The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists (SLTs), students working in the UK. The RCSLT has almost 17,000 members (around 500 in Northern Ireland), including nearly 95% of the speech and language therapists working in the UK. We promote excellence in practice and influence health, education, employment, social care and justice policies. SLTs play a major role in working directly with children and adults, as well as supporting other professionals in working with speech, language and communication needs and swallowing disorders.

We welcome the opportunity to comment on the draft programme for government and have focussed our comments on outcome 14, ‘we give our children and young people the best start in life’ below by addressing the specific questions set out in the consultation guidance.

Yours sincerely,

Alison McCullough MBE
Head of the Northern Ireland Office
RCSLT

Anne Gamble
Country representative
RCSLT
The Royal College of Speech and Language Therapists response to the Northern Ireland Programme for Government Consultation, December 2016.

Summary of Key points:

- Speech, language and communication skills are fundamental to a child’s educational outcomes and life chances and should be a core component of the indicators and interventions that underpin outcome 14.
- Prevalence of speech, language and communication needs (SLCN) is highest among the children from socially deprived backgrounds and not identifying and supporting these children’s SLCN poses a real risk to realising this outcome.
- 7.5% of children - two in every mainstream classroom of 30 - will have a developmental language disorder (DLD) which will impact on their ability to develop socially and emotionally and fulfil their educational potential; these children’s needs may be at risk of going undetected by the proposed child development measure.
- The tool used for measuring the % of children at appropriate stage of development should be supported by a suitable measure of children’s speech, language and communication in their immediate pre-school year.
- Drawing on existing pilot projects in Northern Ireland that already work across education, health, private and community sectors with families and children, would help realise a coordinated and collaborative approach to early childhood intervention. Several case studies of early language development projects are provided in this document.

Outcome 14: ‘We give our children and young people the best start in life’

1. Have we captured the key issues to be addressed in pursuing the outcome?

This Programme for Government (PFG) offers an opportunity to ensure that language development is prioritised by the Northern Ireland government and is recognised as being critical in ensuring that every child has the best start in life.

Language and communication skills are fundamental to a child’s development, are positively linked to educational achievement and life chances and, as such, should be regarded as an essential component of the key indicators and interventions for this outcome.
The RCSLT support the establishment of a ‘core care pathway for antenatal care as part of the Healthier Pregnancy programme’ and suggest that speech and language development is a feature of all ante-natal parent education programmes and is supported by a public health campaign. By ensuring parents understand the importance of and how to promote and develop early language and communication, parents will be ‘engaged, empowered and supported in their role as their child’s first and ongoing educator’.

**Universal early language interventions**

We strongly welcome the recognition in the delivery plan for the need to promote strong and consistent messages for parents around supporting a child’s language development under ‘asset based approach to supporting parents in their role’. RCSLT NI has been campaigning for a public health messaging for parents on the importance of early language development for some time.

Currently in Northern Ireland, speech and language therapists play a significant role in educating parents about the importance of early language development and offer parents practical strategies to use at home and in everyday interactions with their child. Programmes for parents are run as part of SLT services in Sure Start settings, in clinic and educational settings and in some areas are also delivered in community settings such as play groups, church or charity based mum and toddler groups and private day care settings etc. However the reach of these programmes is still limited as they are either targeted services, such as Sure Start, or small-scale, localised pilot programmes such as ‘Now you’re talking Fermanagh: early intervention speech and language project for Bump – 3s’ (see appendix 2 for more detail).

Currently there is no regional approach or commissioned funding for universal early language development projects to engage with parents, early years practitioners or communities at large. The RCSLT believe that a public health message campaign, drawing on the experience and expertise of SLTs, parents and early years practitioners, should be used to inform and help empower parents at a universal level about the importance of early language development and the strategies they can use to help their child get the best start.

The RCSLT welcome the focus to ‘Adopt and embed a coordinated and collaborative approach to the investment in and implementation of early childhood development policies and programmes to improve the social and emotional development of children aged 0-4’.

We consider that government must seize this opportunity to embed speech and language development as a core theme in all child development policies because of the fundamental importance of language in the development of social and emotional wellbeing and subsequent educational attainment.

