Placing children and young people at the heart of delivering quality speech and language therapy: Guidance on principles, activities and outcomes

Contents

Defining terms

Speech refers to saying sounds accurately and in the right places in words. It also relates to speaking fluently, without hesitating, prolonging or repeating words or sounds. It also means speaking with expression in a clear voice, using pitch, volume and intonation to add meaning.

Language refers to understanding and making sense of what people say. It also includes using words to build up sentences which are used in longer stretches of spoken language and to build conversations. This skill involves putting information in the right order to make sense

Communication refers to how we interact with others; being able to talk to people and take turns as well as change language to suit the situation. It includes non-verbal communication; for example, eye contact, gestures and facial expressions. In addition, communication relates to being able to consider another person's perspective, intentions and the wider context.

Taken from: RCSLT (2017), Justice Evidence Base

Acknowledgements

Who are the children?

The world in which children and young people across the UK are growing up today has changed almost beyond recognition since the Royal College of Speech and Language Therapists (RCSLT) was established in 1945. What remains consistently true, however, is the extent to which communication skills underpin life chances and outcomes for everyone (I CAN & RCSLT, 2018).

More than **10% of children** have speech, language and communication needs (SLCN). **At age five, 7.58%** have a language disorder that isn't linked to another condition, referred to as developmental language disorder. **A further 2.34%** have a language disorder linked to or co-occurring with another biomedical condition, such as autism or hearing impairment (Norbury et al, 2016). In addition to this, conditions such as stammering and cleft lip and/or palate also result in speech, language and communication needs. In areas of social deprivation**, upwards of 50% of children** can start school with communication difficulties (Law et al, 2011; Locke et al, 2002).

If left unidentified and unsupported, communication needs can have long-term implications across educational attainment, employment, social mobility, mental health and involvement with the justice system, perpetuating the intergenerational cycle of risk.

Another area of risk for children and young people can be found in feeding and swallowing difficulties, which between 26.8% and 40% of infants born prematurely can experience (Uhm et al, 2013; Lee et al, 2011). Without intervention, such issues can have a severe impact on a child's health and quality of life.

More detail on the incidence, prevalence and impact of speech, language, communication and swallowing needs can be found in **Appendix A** on page 18 of this document and on the [RCSLT website](#).

A strategy for children and young people's speech and language therapy services

Approximately 60% of speech and language therapists (SLTs) within the RCSLT membership work with children and young people across the UK, supporting those with speech, language and communication needs, as well as feeding and swallowing difficulties. They work across a wide range of settings, from schools, family homes and community areas to hospitals and specialist centres.

Every child has their own story, needs and aspirations. Every family is different, with their own cultural context and situation. And every employer and workplace will have their own policies situated within a wider framework of local and national policy and legislation.

Navigating through so diverse a landscape requires both a detailed route map and a clear sense of direction. As part of its Strategy for Children and Young People's Speech and Language Therapy Services, the RCSLT recently undertook a review of the guidance it provides to the speech and language therapy profession.

Dialogue with parents and young people, SLTs and other partners working with children formed the heart of this process, resulting in guidance that has been co-produced with those it is intended to support. These conversations revealed guiding principles of best practice, as well as identifying outcomes for children and young people that SLTs directly contribute to – the clear sense of direction that provides the overarching framework for best practice included in this document.

At the same time, the RCSLT is developing a growing online web of resources that its members can access for guidance, evidence and influencing. This is shaped around the guiding principles, activities and outcomes included here, embedding the high-level in illustrative detail that forms a detailed route map for best practice.

Learning from parallel work across the UK directly informed the creation of this content, some of which is mentioned below; broader and more regularly updated information on policy is available from the RCSLT website. Evidence and recommendations from the [Bercow: Ten Years On](#) report published in 2018 by I CAN and the RCSLT, along with reports such as the [Role and Impact of Speech and Language Therapy Provision in Sure Start in Northern Ireland,](#) influenced the direction taken.

Developments in Scotland following the 2016 Scottish Government and RCSLT Communication Summit also informed this work, including the draft action plan for systemic change and growth of Scotland's speech, language and communication assets. Guidance on speech, language and communication produced to support [Flying Start](#), the Welsh Government's early years programme for families with young children living in areas of disadvantage, provided additional context to the process.

Keeping the voices of children and their families at the heart of this strategy demonstrates an ongoing shift in perspective in line with initiatives such as [Ready to Act](#) in Scotland. Rather than focusing on issues that need resolving, the RCSLT is focusing on the whole

person; a social rather than medical model of thinking. Rather than asking how children and their families can make speech and language therapy work for them, this guidance asks how speech and language therapy can work for children and their families.

For young people and their families, this content reflects the long-term goals conveyed in the course of consultations. It also illustrates what SLTs do to help meet those goals as part of a child's wider landscape of support.

