

‘No Wrong Door’ in North Yorkshire offers an innovative and highly effective service for looked-after children (LAC) and those on the edge of care. Employment of speech and language therapists identified a huge unidentified need, with more than 50% of young people having SLCN in the LAC service. A joined-up approach with professionals and co-production with young people has enabled some truly life-changing outcomes.

GOOD PRACTICE EXAMPLE

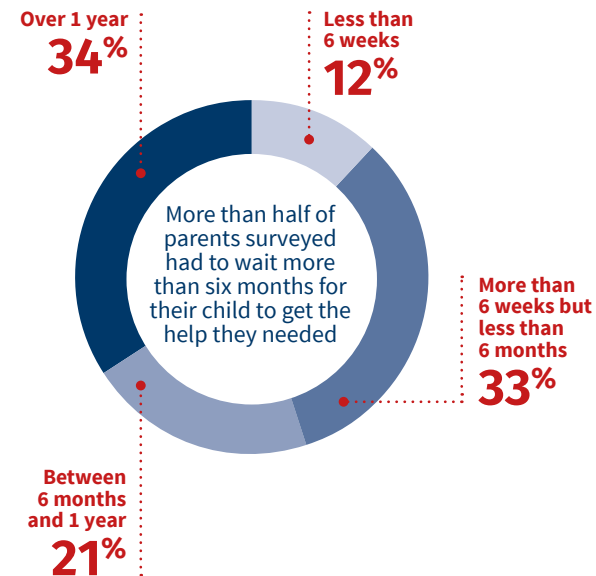
One Multiple Academy Trust described a pilot project across eight of its academies, building early identification into their regular data analysis and prioritising a whole-school approach linked to their SEN strategy. They:

- improved identification by looking at expected prevalence and 'red flags';
- use school data and language measures to track progress;
- carry out intervention in and out of the classroom;
- provide professional development for a more skilled and confident teaching staff; and
- carry out training and level 3 qualifications for support staff, maximising impact.

APPROPRIATE INTERVENTION

Even where needs were identified, there often followed long waiting times for assessment or intervention. Because of the complex ways services are planned, often with reduced funding, local areas face challenges, impacting on the timing and amount of intervention offered. We found that early identification did not necessarily mean that intervention followed, with local services differing greatly across the country.

“What makes it worse is that the help she gets is so limited – we get told all the time that early intervention is key!” Parent



Pressure in the system means that children with ongoing needs are discharged from therapy services – too little, too late was the view of many parents and carers. They spoke of a difficult journey, with lack of available support making things more difficult. We heard about difficulty accessing clinical specialists such as speech and language therapists, including for low-incidence, high-need conditions such as selective mutism, children who are deaf and those using augmentative and alternative communication.

However, where schools are prioritising SLCN, there was evidence of better identification, intervention and improved outcomes for pupils.

**GOOD PRACTICE EXAMPLE**

A Youth Offending Team has put in place effective systems for supporting the SLCN of the young people they work with. This includes staff training to help recognise SLCN and those with additional needs and disabilities, and development of programmes of support. Specialist practitioners support children and young people in court, advising on the impact of their communication needs.

The team continues to see needs being missed, leading to young people moving from school to school, out of any school provision at all or being home-schooled.

“All too often the child or young person is seen as the problem; we are the problem and we’re not getting it right.”

YOUTH OFFENDING TEAM



GOOD PRACTICE EXAMPLE

Better Start Southend recognised the government initiative to provide free childcare as opportunity for change. They put in place systematic approaches:

- A focus on workforce development, with at least a level 3 qualification in each setting.
- A local setting accreditation: 99% of children now go to good or outstanding provision.
- Earlier identification and intervention through screening has prevented the need for some children to require the statutory service.
- Work with parents has meant access to services at the earliest stage – children not attending are reduced dramatically.
- Robust data is used to demonstrate positive outcomes and seek further support.

In this chapter, we have described the frustration expressed in our evidence. Although we are much clearer about early risk factors, this information is rarely used in a systematic or strategic way to identify children early or accurately. Too many children with SLCN are missed, and too many do not get the support they need.

