



29 May 2015

**THE ROYAL COLLEGE OF SPEECH AND LANGUAGE THERAPISTS
SUBMISSION TO 'Supporting the best start in life'
Infant Mental Health Framework and Action Plan 2015-2018**

The Royal College of Speech and Language Therapists

The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists (SLTs), students and support workers working in the UK. The RCSLT has over 15,000 members (around 500 in Northern Ireland), including nearly 95% of the speech and language therapists working in the UK. We promote excellence in practice and influence health, education, employment, social care and justice policies.

Speech and language therapists have a major role in working directly with children, young people and adults, as well as supporting and training other professionals in working with speech, language and communication needs (SLCN).

If you would like any further information then please do not hesitate to contact RCSLT.

Yours sincerely,

Alison McCullough MBE
Head of the Northern Ireland Office
RCSLT

Anne Gamble
Country representative RCSLT

**‘Supporting the best start in life’
Infant Mental Health Framework and Action Plan
2015-2018**

CONSULTATION QUESTIONNAIRE

This questionnaire has been designed to help stakeholders respond to the above framework.

Written responses are welcome either using this questionnaire template or in an alternative format which best suits your comments.

Please respond to the consultation document by post or e-mail to:

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**YOUR RESPONSE MUST BE RECEIVED BY 5pm ON FRIDAY 29TH
MAY 2015**

(Please tick the relevant box)

I am responding:

On behalf of an organisation

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Vision and outcomes (pg. 14)

Do you think the vision and objectives best describe what we want to gain from the IMH framework and action plan?

No

1. The Royal College of Speech and Language Therapists (RCSLT) is concerned that in order to deliver the objectives including 'Parents and practitioners have skills to engage positively with infants to maximise their social and emotional development' there needs to be a greater focus upon the evidence of the link between speech, language and communication (SLC) development and social and emotional development in this framework.
2. Despite extensive international evidence there is very little reference to SLC in this framework. The intention of this framework and action plan is 'to reference the most current evidence base regarding factors which contribute to children's mental health and well being'. However, speech, language and communication development is not factored in this framework although it is a crucial foundation to children's emotional and social development.
3. A recent paper, states that 'early language ability at 2 years, specifically expressive vocabulary and later receptive language at 4 years made a strong contribution to emotional and behavioural functioning'(taken from Clegg, Judy and Law et al, 2015)¹. The study used an analysis of data from the children in focus sample, from the Avon Longitudinal Study of Parents and Children Cohort (ALPAC)². Other papers listed below also provide evidence of the strong association between early communication, language development and emotional and behavioural well being.
4. Petersen IT, Bates JE, D'Onofrio BM, Coyne CA, Lansford JE, Dodge KA, Pettit GS, Van Hulle CA. (2013) Language ability predicts the development of behavior problems in children. *Journal of Abnormal Psychology*, 122(2):542-57.
Lindsay G, Dockrell J, Strand S (2007) 'Longitudinal patterns of behaviour problems in children with specific speech and language difficulties: Child and contextual factors', *British Journal of Educational Psychology*, 2007, 77:811-28
Maggio, V., Grañana, N. E., Richaudeau, A., Torres, S., Giannotti, A., & Suburo, A. M. (2013) Behavior problems in children with specific language impairment. *Journal of Child Neurology*, 29(2):194-202.
Mok, P. L. H., Pickles, A., Durkin, K. and Conti-Ramsden, G. (2014) Longitudinal trajectories of peer relations in children with specific language impairment. *Journal of Child Psychology and Psychiatry*, 55:516–527.
St Clair, M., Pickles, A., Durkin, K. & Conti-Ramsden, G. (2011) A longitudinal study of behavioral, emotional and social difficulties in individuals with a history of specific language impairment (SLI). *Journal of Communication Disorders*, 44(2):186-199.

¹ Clegg, Judy and Law et al, (2015) *Journal of Child Psychology and Psychiatry and Allied disciplines* 56(91). Pp. 67-75. ISSN 00219630.

