Ancient proverb:
It takes a village to raise a child...

We are the Village

Speech, Language and Communication in the Early Years

April 2024
FOREWORD

I welcome the publication of this report and fully recognise the significance of speech, language and communication on outcomes for children and young people. I endorse the recommendations and agree that urgent action is needed.

I am deeply concerned with regards to the crisis that we are amid in relation to Special Educational Needs, and am committed to keep under review the adequacy and effectiveness of law, practice and services relating to the rights and best interests of children and young people. This report provides a strong evidence base and will be used to advise government on the policies, legislation and services it provides for children and young people.

It highlights vulnerabilities and risks associated with undiagnosed need. It speaks to the impact of the pandemic and removal of services and support for our most vulnerable, waiting lists, rising number of children with complex needs impacting on the child's health and a system that needs radical reform. It highlights the correlation between poverty and outcomes for children.

The impact of budget cuts and operating for almost two years without a government has disproportionately affected children and young people – particularly our most vulnerable. Urgent action is required to ensure children get the best start in life and this includes investment in facilities, services and workforce. Our children's support needs are not being adequately met.

Despite the situation I am confident that we can achieve the change that children and their families deserve. The change that children have a right to experience. If there is a will there is a way – and if the COVID-19 pandemic taught us anything – it taught us that urgent action can be taken, and through working together, children can and should receive the early intervention and support services that they are entitled to.

The Children's Services Cooperation Act (2015) places a duty on Children's Authorities to co-operate as they design and deliver services aimed at improving the well-being of children and young people. I am asking the Executive and Northern Ireland Government departments what actions they are taking to achieve the outcomes set out in the Children and Young People's Strategy (2020-2030) to ensure the well-being of children and young people.

Within my role as Children's Commissioner for Northern Ireland I have a statutory duty to promote and safeguard the Rights of Children and Young People. In discharging my duties, I intend to highlight key issues which impact our children and young people, holding the relevant bodies to account. This includes the need for significant cross departmental commitment to invest in early intervention and support which has been clearly referenced in the Independent Education Review (2023) and A Fair Start report (2021).

I have a very clear vision of what this should look like and how it includes improved access to support for children, parents and carers, prenatal and beyond.

Children and young people deserve better.

Chris Quinn
Northern Ireland Commissioner for Children and Young People

We are the Village – speech, language and communication in the early years
“Across the range of early years services, we are seeing a significant increase in the frequency and complexity of speech, language and communication needs of children in our community.”

(Kevin Duggan, SPPG, Department of Health, 2024).
INTRODUCTION

In 2023, hearing stories of rising numbers of young children with speech, language and communication needs (SLCN), as well as an increase in the complexity of need, coupled with a landscape of increasing waiting times for speech and language therapy, additional demand on educational support, and substantial financial deficits, we took action. With no available NI specific data to evidence these needs, we set about to gather our own.

WHAT THE RESEARCH REVEALED:

INCREASE IN NEED

Early Years Providers
90% have seen an increase in the number of children with Speech, Language and Communication Needs.

Community Paediatricians
91% have seen an increase in the number of children with Speech, Language and Communication Needs.

COMPLEXITY OF NEED

EARLY YEARS PROVIDERS
88% have seen an increase in the complexity of SLCN

COMMUNITY PAEDIATRICIANS
95% have seen an increase in the complexity of SLCN

This increase and subsequent impact (detailed within the report) is felt across both the health and education sector, widely impacting staff, and more importantly our children and their families. We urge all those representing the needs of our babies and children to acknowledge the significance of speech, language, and communication on life outcomes for young people, and the risks if not addressed in the critical early years.

COMPLEXITY OF NEED

96% of community paediatricians reported an increase in referrals to the Autism Assessment Clinic

70% of community paediatricians reported an increase in referrals to the Child Development Clinic

We are calling on the Executive to commit to fully investing in early speech and language intervention. We must first and foremost invest in our workforce, offer adequate training for parents and professionals, and apply a regional roll out of evidence-based programmes already proving valuable in small pockets of Northern Ireland.

The figures detailed in this report indicate that we are failing our children and immediate action is needed. It is imperative that all who advocate on behalf of children and young people acknowledge their basic, fundamental right to communicate (UN Convention on the Rights of the Child & the Universal Declaration of Human Rights). We must work together to lay a strong foundation for better outcomes for our children and young people.

Remaining at the forefront of this report and these recommendations are the vulnerable babies, children, and their families. ‘We are the Village’, and as such, we must collaborate effectively to ensure they can achieve the best possible start in life with both the freedom and the ability to communicate in whatever way they can.

Ruth Sedgewick
Head of Office RCSLT NI
ruth.sedgewick@rcslt.org
The term ‘Speech, language, and communication needs’ is often used as both an umbrella term and interchangeably, although there are clear definitions:

**Speech** refers to the production of vocal sounds, a process that involves both motor (articulatory) and linguistic skills. It is possible to have impaired speech but intact language, as in the case of someone with a physical impairment of the articulators who can express themselves through written language.

**Language** involves the comprehension and use of words and sentences to convey ideas and information. Language can occur in different modalities - spoken, written, or signed.

Language and speech are both facets of **communication**, which encompasses the broader set of nonverbal and verbal means of conveying information and emotions. (Bishop et al., 2016).

When a young child experiences what are often termed as ‘difficulties’ with their speech or language, it can present in a range of ways and to varying degrees. For example, difficulties with speech sounds may be relatively mild, such as a child struggling to clearly articulate one specific sound in comparison to a severe speech sound disorder, when the child’s speech is completely unintelligible due to difficulties pronouncing multiple sounds. The same can be said for a range of SLCN, including stammering, language disorder associated with deafness and developmental language disorder (DLD).

DLD is a lifelong condition characterised by significant and persistent impairment in the understanding and use of language, which results in a significant impact on everyday functioning (Bishop et al., 2016).

SLCN will present differently depending on the individual child. The same goes for the impact of the needs - each child and their family will feel the impact uniquely depending on many factors. It may be assumed that the more complex or severe a disorder is, the greater the impact will be on the child and family, however this is not necessarily the case. Environment, level of family support, access to speech and language therapy and other professionals, family background and socioeconomic status are just some of the complex factors that contribute to the impact of the SLCN.

*OVER 10% of children and young people in the UK have some form of long-term communication need which impacts on their daily life (Norbury et al., 2017)*

*Communication isn’t always just about speech.*

(Martin Wallis, Sense NI, 2024).
EARLY YEARS

The early years is classified as from pre-birth until starting school. The early years is a critical period in terms of a child’s development, as they form bonds with their parents, develop language skills and other cognitive functions, and establish behavioural patterns (Early Intervention Foundation, 2018).

There is much written about the process of language development and the many influencing factors. The importance of early intervention is well recognised, including universal messages, for example the BBC’s Tiny Happy People’s advice on ‘talking to bump’. Research confirms that development begins in utero, with some babies showing knowledge of common words at as early as six months old (Bergelson and Swingley, 2012). We also know that babbling is a strong predictor of later language use (Laing and Bergelson, 2010) and that early communicative pointing can lead to earlier language development (Colonnesi et al., 2010).

“Save the Children believe that all children should have the opportunity to arrive at school with language and communication skills that meet their age-related expectations – giving them a strong foundation for successful learning and development. The evidence from neuroscience is clear that the first years of a child’s life are critical for optimum brain development, and that the level of support, nurture and resources during the first five years is the foundation of lifelong health and well-being.”

(Save the Children, 2020).

“The acquisition of speech, language and communication skills starts in the first 1001 days (pregnancy to age 2).”

(Roberta Marshall, Barnardos NI, 2024).

“Early language intervention is critically important for these children to develop the communication skills necessary for future success in their academic and personal lives. Simply put, the earlier a child receives the help he needs, the better his language outcome will be.”

(Hanen, 2016).
IMPACT OF SLCN – WHY DOES IT MATTER?

There is a strong association between a child’s early language development and their educational and life chances recognised in international research. Furthermore, the potential impact on mental health is too great to be ignored. The ability to communicate is central to establishing and maintaining friendships, so what then happens when a young child cannot communicate with their peers?

The literature and evidence on SLCN across health, education and justice is vast and complex. The domains below highlight the startling statistics. The impact of SLCN weaves across all of these and cannot be read in isolation.

