Two Years On: final report of the Communication Champion for children

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I am grateful to Afasic (www.afasic.org.uk) for the use of the photograph of a small boy in the sand, for which they hold the copyright, on the cover of this report.

Overview

1. John Bercow's 2008 review, which recommended the post of Communication Champion, found that services for children and young people with speech, language and communication needs (SLCN) were highly variable across England, and that parental concerns about provision for their children were widespread.

2. At the end of my two year post as Communication Champion, my perception is that there is an increased awareness of the centrality of good communication skills to children's learning, wellbeing and life chances. There has been a huge amount of excellent work across the country to promote this understanding, undertaken by people on the ground. The 2011 national year of communication – the *Hello* campaign – has added impetus to these efforts and provided practical support to those front-line workers and to parents.

3. There have been some measurable improvements: an increase between 2010 and 2011 in the percentage of children achieving at age-appropriate levels in the Language for Thinking scale of the Early Years Foundation Stage Profile at age five, a reduction from 4% to 3% in the percentage of five year olds showing very significant difficulties on this scale, over the same period, and a slight narrowing of the gap between the percentage of children with SLCN achieving expected levels in English and mathematics at age 11 and their peers.

4. You Gov surveys of a representative sample of parents in December 2009 and December 2011 showed no change in the percentage of parents reporting that their child had experienced difficulty in learning to talk and understand speech (17%). The 2009 survey showed that 23% of parents who were concerned about their child's speech and language development reported that they did not receive any help. In December 2011 this had fallen to 18%. Whilst more parents received help they appear, however, to be having to push harder to get it. 28% reported that it had been difficult to find help for their child, compared to 18% in 2009.

5. There have been some helpful policy developments at government level in the last year , such as the requirement to promote 'articulacy' in new professional standards for teachers, and the inclusion of a new judgement on 'how well teaching enables pupils to develop skills in communication' in the revised Ofsted inspection framework for schools. The most notable policy development has been the joint work of the departments of education and health to establish communication and language as a prime area of children's learning, which as a nation we have to get right for as many children as possible, before they reach the age of five. I very much welcome the government's proposals to provide more information to parents on how to support their child's development, and to ensure that all children will have a joint health and education review at the age of two. When implemented, this will ensure that speech, language and communication needs are identified early.

6. I also welcome the government's proposals in the SEN and Disability Green Paper for a single plan that brings together the health, education and social care provision that children and young people with the more severe special educational needs and disabilities require if they are to thrive.

7. I am less confident, however, about joint planning for children with less severe difficulties , and about the actual provision that will be available to children with SLCN when their needs are assessed for a single plan, or if their needs are identified early as a result of the integrated progress check at age two.

8. This is because of the increasing evidence of significant cuts to front-line speech and language therapy (SLT) services and to the specialist advisory teaching services on which parents and children depend, as a result of the requirement on the NHS to make savings, and the reductions to

local authority budgets. These cuts coincide with rising incidence of SLCN, with a 58% growth over the last five years in numbers of school-age children with SLCN as their primary special need.

Sources of evidence

9. The reflections in this report are based on findings from an extensive programme of meetings with local commissioners and service providers across England, undertaken between January 2010 and December 2011. During this period I have met with 105 out of the 152 local authority/Primary Care Trust pairings in England. I am grateful to them for their time and their openness, and particularly to those who have provided case studies of their practice. I am also grateful to the many colleagues in government and in the voluntary sector who have so willingly facilitated and supported my work.

Positive developments and practice

10. In my visits to local areas, I have heard of and seen many positive developments. Children and young people's communication skills are increasingly recognised as a priority in local strategic planning. It has been encouraging to see the number of local areas that have developed or are in the process of developing a community-wide strategy to promote improved communication skills for all children. Strategies like these can make a significant difference. Sheffield's 'Every Sheffield Child Articulate and Literate by 11' initiative, for example, has witnessed an improvement of seven percentage points in the proportion of five year old children achieving a good level of development in Communication, Language and Literacy and Personal, Social and Emotional Development between 2010 and 2011, and a significant closing of the gap between the lowest achieving children and their peers. The percentage of children in Sheffield achieving above the expected level in Reading and in Writing at age seven also increased markedly, underpinned by schools' focus on speaking and listening. The 'Stoke Speaks Out' early years campaign has reduced the percentage of three to four year olds with language delay from 64% in 2004 to 39% in 2010.

11. The success of strategies like those in Stoke on Trent relies heavily on changes to parenting behaviour as a result of providing parents with information about how they can support their child's language development. I have found both a high need and a high demand for such information. The Bercow Review in 2008 was one of the most heavily responded to consultations undertaken by the former Department for Children, Schools and Families, with the majority of responses coming from parents. It found that 77% of parents who responded said that they did not get the information and support that they needed when they needed it. A survey of 3,000 parents, which I commissioned together with The Communication Trust in 2011, found that 82% believed that more information on how children develop speech, language and communication would be helpful.

12. This survey also exposed widespread lack of knowledge about children's speech and language development. For example, only a quarter of parents knew that on average babies say their first words between 12 and 18 months. A similar survey by the National Literacy Trust this year found a fifth of parents-to-be believe it is only beneficial to communicate with their baby from the age of three months and one in twenty believe that communicating with their baby is only necessary when they are six months or older.

13. Many practitioners have told me that parents want the facts. Speech and language therapists in one local area, for example, told me how when they provided information about the impact of indiscriminate television-watching under the age of two , and the prolonged use of dummies, the reaction from parents was 'No one told us this before.' Once given the facts, parents were all too happy to make changes to their interactions with their child.

14. Similarly, parents want information about what to expect from their child at different stages. There are early signs that the national year of communication may have begun to have an impact here; the You Gov December 2011 poll showed that amongst parents of children who struggled to learn to talk or understand speech, 36% 'knew the communication milestones and knew my child wasn't reaching them', compared to 31% in 2009. Nevertheless, much remains to be done to help parents become as aware of when children should be talking as when they should be walking.

15. Universal promotion and prevention strategies which help parents and practitioners understand more about children's language development, and how to support it, make an important contribution to Public Health, since so many adult health outcomes are closely linked to early childhood development. Community-wide strategies, like those in Stoke, Sheffield and Nottinghamshire, which build the capacity of parents and the children's workforce, also mean that speech and language therapists and specialist teachers can focus more time on the children who need them most – those with specific language impairment or speech, language and communication needs associated with other types of special educational needs or disability. Finally, community-wide strategies also ensure that children with enduring speech, language and communication needs are supported in more communication-friendly environments at home, early years setting or school.

16. Joint commissioning of services for children with speech, language and communication needs has been the common thread in areas I have visited where practice is particularly effective. There has been a rise, between March 2010 and November 2011, in the number of SLT services reporting that their work is commissioned jointly by the NHS and local authorities. This joint commissioning is vitally important, because the care pathway for children with SLCN includes school and nursery-based provision; effective clinical outcomes rely on what practitioners and teachers do, as well as what SLTs do. It is also vital because while the specialist resource for SLCN (SLTs) sits largely within the NHS, the ultimate legal responsibility to provide therapy sits with the local authority. Where joint commissioning is not in place, as is still the case in seven out of ten local areas, the responsibility to meet children's SLCN can be passed from one agency to another, with parents and children stuck in the middle of local disputes. Integrated, jointly funded NHS and local authority SLCN services such as those in Camden, Devon, Havering, Oxfordshire, Stockport and Trafford are able to prevent this all too common scenario.

17. I have seen many examples of outstanding practice in joint health and local authority work in the early years, prompted initially by Sure Start funding and further encouraged by the Every Child a Talker programme and the growth of Children's Centres. The robust impact data that has been generated - for example showing an average 40% reduction in the proportion of children with delayed listening and attention skills in settings involved in the Every Child a Talker programme - has prompted some local commissioners to identify resources to maintain these initiatives after central government funding ended in March 2011.

18. Where it operates well, the national Healthy Child Programme is playing a vital part in ensuring that children with speech, language and communication needs are identified early. In some areas it also routes them quickly to an appropriate form of support, depending on the severity of their need, from 'home talk' home visiting programmes, to groups run in Children's Centres, to direct intervention from speech and language therapists.

19. I hope that these integrated arrangements will continue and grow. To achieve this, government will need to ensure that the Healthy Child Programme is understood locally as not just the recruitment of more health visitors, but also continued investment in the services required to meet needs identified as a result of systematic implementation of checks on children's development and progress. This understanding is not always present. In Cornwall, for example, improved implementation of the Healthy Child Programme two year development check in areas where is it did not previously operate universally has led to a near-doubling of referrals of children with very

significant SLCN, at the same time as the SLT service is losing front line staff as a result of cost reduction programmes, and is less able to respond to these referrals.

20. I have seen a number of excellent examples of multiagency Healthy Child Programme work targeted at children under two. In Bolton, for example, the pilot of 15 hours free early education for disadvantaged two year olds included a requirement that parents engage with family support services; SLTs were involved in helping outreach workers provide evidence-based parent-child interaction programmes in the home. In Blackpool, a 'Closing the gap' initiative providing a similar service to families with a range of risk factors (such as domestic violence, mental health needs, substance/alcohol abuse) demonstrated significant catch up in expressive and receptive vocabulary, increased ability to sit and pay attention for sustained periods and generally increased parental engagement with their children's learning.

21. Effective local services strive for early identification and some, such as those in Nottinghamshire, are able to document a decrease in age of referral to SLT services a result of systematic local Healthy Child Programme processes for two year olds. Equally significant has been local authority and NHS-funded introduction of assessment for all four year olds using systems such as Language Link, WellComm and Teaching Talking .

22. Another positive has been the growth of local training strategies to build capacity in the school and early years workforce, so that they can provide communication-supportive classroom environments, and deliver interventions (supported by specialists) for children whose needs can be met at targeted level. I have been impressed with the evidence of impact of training and programmes like Learning Language and Loving It, ELKLAN, Language for Learning, Language for Thinking and the children's communication charity ICAN's Early, Primary and Secondary Talk – and there are of course other programmes.

23. Some of these training programmes lead to accreditation of settings and schools as centres of good practice. When systems are in place for them to support other settings and schools, this builds capacity at relatively low cost. It is also, in the early years, enabling the local authority to link funded education places with evidence of quality in supporting children's language development.

24. Another encouraging aspect of new models of provision I have encountered relates to secondary aged pupils. Historically, pupils in this age range (particularly in mainstream schools) have received little if any SLCN provision. Recent developments, however, include ICAN's Secondary Talk programme, and innovative work by local SLT Services and universities in Camden, Islington, North Somerset, Barking and Dagenham and Redbridge. In these areas SLTs provide a menu of opportunities that include working with whole subject departments to improve curriculum differentiation, modelling small-group interventions, providing in-house bespoke training to staff, and supporting screening and assessment processes.

25. Another growth area is provision for children and young people with behaviour difficulties who may have underlying SLCN. An intervention service in East Sussex targets children under seven who are at imminent risk of exclusion from school. A part-time SLT forms part of the team; her assessments showed that more than one in five of the children referred had a Specific Language Impairment and two thirds had social communication difficulties. Work with young offenders is also to be commended; where local areas commission SLCN services for this group they are often able to document very significant improvements in young people's assessed communication skills.

26. At school level, an increasing number of schools are adopting a whole-school approach to SLCN, which includes three 'waves' of provision – at Wave 1, classroom and subject teaching that promotes all children's communication skills , at Wave 2 additional, evidence-based targeted small

group interventions from trained teaching assistants for children with language delay, and at Wave 3 effective partnership with specialists. The Wave 3 partnership will involve having a very highly trained teaching assistant able to work under the direction of an SLT to implement intervention programmes. The most effective schools are commissioning a period of enhanced support from SLCN specialists to train staff and help the school set up this three-wave model.

27. From all the good practice I have seen, it may be useful to draw out a small number of key success factors.

- Integrated health and education promotion and prevention with under 5s in disadvantaged areas
- Integrated, jointly commissioned care pathways for children with SLCN
- Approaches which build capacity in the children's workforce - sustained professional development that changes adults' interactions with children and helps them provide communication-supportive environments
- Approaches for children, young people and adults which build on their strengths rather than focusing on their weaknesses.