² ALPAC <http://www.bristol.ac.uk/alspac/>

5. International research such as this, clearly demonstrates the close relationship between the development of early communication skills and a child's emotional, social and behavioural development. It is the earliest forms of child/parent interaction such as vocal turn taking, modelling, and mirroring which underpin and form a foundation for positive social and emotional non verbal responses from the child. Without the development of these reinforcing communicative exchanges, a positive parent child relationship is often more difficult to establish.
6. In England, The Better Communication Research Programme (BCRP) was commissioned as part of the UK Government's response to the Bercow review of services for children and young people with speech, language and communication needs (SLCN)³, One of its four thematic reports focused on 'The relationship between speech, language and communication needs (SLCN) and behavioural, emotional and social difficulties (BESD)⁴.
7. <https://www.gov.uk/government/publications/the-relationship-between-speech-language-and-communication-needs-slcN-and-behavioural-emotional-and-social-difficulties-besd>
8. The Key Findings of this thematic report were that;
 - Children and young people with SLCN and Autism spectrum Disorder (ASD) are at increased risk of developing behavioural, emotional and social difficulties.
 - Overall, the main areas of difficulty are the development of successful peer relationships and prosocial behaviour and the risk of developing emotional difficulties.
9. Martin Seligman states that 'to emerge from helplessness the child needs to develop the means to personally control and master his environment...the first and second years usher in the two great milestones of personal control: walking and talking'⁵
10. *The RCSLT therefore recommends that this framework's vision and objectives should include an action referring to 'enabling parents and practitioners to understand and support the importance of early communication and speech and language development'.*
11. *The RCSLT also recommends that this framework includes an objective that parents and practitioners have the skills to identify early signs of speech and language delay as these are predictors for attachment and social and emotional health difficulties.*

³ <http://www.google.co.uk/url?url=http://www.education.gov.uk/publications/eOrderingDownload/Bercow-Summary>

⁴ G Lindsay, J Dockrell, J Law, and S Roulstone, 'The Better Communication Research Programme: Improving provision for children and young people with speech, language and communication needs', in DfE, (ed).

⁵ The Optimistic Child Martin E. P. Seligman (1995) Houghton Mifflin Co. New York

12. National epidemiological data indicates that SLCN is one of the most common childhood disabilities. 7% of children aged about 5 years have specific speech and language impairment (Tomblin et al 1997)⁶. It is estimated that a further 1.8% (1753 per 100,000 population) have SLCN linked to other conditions such as learning disability, cerebral palsy, autism spectrum disorders (taken from Enderby et al 2013)⁷.
13. Language development is one of the earliest areas of cognitive development and is influenced by parents or caregivers interactions. If adults talk with children effectively, taking the lead from the child, elaborating on what they say, asking questions, sharing rhymes or songs or books, then children are given the best start in developing the emotional social and cognitive tools they need to succeed at school.
14. Figures from the national 2014 Early Year Foundation Stage (EYFS) profiles indicate that while most 5-year-olds show healthy development in term of social and emotional skills, and communication and language, a substantial minority do not. Across England, almost one in four children (17% of girls and 29% of boys; 52,800 girls and 94,000 boys) did not reach the expected level in language and communication skills. Close to one in five children 40,900 girls and 81,300 boys – failed to reach the expected level in personal, social and emotional development across the country. A breakdown of the results show that the areas that rank bottom for attainment in language and communication also rank bottom for attainment in personal, social and emotional development for children starting school.
15. *The RCSLT is concerned that speech and language therapists are not referenced specifically as a grouping under Baby's key influencers as they contribute a major role in providing interventions for pre school children, public health advice on speech, language and communication development, advice to care givers, health visitors, general practitioners, community paediatricians and early years services such as Sure Start in Northern Ireland.*

Priority work areas

The following key priority areas are highlighted in this framework and action plan.

1. Evidence and policy
2. Workforce development
3. Service development

Do you agree with these priority areas? Yes

Please add any additional comments below:

⁶ Tomblin, J. B., Records, N. L., Buckwalter, P., Zhang X., Smith, E. and O'Brien, M. (1997).

⁷ Communication Matters (2013) Beyond the Anecdote: Examining the need for , and provision of, AAC in the United Kingdom

Are there any further priorities that you feel this framework should consider?