Education

- A two-year-old’s language development can strongly predict their reading skills on entry into school, as well as their later attainment (Snowling et al., 2011).
- Children with DLD have poor play skills in comparison with their peers (Short et al., 2020).
- Literacy difficulties are more prevalent in children with SLCN (Drockell and Howell., 2015).
- In English and Maths GCSEs, 9.8% of pupils with SLCN achieve pass grades vs 42.4% of their peers (Department of Education England, 2020).

Youth Justice

- Up to 60% of young people in the youth justice estate have communication difficulties with 46-47% of these in the poor or very poor range. Many of these individuals have experienced poverty and adverse childhood experiences (Bryan et al., 2007).
- Males with SLCN are four times more likely to engage in antisocial behaviour with higher rates of arrests and convictions (Brownlie et al., 2004).

“There is a wealth of evidence showing that children who have speech, language and communication needs are placed at significant risk of failing to achieve their potential. Poor outcomes for children lead to a risk of higher unemployment, mental health issues and even risk of antisocial and criminal behaviour.”

(Sarah Ratcliffe, Help Kids Talk, 2024).
Mental Health

- Children with SLCN in the preschool, early and primary years are approximately twice as likely to develop social, emotional, and mental health difficulties as children with typical language development when followed up over time (Yew & O’Kearney, 2013).
- Children with vocabulary difficulties at age five are three times more likely to have mental health problems in adulthood (Law et al., 2009).
- 81% of children with emotional behavioural disorders have significant language difficulties (Hollo et al., 2014).
- People with SLCN are six times more likely to experience clinical levels of anxiety and three times more likely to have clinical depression (Conti-Ramsden and Botting, 2008).

Young Person in Care

- Children in care experience SLCN, although, these are often overlooked and not acted on compared to the emotional difficulties these children face, despite the prevalence rates being similar - at 26% and 24% respectively (Chambers et al., 2010).
- 90% of care leavers were found to have below-average language abilities and over 60% met the criteria for DLD with difficulties in literacy, developmental disorders, and social, emotional, and mental health concerns (Clegg, 2021).

Family Life

- Children with SLCN have a lower quality of life at age 9, in comparison with their peers (Eadie et al., 2018).
- Caregivers of neurodivergent children (which include some SLCN) are more likely to experience clinically significant levels of stress, poor mental health, financial hardship, and negative relationships (D’Arcy et al., 2023).

“Our services have seen an increase in dysregulation and anxiety which impacts not only the child’s wellbeing and behaviour in a group context but also impacts on important developmental milestones such as toileting and participation in activities. The lack of SLC skills is such an isolating experience for any young child.”

(Stronger from the Start Infant Mental Health Alliance, 2024).

“My child tried so hard to interact with his peers in nursery school, however, because his speech was unintelligible and he had language difficulties, he was unable to communicate. He just wanted to play, have friends, and be included but every day he ended up alone. It is heartbreaking as a parent to hear this from a teacher. He was never invited to play dates or birthday parties and missed out on so many other social milestones, as the other children didn’t play with him.”

(Parent of a 5-year-old with SLCN).
Vulnerabilities

• Communication difficulties can make females three times more vulnerable to sexual abuse (Brownlie et al., 2007).
• People with communication needs may be considered the “perfect targets” for gender-based sexual abuse, as they are less able to tell others of their experiences (Barrett and Marshall, 2017).
• Children with SLCN experience higher levels of bullying (Dockrell & Howell, 2015).

“...peers of a similar age appear to struggle to understand or accommodate the communication needs of the children presenting with speech and language challenges. This lack of understanding can at times result in misinterpretations, teasing, or exclusion from peer groups.”

(Sarah Ferguson, Belfast YMCA, 2024).

Prospects

• Vocabulary difficulties at age five are associated with poor literacy in adulthood (Johnson et al., 2010).
• Children with SLCN are at higher risk of expulsion from school, particularly secondary education, and less likely to advance to further education (Clegg et al., 2009).
• Adults with SLCN are twice as likely to go over a year without employment (Law et al., 2009).

“I continue to have sleepless nights worrying first and foremost about his self-esteem and the impact on mental health and academic skills. I fear for his future – will teachers understand his unique language needs? Will they understand the impact on all aspects of his life? Will he be able to join in after school activities, make friends or will he be bullied for being different and needing so much help? What about sitting formal exams and getting any actual qualifications? As a parent, it’s completely overwhelming knowing that his speech, language and communication needs, without a doubt, limit what he will be able to achieve in life.”

(Parent of 11-year-old with SLCN).

Economy

• 14% of children aged three were considered at risk of developing language difficulties. The lifetime economic costs of unsupported language skills in these UK children are estimated to be around £330 million. The cost is calculated from reduced lifetime income, the pressure on special education needs, mental health services, and possible related costs due to association with criminal justice services (Pro Bono Economics, 2021).

“It is widely acknowledged that there is a strong association between a child’s early language development and their educational and life chances. Parental involvement and support for parents greatly affects a child’s academic success, social skills, and emotional well-being therefore it is easy to understand why communication issues can become a cause of concern for parents.”

(Charlene Brooks, Parenting NI).
Health inequalities

• It is important to understand that SLCN can, at times, be due to reduced developmental opportunities in the child’s family and educational environment which limit the child’s learning of language. These reduced developmental opportunities are commonly linked to social disadvantage. In areas of social disadvantage around 50% of children start school with delayed language and other identified communication needs, indeed, some local studies have found this to be significantly higher in Northern Ireland. (Johnson et al., 2010 & the Institute of Health Equity, 2020)

“It is evident that worsening outcomes are felt even more starkly for those living in socially deprived areas and as such, we are failing these children.”
(Anna McDaid, Royal College of Paediatrics and Child Health, RCPCH, 2024).

“For families living in poverty there are a range of barriers that impact on the way that parents are able to support their child’s early language development. Low income, long working hours, unstable relationships, poor housing, and poor parental mental health are some of the challenges faced by parents living in poverty and for many reasons this can affect the parent’s availability for their child.”
(Save the Children, 2020).

“The PHA is committed to reducing health inequalities and improving the health and social wellbeing of the population, including for children and young people with SLCN. The agency promotes and recognises the importance of early intervention and continues to work collaboratively with a range of stakeholders to shape and enhance the health of individuals, communities and society now and in the future.”
(Pauline McMullan, AHP Consultant, PHA, 2024).
SPECIAL EDUCATIONAL NEEDS

Information provided by the Department of Education (2024) describes a picture of rising need. The number of children with Special Educational Needs (SEN) has consistently increased over the last 20 years.

19% (over 66,000) = total number of children registered as having a SEN
7% (over 24,000) = total number of children with statement of SEN
10% = the increase in the number of children with a statement of SEN since 2017/18

“This rise is consistent with trends across the UK, Ireland and globally. Speech, language and communication needs consistently feature in the top three SEN categories for pre-school and primary school children.”

(Department of Education, 2024)

These statistics highlight the need to collaborate across departments, specifically health, education and justice. The significant rise in the number of children with additional needs, year on year, emphasises that urgent action is essential.

“...there is an urgent need to invest in and commission more speech and language therapy services. In Northern Ireland, there are no specific educational speech and language therapists (SLT). We would suggest that there is a widening gap between capacity and demand, with the same number of SLTs supporting growing numbers of learners that require support. SLT interventions for children with SEN are most in demand in the nursery and Key Stage 1 years.”

Northern Ireland has a wide range of legislation and frameworks applicable to babies and children in the early years and beyond (see appendix) but we need more.

“Despite the existence of the extensive and robust child-centred framework, a series of highly critical reports have confirmed what parents and children have been stating for many years. That is, the system has not been operated in accordance with children's legal rights.”

(Rachel Hogan, Children's Law Centre, 2024).

Northern Ireland is very proud of its highly successful Sure Start programmes which embed speech and language throughout their key messaging and supports.

Within Sure Start, Speech, Language and Communication intervention is delivered in a tiered Universal, Targeted, Specialist mode. Its approach of screening, training, targeted intervention and public health messaging aims to reduce the gap for our child and families living in socio-economic disadvantaged areas and ultimately prevent or reduce the impact of speech, language and communication needs within these communities.

Sure Start programmes support parents with children aged under four years old, living in disadvantaged areas in Northern Ireland. The programme can help a parent from pregnancy until their child starts school. With Sure Start’s ongoing support, a child can do well at school and flourish at home. (Sure Start Services | nidirect)

Northern Ireland also has RISE NI (Regional Integrated Support for Education in Northern Ireland), a regional multidisciplinary service of professionals including speech and language therapists which focus on early intervention and promoting foundations for learning in nursery and mainstream primary schools. RISE have also developed a range of resources currently available for all early years, Key Stage 1 and Key Stage 2 teachers and parents to address barriers to learning.