Issues remain

28. Relatively few mainstream schools implement the comprehensive three-wave model described above. Much remains to be done to support school leaders and aspiring school leaders in understanding and implementing this approach.

29. Much more also needs to be done to support teachers in meeting the new requirements to promote children's communication skills in their lessons, and help them adapt their day-to-day teaching to meet the needs of pupils with SLCN.

30. Parents and schools lack information currently on what works for children with SLCN. Because of this, there are often assumptions that children's difficulties can be 'fixed' by face to face therapy in isolation, rather than the team around the child /partnership approach which research has shown to be effective.

31. Some of the local areas I have visited provide outstanding examples of a full continuum of services for speech, language and communication needs, for all age groups, which includes speech and language therapy services, advisory teachers, resource bases in mainstream schools outreaching to children not on their roll, and special schools. These local areas, such as Barking and Dagenham, Bexley, Bolton, Camden, Derbyshire, Ealing, Hammersmith and Fulham, Hackney, Harrow, Kensington and Chelsea, Kent, North Lincolnshire, Oxfordshire and Somerset, should be proud of this continuum of provision they make, and seek to retain it in the challenging times ahead.

32. These areas are, however, in the minority. It is more common to find services with significant gaps, or services which a year ago were on my 'roll of honour' list, but whom sadly I can no longer name because of the cuts they have been required to make to their provision.

33. The gaps in services are most often in provision for school-age children. Also common are therapy services driven by low levels of resourcing and inappropriate performance monitoring measures to use ineffective models of speech and language therapy intervention – 'seeing' children for an hour a week, for example, in isolation from those in daily contact with the child in their early

years setting or school, or assessing large numbers of children and sending their schools programmes to implement in the form of reams of written notes.

34. I have encountered several examples of commissioning of SLCN services that are failing to meet children's needs. One example is a London borough where the service commissioned by the Primary Care Trust allows for speech and language therapists only to assess school-aged children, but not to provide any further intervention. Many other local areas provide SLT intervention to school-aged children only if they have Statements of SEN. Other examples of failure are areas with no available budget to provide children and young people who have no speech with the electronic communication aids which would enable them to talk to others. In the words of one teacher, whose local area did not have a budget for communication aids, ''Through social care we can get an adapted bed for a child, but not funding to purchase a communication aid that would allow that child to say if they are tired. We can get a special cup, but not the means for the child to say they are thirsty. We can get a new wheelchair, but not the means for the child to tell us whether it is comfortable'. It troubles me deeply to hear examples like this, and to hear recently from one SLT who told me she had three children on the service's caseload who needed a communication aid, but only a budget for one – so that she had to choose which of the three would be granted the right to communicate with family, friends and teachers, and which two would not.

35. Some of the management practices I have heard about in the NHS continue to shock me. Routinely, speech and language therapy managers are put under pressure to manage waiting times by counting brief advice given to a parent at the time of the first contact as 'treatment'. Routinely, they are asked to reduce 'DNA' (did not arrive) rates by discharging children if an appointment is missed. Little is done to monitor equity in take-up of services, to find out - for example - whether access to services for socially disadvantaged children or children from minority ethnic groups is on par with access in other groups. Recent evidence from work with young offenders and young people in special schools for those with behaviour difficulties is showing that while two thirds of these young people have SLCN, large numbers had not received help when they were younger because they fell into this 'DNA' group of children discharged because their families did not keep appointments.

36. The different performance management systems of the local authority and the health service frequently present obstacles to joint working by professionals on the ground. Too often, speech and language therapy managers feel torn between their wish, for example, to allocate therapists' time to training to build capacity in the wider children's workforce, and a health system that only allows face-to-face contacts with children to count in measures of service activity levels and efficiency.

37. A low priority is given to children's community health services in some Primary Care Trusts. Given that the top-level accountabilities for performance in the NHS have had little to say about children, or about chronic rather than acute needs, this is hardly surprising. Children's needs will always struggle to compete with those of people with acute illness, and with the growing numbers of older people in need of care.

38. I have met no one outside government who believe that commissioning by Clinical Commissioning Groups led by GPs will change this fundamental problem. All say it will make it worse. I have found that in London, for example, only 9% of referrals for speech and language therapy go though GPs. Most come from schools and health visitors. Most disabled children are dealt with by community paediatricians not GPs. Most referrals to CAMHs services do not go through GPs. Children requiring community health services are largely invisible to GPs, so it seems unlikely they will be a commissioning priority.

39. I would like to see the Health and Social Care Bill recognise this, and explicitly require Clinical Commissioning Groups to delegate the commissioning of these services to an expert joint local authority and NHS children's commissioning team, managing pooled budgets.

40. Clinical Commissioning Groups, local authorities and Primary Care Trusts are not, of course, the only commissioners of services for children with SLCN. Schools are increasingly purchasing additional SLT time, and current policy directions are for parents to have the same opportunity through personal budgets for their child. Whilst the additional resources this may bring are welcome, the issues raised are about equity of provision for children wherever they live or whichever school they attend. On my visits to local areas, I have found an increasing trend towards inequity, with the provision a child receives dependent, for example, on whether their mainstream or special school purchase enhanced SLCN services, and how active their parents are in pressing for particular services. The government's model is of informed 'patients' (in this case largely parents) and empowered, self-determining schools driving improved quality through the choices they exercise. Whilst admirable, this model may not work well in a context where many of the most needy children do not have natural advocates at home or at school.

41. To avoid the 'DNAs' of today becoming the young offenders of the future, there must be an accessible core of services to which children are entitled from the NHS, from the local authority and from their school. This local offer may be enhanced by additional commissioning, but must not be eroded by it. Only through sensible joint commissioning of this core by the NHS and local authorities will the problems of inequity highlighted by the Bercow Review be tackled.

42. Not addressing SLCN stores up problems for the future for our society. We know that there are significant long-term costs in adulthood associated with unmet speech, language and communication needs in childhood. Children with unmet SLCN are highly likely to have reading difficulties. They struggle with phonics and later on with understanding what they read. They attain poorly at all key stages. Two thirds of pupils at risk of exclusion from school have been found to have speech, language and communication needs. Research shows that children who had a specific language difficulty at the age five are twice as likely to be unemployed in their mid-thirties as those from similar backgrounds, but with normally developing language.

43. We also know that there are significant gains if SLCN are met in a timely manner. The Royal College of Speech and Language Therapists have published reliable evidence that each pound spent on intensive help for a child with a specific language impairment will generate, at a highly conservative estimate, a return on investment of £6.43 through increased lifetime earnings. The benefit of providing enhanced SLT for all children aged 6 to 10 who currently have a specific language impairment exceeds the cost of the therapy by £741.8 million. Continued implementation of SLT for those children entering this cohort – children with specific language impairment turning 6 years old – would generate a net benefit of £148.4 million per year in subsequent years. And if one young person is enabled to take up permanent employment in adulthood as a result of being supported early on to use an electronic communication aid, this will realise an estimated £500,000 in benefits to the economy over a lifetime.

Calls to action

44. As we come to the end of 2011, the national year of speech, language and communication, I make a number of recommendations for national and local government, for voluntary and public sector providers of SLCN services, and for schools.

45. I recommend that the Department of Health:

- amend the Health and Social Care Bill to require joint commissioning of children's community health services by the NHS and local authorities , with budgets pooled across education, health and social care

- ensure that Clinical Commissioning Groups and local authorities are made aware of the particular benefits of joint commissioning of SLCN services , and the problems that children and families face when this does not happen

- include a measure of children's communication and language development at age two in its Public Health outcomes framework

- implement in full the recommendations in my reports on augmentative and alternative communication , asking the NHS National Commissioning Board to procure regional or supra-regional 'hub' centres to assess the needs of children and young people who can benefit from AAC and to provide them with appropriate communication aids and services, in partnership with locally commissioned AAC 'spoke' services.

46. I recommend that the Department for Education:

- implement in full the plans set out in the Special Educational Needs and Disability Green Paper to use published data to hold schools to account for the progress made by their lowest attaining children

- require all teachers to adapt their day to day teaching methods to meet the special educational needs of children in their classes, through a revised SEN Code of Practice to which schools must have regard.

- fund voluntary sector strategic partners to manage a portal providing parents and schools with regularly updated information on evidence-based interventions and reasonable adjustments for SLCN, along with other major types of SEN and disability

- make changes to the statutory assessment system so that Single Plans specify the speech, language and communication competence levels of those who work with a child in their setting, school or college, and access to advice and support from those with specialist-level competences

- work with the National College of Leaders of Schools and Children's Services to improve the leadership of SEN and SLCN in schools and Children's Centres through revisions to their leadership programmes

- for children in the Foundation Years, make explicit the need for quality frameworks for allocating free early education places to include settings' capacity to promote children's development in the three prime areas of learning; ask strategic partners to disseminate examples of effective local quality schemes for communication and language

- fund local professional development for Foundation Years practitioners to enable them to assess and support children's communication and language development , within the revised EYFS Framework

- ensure that early years settings providing for disadvantaged two year olds have staff with appropriate levels of training in language development

- pursue the intent to provide parents with interesting, accessible information on how to enjoy and support their child's communication and language development from birth onwards, using resources developed in the national year of communication and the full range of technologies – phone apps with free film and text content, social media, texting, daytime television and so on – in order to ensure reach

- ensure that generic parenting programmes funded by government or recommended as part of early intervention strategies include components focused on promoting children's language and communication development as well as their social and emotional development

- include speaking and listening as core elements of a revised National Curriculum, building on the Early Years Foundation Stage early learning goals and incorporating a clearly articulated progression in children's learning 5-19.

47. I recommend that both Departments :

- through the SEN and Disability Pathfinders, develop and disseminate models for integrated health/education planning for children with SLCN not eligible for a Single Plan

- bring together the Public Health outcomes framework , Health Premium and Children's Centre payment by results programme into a single accountability framework for the Healthy Child Programme 0-5

- focus particularly on children under two and their families, drawing together research and best practice in language development for this age group, so as to inform the work of Children's Centres, midwives, health visitors and speech and language therapists.

48. I recommend that local government:

- develop multi-agency community-wide strategies to promote all children and young people's language development, particularly in areas of social disadvantage , building this into emerging Public Health arrangements and the new offer of free early years education for disadvantaged two year olds

- use quality frameworks for allocating free early education places which include settings' capacity to promote children's development in the three prime areas of learning , including communication and language

- support settings in achieving quality through the type of professional development and work with parents that has been tested in the highly effective Every Child a Talker programme.

- commission, across the NHS and education, a continuum of core specialist services for speech, language and communication, and provide information to parents on this core local offer

- encourage schools to bring additional resources to the table, commissioning enhanced services to meet their children's needs at universal and targeted levels

- develop effective local AAC services involving SLTs, occupational therapists, teachers and technicians.

49. I recommend that the voluntary sector, research community and Royal College of Speech and Language Therapists:

- pursue plans to provide parents and schools with regularly updated information on evidence-based interventions and reasonable adjustments for SLCN
- develop assessment tools that schools can use to evaluate the impact of targeted interventions for SLCN
- work together to bring a greater range of researched school and setting-based SLCN interventions to market
- further develop accreditation schemes for communication-friendly settings and schools, building capacity in the system for those settings to lead others' practice
- work with the National College of Leaders of Schools and Children's Services to build best practice in meeting SLCN into programmes for Children's Centre and school leaders
- develop a programme of work to support SLTs in marketing their services to schools, including Academies and free schools, and to Directors of Public Health.

50. I recommend that schools:

- understand that poor language and communication skills affect every aspect of children and young people's learning and behaviour , so that improvements to language and communication are central to school improvement
- adopt a three-wave approach which at Wave 1 provides classroom and subject teaching that promotes all children's communication skills, at Wave 2 targeted small group interventions from trained teaching assistants for children with language delay, and at Wave 3 effective partnership with specialists that includes having a very highly trained teaching assistant able to work under the direction of a speech and language therapist to implement intervention programmes
- commission specialist services to train and support school staff in developing this three-wave approach.
- ensure that class and subject teachers adapt their day to day teaching to meet the needs of children and young people with SLCN, rather than just relying on Teaching Assistant support for individuals and groups
- screen children with behaviour difficulties in order to identify any underlying SLCN they may have.