Yes

16. This framework does not address children with SEN or complex needs as a separate priority.
17. The Better Communication Research Project⁸ compared children with SLC and ASD with the general population of pupils of their age and found that;
 - The overall level of behavioural emotional social and difficulties (BESD) was significantly higher for pupils with SLCN and those with ASD:
 - Pupils with SLCN and ASD were more likely to have significant peer problems and impaired prosocial behaviour than the general population of the same age.
 - Levels of peer problems and impaired personal behaviour were even higher in pupils with ASD than those with SLCN.
 - Unaffected siblings of children and young people with SLCN and ASD also had higher levels of peer problems.
 - Self-perceived quality of life was worse across a number of domains for pupils with ASD and those with SLCN, in particular social acceptance and being bullied, moods and emotions.
18. A speech and language therapist is often one of the first professionals to be consulted for an assessment when communication skills and behaviour are not progressing through normal developmental stages. Children may also have attachment difficulties because of sensory difficulties as in Autism Spectrum Disorder (ASD) and may need an occupational therapy assessment.
19. Considering this evidence, there needs to be some reference to developing a care pathway to support children with additional difficulties as they are at much higher risk of developing attachment and social and emotional difficulties.
20. *The RCSLT believes that the framework could be strengthened by addressing children with additional needs as a discrete priority.*
21. This framework also does not address safeguarding as a separate priority issue which is linked to infant mental health.

⁸ G Lindsay, J Dockrell, J Law, and S Roulstone, 'The Better Communication Research Programme: Improving provision for children and young people with speech, language and communication needs', in DfE, (ed).

22. It is accepted that speech, language and communication needs are the most common developmental difficulties faced by children. Seven per cent (or two in every classroom) of all children have SLCN, rising to fifty per cent of children from socially disadvantaged communities. Difficulties may be due to brain development problems or other physical or sensory impairments. They may also, however, be due to reduced developmental opportunities in the child's family and educational environment which limit the child's learning of language. There is evidence that reduced developmental opportunities are commonly linked to social disadvantage and or neglect.
23. Very young mistreated children commonly have speech and language delays and unusual interaction. This is often associated with the way that they have developed attachments with their parents. Communication problems and delayed speech and language development are some of the most obvious effects of neglect. However, neglect is difficult to identify because it involves acts of omission rather than commission and often there is no physical evidence for it.
24. The strong association between poor speech and language development and parenting skills is well documented. At a recent presentation in Northern Ireland, Professor Pam Snow from Monash University Australia stated that 'the rate of language impairment in children from a *maltreated* background is higher (25%) compared to children from a *non-maltreated* background who are from a comparable socio economic background (17%), compared to the general population (10%). Children who have experienced maltreatment are likely to have language problems, particularly in receptive domains and may therefore be harder to detect'.
25. Snow continues 'In our most recent study of 100 young males completing custodial sentences (Snow & Powell, 2011b)⁹, the prevalence of language impairment increased to 62 per cent in those who had a history of out-of-home care placement – in itself a marker of extreme vulnerability, but in many cases a missed early intervention opportunity'.
26. There is also global evidence that poor language ability in the early years increases the risk of antisocial behaviour at 14 years of age. The authors of these studies argue that overcoming oral language deficits in the early years should be a focus of prevention and early intervention strategies aimed at reducing the prevalence of antisocial behaviour. Good communication skills are seen as fundamental in developing and building resilience in early childhood.

⁹ Snow PC & Powell MB 2011b. Oral language competence in incarcerated young offenders: Links with offending severity. *International Journal of Speech Language Pathology*. <http://informahealthcare.com/doi/abs/10.3109/17549507.2011.578661>

27. *The RCSLT believes that the framework could be strengthened by addressing safeguarding of children as a discrete priority.*
28. *The RCSLT also recommends that the framework should consider how to build upon the work of the PHA and the CYPSP in delivering public health messaging around early intervention and infant mental health.*
29. These considerations underline the importance of systems for **early identification of communication difficulties**. Such difficulties need to be picked up not only in their own right but also as a potential indicator of welfare issues. Early identification of communication deficits is therefore critical in ruling out parenting and other social welfare concerns.

Please now consider each of the priority areas in turn.

1. Evidence and policy (pg 16)

The Framework commits to ensuring that policy, practice and service development are informed by the most up to date evidence on child development and infant mental health.