The Fair Start report (2021) highlighted the need for significant funding over five years on widespread measures to tackle educational underachievement, unfortunately this has not been realised. Funding for small pilot programmes such as the ‘Belfast Wide Early Years’ project which showcased good practice and achieved excellent outcomes has not continued due to significant financial constraints and cuts. Several recommendations from the action plan have been delayed.

“There has been almost unanimous agreement that addressing educational underachievement brought about as a consequence of social-economic disadvantage is wider than education alone and if we are serious about wanting to see fundamental change for the benefit of our most disadvantaged, everyone in Northern Ireland must prioritise education and learning as the route out of poverty. This means placing equality of opportunity at the core of everything we do. In doing so not only will all learners benefit, society as a whole will benefit.”

(Professor Noel Purdy, A Fair Start report, 2021).

“A recent survey of 4450 Sure Start Parents finds that 82% of parents said that Sure Start helped improve their knowledge of their child’s language and communication skills and helped them to apply strategies to support their child’s language/communication skills.”

(Kevin Duggan, SPPG, Department of Health, 2024).
POLICY ACROSS THE REGIONS

The need for SLCN in policy has been well recognised in other areas of the UK and embedded within the delivery of the following:

England
- **Best start in speech, language and communication**: Guidance to support local commissioners and service leads (publishing.service.gov.uk) - a multi-agency document providing a detailed pathway model to help local areas meet the speech, language and communication needs in the early years. It emphasises the importance in the fundamental ability for children to be able to communicate.
- **Early language identification measure and intervention**: Guidance handbook (publishing.service.gov.uk) - a multi-agency document which provides a new early language identification measure and intervention (ELIM) to be used by health visitors as part of the 2 year to 2 ½ year review.

Wales
- The Welsh Government, following influencing by RCSLT, wrote the cross-governmental Talk With Me Delivery Plan (2020-2022). Two speech and language therapists were seconded into Welsh Government in 2020 to drive forward the plan. Talk with me | GOV.WALES The plan relates to the portfolio of 6 ministers demonstrating the collaboration to deliver outcomes.
- Welsh Government has committed the funding and work has started on a 3 year project to develop (including through co-production) a bespoke bilingual screening tool for early years practitioners to use with children in Wales to support early identification and targeted work with families to reduce the impact of speech, language and communication needs both when a child is young and then later in their lives.
- **Flying Start** (Welsh Government’s 0-4:11 early intervention programme) includes Speech, Language and Communication guidance (written in 2015 and currently under review) and the stipulation that every Flying Start team across Wales has a speech and language therapist - Flying Start speech, language and communication: guidance | GOV.WALES
- With recent influencing activities, there has been an increase in the number of speech and language therapists in Youth Justice Services across Wales and the aim is to have one in every team (as with Flying Start) because of the positive impact it can have for the young people and their future lives.
- In Wales there is a ‘Well-being of Future Generations Act 2015’ which covers a lot of things and requires all policy writers to include how their policy will ensure the well-being of future generations. https://www.gov.wales/well-being-of-future-generations-wales

Scotland
- **2022 Equity for All Final for Publication.pdf** (bettercommunication.org.uk) - a population-based dataset study commissioned by Scottish government re children’s SLCN and SLT workforce looking at measuring impact, integrated systems and flexible skills.
- **Scotland: Best Start - strategic early learning and school age childcare plan 2022 to 2026** The Scottish Government have committed to investing in a programme of work to support early intervention in speech and language. See page 11 of Best Start: Strategic early learning and school age childcare plan for Scotland, 2022-26 - gov.scot (www.gov.scot)
The COVID-19 pandemic had a significant impact on speech and language therapy provision with more than three quarters (77.1%) of speech and language therapists (SLTs) reporting an increase in demand since before the pandemic, and over a quarter of SLTs (28.6%) indicating that the demand had at least doubled (RCSLT, 2022).

Rachel Hogan of the Children’s Law Centre said, “External factors, such as the Covid pandemic and the cost-of-living crisis in Northern Ireland have further damaged the operational capacity of schools and public authority systems, as well as the resilience of children and families. Gaps in equality of opportunity between many children with SEND and their peers require to be addressed through urgent action.”

A survey by the First 1001 Days Movement and the Institute of Health Visiting (Hogg and Mayes, 2022) found that 92.4% of respondents said that the pandemic has had an ongoing negative or very negative impact on the communication, speech and language skills of young children who were growing up during the pandemic.

The Education Endowment Foundation (EEF) in England reported that measures taken to combat the pandemic have deprived the youngest children of social contact and experiences essential for increasing vocabulary. Less or no contact with grandparents, social distancing, no play dates, and the wearing of face coverings in public have left children less exposed to conversations and everyday experiences.

In a recent survey (conducted post COVID) by Speech and Language UK, supported by RCSLT (2023), key findings included:

- 1.5 million children are at risk of not being able to speak or understand language at an age-appropriate level* (*teacher estimate).
- Primary and secondary school teachers are concerned that without support, children at risk will be unable to catch up.

“During the pandemic, parents could not access ‘in person’ antenatal groups or parent and baby groups so many parents were not getting those early messages about the importance of reading, singing and talking to your ‘bump’ or baby and the opportunity for babies and toddlers to socialise with their peers was extremely limited. We believe this has all had an effect on SLCN and witnessed the direct impact of this when our face-to-face groups resumed.”

(Stronger from the Start Infant Mental Health Alliance, 2024).
**WORKFORCE**

With the rising needs of children and adults with SLCN, the demand for speech and language therapy is high. The value of speech and language therapy is being recognised in new areas, expanding the clinical areas in which SLTs are involved and creating more job opportunities.

The number of qualified SLTs has not kept pace the demand for services.

Speech and Language Therapy is a highly sought-after profession in Northern Ireland. For the 2023/24 intake, there were over 700 applications for the 28 commissioned undergraduate places at Ulster University.

The now out-dated 2019 SLT Workforce Review recommended 40 commissioned training places by 2024, a target which will not meet the growing demand for services.

The workforce review also recommended that additional routes into the profession are explored as a means of diversifying and increasing the workforce.

Other parts of the UK have been successfully providing both Masters degree and Apprenticeship programmes for speech and language therapy for several years.

The RCSLT NI continue to lobby decision makers to consider introducing alternative routes into the speech and language therapy profession, yet progress remains slow.

“The increase in nursery and P1 intake in special schools across Northern Ireland has driven up demand for SLT services exponentially as the youngest children require the most intensive support. This is a vitally important service, with early intervention through SLT potentially helping to prevent or resolve problems that could emerge later in life. This requires a funded commissioning plan for SLT service provision.”

As of June 2023, there were 103.92 whole time equivalent vacant SLT posts in Northern Ireland. This is a vacancy rate of 18.6%, with rates as high as 28.6% in Belfast Health and Social Care Trust’s children services and 28.7% in the Western Health and Social Care Trust’s adult services.

Anecdotal evidence from members highlights recruitment and retention challenges across Northern Ireland, including the fact that temporary and fixed-term posts (due to funding constraints) are difficult to fill. Furthermore, we have heard that some staff are choosing to work in other parts of the UK and Ireland due to higher levels of pay.

Like many health and social care services in Northern Ireland, SLT is operating hand to mouth.

The need for SLT is increasing, while staff numbers are dropping in real terms, meaning that services and patients are suffering.

Without long-term financial and workforce planning, this situation can only get worse.

**TIME TO ACT:**
The Northern Ireland Executive must work to immediately address the workforce crisis, starting by calling on the Department of Health to increase the number of undergraduate commissioned places for speech and language therapy at Ulster University.
“We believe that good communication and language matters whatever your child’s age, but it’s especially important for deaf children in the early years. As such, we are incredibly concerned that three-quarters of the 4,500 children across Northern Ireland waiting for speech and language therapists are aged 0-5, with almost half waiting more than six months to be seen.”

(Deirdre Vaughan, National Deaf Children’s Society, 2024).

“this situation is denying people their basic human rights”.

(RCSLT, Health Service Journal, 2024).

A direct consequence of the workforce issues, including the high vacancy rates is the amount of time a child and their family wait for speech and language therapy. Ultimately, the NHS services are severely restricted in how quickly they can offer the required support and this can only be to the detriment of our children and their families.

Our data is showing the number of children waiting to be assessed by a Speech and Language Therapist (SLT), however this is just the tip of the iceberg. There are often further waiting lists for those children who have been assessed as needing intervention by a SLT.