Report on my work 2010-12

51. In January 2010 , when I took up my post, a work plan of priority actions was discussed by the Communication Council and agreed by the then Department for Children, Schools and Families and Department of Health. It identified actions grouped under five workstreams, drawn from the Bercow Report. They were: awareness raising and influencing, coordination, influencing local commissioning, planning and organising the national year, and evaluation. This work plan was reviewed and updated in January 2011 to include:

- providing advice to government on SLCN issues
- continuing a programme of meetings with local leaders of services for children
- gathering and disseminating examples of how local authorities, the NHS and schools are developing new ways of working together, within the new national policy context, to commission a continuum of effective provision for SLCN
- working in partnership with The Communication Trust to ensure that the national year of speech, language and communication achieves its goals
- gathering and disseminating examples of effective whole school/setting approaches to SLCN
- disseminating learning from the Better Communication Action Plan programmes
- working with government, local areas and the voluntary sector to ensure that the impact of these programmes is sustained in 2012 and beyond.

52. This report addresses each of these workstreams, and examines evidence of impact. It then considers the findings from an extensive programme of meetings with local commissioners. Finally, it makes recommendations for future action by government, local commissioners, the voluntary sector, research community, the Royal College of Speech and Language Therapists., and schools.

53. The annex outlines the context for the post of Communication Champion.

Awareness raising, influencing, advice to government

54. Media coverage of speech, language and communication issues at the time of my taking up post was extensive – an analysis identified 98 press articles in January 2010, with over 200 million opportunities to see, hear or read (OTS) about SLCN issues . Coverage continued during 2010, so that by the end of the year there had been over 300 million OTS about speech, language and communication. In 2011, as a result of the national year of communication, there have been in the order of 620 million further OTS.

55. During my time in post, I have written extensively for professional audiences, with numerous articles for publications aimed at school leaders, teachers, health visitors, SLTs, early years practitioners and the special needs workforce.

56. I provided input during 2010 at over 15 national or local authority conferences on SLCN. In 2011 this figure was 90.

57. An early priority was to make good links with policy leads in the departments of education and health, and with key voluntary sector organisations. I am grateful for the positive way in which they have supported my work. This enabled me to contribute to a range of policy documents and guidance from the Departments, including the Green Paper *Support and aspiration: A new approach to special educational needs and disability*, and the Early Years Foundation Stage review, where I sat

on the expert advisory group. I sat on a Ministerial task-and-finish group on the role of local authorities in supporting vulnerable children; and contributed ideas on the importance of improving children's oral language skills to reviews undertaken for government by Frank Field and Graham Allen, and to work on the pupil premium that supports disadvantaged pupils. I provided input to the review of the National Curriculum and responded to consultations arising from the NHS White Paper *Liberating the NHS.* I have been a member of a group charged with taking forward the recommendation for an integrated review of children's development at age two , and have been asked to lead a task and finish group on information sharing across health and education in the early years.

Coordination of activity and dissemination of learning from the Better Communication Action Plan programmes

58. An early task in 2010 was familiarisation with the range of activity in the government's post-Bercow action plan. I engaged particularly with the SLCN Pathfinders programme, both on the Pathfinder projects themselves until they were ended by the Department of Health in summer 2010, and on the continuing work to complete SLCN commissioning tools for publication in 2011; with the Every Child a Talker programme; with the Better Communication Research Programme; and to link strands of work in the departments of health and education on early identification of SLCN/SEN through screening or surveillance.

59. An example of co-ordination activity was a series of conferences jointly run with the Royal College of Speech and Language Therapists to disseminate SLCN Commissioning Pathfinder findings, the new SLCN commissioning tools, learning from the Better Communication Research Programme and examples of good practice in local SLCN services. These conferences focused on **how** to commission SLCN services, and **what** to commission. Key content is now available in a publication which I will be sending to all Directors of Children's Services and Primary Care Trust Cluster Chief Executives, and which SLT managers will also hold to make available to future commissioners.

Influencing local commissioning; gathering and disseminating examples of how local authorities, the NHS and schools are developing new ways of working together, within the new national policy context, to commission a continuum of effective provision for SLCN

60. I liaised with C4EO, the 'of the sector, for the sector' organisation which supports local authorities in securing improved outcomes for children, to seek to ensure that their advice and guidance includes effective approaches to SLCN. It was very pleasing to see that they featured SLCN as one of three priority areas for investment at a time of financial constraint, in their *Grasping the nettle* publication. The publication contains case study examples of effective practice in local areas.

61. I wrote to all local authority Directors of Children's Services and Primary Care Trust Chief Executives in February 2010, enclosing a business case for prioritising speech, language and communication. I wrote again in February 2011 to Directors of Children's Services and lead elected members for children, to update them on the opportunities provided by the national year of communication, on the new SLCN-specific commissioning tools and on the new SLCN workforce development framework and materials produced by The Communication Trust for the Children's Workforce Development Council. In August 2011 I wrote to flag up the national policy developments which make children's language and communication a priority. I shall write a final letter to Directors of Children's Services and Primary Care Trust cluster Chief Executives about the achievements of the national year of communication, its legacy and next steps.

62. My first letter to local leaders proposed a local meeting to discuss their services and plans. It was really positive that so many did get in touch to arrange meetings. Over my time in post, I have had direct meetings with senior commissioners in 105 local areas out of a potential 152 in England. I am grateful to them for their time and their openness.

63. This programme of meetings aimed to encourage more effective and joint commissioning, as did the regional conferences we held in the autumn of 2011. There has undoubtedly been some impact from these visits and conferences – for example, a number of local areas fed back to say that they would now include SLCN in their next round of strategic planning, or take steps towards joint commissioning. One local authority senior leader wrote 'The challenges around communication services were heard loudly and clearly and we are moving towards better jointly commissioned services for speech, language and communication with the Primary Care Trust '. The Director of Children's Services in England's second largest local authority noted of SLC that 'this issue is central and vitally important to what we do'. Local authority and Primary Care Trust commissioners from another local area told me how attending the regional conferences had spurred them to brief their Children's Trust Board on SLCN. As a result, the issue is likely to figure in the new Children and Young People's Plan, with a new strategy group established to align budgets around a shared plan for SLCN.

64. The programme of meetings with local leaders provided the opportunity to learn of and then to share good practice. It allowed me to discern patterns to feed into discussions with government policy leads. Less successful was encouraging Trusts to identify a local SLCN Champion on their Children's Trust board, a recommendation of the Bercow Report. Local areas have many demands on them in these times of change, and this particular idea did not find favour generally.

65. There were many requests for examples of good practice – on service specifications covering the whole range of SLCN services (education services as well as those by speech and language therapists), on how to measure outcomes, on integrating services, and on developing quality of provision at reduced cost – and for information on the importance of speech, language and communication issues. In response, and with the help of colleagues in local authorities and Primary Care Trusts for which I am immensely grateful, I developed a range of case studies of aspects of services for speech, language and communication. I also prepared a suite of papers to assist commissioners, including schools, who are increasingly commissioning enhanced SLCN services to meet their specific needs. Case studies and the papers for commissioners were made available at www.thecommunicationcouncil.org and will transfer to the *Hello* website at the end of the year.

66. I reported in September 2010 on the provision of augmentative and alternative communication (AAC) services. To inform this, in conjunction with the national AAC co-ordinator appointed by Becta, I gathered examples of effective local and regional commissioning, information on the state of play in regional commissioning across the country, and information on the costs of providing effective services. I gleaned information from relevant third sector organisations and suppliers of high-technology equipment, who are knowledgeable on what is going well locally and what could be done better.

67. The report recommended that the NHS National Commissioning Board should commission regional specialist 'hub' AAC services. These recommendations were accepted, subject to legislation, in the government's SEN and Disability Green Paper. I subsequently commissioned a second report aimed at operationalising the earlier proposals, so as to inform arrangements for commissioning of specialised AAC services under new NHS arrangements. This second report , published in November 2011, provides:

- a proposed model of care for specialised and local AAC services
- a care pathway that identifies the interdependence of specialised hub and local spoke AAC services

- quality standards for AAC, developed by the Communication Council in wide consultation with the AAC sector
- a proposed tariff for services and equipment, and costings over a three year period
- separately, a model Service Specification for specialised AAC services.

Gathering and disseminating examples of effective whole school/setting approaches to SLCN

68. I have included examples of effective whole school/setting approaches to SLCN in all the articles I have written for school audiences, and in conference keynotes.

69. Together with BT, I funded a special Times Educational Supplement *Hello* pull-out on communication and language. I identified a number of schools with effective whole school/setting approaches which were written up as case studies for this publication. The pull-out was distributed with the TES in September 2011. A digital edition of the supplement is available on the TES website. TES has a readership of 430,000 and 2.9 million users access their website each month.

Working in partnership with The Communication Trust to ensure that the national year of speech, language and communication achieves its goals, and that the impact is sustained in 2012 and beyond

70. The national year of communication took place over the 2011 calendar year and has been highly successful, with in the order of 620 million opportunities for people to see, hear or read about the campaign. Over 300,000 *Hello* resources have been disseminated, and 200 local coordinators engaged in organising local campaigns and events. A full account of the year is available at www.hello.org.uk.

71. A strong legacy has been established for the national year. Elements which are potentially self-sustaining beyond 2011 include:

Structures, systems and replicable models

- 200 local coordinators, managing *Hello* activities in local authorities, acting as local advocates for speech, language and communication issues
- Local multi-agency groups set up to run the year , which in some cases are likely to continue beyond its conclusion
- A replicable model for work across a local community to identify need in their area and take action in the early years and at school (Talk of the Town)
- A replicable model of recruiting and supporting local volunteers to act as influencers with other parents in their local area (Communication Ambassadors) – with the first 400 champions recruited to reach 8,000 families by end of 2011/2012
- A replicable model for clusters of primary schools to commission a universal, targeted and specialist 'three-wave' approach to SLCN (A Chance to Talk)
- SLCN commissioning tools, and Royal College of Speech and Language Therapists /Champion post-conference publication on effective joint commissioning for SLC
- Case studies of effective local authority/NHS/school commissioning for SLCN
- Guidance for schools on commissioning for SLCN
- A clearly articulated progression in children's communication and language learning between 0 and 19, to inform the current review of the National Curriculum
- A fully functioning awards scheme designed to highlight, share and encourage best practice within the speech, language and communication sector

Information for parents and practitioners

- A range of accessible information for parents, early years practitioners, GPs and schools on developing children's speech, language and communication, spotting signs of difficulties and where to turn for help.
- Information for schools on leading a three-wave approach to SLCN, including classroom approaches for all children and a compendium of evidence-based interventions for children needing additional help.

Websites /social networking/film

- A one stop shop website (www.talkingpoint.org.uk) for information on children's communication development to which materials from the national year website will migrate at the end of the year.
- The parent-facing Words for Life website (www.wordsforlife.org.uk) from the National Literacy Trust, which includes a section for fathers and specifically targets lower income families
- BT's Talk Gym, a Facebook application and on-line resources to help teenagers assess and develop their communication skills
- A microsite (www.talkingtrouble.info) which provides a simplified explanation of SLCN and signposts to Talking Point for more detailed information
- Over 2700 'likes' and 'followers' on *Hello* Facebook and Twitter pages, representing individuals and organisations acting as advocates for children's communication development.
- Film materials for parents on how to promote young children's language development, which government can draw on in its developing strategy for communicating directly with parents at intervals after a child is born, and which can also be used by local authorities and healthcare providers (for example, running in housing offices and other Council premises, in health clinics and in Children's Centres)
- A new CBeebies television programme for 2-4 year olds (Raa Raa the Noisy Lion) which actively promotes language development and co-watching with parents / carers
- An animation explaining the issues and impacts of speech, language and communication needs, and a short film of interviews with seven children and young people with communication difficulties, developed to show what a communication difficulty 'looks' like.