For the wider range of professionals working with children and young people, there are messages contained here that apply across settings and multidisciplinary teams.

For decision-makers, this provides insight into the outcomes that matter to young people and their families as described in their own words. It also shows how speech and language therapy directly contributes towards meeting these outcomes, and what best practice entails.
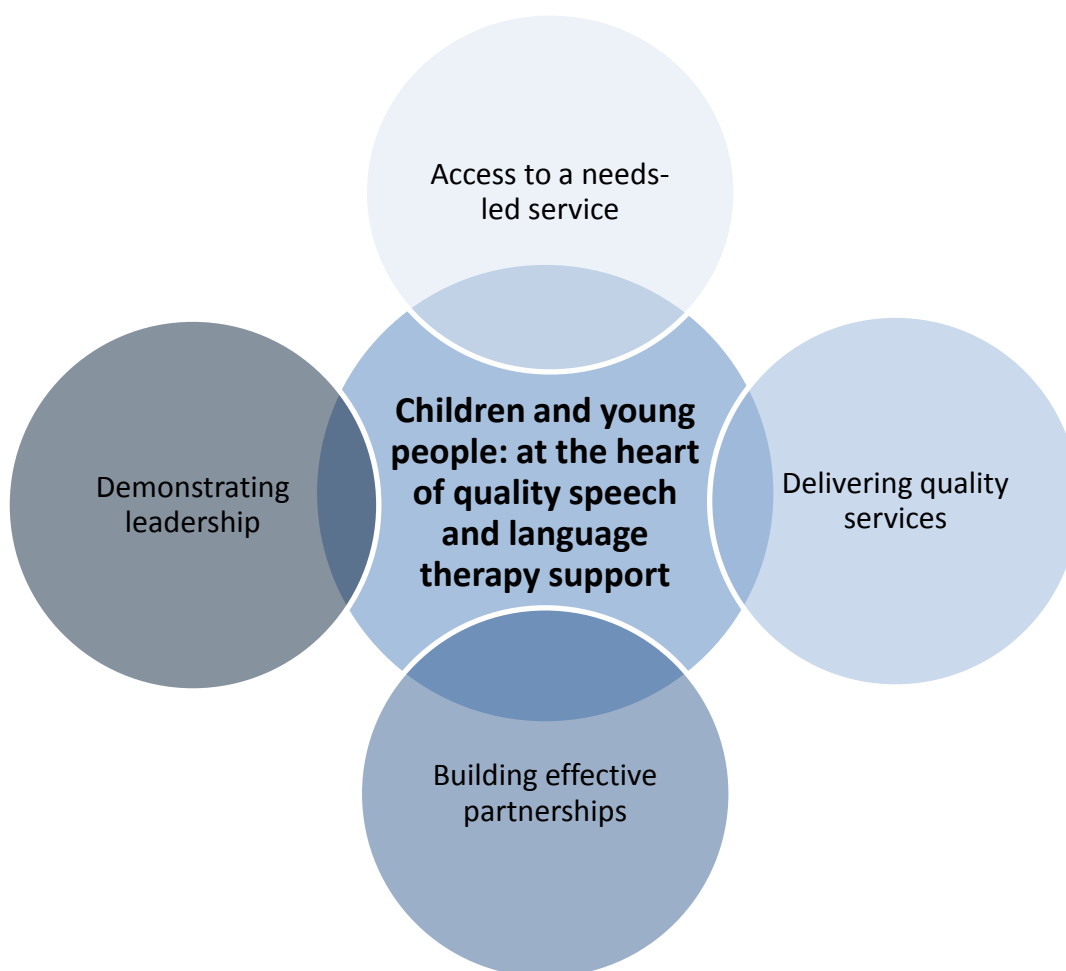
For the speech and language therapy profession, the guiding principles, activities and outcomes provide a fixed point of reference designed to sit above differences in local policy, setting and national framework. This is a unifying message that keeps children and young people at its heart.

More detail on the RCSLT Strategy for Children and Young People's Speech and Language Therapy Services can be found in **Appendix B** on page 21 of this document and on the [RCSLT website](#).

Guiding Principles

Through dialogue with SLTs, children and their families, and other partners working with young people, a picture emerged that revealed overarching themes of best practice. These were developed into guiding principles, designed to run through all settings and provide a framework for best practice that remains relevant amidst changing contexts.

Children and young people are at the heart of these guiding principles. There are 14 high-level principles, which are underpinned by supporting statements. They fall into four areas, as demonstrated below:

Access to a needs-led service

Demonstrating leadership

Children and young people: at the heart of quality speech and language therapy support

Delivering quality services

Building effective partnerships

Access to a needs-led service

All children and young people should be able to access speech, language, communication and swallowing support that is tailored to their needs, priorities and preferences. This should be designed collaboratively with their involvement and outcomes in mind, and delivered at a time that works best for them.

