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Children and Young People’s

Emotional Health and Wellbeing Framework

Consultation Response Document

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| **Personal details** | | |
| Name | Sue McBride | |
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| Are you responding on behalf of an organisation? | | Yes  *(delete as applicable)* |
| Organisation  *(if applicable)* | Royal College of Speech and Language Therapists Northern Ireland | |

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| **Guiding Values** | | | |
| 1. **Do you agree with these Guiding Values?** | | | |
| *Please select Yes or No to each Guiding Value below* | | **YES** | **NO** |
| a. | Involving children, young people and their families | x |  |
| b. | Child-centred | x |  |
| c. | Identifying and addressing needs early, including preventative support | x |  |
| d. | Understanding the wellbeing of a child in their current context | x |  |
| e. | Collaborative working | x |  |
| f. | Evidence-based | x |  |
| 1. **Are there Guiding Values you would add?** | | | |
| *Please add any further Guiding Values*  A robust and effective Emotional Health and Wellbeing Framework must be rooted in meaningful involvement of children, young people, and their families. For individuals with Speech, Language and Communication Needs (SLCN), this can only be achieved through actively adapting participation methods, ensuring that “co-production and co-design” are genuinely accessible, and that all voices are heard equitably.  A truly child-centred approach requires professional awareness of each child’s communication profile. Without this, language difficulties risk being overlooked or misinterpreted as emotional or behavioural difficulties, leading to misdiagnosis or unhelpful responses. Early identification and intervention in SLCN lay the foundation for lifelong learning and well-being, preventing maladaptive outcomes in social skills, self-esteem, and academic achievement. Research shows that:  **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).**  This does not include children who are not typically developing in the domain of SLCN, but with the correct support will develop in line with their peers.  However, the impact of any SLCN, short or long-term can have detrimental impacts on our children and young people in a range of areas including:  **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).  **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).  **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).  **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).  **Prospects**  • 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).  **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).  **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).  **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).  The evidence consistently shows that both in terms of moral imperative and high-yield investment in society that proactive early intervention reduces the long-term societal costs, especially relating to antisocial behaviour and justice system involvement.  Children’s social, emotional health and well-being must be seen in the context of their ability to communicate within their families, peer groups, and education settings. Frustration or behavioural challenges often mask underlying communication barriers, so it is critical that the framework directly addresses these to support all environments.  The needs of children with SLCN are frequently complex and require collaborative, multidisciplinary working across health, education, and other agencies. A lack of joined-up working leads to reduced risk, SLT capacity and inconsistencies in the support available.  It is essential that all principles and activities within the framework are held to the highest standards of evidence-based practice, recognising the proven effectiveness and efficiency of early SLCN interventions across outcomes. Finally, the framework should explicitly adopt Communication Access Training and symbol, a fundamental guiding value, committing to making services, information, and participation accessible to every child and young person, including those with communication needs and their families.  Further information can be found here: [Home - Communication Access UK](https://communication-access.co.uk/). This step is in line with statutory equality duties under Section 75 of the Northern Ireland Act 1998.  We would strongly advocate for the framework to adopt RCSLT Communication Standards:  The five good communication standards:  Standard 1: There is a detailed description of how best to communicate with individuals.  Standard 2: Services demonstrate how they support individuals with communication needs to be involved with decisions about their care and their services.  Standard 3: Staff value and use competently the best approaches to communication with each individual they support.  Standard 4: Services create opportunities, relationships and environments that make individuals want to communicate.  Standard 5: Individuals are supported to understand and express their needs in relation to their health and wellbeing. | | | |

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| **Who this Framework is for** | | |
| 1. **Do you agree this Framework should be inclusive of all children and young people?** | | |
| *Please select Yes or No* | **YES** | **NO** |
| **x** |  |
| 1. **If you have answered no, which group or groups of children should be included or excluded?** | | |
| *Please add an additional group or groups of children*  A framework for emotional health and wellbeing must be fully inclusive of all children and young people, including those with neurodevelopmental differences and disabilities. Excluding any group, particularly those who are vulnerable, would run contrary to the framework's stated values and legal duties. It is our recommendation that consideration be given to children and young people with:   * Children and young people with mental health illnesses. * Prenatal Parents and Neonatal babies * Children and young people known to youth justice services * Children and families from different cultural backgrounds, it is important to recognise other culture’s values and be aware of this this may impact on any service delivery. | | |