Evidence of impact

72. The Communication Trust will be undertaking a full evaluation of the impact of the national year in early 2012. Here, I summarise available data on changes in outcomes for children and young people over the period I have been in post.

73. In December 2009, I commissioned a You Gov survey of 1000 parents of children aged 0-7. This survey was repeated in December 2011, to establish whether there had been any increase in the availability of help for families who have concerns.

74. The survey showed no change in the percentage of parents reporting that their child had experienced difficulty in learning to talk and understand speech (17%). The January 2010 survey showed that 23% of parents who were concerned about their child's speech and language development reported that they did not receive any help. In December 2011 this had fallen to 18%.

75. Whilst more parents received help, they appear to be having to push harder to get it. 28% reported that it had been difficult to find help for their child, compared to 18% in 2009. This empowering of parents to seek help was one of the aims of the national year.

76. The You Gov 2011 poll also suggests that the re may have been progress on another of the national year's aims, to increase parents' knowledge of speech, language and communication. developmental milestones. Amongst parents whose children had struggled to learn to talk and understand, 36% reported that they 'knew the communication milestones and knew my child was not reaching them', compared to 31% in 2009.

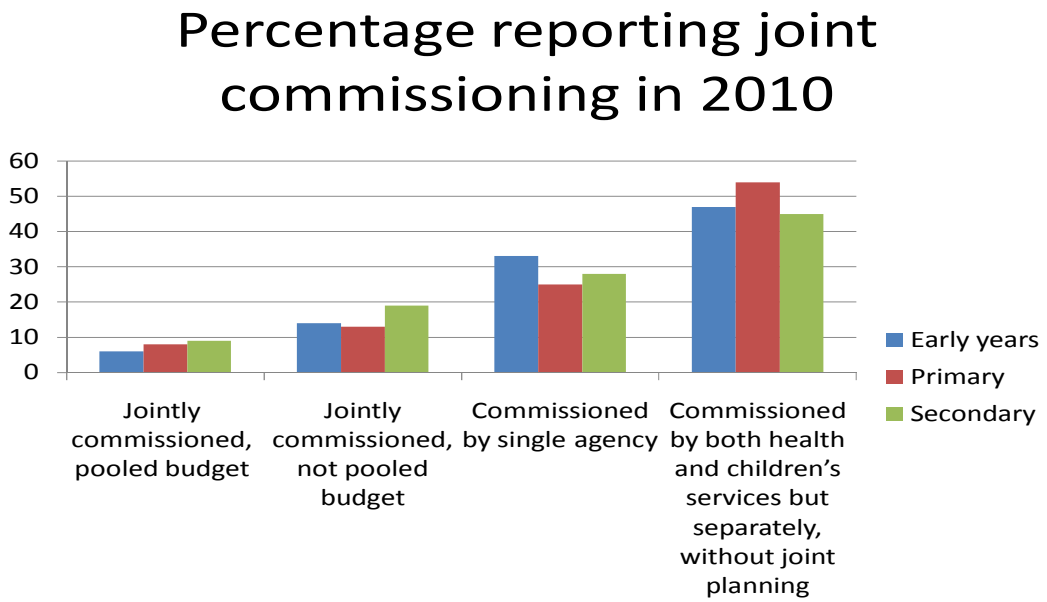
77. Another variable I measured at the start of my time in post was the extent of joint commissioning of speech, language and communication services. A survey of speech and language therapy managers, developed in conjunction with the Royal College of Speech and Language Therapists, was undertaken in April/May 2010. We categorised the 52 responses into four models of commissioning – joint commissioning with pooled budgets, joint commissioning with separate but aligned budgets, commissioning by a single agency only (normally health), and commissioning by both health and children's services but separate and without joint planning. The survey showed that a minority of respondent areas had joint commissioning (between 20% for early years services and 28% for secondary school pupils), with around half having commissioning by both health and children's services separately and without joint planning (between 45% for secondary school pupils and 54% for primary school pupils).

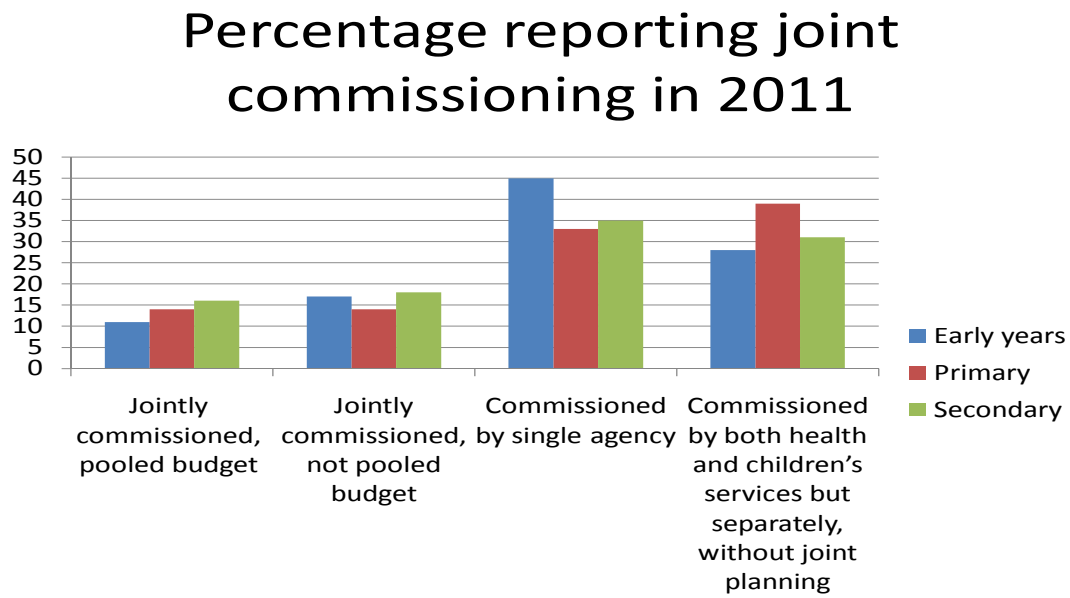
78. The same survey repeated in November 2011 showed some improvements. The percentage of services jointly commissioned with pooled budgets had risen in all age bands. The percentage of services jointly commissioned without pooling of budgets also rose, in two of the three age bands. The percentage of services commissioned by both health and children's services but separately, without joint planning had fallen markedly in all age bands. There was, nevertheless, a rise in services commissioned by a **single** agency – usually due to local authorities ceasing to contribute to SLT service budgets as a result of their need to make large savings following the government's spending review.

79. Single-agency or separate local authority and NHS commissioning without joint planning remains the most common arrangement in all phases.

Commissioning arrangements, 2010 and 2011

Commissioning model for SLT services	***Early years***		***Primary***		***Secondary***	
	April 2010	*November 2011*	*April 2010*	*November 2011*	*April 2010*	*November 2011*
Jointly commissioned, pooled budget	3 (6%)	5 (11%)	4 (8%)	7 (14%)	4 (9%)	7 (16%)
Jointly commissioned, not pooled budget	7 (14%)	8 (17%)	7 (13%)	7 (14%)	9 (19%)	8 (18%)
Commissioned by single agency	17(33%)	21(45%)	13(25%)	16 (33%)	13 (28%)	16 (35%)
Commissioned by both health and children's services but separately, without joint planning	24(47%)	13 (28%)	28(54%)	19(39%)	21 (45%)	14(31%)
Total responses to survey	51	47	52	49	47	45





80. It is important to evaluate not simply on process measures (such as the extent of joint commissioning), but also on **outcomes**. One measure is the achievement of young children in the most relevant scale of the Early Years Foundation Stage Profile (EYFSP), the scale for language for communication and thinking. In 2011 86% of children achieved a scale score of six or more, indicating that they were working securely within the early learning goals, an increase on the figures of 84% in 2010 and 82% in 2009. There has also been a reduction from 4% to 3% in the percentage of five year olds showing very significant difficulties on this scale, over the same period.

81. Several published national statistics give information for children with speech, language and communication needs (SLCN), who are at school action plus or have statements of special educational needs, so it is possible to compare data for this group against all-pupil averages and to measure changes over time. The aim must be to increase the percentages and to narrow – ideally to close - the gaps between those with SLCN and all pupils.

Children achieving a good level of development at age 5

In 2009, the percentage of children achieving a good level of development in the EYFSP was 16% for those with SLCN and 52% for all children. In 2010, 19% of children with SLCN achieved this measure compared to 56% of all children. In 2011, the figures were 22% of children with SLCN compared to 59% of all children. The data show a steady improvement in outcomes for children with SLCN, but no narrowing of the gap between them and their peers.

Gap between % of children with SLCN achieving a good level of development in the EYFSP and % of all children achieving a good level of development in the EYFSP

	Gap
2009	36 %
2010	37%
2011	37%

Progress made by children in primary and in secondary schools

In primary schools in 2009 , 81.9% of all pupils progressed by 2 or more levels in English between Key Stages 1 and 2, but, of those with SLCN, only 69.4% at school action plus and 57.2% with statements did so. No comparable progress data have yet been published for 2010 or 2011. In secondary schools in 2009 , 65.5% of all pupils made the expected progress in English between Key Stages 2 and 4, but, of those with SLCN, only 43.2% at school action plus and 47.1% with statements did so. In 2010 68.3% of all pupils made the expected progress in English, compared to 43.5% of pupils with SLCN. In secondary schools in 2009, 58.7% of all pupils made the expected progress in maths , but only 33.8% of pupils with SLCN at school action plus and 33.8% with a Statement made the expected progress. In 2010 32% of pupils with SLCN made the expected level of progress in maths, compared to 61.2% of all pupils. The published statistics for 2010 do not break down data on progress for children with SLCN by school action plus and statements, so trends over time cannot yet be established.

Percentages of children attaining expected levels at primary schools and good GCSEs

In 2010, 21.9% pupils with SLCN attained Level 4 or above in English and mathematics at the end of primary school, compared with 73.5 % of all pupils. In 2009, the equivalent percentages were 19.7% for those with SLCN compared to 72% of all pupils. In 2010, 11% of pupils with SLCN achieved five or more GCSE grades A*-C including English and mathematics, compared to 54.8% of all pupils; in 2009 the equivalent percentages were 10.1% for those with SLCN compared to 50.7% of all pupils. 2011 figures are not yet available.

The data show a small narrowing of the gap between pupils with SLCN and their peers in primary but a widening gap in secondary schools.

Gap between the % of pupils with SLCN achieving expected levels

	Gap at end of primary school	Gap at end of Key Stage 4
2009	52.3%	40.6%
2010	51.6%	43.8%

Key findings from my programme of meetings with local commissioners

82. I believe it is helpful to share in this report some key findings from my programme of meetings with local authority and Primary Care Trust commissioners, which began in April 2010 and provided information on local arrangements in 105 local areas, over a period of rapid change in policy, structures and personnel.

Community-wide strategies

83. I encountered a number of 'post-Bercow' planning groups that were set up in local areas over the course of 2010. In Sefton, for example, the Bercow recommendations were grouped into headings such as leadership, information/advice and guidance, assessment and identification, training, provision mapping, and monitoring performance, and an action plan was devised for each.

84. I was encouraged to learn of a number of children's trusts who had been developing a community-wide strategy to promote speech, language and communication. Nottinghamshire, for example, have a 'Language for life' strategy. Sheffield have ESCAL ('Every Sheffield Child Articulate and Literate'), Coventry have 'Coventry Talk Now', Bradford have 'Language for Learning', and North Yorkshire have 'North Yorks Talks'. A good example is Leicester, where 'Talk Matters' involves a joined-up and strategic approach to children's communication skills, reflected in a number of operational developments such as integrated, multi-agency systems for assessing children's language skills at 2-2 ½, and 3-3 ½, excellent Every Child a Talker work in early years settings, and effective small-group intervention programmes in schools.