One parent of a 4-year-old boy stated, “We waited from December 2022 for an initial assessment with the SLT that came in June 2023. After this, we then had to wait for therapy which has only just started (March 2024). As parents we felt we had no choice but to seek private speech and language therapy whilst we waited, not only to support his needs but to educate us as a family during the critical early years.”

(Deirdre Vaughan, National Deaf Children’s Society, 2024).

We believe that good communication and language matters whatever your child’s age, but it’s especially important for deaf children in the early years. As such, we are incredibly concerned that three-quarters of the 4,500 children across Northern Ireland waiting for speech and language therapists are aged 0-5, with almost half waiting more than six months to be seen.”

(Deirdre Vaughan, National Deaf Children’s Society, 2024).

“this situation is denying people their basic human rights”.

(RCSLT, Health Service Journal, 2024).

A direct consequence of the workforce issues, including the high vacancy rates is the amount of time a child and their family wait for speech and language therapy. Ultimately, the NHS services are severely restricted in how quickly they can offer the required support and this can only be to the detriment of our children and their families.

Our data is showing the number of children waiting to be assessed by a Speech and Language Therapist (SLT), however this is just the tip of the iceberg. There are often further waiting lists for those children who have been assessed as needing intervention by a SLT.

One parent of a 4-year-old boy stated, “We waited from December 2022 for an initial assessment with the SLT that came in June 2023. After this, we then had to wait for therapy which has only just started (March 2024). As parents we felt we had no choice but to seek private speech and language therapy whilst we waited, not only to support his needs but to educate us as a family during the critical early years.”

(Deirdre Vaughan, National Deaf Children’s Society, 2024).

We believe that good communication and language matters whatever your child’s age, but it’s especially important for deaf children in the early years. As such, we are incredibly concerned that three-quarters of the 4,500 children across Northern Ireland waiting for speech and language therapists are aged 0-5, with almost half waiting more than six months to be seen.”

(Deirdre Vaughan, National Deaf Children’s Society, 2024).

“this situation is denying people their basic human rights”.

(RCSLT, Health Service Journal, 2024).

A direct consequence of the workforce issues, including the high vacancy rates is the amount of time a child and their family wait for speech and language therapy. Ultimately, the NHS services are severely restricted in how quickly they can offer the required support and this can only be to the detriment of our children and their families.

Our data is showing the number of children waiting to be assessed by a Speech and Language Therapist (SLT), however this is just the tip of the iceberg. There are often further waiting lists for those children who have been assessed as needing intervention by a SLT.

One parent of a 4-year-old boy stated, “We waited from December 2022 for an initial assessment with the SLT that came in June 2023. After this, we then had to wait for therapy which has only just started (March 2024). As parents we felt we had no choice but to seek private speech and language therapy whilst we waited, not only to support his needs but to educate us as a family during the critical early years.”

(Deirdre Vaughan, National Deaf Children’s Society, 2024).

We believe that good communication and language matters whatever your child’s age, but it’s especially important for deaf children in the early years. As such, we are incredibly concerned that three-quarters of the 4,500 children across Northern Ireland waiting for speech and language therapists are aged 0-5, with almost half waiting more than six months to be seen.”

(Deirdre Vaughan, National Deaf Children’s Society, 2024).

“this situation is denying people their basic human rights”.

(RCSLT, Health Service Journal, 2024).

A direct consequence of the workforce issues, including the high vacancy rates is the amount of time a child and their family wait for speech and language therapy. Ultimately, the NHS services are severely restricted in how quickly they can offer the required support and this can only be to the detriment of our children and their families.

Our data is showing the number of children waiting to be assessed by a Speech and Language Therapist (SLT), however this is just the tip of the iceberg. There are often further waiting lists for those children who have been assessed as needing intervention by a SLT.

One parent of a 4-year-old boy stated, “We waited from December 2022 for an initial assessment with the SLT that came in June 2023. After this, we then had to wait for therapy which has only just started (March 2024). As parents we felt we had no choice but to seek private speech and language therapy whilst we waited, not only to support his needs but to educate us as a family during the critical early years.”

(Deirdre Vaughan, National Deaf Children’s Society, 2024).

We believe that good communication and language matters whatever your child’s age, but it’s especially important for deaf children in the early years. As such, we are incredibly concerned that three-quarters of the 4,500 children across Northern Ireland waiting for speech and language therapists are aged 0-5, with almost half waiting more than six months to be seen.”

(Deirdre Vaughan, National Deaf Children’s Society, 2024).
SURVEY RESULTS

The RCSLT NI worked closely with our members to produce an early year’s survey which was completed by Sure Start staff, Nurseries and Childminders. Additionally, we worked with our medical colleagues in the Royal College of Paediatric and Child Health (RCPCH) to create a community paediatrician survey. We had a total of 317 responses to our early years survey and 23 responses to the community paediatrician survey, this represents almost two thirds of community paediatricians in Northern Ireland.

“Community paediatricians are doctors who care for vulnerable children outside of hospital, including those with developmental disorders, disabilities and complex behavioural presentations. The RCSLT NI Community Paediatrician Survey was the first of its kind in Northern Ireland. The results of which highlight an increase in referrals to community paediatric services including the autism assessment clinic and child development clinic as well as increased complexity of children presenting with speech, language and communication needs (SLCN). Indeed, this trend predates the Covid-19 pandemic and continues to rise. The negative impact of SLCN on behaviour, peer interaction, education, friendships, and wellbeing cannot be underestimated. There is a clear mandate to prioritise early years language intervention including reduction in waiting list times, improved access to speech and language therapists, access to training materials and parental support.”

(Claire Parris, ST5 Paediatrican, 2024).

The surveys set out to determine if our Early Years Practitioners and Community Paediatricians were seeing an increase in the numbers of children with SLCN and to capture any change in the complexity of need.

The RCSLT NI defined children with communications difficulties as presenting with “delayed or unclear speech, finding it hard to follow instruction, difficulty playing with other children, struggling to sit and listen to a story”.

The increase in complexity of communication difficulties was defined as “limited or no speech, limited or no understanding of simple instructions, significant behavioural issues, sensory overwhelm and solitary play”.

INCREASE IN NEED

Early Years Providers
90% have seen an increase in the number of children with Speech, Language and Communication Needs.

Community Paediatricians
91% have seen an increase in the number of children with Speech, Language and Communication Needs.

COMPLEXITY OF NEED

EARLY YEARS PROVIDERS
88% have seen an increase in the complexity of SLCN

COMMUNITY PAEDIATRICIANS
95% have seen an increase in the complexity of SLCN

70% of community paediatricians reported an increase in referrals to the Child Development Clinic

96% of community paediatricians reported an increase in referrals to the Autism Assessment Clinic

70% of community paediatricians reported an increase in the complexity of SLCN
A roundtable event was held in November 2023 which brought together stakeholders with a shared interest in early years communication. Here, the findings of the data collected were presented and recommendations to tackle the growing need were co-produced.

Further questions were asked around the perceived impact of the increase in need and complexity of need on both the child, and the staff / service. The responses highlight the extensive impact across all aspects of the child's physical, mental and emotional wellbeing. Communication skills are vital for a child's development, for example, they impact on the ability to build relationships with those around them, ask for things they need or want and access learning.

In the survey of early years practitioners, a combination of factors was highlighted as contributing to the increase in both the number and the complexity of need. Many cited the effects of the pandemic as a leading cause.

- 77% highlighted the effect of reduced contact and social interaction with both adults and other children at this critical period of early years development.
- 78.5% identified the impact of decreased support from other professionals and reduced face to face consultation, which they believe led to later identification of needs.
- 59% recognised the challenges faced by parents balancing working from home with childcare.

Furthermore,
- 80% said they believe the increased use of technology by both children and adults is the one of the key reasons numbers have risen so dramatically. Suggestions are that increased screentime and increased availability and reliance on digital devices is contributing to the delay of speech and communication in young children.

Additionally, the Community Paediatrician perspective on potential reasons for the increase noted their concern on the growing complexity of needs being present before COVID-19. There is no one reason for the increase in aetiology able to be determined. Community Paediatricians agreed that COVID-19 had a detrimental impact on the child. Lengthy waiting lists, more onward referrals required for the child to receive the correct assessment /support, increase in the use of technology and limited parental understanding.

The RCSLT NI understand that caring for a child with SLCN has added emotional and financial difficulties for the immediate and wider family circle.

It is essential that parents do not become secluded from their communities.