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| **Presenting Need** | | |
| 1. **Do you agree that the primary focus of the Framework should be on addressing and supporting the child or young person’s presenting needs?** | | |
| *Please select Yes or No* | **YES** | **NO** |
| **x** |  |
| *Please add any further comments*  We agree that addressing a child's presenting needs, such as anxiety or behavioural issues, is important. However, the framework should also ensure that an in-depth assessment is carried out to identify the underlying causes of these needs. As noted in the evidence, psychosocial and emotional disorders are often linked to unaddressed language and communication problems. A failure to diagnose and treat these foundational needs would only provide a superficial solution, leading to recurring issues and a reliance on short-term fixes. Therefore, there needs to be robust onward referral mechanisms in place to further support these children, young people and their families.  The Framework must acknowledge the intergenerational nature of SLCN. Parents or caregivers may also have communication needs, impacting their ability to:  1) access service information; and  2) engage effectively with complex support sessions.  The Framework must design communication-accessible engagement for the whole family unit. | | |

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| **The Need for Change** | | |
| 1. **Do you agree that substantial change is required in this area?** | | |
| *Please select Yes or No* | **YES** | **NO** |
| x |  |
| *Please add any further comments*  We agree that substantial change is required. The current system is fragmented and lacks the consistency needed to provide equitable access to services. The SLT workforce in Northern Ireland is already under immense pressure and struggling to meet demand, which is reflected in increasing waiting times. The proposed framework provides a critical opportunity to address this workforce crisis and implement a new, unified model that is consistent across the region. However, we do note that each Trust location may need to implement the framework based on its population and presenting needs.  There needs to be a consistent approach in the information delivered, advice and support offered. There is a current lack of understanding of what the service delivery model will look like. As this is an expansion into a new service, we would recommend specific ring-fenced funding to upskill the clinical expertise of SLTs in EHWB training.  There needs to be sufficient funding for resources for children and young people so they can express their needs to others. We would strongly recommend mandatory training for all in the EHWB service in SLCN.  Consideration needs to be given to care pathways/care plans which underpin all professions, including SLTs. | | |

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| **Contextual Approach** | | | |
| 1. **Do you agree with these Contextual Approaches?** | | | |
| *Please select Yes or No to each Contextual Approach below* | | **YES** | **NO** |
| a. | A trauma-informed approach | x |  |
| b. | A neurodiversity-affirmative approach | x |  |
| c. | A neurodevelopmental approach | x |  |
| 1. **Are there Contextual Approaches you would add?** | | | |
| *Please add any further Contextual Approaches*  A trauma informed, neurodiversity-affirmative and neurodevelopmental approach are intrinsically linked and mutually reinforcing in best practice for supporting children with SLCN. We fully endorse the integration of a neurodiversity-affirmative philosophy, recognising that some individuals with SLCN are also neurodivergent, and benefit most from personalised, strengths-based interventions that value diverse communication styles and preferences. SLTs are essential within this approach, providing targeted support that celebrates neurodiversity and upholds and supports individual identity.  Furthermore, a neurodevelopmental perspective underscores the critical importance of early identification and support. There is robust evidence that timely, individualised intervention, particularly in the period from birth to age three, can significantly shape developmental trajectories, reducing the need for intensive support in later childhood. By embedding both neurodiversity-affirmative and neurodevelopmental principles, the framework will be ideally positioned to deliver inclusive, effective, and compassionate support to all children with communication needs.  It would be beneficial to define these three approaches, so that regionally everyone is working off the same terminology and understanding.  As previously stated, we are also mindful of the framework being adaptable and supportive to children, young people and their families from different cultures and may have vastly different experiences and understanding/acceptance of the approaches. It is important that we include all children and young people to be able to avail of this vital service. | | | |

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| **Regionally Consistent Model** | | |
| 1. **Is a regionally consistent model the best way forward?** | | |
| *Please select Yes or No* | **YES** | **NO** |
| x |  |
| 1. **If not, what would an alternative option be?** | | |
| *Please add any alternative options*  Flexibility in each Trust area under the framework, as each will have differing levels of presenting needs in these approaches. | | |