85. Preventative strategies like these which build the capacity of parents and the children's workforce serve an important Public Health function and mean that speech and language therapists and specialist teachers can focus more time on the children who need them most – those with specific language impairment or SLCN associated with other types of special educational needs or disability. Community-wide strategies also mean that children with enduring SLCN will be supported in more communication-friendly environments at home, early years setting or school.

86. The boxes below outline three example strategies, in Sheffield, Stoke on Trent and Nottinghamshire.

Sheffield

Every Sheffield Child Articulate and Literate (ESCAL) is a city-wide strategy delivering a systematic, lively approach to the development of communication skills 0-11. Interest from secondary schools means that it is now beginning to expand to age 19.

ESCAL brings together partners in the local authority Learning and Achievement Service, the speech and language therapy service, health visitors, midwives, universities, housing, services for looked after children, libraries and museums.

The strategy aims to ensure that:

- Every child is listened to and is able to express themselves confidently.

- Children with delayed or impaired speech, language and communication receive support.

- Practitioners know how to develop communication skills across a broad curriculum and how to track progress.

- Parents / carers are involved at all stages.

ESCAL uses the 'three-Wave ' model

- Wave 1 (Universal): Leadership development, universal multi-agency training for all Early Years and Primary practitioners, a speech and language tracking tool 0-11, a consistent approach to visual support, an audit tool for Communication Friendly Schools, strategies to promote communication across the curriculum, parental involvement resources and parents' accreditation.

- Wave 2 (Targeted): Intervention packages (language enrichment, vocabulary development and narrative skills) and a Talk Volunteer programme.

- Wave 3 (Specialist Services): A 'team around the child' approach, with specialist training, and workshops by SLTs for parents of children with language impairment.

Agencies work together to promote a high profile for talk. Schools have been provided, for example, with wooden soapboxes for children to use to develop their speaking and listening skills, culminating in a 'Speakers Corner' event. A Mad Hatters Talk Picnic took place in the city centre, involving over 1000 children. Key messages reached over 100,000 local people through media coverage of this event. Creative and cultural industries provided events such as Voice Explosion (Sheffield Theatres), Talking Movies (Cineworld), Big Broadcasting Podcasting (Hallam FM radio).

There has been a major focus on reaching disadvantaged or hard to reach communities, including the Family Time Campaign - a marketing campaign and Family Time Workshops about supporting children's language in the home, delivered in targeted areas of the city. A top-tips poster for new parents was put on display in the hospital maternity wing, distributed by health visitors and published in the local paper, reaching 40,000 readers. A partnership with the Child Poverty Strategy enabled the Family Time campaign to run with teen and lone parents and the Yemini / Somali community. Family Learning activities (Talking Together and Family Chatter Bags) have been provided in targeted areas. Speech and language therapy is now provided in schools, reducing the number of families not accessing services.

Continuity and sustainability of strategy and practice has been planned for by:

- Ensuring strategic support at the highest level in the council.

- Embedding ESCAL in key strategies such as Child Poverty, Inclusive Learning, 0-5 Strategy, Achievement for All.

- Running an ambitious media and marketing campaign, and an ESCAL website.

- Building capacity so that key schools and settings provide communication workshops, school to school visits, coaching etc.

The impact of ESCAL has been strong. 1263 practitioners have attended Sheffield's Talking 0-5

modules and impact in the first year has been a seven percentage point reduction in numbers of children with language delay and an increase of twelve percentage points in numbers of children ahead of expected development, in the settings involved.

Over 100 teachers attended initial training on Wave 2 and 3 intervention; 100% of evaluations were good or excellent. All the schools trained are now implementing the programmes. Children are making measurable progress and the University of Sheffield is providing an external evaluation of impact.

There has been an improvement of seven percentage points in the city-wide percentage of five year old children achieving good level of development in Communication, Language and Literacy and Personal, Social and Emotional Development between 2010 and 2011, and a significant closing of the gap between the lowest achieving children and their peers. The percentage of children achieving above the expected level in Reading and in Writing at age seven increased markedly, underpinned by schools' focus on speaking and listening. There has been a nine percentage point increase in the number of schools receiving good or outstanding Ofsted judgements for pupils' achievement and the extent to which they enjoy their learning, and for pupils' behaviour, in 2010/11 compared with 2009/10.

Stoke on Trent

Stoke Speaks Out, a multi-agency strategy, tackles the high incidence of speech and language difficulties locally. It aims to support attachment, parenting and speech and language issues through training, support and advice. It developed from local Sure Start initiatives which identified that between 60% and 80% of children assessed in Stoke at age three to four years had a language delay. The majority of these delays did not require speech and language therapy input and could be dealt with by parents or other practitioners.

A common early years assessment tool is now used by all agencies from health visitors to early years consultants to speech and language therapists. Practitioners in early years settings are trained to know whether a child's language and social development is age-appropriate. Following an audit of skills that showed that health visitors had had no training in child development, all members of the Health Visiting Team receive a two-day Level 3 Child Development module that covers essential skills parents need to help their child build the basics for learning. In addition the initiative has developed resources for parents, including a model for toddler groups to follow which enhances language development, and a website offering practical information for parents to help with children's language development. 'Talking walk-ins' provide drop in sessions at Children's Centres, where parents can get advice from speech and language therapists.

Evaluation of impact has shown that the proportion of three to four year olds has decreased city-wide from 64% in 2004 to 39% in 2010.

Nottinghamshire

In Nottinghamshire there is a community-wide Language *for Life* strategy which brings together speech and language therapists, staff in Children's Centres and a range of local authority teams, from early years specialist teachers to school improvement services.

The speech and language therapy service's Children's Centre core offer includes support for harder to reach families with 0-3 year olds. All Children's Centres have allocated therapy time, including capacity to visit at home families who do not respond to letters inviting them to make an appointment with the therapy service. Every Centre has a strategic language lead and a Home Talk Worker with enhanced training and support from a speech and language therapist.

The Healthy Child Programme 2-year development check includes a parent-interview language screen, developed by speech and language therapists, with a 'traffic light' alert system which triggers use of relevant advice leaflets and, where needed, input from a Home Talk Worker or direct referral to the therapy service.

Top-up services for Children's Centres in the 30% most disadvantaged areas include:

- Workforce development for those working with 3-5 year olds
- Training for private and voluntary sector settings on a Talking Matters awareness programme, so practitioners can share information with parents
- Support to practitioners to run listening and narrative groups for children with language delay.

Evaluation has shown that the Home Talk Worker package prevented language delay for 60% of a sample of 2 year olds, with the remaining 40% referred early for speech and language therapy. There has been a dramatic measured rise in vocabulary for children in nursery classes involved in the listening and narrative groups. Building the skills of the early years workforce has meant that specialist speech and language therapy input has reduced, from 2 days per week to 0.5 to 1 day per week per Children's Centre.

87. Effective multiagency strategies like those described above achieve much of their impact by providing information to parents. There is definitely an appetite amongst parents for more knowledge about how children's language develops and what they can do to help. Speech and language therapists have told me, for example, that when given information about the impact of indiscriminate television viewing on children under two , or the prolonged use of dummies, parents have said 'No-one told us this before', and immediately changed their parenting behaviour. The National literacy Trust conducted research which found that parents are surprised to hear that 80% of brain development is complete by the age of three, but very interested in the implications for how they interact with their child.

88. Simple 'nudge' strategies can be used to influence parents. One example is in Wandsworth, where speech and language therapists have put 'Nappy chatter matters' posters in places where parents go to change their babies' nappies. Another is in Nottinghamshire, where parents are given free height charts which include speech and language milestones.

89. Effective local strategies also seek to reach those who are bringing up or working with the very youngest children. Results published this year from longitudinal studies in Scotland and in the Bristol area have shown that the years from birth to two are particularly important in shaping children's language, and as a result their school readiness at five.

Integrated, cost-effective services

90. Some excellent models of integrated services are emerging. They incorporate advisory teachers, speech and language therapists, special schools and mainstream resource bases and work at universal, targeted and specialist levels.

91. A number of speech and language therapy (SLT) services have succeeded in moving from being largely clinic-based services with long waiting times, to largely setting/school based services with a cost-effective skill mix. A good example of this is Enfield, where the SLT service has developed innovative ways of ensuring that schools engage in partnership rather than expecting therapists to 'fix' children through face-to-face work.

Enfield redesigned its SLT service to tackle long waiting lists and bottlenecks in the system. Before the changes, SLTs saw the majority of children in community clinics.

In the early years, children are now seen for a screening assessment or initial advice at 'drop-in' sessions within Children Centres (14 sessions per month across four localities). Following a screening assessment, parents/children are invited for further assessment or to a rolling programme of intervention groups running across localities.

The SLT service are piloting Talk Activity groups as part of existing Stay and Play sessions within universal Children's Centre provision. These groups are intended for children who have less than 30 words at the age of 15-18 months. The Children's Centre and library outreach staff will be trained and supported to facilitate the groups and support parents in enriching the home learning environment, strengthening their role as language facilitators. The groups are currently being piloted in areas of high deprivation and will be rolled out across all Children's Centres.

The SLT service is also extending a programme of training and joint working with education staff following from the Every Child A Talker (ECAT) and Early Talk (I CAN) initiatives.

The service to school-age children (including secondary provision), was re-designed to respond to the level of need in each school, respond to the whole communication environment of the child and develop the expertise and knowledge of all those working with the child through a training framework.

SLTs introduced school-led early screening and identification, increased the number of interventions routinely used in schools prior to referral, delivered free training packages to increase the skills and knowledge of education staff and increase the range of strategies and adaptations used in the classroom. They also developed a formula allocating SLT time to schools, with the incentive of additional sessions for schools which identified a 'language lead' from their own staff, to work closely with the SLT. Secondary schools are offered a package of free training, followed by a term's input from an SLT, if the school identifies a language lead.

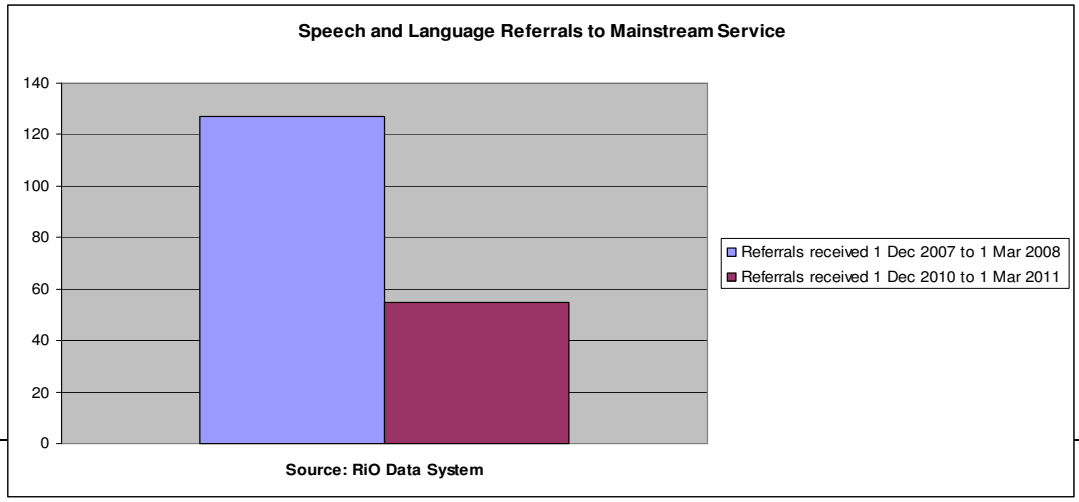
The outcomes of Enfield's service redesign have been significant.