Recommendations

- 5.1** The Department for Education should make speech, language and communication, and identification of SLCN, a core requirement of level 2 qualifications for the early years assistant.
- 5.2** In implementing their plans to strengthen Qualified Teacher Status (QTS), the Department for Education should ensure that the core, structured early career content framework for newly qualified teachers includes knowledge and understanding of how to support speech, language and communication and, in the field of special educational needs and disability (SEND), how to support SLCN.
- 5.3** Local area SEND inspections should evaluate how effectively local areas use the data collected to monitor children identified as in need of support.
- 5.4** Public Health England should strengthen the commissioning guidance and support for the Healthy Child Programme to reinforce the speech, language and communication elements, and assist local authorities to enable children identified with SLCN at two years, or at other times, to be given appropriate support.
- 5.5** Public Health England when next reviewing the Healthy Child Programme should provide practitioners with evidence-based red flags that indicate communication and language concerns at each of the statutory review points.
- 5.6** Public Health England should support the development of national health visitor training on identifying and supporting SLCN.
- 5.7** The Department for Education should fund a national programme of training for education staff working with children and young people with SLCN, similar to that previously funded for autism.
- 5.8** Providers of health services should ensure that there is a process for follow-up with children and young people who are not brought to appointments.
- 5.9** Commissioners should ensure that speech and language therapy service specifications require a clear pathway for children and young people who are not brought to appointments, and resource services to provide support in accessible and appropriate settings.
- 5.10** Government departments should ensure that practitioners who work with children and young people in settings with a known high prevalence of SLCN must be trained in recognising and responding appropriately to communication needs, and ensure access to speech and language therapy as required.
- 5.11** The Youth Justice Board and other relevant agencies should ensure that all practitioners who work in the youth justice system are trained in recognising and responding appropriately to communication needs, and develop a clear referral pathway for speech and language therapy.
- 5.12** The third sector should provide independent information and advice to parents about children's language development across the age range, together with practical guidance for ensuring early identification and intervention.

See page 40 for the recommendations in full. Further calls to action and practical steps that everyone can take can be found at www.bercow10yearson.com

Conclusion

The Bercow Report in 2008 was a milestone in the recognition of speech, language and communication needs. Much good came of it; but, as we have shown, in far too many ways **the promise has not been fulfilled.**

Tight public sector finances are part of the reason, without doubt. But, even so, we have the evidence of need. **We know what works to make things better.** There are examples of best practice showing what can be achieved. Our recommendations are concrete, practical, achievable and affordable to make a difference right now.

I CAN and the Royal College of Speech and Language Therapists commit to producing an annual report on progress made against these recommendations. This is our call to action, for children and young people with speech, language and communication needs and for our society. **We cannot afford to wait 10 more years.**



We know what works to make things better.

Recommendations in full

COMMUNICATION IS CRUCIAL

- 1.1** Public Health England should develop clear messages and information for parents and carers regarding speech, language and communication and promote these directly to public services, through guidance to and leadership of relevant health and care professionals and through integrated working at local level.
- 1.2** The Department for Education should strengthen the place of communication and language in its strategy to improve social mobility by:
- 1.2.1** supporting opportunity areas to develop plans to improve communication and language skills across the age range, not just in the early years;
- 1.2.2** promoting use of best practice for addressing delayed language through the use of evidence-based intervention and training programmes;
- 1.2.3** identifying communication and language as a focus for the next round of annual Pupil Premium Awards for schools;
- 1.2.4** ensuring that any new initiatives to work with families, such as the plan to identify and spread evidence-based home learning environment programmes, involve experts in early years practice and speech, language and communication, as well as parents and carers in their development and implementation;

1.2.5 including high-level provider expertise and outcomes in speech, language and communication in the criteria for evaluating tenders for the planned Centre of Excellence for Literacy Teaching and associated English Hubs in disadvantaged areas; and

1.2.6 funding a national programme of roadshows on how to teach language for Reception and Key Stage 1 teachers, similar to the previous phonics roadshows.

- 1.3** Local authorities should ensure that the evidence from this report is included in their contribution to tackling health inequalities: in their published Joint Health & Wellbeing Strategy and in their contribution to Integrated Care Systems. In their inspections, regulators should check to see that this evidence is reflected.
- 1.4** The Department for Education should ensure that communication skills, specifically those identified as needed for the workplace, are appropriately recognised in the criteria for the Functional Skills qualifications.
- 1.5** The Education and Skills Funding Agency should revise their apprenticeship funding rules for training providers and employers, to include training for communication skills development in the list of items that can be funded.