1.   Addressing barriers to access

   i.   Understand the demography and epidemiology of the local population, using appropriate data to inform local population needs, service models and workforce development.

   ii.   Treat non-attendance as a trigger for review of individual needs in the context of service models, taking action to identify and remove barriers to access.

   iii.   Engage with local communities to co-produce services and resources that meet the needs of children and families within that community.

   iv.   Ensure that service design, discharge policy and caseload management take into consideration health inequalities and known risks within the local population.

2.   Prioritising early identification and intervention at all ages and stages

   i.   Intervene early to identify needs and undertake preventative work to promote the development of speech, language and communication skills for all children.

   ii.   Provide support and training to families and professionals working with children so that they are aware of their central role in contributing to early identification.

3.   Child-focused environments

   i.   Promote inclusive environments that support cultural and linguistic diversity within all contexts, including whole school and whole nursery approaches.

   ii.   Provide support at the most appropriate time and in the most appropriate context for children and their families.

4.   Child-focused planning

   i.   Support children and their families in identifying and communicating the outcomes that matter most to them.

   ii.   As part of shared decision-making, support children and families in being aware of and choosing between options available to them.

iii. Prioritise the needs and choices of children and their families when planning, delivering and reviewing the service provided, monitoring progress against the agreed outcomes.

Delivering quality services

Quality practice starts with the responsibility of the individual SLT and continues with the commitment of services to facilitating its delivery. Quality practice is evidence-based and outcomes-focused, requiring the prioritisation of research and a culture of quality improvement.

5.   Continuing professional development

i. Maintain high levels of professional autonomy and accountability, engaging in reflective practice and self-assessment to support continuing professional development.

ii. Stay up to date with relevant evidence, policy and legislation to ensure the delivery of informed practice.

iii. Access appropriate supervision that contributes to continuing professional development, the delivery of quality services and improved outcomes for service users.

6.   Growing the evidence base

i. Contribute to research by fostering a culture of data collection, sharing good practice and developing the profession-wide evidence base.

ii. Use the best available evidence to develop and deliver quality services.

7.   Focusing on outcomes and quality assurance

i. Identify, prioritise and audit outcome measures at all stages of developing and delivering quality services.

ii. Provide ongoing service evaluation, assessing how efficiently and effectively resources are being used and the role of quality improvement within this.

Building effective partnerships

Partnership working is a core strand of delivering quality services. It means working with children and young people, their families and the wider workforce to build a culture of trust and positive relationships to achieve outcomes. Effective collaboration allows for a holistic approach that supports children and young people's speech, language, communication and swallowing needs across all education, health and social contexts.

8.   Engaging and empowering children and their families

i.   Support children and their families in making choices about the support they access.

ii.   Involve children and their families at every stage of specialist service delivery, designing strategies and agreeing outcomes based on their choices and needs.

iii.   Work with children and their families to create a shared understanding and ownership of their speech, language, communication and swallowing needs.

9.   Collaborative working

i.   Work in partnership with other SLTs and the wider workforce to support the planning and delivery of quality services.

ii.   Demonstrate how all those working with children can contribute to an inclusive communication environment.

10.   Raising awareness, advocating and influencing: as an individual professional, at service level and as a professional body

i.   Raise awareness of speech, language, communication and swallowing needs and their impact on children.

ii.   Advocate for speech, language, communication and swallowing needs being the business of everyone, not just the speech and language therapy profession.

iii.   Collaborate to influence local and national policy, raising the profile of speech and language therapy and how it contributes to improved outcomes for service users.

Demonstrating leadership

It is everyone's responsibility to demonstrate leadership behaviours when planning, delivering and evaluating services. Resilience and efficiency at an individual and service level are key components of leadership.

11.   Strategic vision

i.   Take initiative in influencing decision-makers on the commissioning, planning and delivery of quality speech and language therapy services.

ii.   Advocate for evidence-based and outcomes-focused approaches to speech and language therapy services.

iii.   Align with the strategic vision of local and national health, education and social care providers to provide effective, joined-up services.

iv.   Demonstrate awareness of local decision-making structures, service providers and service user organisations, working to raise awareness of speech, language, communication and swallowing needs at all levels.

12.   Innovative and value-focused approaches

i.   Be innovative in designing and delivering service options that focus on the needs of children and their families.

ii.   Use resources efficiently and effectively, highlighting the value speech and language therapy services provide.

iii.   Monitor and evaluate the impact of services through regular evaluation and audit.