	Impact
Drop in	
Age at first point of access to SLT service	Children are now presenting at between 18 months to two years rather than at over three under the previous model
Attendance rate	25% increase in attendance compared to 40% DNA under previous model
Talk Activity	
SLCN measures for the eight children	Between 50% - 75% improvement

attending a 12-week group	
Parental confidence rating	75% - 100% on all measures – all parents commented on reduction in behavioural challenges
Feedback from staff learning journals	47% are able to generalise skills/strategies from Talk Activity to other environments and share practice with others. 47% are confident in changing the delivery of Play and Stay to incorporate communication goals and their implementation
Schools	
Number of schools using screening tools from a total of 65 primary schools	An increase from 14 (2006-2007) to 52 (2010-2011)
Number of speech, language and communication interventions now set up with the support of the speech and language therapist in primary schools at Wave 2	54 in Foundation/Key Stage 1 71 in Key Stage 2
Number of schools with speech and language leads	45/65 primary schools, with a steady increase over the past five years.

National special educational needs school census data have shown a year-on-year increase in the number of children identified with speech, language and communication need, yet the number of referrals to Enfield's SLT service has fallen, suggesting the success of the early identification and targeted intervention strategy.

Speech and language referrals to the mainstream school service



92. I have met many examples of schools commissioning SLT services, either individually, in clusters, or collectively. In Waltham Forest, for example, primary schools had agreed that the local authority should top-slice their budgets in order to provide a time-limited programme of SLT services that would enable them to build capacity in their own staff and provide cost-effective interventions.

93. In many cases, commissioning by schools has come about because it was the only way they could access services without very long waiting lists.

94. The balance that should be struck between an entitlement for children and schools to 'core' provision, and any extra services they may choose to buy in, is an interesting issue. Whilst the additional resources this may bring are welcome, the issues raised are about equity of provision for children wherever they live or whichever school they attend. On my visits to local areas, I have found an increasing trend towards inequity, with the provision a child receives dependent, for example, on whether their mainstream or special school purchase enhanced SLCN services, and how active their parents are in pressing for particular services.

95. There seems no doubt that schools' commissioning is likely to be an area of growth, however. To this end I have written guidance on how schools might most effectively commission SLT services (available at www.thecommunicationcouncil.org/commissioning) and encouraged the Royal College of Speech and Language Therapists to provide specific guidance of their own, which is now available on their website.

96. Examples of what can be achieved when the local authority and the Primary Care Trust maintain an entitlement for children and work closely together to commission services are Camden, Bolton and North Lincolnshire.

In the London Borough of **Camden** all NHS budgets for children's community health services, including speech and language therapy, have been transferred to the local authority, which commissions on behalf of both organisations. The SLT service is commissioned from a single pooled budget with contributions from both the NHS and the local authority.

There is an excellent continuum of provision for SLCN, which includes:

- locality multiagency Family Support Teams working from Children's Centres, which include SLTs and CAMHs staff
- an early years intervention team, which includes specialist teachers, an educational psychologist and SLT time, working across the borough with children with behavioural/emotional needs or other types of SEN
- a borough-wide Language and Communication Service – an integrated team of specialist advisory teachers and SLTs working with mainstream primary schools
- extensive training aimed at building capacity to meet SLCN in staff in early years settings and schools
- a Young People's service for all 11-19 provision which includes SLT time
- mainstream resource bases for SLCN
- well resourced complex needs services
- nationally renowned special school provision for deaf children , and children with physical impairments
- a highly specialist centre for children who stammer

Children have an entitlement to provision that is not dependent on whether or not individual schools choose to buy into services, and there is a proactive strategy for reviewing this relationship between families of schools and the local authority/NHS.

Schools use time from the Language and Communication Service and Young People's service to develop whole-school approaches as well as for support focused on individual children. One very successful approach developed by the SLT service in conjunction with the local authority's SEN

advisor is Listen 'Ear, which aimed to enskill secondary school staff in meeting SLCN and was a finalist in the national year of communication awards for 'community-wide strategy of the year'.

Camden's primary Pupil Referral Unit is now engaged in Listen 'Ear and there are plans to embed an understanding of SLCN in the work of the local authority behaviour support team.

The SLT service does much work to empower parents in supporting their child. Where the Healthy Child Programme two-year development check indicates possible concerns, but relatively low risk factors, parents use a Talking Growth Chart to track and support their child's progress over three months. Often this is enough to avoid the need for further SLT involvement.

For children who do need further support, the service developed the nationally-used strengths-based parent-child interaction programme, in which parents watch video of their interaction with their child, rate their use of key strategies, and identify strategies they want to develop further. There is a similar, shorter programme for early years practitioners.

The results of the investment in children's language and communication skills speak for themselves. Camden has fewer children than the national average who have very significant language difficulties at age five despite above-average deprivation and very high numbers of children learning English as an additional language. Amongst school-age children the attainment gaps between children with SEN and their peers are much smaller than the national gaps, in a context of generally good attainment for all children.

Bolton have a large SLT service, an inclusion support teaching service, and a specialist educational psychologist with dedicated time for SLCN. There are primary and a secondary additionally resourced mainstream provisions for SLCN, as well as for autism, and a special school providing outreach. The local authority and Primary Care Trust commission services jointly, with aligned budgets. The local authority contribute part of the costs of the SLT service.

SLTs and education staff work closely together. Every Child a Talker is an example: the consultant post is shared between a speech and language therapist and a member of the inclusion support teaching service. Together they provide a well-regarded model of training (ELKLAN) to practitioners, help settings audit their environment and develop their work with parents, and model a small-group programme called Nursery Narrative. The settings involved have made an 18 percentage point improvement in children's personal, social and emotional development at age five, and a 12% improvement in communication, language and literacy skills, between 2009 and 2010 – well ahead of national improvements.

The Healthy Child Programme operates effectively to support the early identification of need. Health visitors and midwives are wherever possible co-located with Children's Centres. A timeline has been developed, showing the Healthy Child Programme points of contact with a family from the antenatal period onwards. Children's Centres receive information on every new birth in the area, and for each child note whether the family accessed services at each contact point on the timeline. Where there are gaps, this will be discussed at the Children's Centre multi-agency 'resource panel'. The appropriate professional will be identified to make contact with the family.

SLTs have provided a rolling programme of training for health visitors, and a screening tool for use at the 2½ year development checks. An SLT works across all the Children's Centres and provides training to staff, such as family support workers, so that they can work with individual parents or

groups of parents on how to support children's language development.

The local authority used the principles of Every Child a Talker in their pilot of 15 hours daycare provision for two year olds in socially deprived areas. Children were screened using the Healthy Child Programme checklist and their settings were supported with targeted training in speech and language.

For school-aged children, SLTs and inclusion support teachers provide training for staff and direct intervention where children need this. There are no gaps in provision; all age groups including secondary are served, and in addition the local authority and Primary Care Trust currently fund an SLT to work with the Youth Offending Team. The inclusion service has developed a small-group intervention for secondary pupils modelled on the successful primary 'Talking Partners' programme.

In **North Lincolnshire** the local authority and NHS are developing a communication vision and strategy from 0-19. There is a Communication Champion on the Children's Trust Board - a local councillor. The Speech and Language Therapy (SLT) service is funded by the NHS and the local authority in roughly equal proportions.

Services for children with SLCN in the Early Years include:

- Joint work by health visitors, SLTs, family workers and early years practitioners to identify needs early (screening questionnaire, leaflets, drop in sessions, joint training)
- Flexible SLT provision - from a Chatterbox outreach programme for children with SLCN who are struggling to access mainstream services, to home visits by SLT over 4-6 weeks, to Early Words groups at Children's Centres
- A Talking Time service for high-need families (on the child protection register, child in care, refugees, travellers, parent with a learning disability). The service provides home visiting by SLT assistants over an 8-12 week period. 16 of 26 children involved in 2009/10 made significant progress in language, 4 did not, 6 were ongoing
- Ready Steady Play small group sessions for families not accessing universal services and/or where there is limited interaction and stimulation at home. These sessions are jointly run by SLTs and the early years parent partnership team. Parents of children aged 18 months to four years are offered individualised support to develop play and interaction skills, including video feedback, over a 20 week period. There have been high attendance levels and increases in positive parent-child interaction behaviours of between 27% and 73% pre- and post - intervention.
- Tots TV Treasures – small group sessions to help parents know how to use TV as a positive tool in supporting language development. Jointly run by SLTs and Children's Centre staff, these include a lending library of play resources based around TV programmes.
- Children's Centre group sessions such as Breakfast rhyme time, Talk to your bump, Fun together, Dump the dummy
- A highly successful Every Child a Talker programme, which for example contributed to one childminder network being judged outstanding by Ofsted. The *Hello* campaign has been used to sustain the momentum of the programme.

Examples of good practice across the age range include

- Use of data. SLT referrals are monitored against postcode to ensure that services are being

targeted in ways that match need. There is a cross-agency SLCN data group.

- The SLT service is commissioned on an outcomes rather than on an activity basis. Its Service Specification includes outcomes such as improvements in EYFS profile results at universal level, and at targeted and specialist level improved standardised scores on language measures, achievement of Therapy Outcome measures, and progress on P scale and National Curriculum attainment measures.

- There is a strong focus on user involvement. The paediatric SLT service asked colleagues from the adult SLT service to interview parents, and found that many parents did not like coming to clinics, felt patronised, and felt they were being judged. This feedback led to a transformation of ways of working. Children are now seen in school or at home. All schools have a link therapist. The local authority provided some funding for children with Statements and children in remote schools who were missing half a day in school to attend therapy in clinics.

- There is a continued emphasis on the independent voice of service users. Afasic were commissioned to work with families, holding family events to seek parents' views and then establishing/supporting an ongoing parent group to help shape services.

- The SLT service developed a BTech Level 3 qualification for SLT Assistants (some employed by the SLT service, some employed by schools), and worked with a local sixth form college to deliver the year-long, intensive course.

- Statements of SEN specify the training that staff who support the child will need, and the SLT service deliver that.

- The local authority also fund an SLT post to work with the behaviour improvement team. It formerly funded school improvement work such as support for schools to develop the listening and attention skills of whole classes. This funding has now ceased but the SLT service have put together a menu of this and similar services that they are offering to schools on a traded basis.

- A special school with specialist status and the SLT service worked together to develop and roll out across the authority a social use of language intervention (CALL). This is initially co-run by an SLT with a school based teaching assistant (TA), and later run by TAs alone.

- The special school lead on a multiagency initiative to develop a Communication Charter mark. Early years settings, schools and other settings such as a short break centre are working towards this accredited status. Teachers from the special school, EPs and SLTs were involved in the design and now in moderation.

Primary Care Trusts and local authority children's services in North and North East Lincolnshire put in place a multi-agency agreement to fund the establishment and development of a local Augmentative and Alternative Communication service. This 'CART' team includes teachers, adult and paediatric speech and language therapists, support assistants and a technician. It works with both adults and children. The cost of purchasing specialist regional AAC services from ACE North is met jointly by the Primary Care Trusts and local authorities involved, and administered by one of the Primary Care Trusts. ACE North have provided support to establish, train and develop the local CART team. Health, education and social care have aligned budgets to fund communication aids. A steering group has been established, which acts as a panel for referrals and assessment recommendations.

97. Effective provision I have seen often involves partnership with the voluntary sector. A good example is Rochdale.

Rochdale have a long-standing partnership with the children's charity I CAN and use I CAN's *Early Talk* and *Primary Talk* staff development and accreditation programmes to improve the quality of provision in schools and settings. 22 settings have now been accredited at the first, 'supportive', level of competence, and five at the next, 'enhanced' level. This means that there is an expert group of settings able to lead practice locally.

Eight primary schools are involved in the I CAN/Communication Trust/Every Child a Chance Trust *A Chance to Talk* programme, which embeds a speech and language therapist within the cluster of schools to support improvements in classroom teaching, targeted intervention for groups of children, and specialist interventions for those who need it.

A well-regarded SLT service provides training and support to settings and schools so that they can deliver 'BLAST' and 'Looking and Listening' small group interventions. Schools are able to buy in additional SLT time to support their whole-school approaches to language and communication, and several do.

A high percentage of Rochdale children are learning English as an Additional Language and a number of schools have taken part in a local authority project that brings together the expertise and knowledge base of EAL specialists with that of SLC specialists. The schools involved have found that effective strategies to help EAL learners move from conversational competence to competence in the formal English needed for the academic curriculum are equally appropriate to monolingual white children brought up in socially deprived areas.