**The importance of early language skills to child development and school readiness**

Good early language skills are central to a child’s early years development and school readiness. They are the building blocks for literacy and ultimately influence a child’s ability to achieve their educational potential.
The links between speech, language and communication skills and social, emotional and educational outcomes are now well documented. A government review of Speech and Language Therapy Services for children and young people in England (Bercow, 2008) has highlighted the need to identify those with speech and language difficulty and to intervene as early as possible in order to prevent social and economic problems from occurring later on in life:

‘Early identification and intervention are essential to avoid poor social and economic outcomes in later life. The evidence that early intervention brings benefits, and its absence incurs costs, is there for all to see. The task is to act on that evidence systematically, in delivering policy and allocating resources.’ (Bercow Report, 2008).

In Northern Ireland the recent ‘Read On Get On’ coalition report published by Save the Children entitled ‘Ready to Read’ (2016) sets out in detail the case for prioritising early language development in terms of interventions and investment in order to achieve the best educational outcomes for children. This report highlights the need to focus on early language development as a key element to redressing the impact of child poverty here, it concludes: ‘much more needs to be done to ensure all children have firm foundations in early language skills.’

The RCSLT strongly support the intention to ‘Develop a regional approach to measuring children’s development in their immediate pre-school year, and put in place timely interventions’. Up to now there has been a significant vacuum in the availability of quality data relating to children’s speech and language attainment in Northern Ireland.

The RCSLT is therefore encouraged to see an initiative to ‘identify and address potential barriers to a child’s early development and determine the effectiveness of our early interventions’ by tracking the % of children who are at the appropriate stage of development in their immediate preschool year. The RCSLT consider that this tracking must include robust and reliable measures of speech and language development.

It is estimated that 10% of all children in the UK have long-term, persistent speech, language and communication needs (SLCN). Seven per cent of these children have specific and primary speech and language impairments, while one percent has the most severe and complex SLCN.

Research shows that language skills are a critical factor in the intergenerational cycles that can perpetuate poverty. Children from areas of socio-economic deprivation have much higher incidences of SLCN. Over 50% of children in socially deprived areas may start school with impoverished speech, language and communication skills.

The delivery plan makes reference to the development of an appropriate measurement tool for low incidence populations. It is important that this tool is able to apply to those children with speech and language delays and disorders. As there is a significant incidence of SLCN in the pre school population in Northern Ireland, the RCSLT would seek more clarification on the design, scope and reach of this tool to ensure it captures the types and severity of SLCN.
The scale of the problem in Northern Ireland
In Northern Ireland, there is no national tool for assessing children’s speech, language and communication development. However, local research and evidence gathered by programme interventions delivered by speech and language therapists indicate the scale of the problem:

- In 2010 a study in the Colin area of Belfast found that 41% of children had a language difficulty.
- A similar study in Downpatrick found that 46% of children were entering primary one with a language delay.⁶
- A project called ‘Now you’re talking Fermanagh’ begun in 2014 and ongoing found that 57% of nursery school children in the three most deprived areas outside of sure start wards (and therefore not in receipt of any early intervention programmes) and speech and language difficulties.
- Another current project in the Limavady neighbourhood renewal area entitled ‘Communicating Better Together – the Limavady schools project’ screened over 300 children entering four nursery and primary schools in 2014 found that 68% had speech and language difficulties in 2014. The project was re-run in 2015 and found 62% of this cohort also had language difficulties.

In 2016 a Save the Children poll reported that 70% of teachers in Northern Ireland saw children arriving in primary one struggling to understand simple sentences and 75% of teachers reported that children were unable to use full sentences.⁷

Impact of early language development on educational achievement

- A two-year-old’s language development can strongly predict their reading skills on entry into school, as well as their later attainment.⁸
- One in four children who struggled with language at age five did not reach the expected standard in English at the end of primary school compared with one in 25 children who had good language skills at age five.⁹
- One in five children who struggled with language at age five did not reach the expected standard in maths at the end of primary school compared with one in 50 children who had good language skills at age five.¹⁰

SLCN links to social disadvantage and social mobility

- On average children from the poorest 20% of the population are over 17 months behind a child in the highest income group in language development at age three.¹¹
- The Millennium Cohort Study found that in Northern Ireland 38% of five year olds who had no experience of poverty were below the average vocabulary level, this rose to 49% of children where they had intermittent experience of poverty and 68% of children who experienced persistent levels of poverty in Northern Ireland.¹²

2. What, if any additional issues are there?
The RCSLT is concerned that children with Developmental Language Disorder (DLD) who have no other physical or cognitive impairment may go undetected if the universal child development measure is not sensitive enough to pick up on speech and language difficulties that could indicate DLD.
**Developmental Language Disorder (DLD), also known as Specific Language Impairment**

Developmental language disorders are surprisingly common; a 2016 population study from Surrey revealed that 7.5% of children – two in every class of 30 - starting in a mainstream reception classroom had clinically significant language deficits that impacted on their ability to learn in the classroom. These language disorders can be hidden but are actually more prevalent than other conditions more widely recognised such as dyslexia or autism. Children with DLD will 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 DLD may be bright but struggle to understand the language used in the classroom and thus struggle to attain and achieve educationally, socially and emotionally.