13.   Leadership in planning

i.   Identify the resources and skills needed by SLTs to meet the needs of children within the local population.

ii.   Incorporate demand and capacity planning for both clinical and professional activities into speech and language therapy design.

iii.   Engage with the wider workforce to ensure quality training that promotes inclusive communication environments.

iv.   Monitor, influence and respond to changes in local and national policy, guidance and legislation.
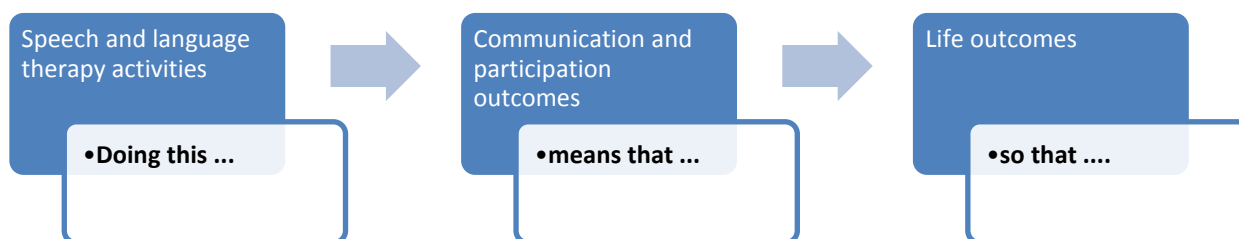
14.   Leadership in evidence-based practice

   i.   Keep up to date with research and available clinical and professional resources to inform service delivery models and planning.

  ii.   Identify service research priorities, incorporating an up-to-date knowledge of the speech, language, communication and swallowing needs of the local population.

 iii.   Create service structures that support all team members in developing their clinical knowledge in line with the latest evidence.

 iv.   Share evidence-based best practice guidelines with families and external stakeholders working with children, selecting accessible formats where appropriate.

Activities and Outcomes

As well as guiding principles, conversations with children and their families, SLTs and other partners working with young people also led directly to a series of outcomes and activities. These were developed in the following stages:

1) Studies asking children and young people about the big-picture outcomes that matter to them and research into national outcome frameworks from across the UK pointed to **six life outcomes for children and young people.**

2) Conversations were then directed specifically through the prism of speech, language, communication and swallowing needs. This resulted in **12 communication and participation outcomes for children and young people** that map directly onto the big-picture goals already identified.

3) Finally, members of the speech and language therapy profession identified the **activities** that they undertake that enable children and young people to achieve these functional outcomes. These are presented at **both an individual and service level**.

These co-produced activities and outcomes represent the voices of those involved in the RCSLT Strategy for Children and Young People's Speech and Language Therapy Services. They are an illustration of the collaborative, child-centred and outcomes-focused approach taken throughout the Strategy. Presented below in a theory of change model, the activities and outcomes also demonstrate the value of speech and language therapy.

| Speech and language therapy activities		Communication and participation outcomes		Life outcomes
•Doing this …	→	•means that …	→	•so that ….

When reading these, it is important to note that interventions should always be evidence based where evidence exists. The impact of any intervention used should always be measured.

More detail on the background to the RCSLT Strategy for Children and Young People's Speech and Language Therapy Services can be found in **Appendix B** on page 21 of this document and on the RCSLT website. This includes more detail on the development of these activities and outcomes, including illustrative quotes and suggested tools.
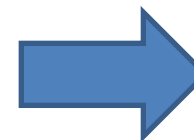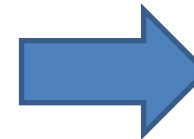
Speech and language therapy activities: individual level

➤ Provide learning opportunities for the development of skills, confidence and competencies through a range of mechanisms and mediums including coaching, modelling and learning activities

➤ Raise awareness of speech, language, communication and swallowing needs and their impact on an individual's ability to take part in day-to-day activities (especially in the workplace and educational settings) and advocate for children and young people's rights and needs

➤ Provide reassurance, coaching and learning opportunities to enable families to support communication and swallowing development

➤ Provide advice, training and support to early years, schools, community and other settings to foster inclusive environments

➤ Develop and deliver evidence-based functional interventions in partnership with children and young people, their families and others around them

➤ Provide children and young people with access to approaches and resources so they can communicate

➤ Provide training and support to families and other professionals so that they can safely support children with eating, drinking and swallowing needs and make mealtimes enjoyable
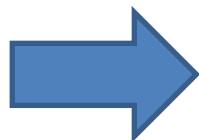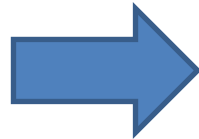
Communication and participation outcomes

➤ I can express myself, be understood and understand others

➤ People around me who support my learning and education will understand, and respond to, my speech, language, communication, eating and drinking needs

➤ My speech, language and communication needs are identified early on

➤ My family understands my needs and is equipped to support my speech, language, communication, eating and drinking, and social skills development

