



Position Statement: Assessment-only services for children

What is the situation?

In some areas Clinical Commissioning Groups (CCGs) are commissioning speech and language therapy services for children that are 'assessment-only'.

This means that the core speech and language therapy service to children, as funded by the NHS, will offer an initial assessment and advice. Any needs identified by the assessment will only be met if the service is commissioned via another route e.g. the local authority or school commissions the speech and language therapy themselves.

It also means that services which support early identification of speech, language and communication needs (SLCN) will not be provided unless commissioned by another provider, such as the local authority or school.

What are the risks?

1) Who are the children?

- Research shows that 7.58% of children start school with developmental language disorder, which is two pupils in every class of thirty.¹
- A further 2.34% of children start school with a language disorder co-occurring with another condition.²

In addition, many children with other primary needs are highly likely to experience a level of SLCN. The RCSLT [clinical webpages](#) detail the role of speech and language therapy in relation to wide-ranging conditions affecting children, including:

- Autism: At least 1% of children are believed to have autism.³
- Hearing impairment: Approximately 840 babies are born annually in the UK with a significant deafness. There are more than 48,000 deaf children in the UK, plus many more who experience temporary deafness due to conditions such as "glue ear."⁴

2) The risks to the child or young person

The RCSLT is concerned that not supporting children's early language skills, and not meeting the needs of children with long-term or persistent SLCN, can have a significant impact on children's educational attainment, emotional wellbeing and likelihood of engaging with offending behaviour.

- 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.⁵
- 81% of children with emotional and behavioural disorders have significant language deficits.⁶
- Over 60% of young people in the youth justice estate have communication difficulties.⁷

- Children with vocabulary difficulties at age five are twice as likely to be unemployed when they reach adulthood.⁸
- Children with vocabulary difficulties at age five are three times as likely to have mental health problems in adulthood.⁹

3) The implications for speech and language therapists

[The HCPC standards of conduct, performance and ethics](#) require registrants to “report any concerns about the safety and well-being of services users promptly and appropriately”,¹⁰ as is also referenced in [Communicating Quality Live](#).¹¹ This would also apply where a registrant has a concern about the policies or working practices of their employer or a service provider.

While the HCPC draws a distinction between the availability of services and the practice of a professional, a registrant working in an assessment-only service would have a duty of care to ensure that they practise safely and effectively in the role they are expected to perform.

Where the assessment of a child identifies a need that cannot be met by current commissioning arrangements, the speech and language therapist should communicate these needs to the other professionals involved in the child’s care and to the speech and language therapy service manager.

4) What are the implications for future funding/commissioning?

Commissioners are likely to be funding health services now for people whose SLCN were not identified or met at an earlier stage in their lives. In addition to the risks outlined in section 2, future implications also include:

- Up to a third of children with untreated communication needs will develop subsequent mental health problems.¹²
- 40% of 7-14 year olds referred to child psychiatric services have been found to have language impairment.¹³

Resources

The RCSLT has produced a [webpage](#)¹⁴ to support you if you are concerned that proposed changes to your service’s structure or priorities could lead to:

- a risk to the safety of service users or therapists
- the service provided would be detrimental to or of no benefit to service users
- the service provided or not provided would breach your duty of care
- the service provided or not provided would expose you to risk of referral to the Health and Care Professions Council.

Local influencing

We encourage you to take a proactive approach to engaging with local stakeholders. The online [Local influencing pack](#)¹⁵ can give you the tools you need to demonstrate to your local budget holders, decision-makers, and other stakeholders, how speech and language therapy can help:

- Deliver their objectives
- Improve outcomes for them
- Improve outcomes for people who benefit from speech and language therapy

References

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