A STRATEGY FOR SYSTEM CHANGE

- 2.1** The Department for Education and the Department of Health should use the findings and recommendations of this review as the driver to develop a new cross-governmental strategy for children, in consultation with arms-length bodies, key voluntary agencies, professional bodies and independent experts, as well as children, young people and families. This should include a joint statement about the importance of children's speech, language and communication.
- 2.2** Ofsted should review the extent to which the teaching and monitoring of spoken language is taken into account in its framework for inspection when next revised in 2019.
- 2.3** Government should commission Ofsted and the Care Quality Commission to continue their inspections of local areas and SEND beyond the current initial five-year cycle.
- 2.4** The Department for Education and the Department of Health should strengthen the place of speech, language and communication in its proposals to transform children and young people's mental health provision by ensuring that:
- 2.4.1** the training for both the Designated Senior Leads for Mental Health and Mental Health Support Teams includes information on the link between SLCN and mental health, and how to recognise and respond appropriately to SLCN;
- 2.4.2** Children and Young People's Mental Health Services and, where appropriate, Mental Health Support Teams, include embedded speech and language therapists with the appropriate level of specialism, able to provide the appropriate level of service;
- 2.4.3** trailblazer areas include speech and language therapists with the appropriate level of specialism able to provide the appropriate level of service so that:
- Children and Young People's Mental Health Services and the Mental Health Support Teams have the support they need to fulfil their responsibilities to children and young people with SLCN and mental health needs; and
 - children and young people with SLCN and mental health needs receive the support they need to access and engage with referrals, assessments, and interventions;
- 2.4.4** the special interest group convened by Public Health England to identify key prevention evidence and its relevance to practice, and to highlight gaps and make recommendations for these to be addressed through further research, should include an expert in speech, language and communication and the links with mental health; and
- 2.4.5** funding is available for further research and evaluation of the impact of speech and language therapy interventions in children and young people with mental health needs and SLCN.

2.5 Government should establish a system leadership group to drive forward the recommendations of the report and the tangible actions arising. The group's membership should include the Department for Education, Department of Health, NHS England, NHS Improvement and Public Health England.

2.6 Government should ensure that existing and future leadership boards include parents and carers and an expert in speech, language and communication and SLCN to inform strategic decisions. This should include the national leadership board for children and young people with high needs.

2.7 School leaders should ensure that the importance of spoken language is reflected in their schools' special educational needs information report, ensuring there is clarity about how schools support the speech, language and communication of all children and also how they support those with additional needs.

2.8 NHS England, NHS Improvement, Public Health England and Health Education England should make use of the evidence from this review regarding the impact of effective leadership on improving service commissioning and provision, to demonstrably inform their work developing leadership in the allied health professions.

AN ACCESSIBLE AND EQUITABLE SERVICE FOR ALL FAMILIES

3.1 Public Health England should use its Fingertips tool to provide local areas with data on estimated incidence of SLCN in their local population and the known prevalence of SLCN.

3.2 Public Health England should work with the Department for Education to investigate the addition of data from the Early Years Foundation Stage Profile at five years of age.

3.3 Local area SEND reviews should take account of the evidence from this review for effective joint commissioning of support for SLCN, and Ofsted and the Care Quality Commission should train all inspectors to challenge local areas on the extent to which they:

- use data collected at age two, age four, age five, as well as national prevalence data and any locally collected data such as WellComm, to inform Joint Strategic Needs Assessments, health and wellbeing plans and joint commissioning;
- produce Local Offers which include clear statements about who is responsible for funding and providing support for SLCN for children with and without education, health and care plans from 0-25;
- commission support for children and young people's SLCN on the basis of outcomes not outputs; and
- ensure agencies work together to support needs, with speech and language therapists as core members of multi-disciplinary teams.

The Care Quality Commission and Ofsted should also automatically require a written statement of action (WSOA) where joint commissioning arrangements for SLCN and related needs, such as social, emotional and mental health, are inadequate.

3.4 Ofsted should consider children and young people's SLCN in their future research on SEND, through looking at provision and joint commissioning of specialist therapies, and support.

3.5 NHS England and the Department for Education should provide a clear definition of joint commissioning and fund a programme of training for local joint commissioners on commissioning for SLCN, to include a new self-evaluation tool for commissioners and practical guidance on seeking the views of service users and their families and co-production of service design.

3.6 Sustainability and Transformation Partnerships and Integrated Care Systems will provide joined-up commissioning between local government and the NHS. The provision of integrated commissioning for SLCN should be:

- included in these arrangements as one of the tests in any accreditation regime;
- supported through any national development work; and
- prioritised as a means for reducing health inequalities.

As the assessment of Clinical Commissioning Group (CCG) capacity and capability develops to cover Accountable Care and Sustainability and Transformation Partnerships/Integrated Care Systems, SLCN indicators must be included within the CCG Improvement and Assurance Framework and are an excellent candidate for meaningful measures of joint working.

As the provision of services becomes more joined up, the regulation of providers by CQC and where appropriate OFSTED should include an assessment of the delivery of SLCN to national standards.