➤ I am able and confident to develop and maintain meaningful relationships
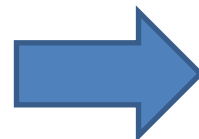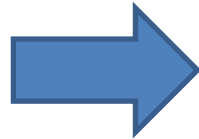
➤ I am involved in decisions that affect me

Life outcomes

➤ I am able to learn

➤ I am able to achieve my goals

➤ I feel valued, included and accepted

➤ I am healthy and happy

➤ I feel supported and safe
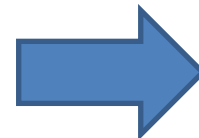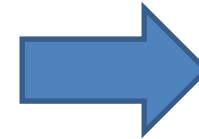
➤ I am in control of my life

Speech and language therapy activities: individual level

➢ Signpost families and relevant others to speech, language and communication information, tools and advice

➢ Agree functional targets in partnership with children and young people, their families and people around them based on outcomes that are important to them

➢ Identify appropriate strategies to enable children and young people to self-monitor, repair communication breakdown and support implementation

➢ Conduct specialist assessment of speech, language, communication and swallowing needs, ensuring culturally and linguistically appropriate approaches

➢ Ensure families in the home and other family contexts have culturally and linguistically appropriate support

➢ Raise the profile of speech and language therapists and of their role and value in supporting the wellbeing of children and young people

➢ Support implementation of evidence-based language programmes in early years and education settings to support children and young people at risk of delayed language development

Communication and participation outcomes

➢ I have the functional skills I need to participate in everyday activities

➢ I am aware of my capabilities and needs and am able to ask for help

➢ My community is aware of, and adaptable to, my speech, language and communication needs

➢ I am able and confident to take part in learning and education activities

➢ I feel accepted and supported to take part in activities I enjoy

➢ I am able to eat and drink safely and enjoy my mealtimes

Life outcomes

➢ I am able to learn

➢ I am able to achieve my goals

➢ I feel valued, included and accepted

➢ I am healthy and happy

➢ I feel supported and safe

➢ I am in control of my life

Speech and language therapy activities: service level

- Understand the systems and community context in which speech and language therapists work

- Work within a transdisciplinary framework

- Identify the needs of the population, through knowledge of prevalence and incidence, to ensure inequalities resulting in barriers to access are identified and addressed

- Identify, network and influence health, education, social and political leaders to raise the profile of speech and language therapists, their role and essential value in supporting the wellbeing of children and young people

- Upskill, raise awareness in and engage the wider workforce and community, for example the voluntary sector and youth justice, in issues surrounding children and young people with speech, language, communication and swallowing needs

- Use audit and quality improvement methodology to ensure continuous service improvement
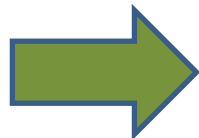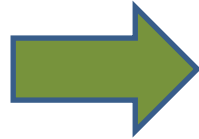
Communication and participation outcomes

- I can express myself, be understood and understand others

- People around me who support my learning and education will understand, and respond to, my speech, language, communication, eating and drinking needs

- My speech, language and communication needs are identified early on

- My family understands my needs and is equipped to support my speech, language, communication, eating and drinking, and social skills development

- I am able and confident to develop and maintain meaningful relationships

- I am involved in decisions that affect me

- I have the functional skills I need to participate in everyday activities

- I am aware of my capabilities and needs and am able to ask for help

- My community is aware of, and adaptable to, my speech, language and communication needs

- I am able and confident to take part in learning and education activities

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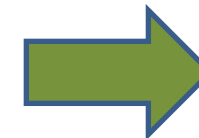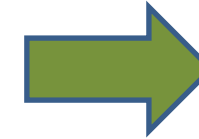- I am able to eat and drink safely and enjoy my mealtimes

Life outcomes

- I am able to learn

- I am able to achieve my goals

- I feel valued, included and accepted

- I am healthy and happy

- I feel supported and safe

- I am in control of my life

Summary

This document starts and ends with children and young people. It highlights the impact of speech, language, communication and swallowing needs on educational attainment, employment chances, health and wellbeing. It also demonstrates the value of the speech and language therapy profession in meeting these needs.

The guiding principles, activities and outcomes described here were co-produced with SLTs, teachers, parents, young people and others working with children. Hearing and responding to the voices of all involved allows for a consensus to be reached, which results in a stronger platform based on shared experiences, needs and goals.

This unified voice presents a framework for change, providing high-level guidance that outlines a clear sense of direction. While there will be different approaches to implementing this, the message at its core remains clear: placing children and young people at the heart of delivering quality speech and language therapy services.

Appendices

A) Incidence, prevalence and impact of speech, language, communication and swallowing needs

An overview of the incidence, prevalence and impact of speech, language, communication and swallowing needs is provided below, and is correct at the time of printing. Visit the RCSLT website for more extensive condition-specific information, guidance on assessing your local population and to check if additional evidence is available.