A child with a diagnosis of DLD may not have a formal statement of special educational needs, however their ability to access the curriculum will depend on early diagnosis and onwards referral to and support from SLT services and specialised teaching.

Our concern is that without a sensitive screen, this significant group of children – two in every classroom – may not be captured in the data and therefore will miss out on receiving appropriate subsequent services and interventions.

**Reaching ‘at risk’ children and young people**

The ‘Limavady schools project’ below, clearly demonstrates the need for innovative ways of working within early years intervention programmes in order to reach socially deprived families and children who are at much greater risk of developing speech and language difficulties.

In this area, historically, paediatric community speech and language therapy services have been delivered exclusively in health centres and yet within the western health and social care trust (WHSCT) up to 20% of families are discharged from SLT services for failing to attend appointments or otherwise engage with the service.

By designing a programme of child-centred interventions in close collaboration with schools, teachers, principals, parents and community groups, 34 children who had previously been discharged from SLT services for non-attendance were ‘reached’ (representing 12% of the entire cohort of around 300 children).

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**The Limavady Schools Programme (LSP)**

LSP was launched in response to concerns arising around the levels of Speech, Language and Communication Need (SLCN) in children starting nursery and primary school in the Limavady Neighbourhood Renewal Area.
In its first year, 2014, the programme was funded by Community Education Initiative Programme (CEIP) and project managed by the Dry Arch Children’s Centre. In 2015 and 2016 the majority of funding came from a cluster of local schools using their extended schools funding; smaller amounts came from W HSCT and the Department of Social Development.

**Format:** An SLT was seconded from Western HSC Trust for 3 days per week. All children in their Nursery and Primary One year (around 300) in the five participating schools were screened using the WellComm Language Toolkit in their first term. The WellComm language screen awards children a score based on their responses to 10 questions around receptive and expressive language. This score equates to a colour code:

- **Green** – language developing at an age appropriate level
- **Orange** – language is delayed
- **Red** – language is severely delayed

**Intervention:** Based on the results and in consultation with school staff the SLT delivered a programme of intervention on a weekly basis. This could take the form of:

- Whole class language enrichment groups
- Smaller language groups for the more severely delayed children
- Individual therapy – this is generally for children who have previously been discharged from the health centre for non-attendance at clinic.
- Training for parents, teaching assistants and teachers.

**Results:** In term 3 the children have the WellComm screen repeated to measure progress. Below are the results from Year 1 for the whole cohort of 303 children.

<table>
<thead>
<tr>
<th>Term 1: Results (pre-interventions year 1)</th>
<th>Term 3: Results (post-interventions year 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WellComm March 2014</td>
<td>WellComm February 2015</td>
</tr>
<tr>
<td>25%</td>
<td>7%</td>
</tr>
<tr>
<td>32%</td>
<td></td>
</tr>
<tr>
<td>43%</td>
<td>25%</td>
</tr>
<tr>
<td>68%</td>
<td>7%</td>
</tr>
</tbody>
</table>

**Evaluation:** The programme has been viewed very favourably by principals and teachers and was shortlisted in November 2015 for a regional GAIN (Guidelines and Audit Implementation Network) award in the category of Service Improvement and in April 2016 for a UK Advancing Healthcare Award in the category of Public Health.

Further Information can be found in appendix 1.
3. Are the proposed actions capable of having a positive effect on the outcome?

RCSLT are supportive of all the key interventions as outlined in the document, however we would wish to

- See more detail about how early language development will be incorporated into the delivery plan. In particular we would like to understand in greater detail how the current Health 3+ review will inform the final measure for childhood development – will the ASQ be the sole basis for collecting the data for this measure?

As stated earlier we are very supportive of the plans to develop a regional measure for childhood development as outlined in indicator 15. We note the stated intention of using the pilot phase ASQ as part of the EITP 3+ Health review, as the basis on which to develop the lead measure.

We understand that this work is in development stage, however we have some general concerns around the ability of the ASQ in itself to detect children with SLCN depending on how it is used; what weightings are given to various developmental stages and how it is rolled out with parents; in addition we would like clarity on what information is provided to parents to help them make a judgement about appropriate development with regard to speech, language and communication.