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| **Systems Change** | | |
| 1. **Do you agree that an evidence-based model of change should be used to support the transformation of services?** | | |
| *Please select Yes or No* | **YES** | **NO** |
| x |  |
| *Please add any further comments*  The evidence base and links to EHWB should be recognised in the transformation. We recommend that the framework should integrate SLT expertise directly into EHWB service design. SLT must be recognised as a core preventative mental health service.  All current service delivery models should be explored i.e., Thrive and the Balance System to see how they can integrate and complement each other.  Additional funding must be available to implement any change. | | |

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| **Implementation Principles** | | | |
| 1. **Do you agree with these Implementation Principles?** | | | |
| *Please select Yes or No to each Implementation Principle below* | | **YES** | **NO** |
| a. | Regionally defined, consistent and equally accessible services for children, young people and families | x |  |
| b. | Children, young people and families/carers are fully involved in care | x |  |
| c. | Provision of high-quality care with measurable outcomes | x |  |
| d. | Evidence-based intervention | x |  |
| 1. **Are there other Implementation Principles that you believe should be considered?** | | | |
| *Please add any further Implementation Principles*  The implantation process needs to be defined and detailed and communicated across all services applicable to EHWB.  We would propose a Strategic Senior SLT Post in each Trust area  to ensure evidence-based, consistent integration. This post would provide strategic leadership for embedding communication-informed practice across all EHWB tiers. This post will help shape the above principles.  We would also suggest mandatory SLCN training: All EHWB services must include mandatory staff training on SLCN identification.  Workforce Upskilling and Funding:  Ring-fenced funding must be available to upskill the existing EHWB workforce in basic SLCN identification and support, including clinically upskilling SLTs in EHWB to best guide this new service. This is crucial as any intervention involves language, which, if the child has SLCN, will make it harder to access without adapted support.  Guidance on Onward Referral:  Onward referral advice and criteria to additional services that should be initiated by any professional when a child's emotional or behavioural difficulties persist, or when their response to EHWB intervention is limited, despite no other clear cause.  Consideration of VCS:  Each Trust area will have different levels of support, and cognisance should be given to these so services are not duplicated. These services will vary based on the needs of the community. | | | |

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| **Core Components** | | |
| 1. **Do you believe these core components will standardise the response to meet the emotional health and wellbeing needs of children, young people and their families?** | | |
| *Please select Yes or No* | **YES** | **NO** |
| x |  |
| 1. **Are there any other Core Components that should be considered?** | | |
| *Please add other Core Components*  Recognising SLCN as a major underlying risk factor in emotional health and wellbeing. Early identification and intervention for SLCN must be an explicit core component, responding to the sizable evidence that communication is foundational to children’s emotional, social, and educational outcomes. By embedding communication-first principles, prioritising early identification, and ensuring access to adequately resourced and skilled SLTs, the Framework will promote school readiness and help prevent long-term mental health difficulties.  We urge the Department of Health to mandate these actions, integrating communication access throughout all pathways. By investing strategically in Speech and Language Therapy leadership and workforce, and committing to system-wide preventative support, so that no child’s potential is capped by unidentified language barriers or gaps in service. | | |

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| **Final Comments** |
| *Please add any final comments you may have*  We welcome the opportunity to contribute to the development of this Emotional Health and Wellbeing Framework and strongly support its ambition to create consistent, inclusive, and preventative services for children and young people across Northern Ireland.  However, without explicit recognition of SLCN Needs as a core determinant of wellbeing, the framework risks overlooking a critical foundation for learning, relationships, and mental health.  The evidence is clear: early identification and intervention for SLCN is not only a moral imperative but also a high-yield investment for society, reducing costs linked to education failure, justice involvement, and long-term health inequalities.  To achieve its aims, the framework should:   * Adopt **RCSLT 5 Good Communication Standards and Communication Access** as a guiding value. * Embed **early identification and intervention for SLCN** as a core component. * Ensure **strategic SLT leadership in every Trust**. * Provide **mandatory SLCN training** for all EHWB staff. * Secure **ring-fenced funding** for workforce development and service delivery.   By integrating these principles, the framework will give every child and young person the best chance to be heard, to thrive emotionally and socially, and to achieve their full potential. |

Thank you for taking the time to respond to the public consultation.

Please submit your completed response by **5.00 pm on 26 September 2025** using the contact details below:

**E-mail:** [**Regional.EHWB@hscni.net**](mailto:Regional.EHWB@hscni.net)

**Hard copy by post to:**

EHWB Framework Consultation

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