More than 10% of children have speech, language and communication needs:

- **7.58%** of children (two in every class of 30) start school with developmental language disorder (Norbury et al, 2016).
- A further **2.34%** of children start school with a language disorder linked to or co-occurring with another condition (Norbury et al, 2016).
- In addition, children with conditions such as stammering and cleft lip and/or palate will also experience speech, language and communication needs.

According to 2017 Department for Education school census data from England, **234,076 children have SLCN** as their primary type of special educational need (Department for Education, 2017).

- This doesn't include the children with other primary needs who are also highly likely to have some level of SLCN, e.g. hearing impairment, autistic spectrum disorder. **Autism** is thought to occur in at least **1% of children** (NICE, 2017).
- Approximately **840 babies** are born annually in the UK with a significant deafness. There are more than **48,000 deaf children** in the UK, plus many more who experience temporary deafness (CRIDE, 2014).

- In addition to any condition already mentioned, research shows that upwards of **50% of children** in areas of social deprivation can start school with communication difficulties (Law et al, 2011; Locke et al, 2002).
- At the end of Key Stage 4, the 'attainment gap' between children with SLCN and their peers is marked; **15% of young people with SLCN** achieve **five GCSEs A* - C** or equivalent, compared to **57% of all young people** (Better Communication Research Programme, 2012).

Communication needs and social deprivation

- By **18 months,** there are detectable social economic status-related disparities in infants' language processing skills (Fernald et al, 2013).

- By **age four**, disadvantaged children are, on average, already almost **a full year and a half** behind their more affluent peers in their early language development (Sutton Trust, 2012).

The impact of speech, language and communication needs

Literacy
- One in four children who struggled with language at age five did not reach the expected standard in English at the end of primary school compared with one in 25 children who had good language skills at age five (Save the Children, 2016).

Numeracy
- One in five children who struggled with language at age five did not reach the expected standard in maths at the end of primary school compared with one in 50 children who had good language skills at age five (Save the Children, 2016).

Behaviour
- 81% of children with emotional and behavioural disorders have significant language deficits (Hollo et al, 2014).

Offending behaviour
- More than 60% of young people in the youth justice estate have communication difficulties (Bryan et al, 2007).

Mental health
- Children with vocabulary difficulties at age five are three times as likely to have mental health problems in adulthood (Law et al, 2009).

Employment
- Children with vocabulary difficulties at age five are twice as likely to be unemployed when they reach adulthood (Law et al, 2009).

A selection of prevalence statistics related to swallowing difficulties

Cardiac disorders

- 18% of children have been found to be dysphagic after cardiac surgery (Khor et al, 2000).

Cerebral palsy

- 99% of children with severe cerebral palsy have dysphagia (Calis et al, 2008).

Cleft lip and/or palate

- Approximately 10 in every 10,000 babies are born with cleft lip (with or without palate) (Boyd et al, 2011).

- In 2012, 1127 babies were reported as born with cleft lip and/or palate annually in England, Wales and Northern Ireland (CRANE, 2013).

Premature babies

- Babies born prematurely are at risk of feeding and early communication difficulties. Approximately 700,000 babies are born prematurely each year in England and Wales.

- Of these babies, roughly 86,000 will be admitted to a Neonatal Unit (NNU). Babies may require specialist neonatal care if they are born prematurely, born with a low birth weight, or have an illness or medical condition that requires specialist attention (RCPCH, 2015, pg.7).

- Data from 2014 shows nearly 1 in 8 births require admission to the NNU (RCPCH, 2015, pg.7).

Trauma

- There is a high incidence of behavioural feeding difficulties associated with children who have had a traumatic medical history, e.g. tube feeding, surgery, tracheostomy (Douglas & Harris, 2001).

B) Background to the Development of the RCSLT Strategy for Children and Young People's Speech and Language Therapy Services
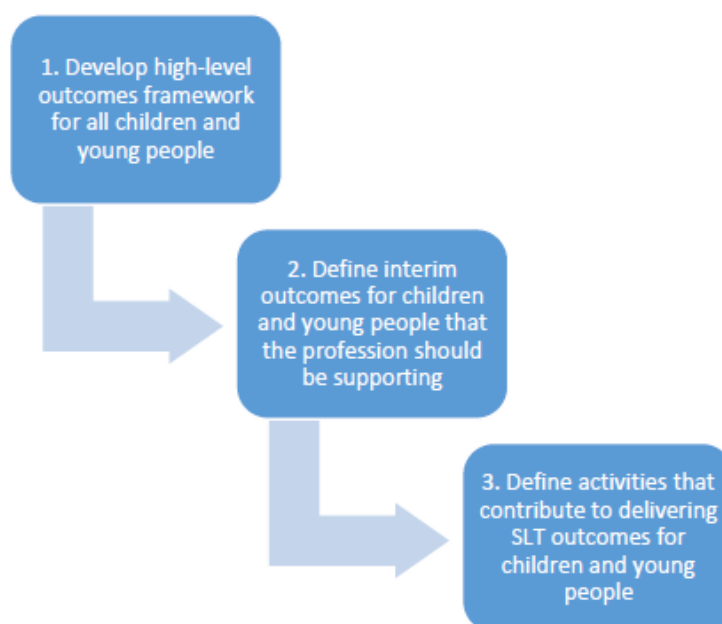
Methodology