SUPPORT THAT MAKES AN IMPACT

4.1 The Education Endowment Foundation should make a 5-10 year commitment to work closely with language experts to design and fund a school-based SLCN evaluation programme, in order to develop and evaluate innovative models, and to mobilise the evidence already available.

4.2 In their next review and update of inspector training, Ofsted should ensure a focus on SLCN by including:

- evidence of the importance of speech, language and communication to learning, social and emotional development; and
- specific advice on the questions needed to explore how schools assess and monitor progress in spoken language – in both early years and school inspections.

4.3 NHS England and commissioners should work closely with their provider organisations and patients to identify what needs to be measured as an indicator of success and to support providers in being able to collect and benchmark this information.

4.4 Ofsted and Care Quality Commission should train all inspectors to challenge local areas on the extent to which they commission support for children and young people's SLCN on the basis of outcomes not outputs.

4.5 NHS England should support NHS providers to collect data on the quality and the outcomes of intervention by:

- recommending the inclusion of outcome measures in the Community Services Dataset; and
- expanding the Model Hospital dashboard to include quality metrics.

4.6 The Department of Health and the Department for Education should work together on guidance to support a consistent approach to the development of evidence-based integrated care pathways for children and young people with SLCN. This work should be supported by the National Institute for Health and Care Excellence (NICE), NHS England, NHS Improvement, NHS Right Care and Public Health England.

4.7 The Department for Education should continue to fund the sharing of evidence through tools such as What Works.

EARLY IDENTIFICATION AND INTERVENTION ARE ESSENTIAL

5.1 The Department for Education should make speech, language and communication and identification of SLCN a core requirement of Level 2 qualifications for the early years assistant.

5.2 In implementing their plans to strengthen Qualified Teacher Status (QTS), the Department for Education should ensure that the core, structured early career content framework for newly qualified teachers includes knowledge and understanding of how to support speech, language and communication, and (in the field of special educational needs and disability (SEND)) speech, language and communication needs.

5.3 Local Area SEND inspections should evaluate how effectively local areas use the data collected at age two (Ages and Stages Questionnaire), age four (baseline assessment) and age five (early years foundation stage profile) to monitor children identified as in need of support.

5.4 Public Health England should strengthen the commissioning guidance and support for the Healthy Child Programme to reinforce the speech, language and communication elements, and assist local authorities to enable children identified with SLCN at two years, or at other times, to be given appropriate support.

5.5 Public Health England when next reviewing the Healthy Child Programme should provide practitioners with evidence-based red flags that indicate communication and language concerns at each of the statutory review points.

5.6 Public Health England should support the development of national health visitor training on identifying and supporting SLCN.

5.7 The Department for Education should fund a national programme of training for education staff working with children and young people with SLCN, similar to that previously funded for autism.

5.8 Providers of health services should:

- replace 'did not attend' (DNA) with the term 'was not brought' (WNB); and
- ensure that there is a process so that when a child is not brought to an appointment, both the referrer and family are notified, and there is a follow-up by the team around the child.

5.9 Commissioners should ensure that speech and language therapy service specifications:

- require that speech and language therapy services have a clear pathway for when a child WNB, including for children who are known to be at higher risk of poorer outcomes or safeguarding issues;
- ensure and appropriately resource speech and language therapy services to provide support in settings that are accessible and appropriate to meet the needs of the child or young person and their parent or carer; and
- monitor and report on the number of children who are discharged because they WNB.

5.10 Government departments should ensure that practitioners who work with children and young people in settings with a known high prevalence of SLCN must be trained in recognising and responding appropriately to communication needs.

When a speech and language therapy assessment or specialist advice and support is required, they should have access to specially commissioned speech and language therapy services.

The Department for Education should implement this recommendation within their:

- plans to transform alternative provision; and
- pilots of mental health assessments for looked-after children.

5.11 The Youth Justice Board and other relevant agencies should ensure that all practitioners who work in the youth justice system are trained in recognising and responding appropriately to communication needs, and develop a clear referral pathway for speech and language therapy.

The Youth Justice Board should:

- introduce mandatory communication skills training for all justice professionals as part of their initial training;
- monitor the effectiveness of the AssetPlus SLCN screening tool;
- develop a consistent pathway for justice professionals to refer a young person to speech and language therapy; and
- develop guidance for youth offending teams on how to best meet the needs of young people with SLCN.

The Department of Health should:

- review the effectiveness of the Comprehensive Health Assessment Tool (CHAT) in identifying SLCN.

5.12 The third sector should provide independent information and advice to parents about children's language development across the age range, together with practical guidance for ensuring early identification and intervention.



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