Rochdale has excellent support systems for children with more severe and complex SLCN. The former specialist ICAN nursery model has now been re-designed to provide a peripatetic specialist service supporting children (and the staff who work with them) in their local early years settings across the Borough. The ICAN specialist team work in partnership with local settings and schools for the nursery year and sometimes into YR & Y1, training and coaching staff, supporting target-setting, and working with parents.Outcomes are good, with for example 71% of children having expected levels of speech intelligibility after intervention , 73% having age-appropriate comprehension and 64% having expressive language within normal limits.

There is a specialist mainstream primary 'unit' for children with SLCN, and a communication aids team.

All of this provision has been mapped by a multi-agency group charged with developing a strategy for the whole continuum of SLCN, incorporating the work of the voluntary sector. The strategy commits the Primary Care Trust and local authority to working together to jointly commission services. The overarching principle in the strategy is early intervention, and the aim is a model which :

- incorporates a continuum of universal, targeted and specialist services
- develops a trained and skilled workforce in all settings to promote SLC, identify need and provide targeted intervention
- delivers identified and evidence-based training packages and intervention packages across the borough
- ensures equality of access and provision for secondary aged children, children not in school, hearing impaired children and bilingual children with SLCN.

A senior commissioner in the Primary Care Trust has been identified as a strategic SLCN Champion,

and the intention is to develop a network of champions across settings and services.

Challenges

98. Unfortunately, alongside the many examples of good practice in providing a continuum of provision for SLCN, I have encountered a number of examples of very weak commissioning of SLCN services that is failing to meet children's needs. In one London borough, the service commissioned by the Primary Care Trust allowed for speech and language therapists only to assess school-aged children, but not to provide any further intervention. In a large county where the Primary Care Trust was in deficit, it was unable to provide a speech and language therapy service to the ten newly-commissioned local authority additional resourced mainstream provisions for communication and interaction.

99. In another area, high technology communication aids are funded by neither the local authority or Primary Care Trust – in the words of a teacher in a special school with specialist language and communication status: ''Through social care we can get an adapted bed for a child, but not funding to purchase a communication aid that would allow that child to say if they are tired. We can get a special cup, but not the means for the child to say they are thirsty. We can get a new wheelchair, but not the means for the child to tell us whether it is comfortable'. It troubles me deeply to hear examples like this, and to hear recently from one SLT who told me she had three children on the service's caseload who needed a communication aid, but only a budget for one – so that she had to choose which of the three would be granted the right to communicate with family, friends and teachers, and which two would not.

100. A complex patchwork of services has arisen historically in some areas – usually where a Primary Care Trust have not invested in SLCN provision and the local authority have set up their own service to fulfil their statutory duties for children with Statements of special educational need. One local area, for example, had different speech and language therapy service providers for universal Children's Centre work, statutory specialist work for children with statements in early years and primary schools, and statutory work in secondary schools. The lack of continuity for children with persisting and complex needs, and for their families, is of concern – but likely to increase in an era of Any Qualified Provider and personal budgets.

101. The major challenge facing services, of course, arise from the current economic climate. I have been encountering substantial cuts to front-line services. Examples are:

- Early years services. Cornwall have halved the number of early years consultants, lost half their Children's Centre teachers and ended their very successful Every Child a Talker programme. Manchester have lost all their qualified teachers attached to Children's Centres. Kingston on Hull have drastically reduced the number of staff in early years services.

- Learning support /special needs services: In Dudley and in Barnsley access to educational psychologists has been reduced by around 25%. In East Sussex the Learning Support team has lost 8 out of 14 posts. In Northumberland the number of SEN advisory teachers has reduced by half. In Central Bedfordshire the entire learning support team has been lost. In Lancashire a specialist SLCN teacher team has been disbanded with the loss of the team manager post plus three full time and three part-time staff, out of a previous total of 16 full-time equivalent teachers. The East Riding of Yorkshire no longer has capacity for SLCN within

its school improvement teaching team. Stoke on Trent and Cumbria have both reduced the number of SLCN specialist teachers by a third.

- SLT services: I am aware of budget cuts of over 15% in ten SLT services. In Coventry, 14 SLT jobs are at risk. In Durham, two front-line SLT posts for children with SEN have been lost. The SLT service serving Leicestershire and Leicester City, which has already successfully undertaken a nationally recognised cost efficiency programme undertaken as part of a Department of Health pilot, is being asked for further savings. These will mean the loss of five out of 85 front-line SLT posts. On top of this, the SLT manager post has been reduced from full time to two days a week, and management time for her three team leaders reduced by half.

102. A survey of members by the Royal College of Speech and Language Therapists earlier this year found that of the 109 services in England responding, 70 reported losses of NHS funding, 25 of local authority funding and five of school funding. A more recent survey of adult and child SLT services in the UK has found that 187 SLT posts have been lost from 85 services, and 46 posts frozen. I am also hearing that that more than half of newly qualified SLTs are unable to find posts.

103. It should be emphasised that not all local areas are cutting services. In some areas there has actually been growth. New mainstream resource bases for SLCN have recently been opened in secondary schools in Westminster and in Kent, for example. In Liverpool very long waiting lists for SLT services led to a service review and major new investment by the Primary Care Trust. In Barnet a new two-year specialist teacher post has been established to help schools build their own capacity to meet SLCN. In Torbay Every Child a Talker funding has been doubled so that more settings can be reached. Similarly, Worcestershire are investing £50,000 to increase the reach of Every Child a Talker. In Salford five new SLT posts have been funded by the Primary Care Trust , the local authority is investing in universal early years SLT services, and schools are queuing up to purchase enhanced SLT provision.

104. Where SLT posts are lost, the reasons appear to be local authority budget reductions, and the general requirement for cost improvements in children's community health services, coupled with protection of the health visiting element of this workforce following the steer on this in the current NHS Operating Framework.

105. It is positive that the Healthy Child Programme (HCP) is increasingly being commissioned by Primary Care Trusts as a universal service. All the areas I have visited recently are implementing the HCP two to two and a half year developmental check, for example, or have active plans to do so. There seems to be little recognition, however, that identifying children's needs effectively and early will be pointless if the services required to meet need, such as speech and language therapy, are not in place.

106. The local leaders I met were deeply concerned about future commissioning arrangements for speech and language therapy services. The universal view is that the GPs who will (subject to legislation) lead Clinical Commissioning Groups, have little experience of SLCN, because referrals rarely go through their doors. This view is backed up by a survey of London speech and language therapy managers undertaken at my request, which showed that on average only 9% of SLT referrals go through GPs. There is also a view that Clinical Commissioning Groups will be reluctant to commission any services that take place in schools, because 'that is education's job'.

107. Lack of integration across health and education is a major obstacle to effective and cost-effective SLCN services. Quality and cost-efficiency are affected when those in health and children's

services fail to align their different performance management systems. There are still too many SLT services who are required to report on performance measures such as number of face-to-face patient contacts, and number of episodes of care, and not able to count training others as a legitimate activity. As one SLT reported, "It is becoming increasingly difficult to be given permission to do 'universal' work as there is a strong focus on face to face contact and number of children seen per day."

108. To be effective, and cost-effective, services need to spend a greater proportion of time providing training, modelling and coaching to the adults who spend most time with children (parents, early years professionals and teachers), so that they can support the child's speech and language development round the clock, rather than having therapists 'see' children face to face. Performance measures are still driving inappropriate practice, and not enough commissioners and provider managers are using performance measures structured around the average gains on speech and language measures made by children receiving support, their gains in measured attainment, and their gains in emotional health and wellbeing - performance measures that can be applied to children's services as a whole, rather than rest with a single agency.

Characteristics of effective practice

109. From visits to local areas I have been able to identify a number of characteristics of high-quality, cost-efficient practice.

- There is a strategy for identifying children's SLCN early, through the Healthy Child Programme or other means, so that the majority of children are dealt with early, avoiding the need for costly long-term support. This happens, for example, in Leicester, in Nottinghamshire, in North East Lincolnshire and in Derby. In some areas, like Plymouth and Portsmouth, there are Baby Talk groups or home visiting programmes to support parents in developing their child's language very early indeed - in the first year of life.

- There is a strategy for building the capacity of the children's workforce so that they can effectively promote all children's speech, language and communication development and provide effective intervention for children with lower-level needs - thus ensuring that the specialist skills of speech and language therapists or advisory teachers can be focused on children with the more severe or complex difficulties. In North Yorkshire, for example, a series of DVDs have been produced, with content linked to The Communication Trust's speech, language and communication competencies framework (SLCF). This means that any practitioner completing the on-line SLCF audit of knowledge, skills and understanding is signposted to relevant sections of the training DVD. In Warrington, school clusters have funded the speech and language therapy service to provide substantial training for up to three teaching assistants per school, on a language assessment, listening and attention group programmes, and narrative group programmes.

- Settings and schools are encouraged to develop their own language leads – as in Plymouth, where every Children's Centre has a Communication Coordinator, and Blackpool where this extends to schools as well. Local authority early years teams find ways of developing and accrediting communication and language practice in early years settings. In Manchester, for example, there is a 'Language for learning' accreditation focusing particularly on settings which will be providing the free education offer for the most disadvantaged two years olds. In Leicestershire the early years improvement

team's quality review of private, voluntary and independent settings includes a major focus on communication and language, including a requirement that they use the Every Child a Talker child monitoring profile to track children's progress and identify any children who need additional support.

- Overlap between services provided by speech and language therapists and local authority advisory teachers /early years consultants is avoided. There is joint health/local authority commissioning of an integrated service (team/s of speech and language therapists, early years staff, specialist advisory teachers, specialist teaching assistants or therapy assistants) – as in Bexley, Barking and Dagenham, Blackburn with Darwen and Hampshire's secondary school service.

- There is a skill mix in the services provided, with a blend of well-trained and supported learning support or therapy assistants and therapists/advisory teachers. Examples are Halton's work to recruit and train local parents as speech and language therapy assistants, each of whom is paired with a speech and language therapist for ongoing support as they deliver supervised intervention programmes in home and Children's Centre settings, and the Isle of Wight where an 'assistant practitioner' accredited course has been developed with Southampton University. in North Somerset, highly trained speech and language therapy assistants, supported by SLTs, provide intensive intervention programmes to mainstream primary children with SLCN, with a 90% success rate.

- Specialist clinical experts are employed and provide cost effective interventions - for example, stammering services in Leeds, Bristol and Tower Hamlets, where highly skilled early intervention eliminates stammering in over nine out of ten cases, and augmentative and alternative communication specialists in Kent, Norfolk, North and North East Lincolnshire working in local multi-professional expert teams to provide high-quality services that mean children's needs can be met locally rather than in costly out-of-area provision.

- Speech and language therapy services are provided in settings that minimise the rate of missed appointments, and maximise opportunities for the wider children's workforce and parents/carers to support the achievement of therapy goals. Examples are Hackney, Enfield, Middlesbrough and Redcar and Cleveland. These have succeeded in moving from being largely clinic-based services with long waiting times, to largely setting/school based services.

- Schools and early years settings are able to provide small-group help, where appropriate, for children who need targeted speech, language and communication support. Speech and language therapists/advisory teachers are in a position to provide modelling, coaching and support for these school- or setting-based staff. Examples are Middlesbrough, Sheffield, Leicester, Bolton and Leeds - where there is an accreditation process that ensures the school-based staff delivering the small-group interventions are appropriately skilled.

- Services across the NHS and local authority work together to devise effective ways of reaching disadvantaged and 'harder-to-reach' children and families, in order to reduce inequalities and narrow gaps. In Wandsworth, for example, parents are reached through supermarkets, local festival events and drop-in clubs for parents and toddlers. In Ealing, staff from the traveller education service and the team supporting children in care have been trained on Every Child a Talker strategies, so they can support the

families they work with. Speech and language therapists run Saturday stalls in local parks on how to help children's language development. In Blackburn with Darwen and Ealing there are excellent models of ensuring children are assessed in their home language as well as English. Lambeth runs language groups for looked after children and their carers, and Wigan provide a 'Baby and tots' programme for families where there are domestic violence , substance misuse or child protection issues, or where parents have mental health problems or learning disabilities. This programme aims to increase parents' awareness of early communication, and increase their confidence in interacting with their baby. The speech and language therapist visits parents in their own home to model and support parent/ child interaction. Where children are in foster care, sessions are delivered during the birth parents' contact sessions with their baby at Children's Centres.