In 2016, the RCLST embarked on an extensive review of the guidance, resources and support provided to its members who work with children and young people. This process took place in partnership with members and other relevant stakeholders, whose engagement directly informed the content produced.

The aim of this engagement was to consider:

1. The impact that the speech and language therapy profession wants to have on children and young people within the context of national outcomes frameworks and legislation; and

2. The best practice activities, approaches and tools to achieve each of the outcomes.

Information gathered from the engagement process was then developed in three stages:

1. Develop high-level outcomes framework for all children and young people

2. Define interim outcomes for children and young people that the profession should be supporting

3. Define activities that contribute to delivering SLT outcomes for children and young people

These three stages replicate a theory of change model, which is often used to influence decision-makers. It works back from the end goal (the ultimate outcome) to what an individual or service can do to help achieve this (activities). Activities are therefore mapped to their end result, building evidence of an outcomes-focused approach.

Stage 1: Developing Life Outcomes

The process aimed to identify high-level outcomes for all children and young people across the UK. It involved the consideration of government health and wellbeing frameworks from Northern Ireland, Wales, Scotland and England, and research that presented the views of children and young people on outcomes that matter to them. Subsequent analysis of this information focused on pinpointing the ideas common to all outcomes frameworks and developing these into draft outcomes that would be holistic and inclusive of national differences. These draft outcomes were reviewed and refined, giving rise to the life outcomes.

Stage 2: Developing Communication and Participation Outcomes

The next stage of this project involved highlighting outcomes for children and young people that are viewed through the prism of speech, language, communication and swallowing needs. To find these functional outcomes, the views of children and young people and their families were sought once again, as well as those of others such as commissioners, third sector professionals and a range of healthcare professionals. Once developed and refined, these outcomes were mapped to the life outcomes.

Stage 3: Identifying Speech and Language Therapy Activities

The final stage to developing a theory of change was to look at how activities undertaken by the speech and language therapy profession contribute to the identified functional outcomes and therefore to the ultimate outcomes. To do this, RCSLT members were asked to consider what SLTs do to enable children to achieve the identified outcomes.

Guiding Principles

Initial analysis of the engagement process identified overarching themes that ran through the activities and outcomes outlined in this document.

These were further developed by the Steering Group for the RCSLT Strategy for Children and Young People's Speech and Language Therapy Services, and reviewed, refined and mapped against existing RCSLT guidance.

This process resulted in the four guiding principle areas included in this document, designed from the engagement process described above, informed by evidence from parallel work across the UK and developed in order to provide an overarching framework of best practice.

Who engaged with this process? A snapshot:

1,362 RCSLT members with a wide range of experience, including SLTs:
- based in England, Scotland, Wales and Northern Ireland;
- independently employed;
- employed by the NHS, schools, local authorities, universities and the justice sector;
- based in secure settings, specialist units, children's centres, mainstream schools and community health settings;
- working directly with children and young people from 0-25 years; and
- in service managerial positions.

184 practitioners and professionals involved in services for children and young people, including:
- teachers;
- commissioners;
- early years practitioners;
- paediatricians;
- SENCOs;
- youth offending workers; and
- health visitors.

440 parents and carers

19 organisations, including those that:
- represent parents and carers;
- represent children and young people with communication needs; and
- represent professional organisations.

What did people tell us?

Provided below are examples of verbatim quotes from online conversations with some of the stakeholders described above. These are displayed next to the outcome under discussion during the conversation.