“I had been living in my house just totally isolating myself. I had resigned from any social contact. When my husband said it was for us [Sense Child and Family Services], I still didn’t believe him, but he was right, it has transformed how we see the future. We met other parents struggling as we struggled. I spent 3 hours just talking to another parent from the group one night after my child’s bedtime. It was so important to have contact with other parents.”

(Sense NI service user, 2024)
Key Priorities

The roundtable agreed the following key themes or priorities for action:

- Increased access to speech and language therapy
- Addressing the speech and language therapy workforce crisis
- Funding to be prioritised must be long-term and allow for regional planning
- Wider strategic focus on SLCN embedded in policy
- SLT professional advisor role to be created in the Department
- Development of a regional platform for parents and professionals to include resources and training, (akin to Engage NI)
- Scale and spread of good practice early intervention programmes
- Formation of an Early Years Communication Alliance

“Key to more effective working is greater partnership work between agencies, sharing resources and expertise and using data to help trend and predict were to most effectively target support to families.”

(Kevin Duggan, SPPG, Department of Health, 2024).

CONCLUSION - IT’S TIME FOR CHANGE

We must bring Northern Ireland in line with other parts of the UK and commit to investing in our early years, both at a strategic and a local level. The situation outlined in this report is bleak. Yet the recommendations below demonstrate that there are actionable steps that can and should be taken to mitigate the challenges at play.

Early language intervention should be a priority for the Northern Ireland Executive so that all children can have their rightful opportunity to grow, to play and to learn.

“Ensuring children and families have equal access to early intervention and support capable of meeting emotional health and wellbeing needs is vital, and community health services, including SLT, play a vital role in helping children from all backgrounds to reach their full potential.”

(Anna McDaid, RCPCH, 2024).
In addition to the roundtable recommendations, the RCSLT NI continues to call for:

1. Increase in the SLT workforce by first increasing the number of commissioned undergraduate places at Ulster University.

2. Introduction of a Professional SLT Advisor across both the Department of Health and Education, within the Nursing, Midwifery and AHPs Directorate.

3. Equal access of speech, language and communication provision across health and education settings.

4. Development and introduction of an early years communication needs identification tool.

5. Undergraduate, postgraduate and SENCo teacher training to include SLCN as mandatory.

6. SLCN provision to be expanded and included in post-primary schools.

7. SLCN to be embedded in all policies relating to children and young people and strive for organisations and departments to become communication accessible via our free online training. (https://communication-access.co.uk).

“This communications crisis will only deepen unless urgent action is taken to ensure children and young people get the specialist speech and language therapy they require to achieve the best possible start in life.”

(Steve Jamieson, CEO RCSLT, 2023).
APPENDIX 1

NI LEGISLATION:
- The Special Educational Needs and Disability Act NI 2016
- The Children’s Services Cooperation Act (NI) 2015
- Human Rights Act 1998
- The UN Convention on the Rights of the Child (UNCRC)
- European Convention on Human Rights 1953
- The Children (NI) Order 1995
- The UN Convention on the Rights of Persons with Disabilities (UNCRPD)
- The Education (NI) Order 1996 which is underpinned by the:
  - Education (SEN) Regulations 2005; and
  - The Code of Practice on the Identification and Assessment of SEN and supplement
- The Special Educational Needs and Disability (NI) Order 2005 (SENDO)
- SENDIST Regulations (NI) 2005
- Education (NI) Order 1998

FRAMEWORKS:

- Children and Young People’s Strategy

- Making Life Better

- Every Child
  Every CHILD DE Corporate Plan 2023-2028.pdf (education-ni.gov.uk)

- Healthy Child, Healthy Future
  Healthy Child, Healthy Future (health-ni.gov.uk)

- Children and Young People’s EHWB in Education Framework
  Children & Young People’s Emotional Health and Wellbeing in Education Framework (final version).PDF (education-ni.gov.uk)

- Safeguarding
  Safeguarding is everyone’s business (safeguardingni.org)
  SBNI Strategic Plan 2022-2026 Final v1.0.0.pdf (safeguardingni.org)
  Children and Young People’s EHWB in Health Framework (Draft – due for consultation)
  Children and Young People’s Strategic Partnership (CYPSP) (hscni.net)

- Mental Health
  IMH Plan April 2016_0.pdf (hscni.net)
  Updated IMH Framework is due to be launched soon
  Mental Health Strategy 2021-2031 | Department of Health (health-ni.gov.uk)

- Physical Activity
  UK Chief Medical Officers’ Physical Activity Guidelines (publishing.service.gov.uk)

- Health and Wellbeing
  health-and-wellbeing-2026-delivering-together (health-ni.gov.uk)

*please note that this is not an exhaustive list
# APPENDIX 2

## Number of Children on SEN Register under SLCN

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Mainstream Nursery</th>
<th>Mainstream Primary 1</th>
<th>Special Nursery</th>
<th>Special Primary 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019-2020</td>
<td>307</td>
<td>1184</td>
<td>134</td>
<td>183</td>
</tr>
<tr>
<td>2020-2021</td>
<td>262 ↓</td>
<td>1221 ↑</td>
<td>184 ↑</td>
<td>285 ↑</td>
</tr>
<tr>
<td>2021-2022</td>
<td>386 ↑</td>
<td>1291 ↑</td>
<td>253 ↑</td>
<td>330 ↑</td>
</tr>
<tr>
<td>2022-2023</td>
<td>443 ↑</td>
<td>1384 ↑</td>
<td>243 ↓</td>
<td>455 ↑</td>
</tr>
<tr>
<td>% Change</td>
<td>44% ↑</td>
<td>17% ↑</td>
<td>81% ↑</td>
<td>149% ↑</td>
</tr>
</tbody>
</table>

## Number of Children on Stage 1 Code of Practice

*NB: Stages changed from 1-5 to 1-3 in 2021*

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Mainstream Nursery</th>
<th>Mainstream Primary 1</th>
<th>Special Nursery</th>
<th>Special Primary 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021-2022</td>
<td>235</td>
<td>235</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>2022-2023</td>
<td>266 ↑</td>
<td>749 ↑</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>% Change</td>
<td>13% ↑</td>
<td>219% ↑</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

## Number of Children with Statements of SEN

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Mainstream Nursery</th>
<th>Mainstream Primary 1</th>
<th>Special Nursery</th>
<th>Special Primary 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018-2019</td>
<td>68</td>
<td>366</td>
<td>117</td>
<td>301</td>
</tr>
<tr>
<td>2019-2020</td>
<td>76 ↑</td>
<td>383 ↑</td>
<td>129 ↑</td>
<td>287 ↑</td>
</tr>
<tr>
<td>2020-2021</td>
<td>156 ↑</td>
<td>501 ↑</td>
<td>189 ↑</td>
<td>346 ↑</td>
</tr>
<tr>
<td>2021-2022</td>
<td>155 ↓</td>
<td>729 ↑</td>
<td>298 ↑</td>
<td>405 ↑</td>
</tr>
<tr>
<td>2022-2023</td>
<td>201 ↑</td>
<td>789 ↑</td>
<td>281 ↓</td>
<td>509 ↑</td>
</tr>
<tr>
<td>% Change</td>
<td>44% ↑</td>
<td>17% ↑</td>
<td>81% ↑</td>
<td>149% ↑</td>
</tr>
</tbody>
</table>

Source: Department of Education Northern Ireland, 2023

---

# APPENDIX 3 – STAKEHOLDER LETTERS OF SUPPORT

We are the Village – speech, language and communication in the early years

Source: Department of Education Northern Ireland, 2023
Dear Ruth,

Belfast YMCA Day Nursery and After School currently provides care for over 180 children each week, offering opportunities and experiences for children aged 0–11 years that stimulate physical, social, intellectual, and emotional development. As an organisation we focus on children and young people and help them play an active and fulfilling role within their communities.

In recent years, we have notably observed an increase in the number of children attending our nursery and after-school programs who are facing speech, language, and communication challenges and it is crucial to recognise the direct impact that these communication challenges have on the children’s holistic development, particularly noting the impact upon their social interaction with peers, engagement in group activities, and formation of friendships whilst attending a day nursery setting.

A specific observation within our experience is that children presenting with speech, language and communication challenges often encounter difficulties in advancing to the next age-appropriate playroom, despite being of the same age as some of their peers who have progressed. This challenge primarily arises from the higher staff-to-child ratio in the next room, which limits the support these children require and are able to receive. Additionally, these communication challenges impact upon the children’s ability to follow instructions tailored to the older age group, making it difficult for them to participate in this higher ratio room.