In some parts of the UK where the ASQ has been adopted as the universal health visiting tool it has been complemented with a communication tool as an additional support to minimise the risk of children with SLCN going undetected. In Stoke on Trent and North Staffordshire, Stoke Speaks Out – a multi-disciplinary initiative led by SLTs and including midwives and health visitors - has developed a multi-agency tool entitled ‘Staged Pathway for Communication’ to help identify children with speech, language and communication needs and provide advice on who to refer on. It is a guide not a test and is delivered to health visitors in a short training workshop so that it can be incorporated as part of routine child development monitoring in support of the ASQ – a copy of the tool can be provided upon request.

RCSLT believe that this type of approach would complement the existing language development screening undertaken by health visitors at the 2 year review. Including some measure of speech, language and communication within the regional measure would also offer an opportunity to detect SLCN early and put in place any supports to avoid the risk of a language problem becoming a significant barrier to social, emotional and educational achievement, especially for children from the poorest backgrounds in Northern Ireland.

- The RCSLT would also welcome further detail on plans for multi-agency training and what key aspects of development will be covered in the plans to provide information for parents and the early years workforce.

There is much evidence available to support the impact of both bespoke and commercial training packages in speech and language development which would be appropriate for consideration for multi agency training\textsuperscript{iv}.
4. Are there any adverse impacts?

The consequences of not supporting children’s early language skills
Not supporting children’s early language skills, and not identifying long-term or persistent speech, language and communication needs, can impact on children’s school readiness and range of potentially negative outcomes later in life. Research shows that:

- Up to 60% of young people in the youth justice estate have communication difficulties.\textsuperscript{xv}
- 88% of long-term unemployed young men have speech, language and communication needs.\textsuperscript{xvi}
- Vocabulary difficulties at age 5 are significantly associated with poor literacy, mental health and employment outcomes at age 34.\textsuperscript{xvii}
- One in three children with untreated speech and language difficulties will develop subsequent mental health problems, with resulting criminal involvement.\textsuperscript{xviii}
- Men who have speech difficulties in adolescence have a significantly higher risk of mental health problems.\textsuperscript{xix}

\textbf{Stoke Speaks Out: The impact of funding cuts on early language development}

Stoke Speaks Out is a multi-agency initiative set up in 2004 to tackle the high incidence of language delay identified in children in Stoke-on-Trent. Led by a speech and language therapist, Stoke Speaks Out trains and supports parents, carers, practitioners, and anyone in contact with families to make communication ‘everybody’s business’. It focuses on the crucial early years (0-3) so all children are as supported as early as possible to be school ready. As a result of the project, between 2004 and 2010 the city saw a dramatic improvement in children’s language development – the percentage of 3-4 year-olds starting nursery with language delay reduced from 64% in 2004 to 39% in 2010.

Following funding cuts to children’s services in 2010 there was an increase in language delay and the current figure is 46% delay. This has prompted local action and is now a major focus for local ‘collaborative’ projects. A two-three year plan is being worked on which will include extra speech and language therapists, a midwife, and reading and communication champions.

\textit{Return on investment research commissioned by RCSLT has found that for every £1 invested in the programme’s work on schools readiness at age 5, £1.19 is created. In the long-term, it is estimated that every £1 invested in the programme could create £4.26 of savings.}

Making early language skills everybody’s business

References made to the Children Services Co-operation Act (2015) and the responsibilities of multiple departments in relation to this outcome are very welcome. A cross-departmental co-ordination and focus upon the early years, which recognises the fundamental and crucial importance of early language skills is essential in order to effectively deliver this outcome. The RCSLT believe that the learning and achievements of existing multi-agency early language intervention projects such as those mentioned above should be fully considered in any review of collaborative working to support this outcome.

Save the Children, 2016 ‘READY TO READ. Closing the gap in early language skills so that every child in Northern Ireland can read well’; http://resourcecentre.savethechildren.se/sites/default/files/documents/ready_to_read_northern_ireland.pdf


American Educator, 27 (1), 4 - 9


http://www.bbc.co.uk/news/uk-northern-ireland-38045420


Save the Children (2016) Early language development and children’s primary school attainment in English and Maths: new research findings, London: Save the Children.

Ibid.

Save the Children, 2016 ‘READY TO READ. Closing the gap in early language skills so that every child in Northern Ireland can read well’, Pg. 4 Source: Analysis of Millennium Cohort Study waves 1 and 3 by UCL Institute of Education