Functional Outcome	What people told us
I can express myself, be understood and understand others	*"Children understand the vocabulary they should use, and who to go to, if they feel worried about something or feel unsafe."* *"Children and young people are able to advocate for themselves. They are able to engage in discussions about their plans and future and able to express their choices and opinions."* *"I feel I can talk to an adult about being bullied or about the ways others are treating me. I feel I will be supported and protected."* *"Being able to communicate would help my child have a better life. He would feel less frustrated and be better able to express his feelings. He would be able to say where things hurt and would be able to ask for help when he needed it."*
People around me who support my learning and education will understand, and respond to, my communication, eating and drinking needs	*"All teaching staff should have speech, language and communication as part of their initial training. They should have access to CPD which is relevant and meaningful to their practice as they continue to practice – not just in specialist settings but crucially in mainstream, which aims to be genuinely 'inclusive'."* *"Speech and language therapists need to be embedded in the education system. This can only be achieved by being an integral part of schools."* *"Basic training in speech, language and communication would be part of educational training. Staff would know how to integrate targets into everyday contexts and recognise the importance of enabling the child's method of communication throughout the day."*

My speech, language and communication needs are identified early on	*"Preventative work taking place at universal and lower targeted level in the Early Years is not an optional extra but an essential element of the work of our profession."* ***"Early intervention is so important for language development and communication. SLTs could train nursery staff to intervene in play and daily routines so as to promote communication 24/7."***
My family understand my needs and is equipped to support my speech, language, communication, eating and drinking, and social skills development	*"If we get our services right, then families of children and young people with communication and special needs have a deep understanding of not only their children's needs, but also their strengths and abilities. And instead of just focusing on their needs, they focus on their assets and strengths, and as a result their children can have a happier and healthier life."* ***"Parents/carers are the child's best expert. Programmes that equip parents with the tools to develop their child's listening and spoken language at home are highly successful. Integrating listening and language into every day routines is key to successful outcomes and parents need coaching and supporting at different stages of their child's (and their) journey."*** *"Parents and carers are able to use the preferred communication method of their child."*
I am able and confident to develop and maintain meaningful relationships	***"Children are equipped with social communication strategies that enable them to engage appropriately with peers and to develop and maintain friendships, as we know that having friendships is so important to children's emotional health and wellbeing."*** *"Friendships are key for positive wellbeing and a particular issue for many children and young people with SLCN. This could perhaps be an ultimate outcome in itself?"* ***"Communication would mean that my daughter would be able to make friends more readily and explain to peers about the difficulties she has."***

I am involved in decisions that affect me	*"Children and young people would be participating in decision making especially in relation to decisions about them. This goes back to the "no decision about me without me."* ***"Goals identified for a child or young person would be jointly agreed with them, their families and school staff. The goals would be achievable and relate to what matters to the child/young person."*** *"Children and young people are given the opportunities and means to say how they want to be supported by our service and by other services. They are included in setting their own targets/outcomes in a meaningful way."*
I have the functional skills I need to participate in everyday activities	***"The skills needed for independent living are wide-ranging and include many skills which may be challenging – e.g., travel, money, social media, job interviews. Children with SLCN may need help with these through the teenage years."*** *"Children and young people will develop functional skills which will enable them to participate in a variety of everyday activities, such as choosing lunch; buying something at the shop."* ***"My child would be better able to manage things like going shopping, asking for things, stay safe and look after themselves more."***
I am aware of my capabilities and needs and am able to ask for help	*"Children and young people are able to recognise when they don't understand and are able to ask for clarification. They are supported to recognise when they haven't understood and are able and confident to let people know they need support."* ***"Children would know how to manage their own difficulties, what strategies to use and when to ask for help."***

I feel accepted and supported to take part in activities I enjoy	*"Children and young people are supported to participate in day-to-day activities with peers in school and in leisure activities. People working with children and young people with communication difficulties understand their needs and can support their participation using appropriate strategies to assist communication, including alternative or augmentative systems."* ***"Children with communication needs may need to be supported to access the activities they enjoy at a level they feel comfortable with. It is important that their peers also enable and support them to join in."***
I am able to eat and drink safely and enjoy my mealtimes	*"People assisting children with swallowing needs understand the nature of the difficulties and can ensure that children are provided with food which has the right consistency and that they are positioned safely to eat."* ***"The adults in a child's life have the training and support they need to enable them to manage a modified diet and facilitate safe and happy mealtimes for a child with swallowing needs."***
My community is aware of, and adaptable to, my speech, language and communication needs	*"Staff who work in the criminal justice system, including probation officers, prison officers and those working in prevention services (including youth offending teams) can recognise speech, language and communication needs, and know how to support young people with SLCN."* ***"Employers understand the needs of young people with speech, language and communication difficulties, and make the appropriate adjustments which enable young people to access meaningful employment."***
I am able and confident to take part in learning and education activities	*"Children and young people to be able to understand and contribute to lessons; to be supported in whatever way is necessary (including support/advice/intervention from an SLT); and to be able to gain skills and qualifications which will enable them to gain employment and live as independent adults. They may therefore require speech and language therapy support*

	throughout childhood and into early adulthood." **"My two children find it extremely hard to speak in class so are unable to ask their teachers for the help they need. They come home from school very anxious... The school is being very helpful by giving both children a named support teacher to see a few times a week, with whom they can share their concerns and say how things are going. It is early days, but it does seem to help."**

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