In relation to the children’s engagement in group activities and formation of friendships, our observations indicate that children experiencing communication challenges tend to withdraw from social interactions and often engage in solitary play more frequently than parallel/cooperative play. This tendency results in missing out on valuable social learning opportunities and experiences. Additionally, these children encounter difficulty in engaging in reciprocal play and communication, and where age appropriate reciprocal conversation which leads to frustration and creates barriers to forming relationships. Consequently, there is a risk of these children becoming isolated and thus are heavily reliant on significant adult intervention to facilitate cooperative play and social interaction.

Linked to the children’s difficulty engaging in reciprocal play is poor peer perception, as peers of similar age appear to struggle to understand or accommodate the communication needs of the children presenting with speech and language challenges. This lack of understanding can at times result in misinterpretations, teasing, or exclusion from peer groups.

In summary, speech, language, and communication challenges have a profound impact on a child’s development, influencing future life experiences. Early identification, intervention, and support are crucial to promote optimal development and overall well-being among these children.

Many thanks,

Sarah Ferguson

Nursery & After School Manager Belfast YMCA
The Education Authority’s Language and Communication Service, (LCS) supports children and young people from preschool up to post primary who have an identified Developmental Language Disorder, (DLD) or present with a DLD profile.

The LCS is a regional service and has a full time equivalent of 25.9 frontline staff consisting of teachers, intervention officers and classroom/language assistants.

The number of referrals to the LCS has been steadily increasing over the past few years, however, as referrals come via the Educational Psychology Service and schools have a time allocation, this may not completely capture the overall number of children and young people who are presenting with SLCN.

Anecdotal reports from the schools indicate a significant increase in the number of children entering primary one with SLCN.

<table>
<thead>
<tr>
<th>Year Group</th>
<th>Sept 23-December 23</th>
<th>Sept 22-Aug 23</th>
<th>Sept 21-Aug 22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preschool referrals to the *Early Year’s hub with SLCN noted as the primary need.</td>
<td>354</td>
<td>797</td>
<td>461</td>
</tr>
<tr>
<td>Referrals to the LCS Primary 1</td>
<td>30</td>
<td>126</td>
<td>131</td>
</tr>
<tr>
<td>Primary 2</td>
<td>11</td>
<td>31</td>
<td>24</td>
</tr>
<tr>
<td>Primary 3</td>
<td>7</td>
<td>25</td>
<td>15</td>
</tr>
</tbody>
</table>

As you can see from the referral statistics, the majority of referrals are for preschool and primary one children, which is demonstrating that the children are beginning to be identified early and supported as they enter primary education. However, the number of children is by far outstripping the capacity of the services.

To help address the growth in the number of children presenting with SLCN, the LCS has increased the offer of Universal support in the form of online courses. Some of these were developed in collaboration with our colleagues in the Regional Integrated Support for Education in Northern Ireland, (RISE, NI) team.

To help address the increasing number of preschool referrals, From September 2023, an Early Year’s Alignment took place within SEND Support Services, whereby all preschool cases are being triaged and jointly supported by a transdisciplinary team across, SEN EYIS, Language and Communication Service, (LCS), Autism Advisory Intervention Service, (AAIS) and the Primary Behaviour Support Team, (PBST). This is part of the wider SEND Transformation and will allow more joint working across specialisms and more timely access to support.

The EA also has 30 speech and language classes, (SLC) attached to mainstream schools, across the region along with one Special school, Thornfield house specifically for children with SLCN. SLCs and Thornfield are supported by the Health Trust via speech and language therapy input directly into the classes. The classes also embody collaboration and joint working between the SLC staff and the Health Trust speech and language therapists.

The number of referrals is also exceeding capacity within the SLCs. For example, in May 2023, there were 123 referrals for 53 available places in SLCs within the South and West of the region.

The vast majority of these referrals were for preschool children who would be starting their placement in a speech and language class from September 2023 as they enter primary one.

* The Early Year’s Hub is part of the SEN Early Years and Inclusion Service, (SENEYIS) and is where all preschool referrals, -1 and -2 are referred into. (Numbers in table are for referred children whose primary SEN has been noted as SLCN.)
Dear Ruth

The Help Kids Talk project prioritises early intervention and supporting speech, language and communication development for children and young people 0-18 years old. It is a partnership approach with Early Intervention Lisburn and SEHSCT as lead partners. Lisburn and Castlereagh Council have funded the project since 2019 and it is a lead action in their Community Planning.

There is a wealth of evidence showing that children who have speech, language and communication needs are placed at significant risk of failing to achieve their potential. Poor outcomes for children lead to a risk of higher unemployment, mental health issues and even risk of antisocial and criminal behaviour.

Help Kids Talk provides a co-ordinated, consistent community wide approach through a cross sectoral partnership comprising of community, voluntary, statutory, and private partners. The project is based on the successful 'Stoke Speaks Out' model of delivery and was officially launched in March 2020 in Lisburn following a development period since 2013.

Our vision is that everyone in our community will work together to help kids talk, whether that be a parent, caregiver, family member, childminder or organisation that provides services for children.

The Help Kids Talk Package is comprised of two approaches: universal and targeted.

Universal (available across N.I)

- **Key messages**: 12 key messages developed as guidance for parents, caregivers and practitioners to support children’s SLC development.

- **Basic Awareness Training (1hr)**: to raise awareness of the importance of SLC for everyone who has any responsibility for a child. We link our key messages with five-to-thrive building blocks to highlight the connection between infant mental health, brain development and communication development.

- **Level 1 Training (2hrs)**: explains speech, language and communication developmental milestones and provides activities and strategies to support children at different ages and stages. A Level 1 training manual is also available.

- **Bite size sessions**: Short sessions on specific topics to dispel myths, share key facts and provide top tips for supporting a child. Dummy Bite size available now and further bite size sessions in development.

Targeted (available across Lisburn and in some settings in Belfast, L/Derry, Newtownabbey)

Investment and training in Speech and Language UK evidence-based programmes, Early Talk Boost and Talk Boost for our nurseries and schools.

Cathy Milne, Principal at St Aloysius Nursery and Primary in Lisburn has been a committed partner of the project since the beginning and reports about the difference it has made;

"I cannot emphasize enough the difference this project has made to our school. We have had programmes in the past that were good however they didn’t last. I think the difference is the continued support and exemplary advice given by Help Kids Talk, the regular reminders to keep prioritising children’s speech, language and communication, the strong connections developed with our community and voluntary partners and the opportunity to involve our parents as well as staff.”

Help Kids Talk demonstrates the strengths and benefits of a partnership approach to tackling health inequalities and giving all children the best start in life.

Sustainability has been a driving force of the project since the beginning; all training and support is looked at through implementation within core provision.

Investment in training and resources to early years’ services across sectors will ensure children receive intervention as early as possible and will also reduce potential future education or healthcare costs.

We continue to consult with key stakeholders, a parent representative group and local children and young people to develop the project further. Currently in development are;

- Planning for further evidence and research
- Regional roll out of Help Kids Talk
- Keeping people engaged and growing our community

Warm regards

Sarah Ratcliffe
Help Kids Talk Co-ordinator
Dear Ruth,

Thank you for your enquiry regarding changes to the level and complexity of speech and language therapy needs for the Early Years population in Northern Ireland since 2018/19 and whether there are any challenges for families.

Following a recent survey, all respondent ASLTIP NI Early Years practitioners have reported an annual increase in the level of need for their services during the period 2018/19 to date as well as an increase in complexity of communication needs presenting in the Early Years population. The majority of therapists have observed a marked increase in numbers of children with poor attention and listening skills, limited or no understanding of simple instructions, limited or no speech, significant phonological difficulties and to lesser extent an increase in behaviour and sensory problems particularly since the Covid-19 period.

Our members report the following challenges faced by parents: parental stress, anxiety, and time pressure in managing children with SCLN at home (behaviour, attention and listening, communication and social interaction difficulties) particularly where there are other siblings and/or work commitments; parental frustration in trying to access SLT guidance and support for their child in a timely manner; difficulties for children settling into, socializing in or accessing the nursery/school curriculum as a consequence of their communication difficulties and concerns regarding the potential impact for the development of literacy for an increased number of children presenting with speech sound disorders.

Respondents have also reported financial pressure on parents to fund independent SLT when unable to access NHS SLT services because of long waiting lists or when therapy blocks consist of a limited number of sessions. This is especially difficult for those families with children with complex needs. Long NHS waiting lists in turn have increased pressure on the availability of independent SLT services and decreased flexibility for those wishing to self-fund. Challenges are reported as continuing and, in some cases, worsening where the criteria for referral to some teams in the NHS in some areas have changed.

