Supporting children and young people with communication and swallowing needs

December 2021

1. Executive summary

- Children and young people who do not receive timely identification and support for their communication or swallowing needs are at risk of a range of negative outcomes.
- COVID-19 has meant less therapy for children and young people who were receiving it prior to the pandemic, as a result of setting closures, COVID restrictions and redeployment of staff.
- More children and young people are also presenting to speech and language therapy services with new speech, language and communication needs than before the pandemic. This is due to delays in identification, and reduced opportunities to develop and support language and communication during the pandemic.
- This increase in need has exacerbated existing challenges, resulting in:
  - longer waiting times;
  - reduced therapy provision; and
  - worse outcomes for children and families.
- There are significant challenges with staff recruitment and retention, adding to the pressure on services.
- Any plans to pause or reduce services further would be a significant risk to children and young people’s education, mental health and future life outcomes.

2. The risks of not supporting children and young people with communication or swallowing needs

- There is a risk of negative outcomes for children and young people who do not receive timely identification and support for their communication or swallowing needs.
- Children and young people with unsupported speech, language and communication needs (SLCN) are at increased risk of:
  - Low literacy and numeracy skills: 1 in 4 children who struggled with language at age 5 did not reach the expected standard in English at the end of primary school, compared with 1 in 25 with good language skills.
  - 1 in 5 children who struggled with language did not reach the expected standard in maths compared with 1 in 50 children with good language skills.¹
  - Poor mental health: 81% of children with emotional and behavioural disorders have

¹ Save The Children (2011). Early Language Development and Children’s Primary School Attainment in English and Maths: New research findings
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unidentified SLCN.²

- **Exclusion from school**: data from a speech and language therapy service found that 63% of children excluded from mainstream schools had speech, language and communication needs.³

- **Involvement in the criminal justice system**: 60% of young offenders have low language skills.⁴

- **Speech, language and communication needs are a health inequalities issue** – children and young people in areas of socio-economic disadvantage are at substantially higher risk of having SLCN:
  - More than 50% of children living in areas of high deprivation may start school with delayed language or other SLCN.⁵

- **Vulnerable children are also at higher risk of SLCN**, including children and young people in the care system,⁶ and those accessing mental health services.⁷

- **Eating, drinking and swallowing difficulties have potentially life-threatening consequences**. Delays in the identification and management of eating, drinking and swallowing difficulties (dysphagia) have an impact on nutrition and hydration status, respiratory function, and make taking medication more difficult. This can result in increased crisis management of dysphagia, avoidable hospital admissions and, in some cases, death.

- **Early identification and intervention is associated with better outcomes** for children and young people:
  - Deafness – Children identified with hearing loss who are appropriately supported before 6 months of age have the potential to develop language (spoken or signed) on a par with their hearing peers.⁸
  - Autism – Pre-school Autism Communication Therapy (PACT) is an intervention aimed at helping parents to communicate with their autistic child. Researchers found that children aged two to five years who had received a social-communication intervention had improved social communication and reduced repetitive behaviours six years later.⁹

3. Increased levels of need in children and young people due to the pandemic

- A number of factors have contributed to increased level of need in children and young people, resulting in increased pressures on children’s speech and language therapy services.

- Speech and language therapists are reporting a significant increase in need, particularly in young children whose language development has been impacted by reduced opportunities for

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social interaction during the pandemic, and missed opportunities to identify their needs at an early stage. More specialist input from speech and language therapists is required in order to meet the higher needs of these children.

- In an RCSLT survey, 68% of respondents working with children and young people reported an increase in the number of children requiring speech and language therapy due to a deterioration/exacerbation of needs during lockdown.
- Examples of increased levels of need:
  - **Missed health visitor checks**: Children who did not receive the 2-2.5 year health visitor check during the early stages of the pandemic are now rising and being picked up with significantly delayed language development.
  - **School starters**: An increase in the number of children starting school with delayed language, because they have not benefited from the language-rich environment and opportunities for social interaction that are provided by early years settings.
  - **Special educational needs and disabilities**: An increase in the number of requests for Education, Health and Care Needs Assessments (in England) – one area reported that the number of requests had increased by two thirds.
  - **Communication regression**: Services are reporting more children whose speech, language and communication skills have declined.

4. The impact of the pandemic on speech and language therapy services

- Speech and language therapists are reporting that demand on their services has increased since before the onset of COVID-19, with a substantial proportion of services saying that it has 'at least doubled' (RCSLT report in preparation).
- The main cause of the increased pressure within services is the need to address the backlog due to providing a reduced service during the pandemic. Several respondents mention previous redeployment as one of the factors which led to the backlog.
- The increase in demand has resulted in longer waiting times, less face-to-face therapy/more remote therapy and an increase in offer of advice-only support.
- The impact of changes to service delivery should be closely monitored. Blanket decisions to discharge children or reduce therapy, which are not based on clinical need, should not be used to manage waiting lists.
- The pressure on services is not only having a negative impact on children and families but also on therapists themselves. The impact on speech and language therapists’ wellbeing is contributing to challenges with staff retention and recruitment and workforce gaps to deliver these services: more than half of children’s services report difficulty in recruiting staff to vacant posts and an increase in vacant posts due to staff leaving the service.

6. What families say about speech and language therapy during COVID-19

- The UK-wide lockdowns had a significant impact on the lives of children and young people with communication and swallowing needs and their families.
- We know children and their families value speech and language therapy:
  - 76% of people said speech and language therapy makes their children’s lives better
and 29% said it makes their family or carer’s life better.\textsuperscript{10}

- However, during the pandemic many children and young people did not receive the speech and language therapy they needed:
  - 81% of children and young people had less speech and language therapy during the first lockdown, and 62% did not receive any at all.\textsuperscript{10}
- Receiving less speech and language therapy has negatively impacted children and young people in a number of ways:
  - 67% reported a negative impact on their education
  - 59% reported a negative impact on their social life and friendships
  - 45% reported a negative impact in their mental health
  - 24% reported their communication had got worse.
  - 64% of family members and carers said it had impacted their home and domestic life\textsuperscript{10}

7. Conclusion:

- Services are being stretched trying to meet the needs of increasing numbers of children and young people requiring support with their speech, language and communication. This has led to increased waiting times and a decreased therapy offer, with negative outcomes for children and young people as a result.
- The ability of the speech and language therapy workforce to deliver services is under threat due to staff recruitment and retention challenges. Even before the pandemic, speech and language therapy was a workforce under pressure.
- Any plans to reduce services further would be a significant risk to children and young people’s education, mental health and future life outcomes.

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\textsuperscript{10} RCSLT (2021). Speech and language therapy during and beyond COVID-19: building back better with people who have communication and swallowing needs.