- SLCN services are targeted at children and young people with behaviour difficulties, such as the intervention service in East Sussex, which targets children under seven who are at imminent risk of exclusion from school and includes a part-time SLT.

- Strategies are in place to ensure that school staff play their part in supporting or delivering programmes devised by speech and language therapists. In Ealing, for example, speech and language therapists will undertake a block of therapy with a child, observed by a teaching assistant from the child's school. The school are then responsible for delivering the next block. Another strong example of partnership is Sandwell, which have devised the WellComm resource for screening and support for SLCN in children aged six months to six years, which enables settings and schools to be clear about which children need to be referred for specialist help and which they can support themselves, using the strategies from the resource. Other local areas use the equally effective 'Language Link' screening which originated in Kent.

- The potential of information and communication technology is used to increase the reach of specialist services. In Lincolnshire, for example, there is 'First Call' web-based information for schools and settings on how to support children with SLCN. Several speech and language therapy services are developing the use of Skype-type technology to enable specialist therapists to support colleagues' case work at a distance.

- Support is provided for schools and Children's Centres in commissioning additional SLCN services, over and above their core entitlement. In Sheffield, Bristol and Waltham Forest, primary schools agreed that the local authority should topslice their budgets in order to provide a time-limited programme of speech and language therapy services that would enable them to build capacity in their own staff, and provide cost-effective interventions. In Lewisham the SLT service is marketing services for schools effectively, with good take-up, as are Salford and Hackney. In Northumberland, there is a partnership between Newcastle University, the local SLT service and an Academy with a campus across several schools and covering the whole age range. Using funding from each agency and from government's Knowledge Transfer Programme, an SLT has been employed for two years to develop a whole-campus approach to SLCN. This is being evaluated by the university and will provide a blueprint model which other schools can commission from the SLT service in future.

- Services promote whole-school three-Wave approaches to SLCN and help schools develop the model. The A Chance to Talk initiative, developed by ICAN, The Communication Trust and the Every Child a Chance Trust, is a good example.

- Commissioning of services is on the basis of measurable outcomes for children. Robust outcomes/impact measures are in place, and the different interventions provided to children evaluated to identify which have the most impact. Examples are Worcestershire, Ealing, North Lincolnshire and Hackney.

- Parents/carers of children with SLCN and young people themselves are involved in service review and redesign, as in York, Plymouth and Buckinghamshire, and support groups for parents of children with SLCN are set up as an offshoot of Parent Forums.

- The local authority are developing school-to-school support, in which additionally resourced provisions (mainstream resource bases) provide time-limited placements combined with follow-on outreach support for children in their own local schools, or schools and settings are accredited for their good practice and used to provide professional development to other teachers.

- There is active partnership with voluntary organisations, such as the children's communication charity ICAN, whose Early Talk/Primary Talk/Secondary Talk programmes have proved powerful in changing practice in settings and schools, and with Afasic in relation to liaison with families, and the provision of support groups for teenagers and young adults with SLCN.

Conclusion

110. In my role as Communication Champion I have seen a range of highly effective practice across the country. It has been a privilege to witness the commitment and creativity of those who work so hard to improve services for children with SLCN in their area.

111. There have been improvements as a result of their work, the Bercow Review and the subsequent action plan. Some national measures are going in the right direction, particularly in the early years. There has been an increase in joint commissioning by the NHS and local authorities at local level. Some new policy developments at government level have been helpful.

112. Much remains to be done, however, and the reductions to front-line services are of great concern. At a time of austerity it is to be expected that commissioners and providers will seek to find savings. Nevertheless, we have to remember that, as the Bercow Review demonstrated, services for children with SLCN come from a low base. Reducing them further seems neither fair nor, in the longer term, cost effective.

113. As we come to the end of 2011, the national year of speech, language and communication, I make a number of recommendations for national and local government, for voluntary and public sector providers of SLCN services, and for schools.

114. I recommend that the Department of Health:

- amend the Health and Social Care Bill to require joint commissioning of children's community health services by the NHS and local authorities , with budgets pooled across education, health and social care

- ensure that Clinical Commissioning Groups and local authorities are made aware of the particular benefits of joint commissioning of SLCN services , and the problems that children and families face when this does not happen

- include a measure of children's communication and language development at age two in its Public Health outcomes framework

- implement in full the recommendations in my reports on augmentative and alternative communication , asking the NHS National Commissioning Board to procure regional or supra-regional 'hub' centres to assess the needs of children and young people who can benefit from AAC and to provide them with appropriate communication aids and services, in partnership with locally commissioned AAC 'spoke' services.

115. I recommend that the Department for Education:

- implement in full the plans set out in the Special Educational Needs and Disability Green Paper to use published data to hold schools to account for the progress made by their lowest attaining children

- require all teachers to adapt their day to day teaching methods to meet the special educational needs of children in their classes, through a revised SEN Code of Practice to which schools must have regard.

- fund voluntary sector strategic partners to manage a portal providing parents and schools with regularly updated information on evidence-based interventions and reasonable adjustments for SLCN, along with other major types of SEN and disability

- make changes to the statutory assessment system so that Single Plans specify the speech, language and communication competence levels of those who work with a child in their setting, school or college, and access to advice and support from those with specialist-level competences

- work with the National College of Leaders of Schools and Children's Services to improve the leadership of SEN and SLCN in schools and Children's Centres through revisions to their leadership programmes

- for children in the Foundation Years, make explicit the need for quality frameworks for allocating free early education places to include settings' capacity to promote children's development in the three prime areas of learning; ask strategic partners to disseminate examples of effective local quality schemes for communication and language

- fund local professional development for Foundation Years practitioners to enable them to assess and support children's communication and language development , within the revised EYFS Framework

- ensure that early years settings providing for disadvantaged two year olds have staff with appropriate levels of training in language development

- pursue the intent to provide parents with interesting, accessible information on how to enjoy and support their child's communication and language development from birth onwards, using resources developed in the national year of communication and the full range of technologies – phone apps with free film and text content, social media, texting, daytime television and so on – in order to ensure reach

- ensure that generic parenting programmes funded by government or recommended as part of early intervention strategies include components focused on promoting

children's language and communication development as well as their social and emotional development

- include speaking and listening as core elements of a revised National Curriculum, building on the Early Years Foundation Stage early learning goals and incorporating a clearly articulated progression in children's learning 5-19.

116. I recommend that both Departments :

- through the SEN and Disability Pathfinders, develop and disseminate models for integrated health/education planning for children with SLCN not eligible for a Single Plan

- bring together the Public Health outcomes framework , Health Premium and Children's Centre payment by results programme into a single accountability framework for the Healthy Child Programme 0-5

- focus particularly on children under two and their families , drawing together research and best practice in language development to inform the work of Children's Centres, midwives , health visitors and speech and language therapists.

117. I recommend that local government:

- develop multi-agency community-wide strategies to promote all children and young people's language development, particularly in areas of social disadvantage , building this into emerging Public Health arrangements and the new offer of free early years education for disadvantaged two year olds

- use quality frameworks for allocating free early education places which include settings' capacity to promote children's development in the three prime areas of learning , including communication and language

- support settings in achieving quality through the type of professional development and work with parents that has been tested in the highly effective Every Child a Talker programme

- commission, across the NHS and education, a continuum of core specialist services for speech, language and communication, and provide information to parents on this core local offer

- encourage schools to bring additional resources to the table, commissioning enhanced services to meet their children's needs at universal and targeted levels

- develop effective local AAC services involving SLTs, occupational therapists, teachers and technicians.

118. I recommend that the voluntary sector, research community and Royal College of Speech and Language Therapists:

- pursue plans to provide parents and schools with regularly updated information on evidence-based interventions and reasonable adjustments for SLCN

- develop assessment tools that schools can use to evaluate the impact of targeted interventions for SLCN

- work together to bring a greater range of researched school and setting-based SLCN interventions to market

- further develop accreditation schemes for communication-friendly settings and schools, building capacity in the system for those settings to lead others' practice

- work with the National College of Leaders of Schools and Children's Services to build best practice in meeting SLCN into programmes for Children's Centre and school leaders

- develop a programme of work to support SLTs in marketing their services to schools, including Academies and free schools, and to Directors of Public Health.

119. I recommend that schools:

- understand that poor language and communication skills affect every aspect of children and young people's learning and behaviour , so that improvements to language and communication are central to school improvement

- adopt a three-wave approach which at Wave 1 provides classroom and subject teaching that promotes all children's communication skills, at Wave 2 targeted small group interventions from trained teaching assistants for children with language delay, and at Wave 3 effective partnership with specialists that includes having a very highly trained teaching assistant able to work under the direction of a speech and language therapist to implement intervention programmes

- commission specialist services to train and support school staff in developing this three-wave approach.

- ensure that class and subject teachers adapt their day to day teaching to meet the needs of children and young people with SLCN, rather than just relying on Teaching Assistant support for individuals and groups

- screen children with behaviour difficulties in order to identify any underlying SLCN they may have.

120. If these recommendations can be enacted, the future really will improve for children and young people with SLCN and their families. Until then, the jury must remain out on whether the Bercow action plan, the national year and my work have truly made the scale of difference that those children and families need to see.

Annex – the context

The Bercow Report

121. The independent Bercow Review report to government, *A Review of Services for Children and Young People (0-19) with Speech, Language and Communication Needs*, was published in July 2008. The report identified that:

> "*To prevent poor outcomes for children and young people with speech, language and communication needs (SLCN) we need to raise the profile and understanding of speech, language and communication among all policy makers, commissioners and service providers nationally and locally, as well as among professionals working with children and young people in mainstream, targeted and specialist services. For all the above groups, their working life is already awash with competing priorities. If we want and expect them to ensure that children and young people with SLCN get the right support at the right time, it is essential that they understand the fundamental nature and importance of communication. To develop and maintain speech, language and communication issues as a genuine priority at a national and local level, the system needs effective leadership from the centre."*

122. To raise the profile of speech, language and communication and all forms of SLCN, Bercow recommended that government should create a national **Communication Council** to monitor and support the report's forty recommendations, and a **Communication Champion** to promote change and improvement. It also recommended that government should commission a **national year** of speech, language and communication, led by the Champion, to share effective strategies and leave meaningful long-term benefits.

The government's action plan

123. In response to the Bercow Report, the then Department for Children, Schools and Families (DCSF) and Department of Health (DH) published *Better Communication: An action plan to improve services for children and young people*, in December 2008. This confirmed that Ministers would appoint a Communication Champion, for a fixed term, following an open recruitment process. It also confirmed the creation of a Communication Council, and that there would be a national year of speech, language and communication, in 2011.

124. The action plan set out that the Communication Champion would be a key member of the Communication Council, and would be responsible for:

- Promoting the importance of speech, language and communication for children across England amongst commissioners, service providers, the children's workforce and the wider public with particular focus on those with SLCN;
- Identifying and sharing good practice in supporting the development of speech, language and communication in children;
- Working across government, delivery partners and other stakeholders to co-ordinate each initiative and build on prior work to improve services for children and young people with SLCN; and
- Planning, organising and leading the national year of speech, language and communication in 2011.

125. It set out as an early task for the Champion to review the effectiveness of augmentative and alternative communication provision in different areas of the country to identify effective practices and inform the development of future initiatives to improve services.

Accountability and organisation

126. The Communication Champion is funded jointly by the Department for Education (DFE) which replaced the DCSF, and by DH. The Champion is accountable to Ministers, and also reports progress to the Communication Council at each of its quarterly meetings.

127. Jean Gross was appointed by Ministers, in October 2009, as the Communication Champion from January 2010. The post was originally intended to run to March 2012, but the end date was subsequently by agreement revised to December 2011.