I hope this of assistance

Kind regards

Joan Haddick

Chair/Local Group Coordinator ASLTIP NI Local Group

---

Dear Ruth,

As a membership organisation, NICMA has been made aware of an increase in the number of children with communication issues attending Registered Childminding settings. We have had members who are reluctant and feel ill equipped to take on children with communication needs.

In response, NICMA successfully applied for funding via Nationwide Building Society to deliver Level 1 Makaton to 50 Registered Childminders in 2022. We were also successful in securing funding from the Pathways Fund to deliver a further Level 1 Makaton to 12 registered childminders in 2023. Our waiting list for this training includes parents and carers as well as Registered Childminders. In a recent survey of our members, 38.61% indicated that Makaton Training would be beneficial to them.

The impact of this training has had a huge ripple effect. As the Registered Childminders use Makaton in their setting the other children in their care are also learning to use Makaton and taking those skills into their families and communities.

NICMA also work closely with Help Kids Talk and regularly share information from this organisation, as well as circulating training dates to our members. In addition, in 2023/24, we have organised three Help Kids Talk Basic Awareness speech and language training sessions specifically for Registered Childminders. 73 have attended these sessions to date.

We continue to offer support to our members through training, signposting, and 1:1 advice to help address the growing need for information in this area. With members having accessed the training and supports, they report feeling better equipped to offer their services to families with children who have communication needs.

Many thanks

Patricia Lewsley-Mooney

Patricia Lewsley-Mooney

Promoting Quality Home-based Childcare

Registered with the Charity Commission for Northern Ireland NIC 102156              Company Limited by Guarantee Registered Company No: NI 25861
From the Interim Social Care Commissioning Lead for Early Years  
Kevin Duggan

By email

Ruth Sedgewick  
Head of Northern Ireland Office  
Royal College of Speech & Language Therapists  
Scottish Provident Building  
7 Donegall Square West  
Belfast  
BT1 6JH

Strategic Planning and Performance Group  
12-22 Linenhall Street  
Belfast  
BT2 8BS

Tel: 028 9536 2781  
Email: Kevin.Duggan@hscni.net  
Date: 30 January 2024

Dear Ruth

Across the range of early years services, we are seeing a significant increase in the frequency and complexity of speech, language and communication needs of children in our community. Both Sure Start Projects and Childcare Partnership members are having to increase the levels of support they are providing to families and signposting or referring ever more families onto core services. It is this increased additionality though that is making a real difference to families with a recent survey of 4,450 Sure Start Parents finding that 82% of parents said that Sure Start “Helped improve their knowledge of their child’s language and communication skills and helped them to apply strategies to support their child’s language/communication skills”.

Within the Childcare Partnership we are delivering a range of SLC training for early years professionals including Hanen Teacher Talk, Hanen Sharing Sensitive News with Parents and ICAN Early Talk 0-5 to help support our sector to support children at families with SLC needs. Key to more effective working is greater partnership work between agencies, sharing resources and expertise and using data to help trend and predict where to most effectively target support to families.

Yours sincerely

Kevin Duggan  
SPPG Social Care Commissioning Lead for Early Years  
(Sure Start & Childcare Partnerships)

To whom it may concern

I would like to confirm that having attended the roundtable event on 30 November 2023, where RCSLT NI presented the issues in relation to access to SLT services and various SLT projects across Northern Ireland, RNIB NI supports RCSLT’s plans to produce a report on the issue and create an Early Years SLT Alliance to advocate for change. We are keen that children with vision impairment have full access to the services and support they need to meet their potential, including speech and language therapy.

Kind regards,

Rosaleen Dempsey,  
Deputy Lead, Children, Young People, Families & Education

Royal National Institute of Blind People  
A registered charity in England and Wales (226227), Scotland (SC039316) and the Isle of Man (1226). Also operating in Northern Ireland. A company incorporated by Royal Charter. Registered in England and Wales (RC000500). Registered office: The Grimaldi Building, 154a Pentonville Road, London N1 9JE.
The RCPCH share the concern of the RCSLT NI around rising numbers of young children with speech, language and communication needs, as well as the rise in the complexity of need. We hugely welcome the initiative the RCSLT NI have taken to find the facts behind the anecdotal evidence in Northern Ireland. Despite expecting stark data findings due to the waiting lists for Community Paediatric Medical Services\(^1\) and year on year increase in the prevalence of children with ASD against a background of a relatively static school population as identified by the *Prevalence of Autism in School Age Children in Northern Ireland Annual Report 2023*\(^2\), we were alarmed, yet not surprised by the statistics identified by the RCSLT NI survey with Community Paediatricians.

It feels insurmountable when one observes that of those Community Paediatricians surveyed 95% had seen an increase in complexity, 70% had seen an increase in CDC referrals and 96% had seen an increase in ASD referrals. Yet the RCSLT NI have identified solutions and recommendations which focus on early years which the RCPCH believe are essential. Ensuring children and families have equal access to early intervention and support capable of meeting emotional health and wellbeing needs is vital and community health services, including SLT, play a vital role in helping children from all backgrounds to reach their full potential. It is evident that worsening outcomes are felt even more starkly for those living in socially deprived areas and as such, we are failing these children.

For paediatricians, we know all too well how powerful prevention and early intervention can be in childhood. We also know that long waits for children and young people to access help can be life-changing, with treatments needing to be given by a specific age or developmental stage – this is particularly evident within SLT. If we miss the right window to treat a child or wait too long the consequences can be irreversible. Through improved regional pathways of care, based on multi-disciplinary and multi-agency approaches with the voluntary and community sector being integral to that, collectively we can improve outcomes.

The RCPCH believes that the Integrated Care System represents a golden opportunity to prioritise children and young people across health, education, social care and the voluntary and community sector. Models of care which support health development by providing holistic care across relevant Executive Departments, Councils and HSC services, including primary care, community services, speech and language therapy, school nursing, oral health, acute and specialised services must be prioritised if we are to turn the curve on the growing complexity of need demonstrated by the RCSLT NI.

Paediatricians working in concert with SLTs other AHPs and the broader child health and wellbeing workforce and the V&C sector to support the holistic needs of children not only gives way to children’s rights under UNCRC, allowing them to live their best lives in the here and now, but it enables the ‘giving every child the best start in life’ commitment in the draft Programme for Government, and in the long-run will contribute to the wellbeing and prosperity of Northern Ireland. Building a solid foundation of health for our next generation and investing in a healthy and happy childhood for all has never been more important, but the structures must be such to facilitate this and allow all of those working to support child heath and wellbeing to deliver better outcomes.

Paediatricians and colleagues in SLT are working hard to provide care for children but national action and investment for children’s community services is needed. This must be underpinned by a detailed, fully funded whole child health workforce plan, concrete preventative health policies and improving the collection, monitoring and utilisation of data to drive forward future strategic developments for early years in NI. The RCPCH stands with the RCSLT NI because we recognise the urgent need to produce a plan to stall and improve the worsening landscape through taking a ‘whole child’ approach to child health and wellbeing and treating children as a distinct population due to the unique vulnerabilities that come with simply being a child.

Anna McDaid  
Head of Policy & Public Affairs (Devolved Nations)  
RCPCH Ireland

---

\(^1\) NICCY (October 2022) One Year Post Publication Monitoring Report ‘More Than A Number’: A Rights Based Review of Child Health Waiting Lists Table 4: able 4: Regional waiting time figures for community child health services; Community Paediatric Medical Service - Regional total 8014, an increase of 13% between 2021 and 2022, available at: https://www.niccy.org/wp-content/uploads/2022/11/niccy-monitoring-report-more-than-a-number-one-yr-on-27-october-2022.pdf

Dear Ruth,

Stronger from the Start is an Alliance of almost 60 organisations from across the Third Sector in Northern Ireland working together to promote and improve infant mental health. As an Alliance we recognise that infants need trusting, secure and nurturing relationships with their parents or main caregiver. The infant can recognise these qualities through the way they are held, talked to, touched, and cared for. These early interactions during the first weeks, months and years of life prepare the way for strong, healthy social and emotional health and wellbeing across the lifespan. These early interactions lay a firm foundation for development of early speech, language and communication (SLC) skills.

As an Alliance we have heard in multiple reports from our partner organisations about the impact of the Covid lockdowns on SLC skills in our youngest children. This effect has been felt across the whole sector of early years delivery culminating in the language levels of children in Nursery being significantly lower than pre Covid. We understand that language acquisition has a wide-ranging impact on the child’s social and emotional development. Our services have seen an increase in dysregulation and anxiety which impacts not only the child’s wellbeing and behaviour in a group context but also impacts on important developmental milestones such as toileting and participation in activities. The lack of SLC skills is such an isolating experience for any young child.

We believe that anything that can be achieved to support the Parent-Infant relationship in these early days is vital and will ultimately help the baby to thrive and reach their potential. Therefore, further knowledge sharing is required around the importance of this relationship, including how baby’s brains develop and how the early building blocks such as smiling, talking, laughing, singing and cuddling an infant can boost the baby/young child’s ability to communicate effectively. It is important that this message becomes a universal message that is understood by parents to be, new parents and early years staff working directly with children.

There are many different approaches and tools that are currently being used amongst our partners in Stronger from the Start, including the Solihull Approach, Five to Thrive, Changing Time is Chatting Time/Anytime is Chatting Time, Surestart Message of the Month and Help Kids Talk Key Messages. As a collective we would support the Royal College of Speech and Language bringing together organisations and others to collectively address this crisis through an Early Years Communication Alliance. We are committed as a Stronger from the Start Alliance to support this whenever possible especially in educating and advocating for investment in the Early Years and Infant Mental Health.

Best wishes,
The Stronger from the Start Infant Mental Health Alliance (NI)

In Barnardo’s NI we fully understand the importance of Speech, Language and Communication (SLC) skills in improving outcomes for babies, children and young people throughout life. We have noted a negative impact on this area of development in many of our services since the Covid-19 Pandemic. The acquisition of SLC skills starts in the First 1001 days (pregnancy to age 2), during the pandemic parents could not access ‘in person’ antenatal groups or parent and baby groups so many parents were not getting those early messages about the importance of reading, singing and talking to your ‘bump’ or baby and the opportunity for babies and toddlers to socialise with their peers was extremely limited. We believe this has all had an effect on SLC and witnessed the direct impact of this when our face-to-face groups resumed. Our teams would report babies born during the pandemic, now young children, can appear more socially anxious, have more difficulty separating from their parents, find transitions difficult and can become overstimulated in busy environments leading to dysregulation.

We know from talking to our early years services and partners in key stage 1 this has had a knock on effect. This is evidenced by the increase in the number of children now presenting with SLC delay and with many more not knowing how to use speech effectively to communicate with others e.g. to convey needs and wants, to negotiate with peers or to share feelings. There is also a noted negative impact on the social skills which contribute to the development of SLC skills e.g. turn taking, waiting, listening to others etc.

In Barnardo’s NI we are using the core elements from the ‘Five to Thrive Approach’ and the key messages from the ‘Help Kids Talk’ initiative to support good Parent-Infant relationships and strong attachments which are essential to developing early SLC skills. Help Kids Talk is an initiative which has been developed by Early Intervention Lisburn, South Eastern Health and Social Care Trust and Barnados NI. This is currently funded through Lisburn and Castlereagh City Council.

Barnardo’s NI fully support the Royal College of Speech and Language Therapists in bringing together organisations/departments to look at this issue through the formation of an Early Years Communication Alliance. We are fully committed to working collaboratively with others to build on good practice which already exists and to develop innovative solutions to this issue.

Best wishes

Roberta
Roberta Marshall
Barnardo’s NI
Dear Parenting NI (PNI),

Parenting NI (PNI), established in 1979 is the leading Charity in NI, which focuses on parents. The mission of the organisation is to provide a range of accessible services and support to meet the needs of those in a parenting role. We work with parents to improve outcomes for children and young people and to influence policy and practice on parenting. PNI are concerned about the increasing number of children presenting with communication issues and the impact that lack of support on this issue is having on children, parents and family life.

It is widely acknowledged that there is a strong association between a child’s early language development and their educational and life chances. Parental involvement and support greatly affect a child’s academic success, social skills, and emotional well-being therefore it is easy to understand why communication issues can become a cause of concern for parents. In the 2021 PNI Big Parenting Survey, parents reported that their children’s education was the top area that they felt had caused concern or affected their emotional health and wellbeing over the past six months (50%). This was closely followed by concerns relating to their child’s mental health (47%).

PNI provides a range of support including Top Tips on speech and language to ensure parents feel supported as they await further intervention for their child. PNI are advocates for parenting programmes to be freely and widely available - which can help parents understand and navigate the different developmental milestones of their child and empowers them with tools to advocate for their child. The importance of parenting programmes was highlighted in Mental Health Champion Siobhan O’Neills paper ‘Factors Affecting Mental Health and Wellbeing in Children and Young People in Northern Ireland’ where she noted that there is strong evidence that parenting support and programmes, such as those offered by Parenting NI, are beneficial in addressing problems at home.

Yours sincerely,

Charlene Brooks
Chief Executive Officer, Parenting NI
Sense statement on Early intervention and Communication, speech and Language development in children with deaf blindness and those with additional and complex needs (in the context of a request from RCSLT NI to provide a statement for inclusion in their report 2024)

Sense NI fully support the stand being put forward in this report by the RCSLT NI that many and growing numbers of children born in NI today require early intervention to ensure they maximise their potential and reach their communication milestones.

We as an organisation have been delivering services for a wide range of children and families across NI including early years Nursery, After Schools, Family support and more recently Transitions support. With our new Hub in Belfast, more services will be available this year.

The impact of early intervention in terms of a child’s needs around communication, independence and wellbeing as well as the parents in terms of confidence and competence are increasingly evidenced directly through many of the wider programmes in preschools, Sure Start and projects run by voluntary sector partnerships such as Sense. These aim to address gaps in service around child milestones and parent confidence by increasing access to play based learning and sensory strategies in the drive for better outcomes.

Many of the children we support and their families have come through birth and early years stresses and demands unseen by much of society. As a voluntary organisation we recognise the growing scale of this population (Lueck and Dutton, 2015) and the impact on families, health Care and Education professionals. The number of Deaf Blind children and young people in the 0-19 age years range stands at 23,379 in UK and in NI there are 10,969 children and young people with complex needs 0-17 and 52,000 people in total with complex needs in NI. (https://www.sense.org.uk/about-us/statistics/complex-disabilities-in-northern-ireland/)

Professionals are having to adapt and grow an increasingly adjusted set of skills and knowledge around child sensory regulation, communication and independence.

Brain originated impairments, learning and cognitive outcomes and social and emotional regulation are among a cluster of developmental challenges which require professionals to rewire their own thinking on what communication is and how such children access their world – communication isn’t always just about speech (www.sense.org.uk/ communication/intensive interactions as communication).

Our 500+ families we work with in NI are all saying they need more support, resources as well as inclusion in the debate about what is needed. This report goes a long way to making that need heard.

Mum from our NW Childrens Service

I had been living in my house just totally isolating myself. I had resigned from any social contact. When my husband said it was for us [Sense Child and Family Services], I still didn’t believe him, but he was right, it has transformed how we see the future. We met other parents struggling as we struggled. I spent 3 hours just talking to another parent from the group one night after my child’s bedtime. It was so important to have contact with other parents.

Sense NI has, like many voluntary sector organisations been striving to invest in the needs of these families. We are investing more this year than ever because we recognise the value in early intervention. We are developing a new Hub in South Belfast to reach more families and create a pathway of services from early years, right through to adult services. We have learned from experience of many years, that families require support throughout their lives so we established a service model based on a life need not just a ‘for now’ need.
Given the potential of a nursery at the new Hub and the development of linking up our family support offer, our Multi-Sensory Impairment services should support improvements in provision for child development and parent up-skilling/confidence building for years to come.

It will add value for parents and referring professionals including Speech and Language Therapists where milestones e.g. reach, feeding, attention and grasp connect to goals around communication and developmental regulation. The parent and often siblings are a key part of enabling this to happen.

There will be outreach and professional development opportunities as the Education Authority is developing their own resource (MSI Qualified Teacher) and Allied Health Professions work to multi-disciplinary models across sectors to support joined working.

RCSLT NI are a key cog in the whole drive towards improving services for this increasing population and Sense are on that journey and are eager to connect to all partners.

Martin Walls
Head of Operations
Sense NI
23rd January 2024
REFERENCES


ACKNOWLEDGEMENTS

With thanks to all partner organisations for their valued contributions to this report. We are also grateful for the input of Chris Quinn, the Northern Ireland Commissioner for Children and Young People, Rachel Hogan from Children’s Law Centre, and all of those who have written letters of support.