What do you consider to be the main challenges in addressing this priority area?

30. Connectivity: It is important to consider providing structures that enable the sharing of existing best practice. The RCSLT recently carried out a survey to scope existing practice in early years provision. Our learning has been that best practice across NI is still often not shared with other colleagues and could benefit a wider audience. RCSLT has introduced a web based solution called Basecamp which enables our members to work on projects together, share knowledge and communicate effectively.
31. Diversity: It is also important to consider reaching a consensus on a menu of approaches in order to enable local based solutions rather than being too prescriptive. RCSLT consider that a strategic approach is necessary but that there should also be scope for tailoring services to local settings.
32. Accessible Communication; Information needs to be tailored to meet cultural and linguistic differences. Information also needs to take account that many parents themselves have low levels of literacy or may have learning difficulties that require additional strategies or communication formats.
33. Financial constraints may also impact upon the delivery of the strategy as HSC staff are restricted in their travel and parents may not have the financial resources to avail of services.
34. Duplication of existing strategies may also be a consideration. At present a number of evidenced based approaches are being considered. Examples of these include the Solihull programme and the Coventry grid. RCSLT is aware that programmes such as Sure Start have developed an outcomes based approach. Will these programmes be superseded by the new approaches?

What are your thoughts on the key actions regarding evidence and policy as set out in the draft Framework?

35. It is important to consider the process and structures to support good communication between all of the agencies involved in supporting existing early intervention programmes. This includes the Department of Education and the Department of Social Development and health agencies.
36. The RCSLT recommends that the key actions include scoping and mapping existing work to ensure that duplication of services and resources such as the Health Child Healthy Futures (PHA) are not overlooked and that families are not confused by a plethora of approaches and advice.
37. It is also important that messaging is consistent and that all those involved in advice giving (which includes speech and language therapists, occupational therapists and other healthcare and early years professionals) are consistent in their provision and advice.
38. The RCSLT is aware of a designated Infant Children and Adolescent Mental Health service (i-CAMHS) in the Southern HSC Trust but to our knowledge this is not replicated in other trust areas.

What additional key actions, if any, do you think the Framework should include regarding evidence and policy?

39. The framework could provide a database of existing sources of evidence based practice. The RCSLT recommends the Communication Trust's What Works website. The Communication Trust has worked with the Better Communication Research Programme to develop the *What Works* database of evidenced interventions to support children's speech, language and communication.

<http://www.thecommunicationtrust.org.uk/whatworks>

2. Workforce development (pg 19)

This Framework prioritises the need for practitioners to be fully equipped to promote positive social and emotional development, to identify any issues at an early stage, and to seek timely help for families at risk.

What do you consider to be the main challenges in addressing this priority area?

40. The RCSLT considers that the main challenge is in identifying *who the workforce are* as this document does not reference the role of Allied Health Professionals (AHPs) and also excludes the key support that grandparents and other family caregivers deliver in early years.

41. The RCSLT considers that a major challenge will be in deciding upon the core knowledge and skills required by this workforce. The RCSLT recommend that the workforce will require knowledge and skills in promoting early speech language and communication skills and in identifying those children who are not progressing along normal developmental stages in these skills.
42. The RCSLT considers that there will be a significant challenge in reviewing existing training and deciding upon which elements remain and which are to be archived. For example there is no reference to the existing 2 year screening and health visitor training such as Healthy Child Healthy Future¹⁰ referenced above.
43. Also, the RCSLT believes that it will be a challenge for professionals to absorb new approaches if existing resources are evidenced based and are working well. Our members currently use a number of existing programmes that include video interaction techniques and modelling for parents such as ICAN¹¹, Hanen¹² and ELKLAN¹³.
44. Their value to this strategy has not yet been assessed by the programme leads and the RCSLT believes that these are valuable early interaction techniques which are currently under utilised and could be introduced earlier making a significant impact upon early parental interaction.
45. Our members have raised concerns that speech, language and communication skills are not referenced in the framework as a core skill in the 0-2 years. It is crucial that any workforce in this age group develop skills and knowledge in this area.
46. The Early Intervention Foundation recently published a report 'THE BEST START AT HOME. A REPORT ON WHAT WORKS TO IMPROVE THE QUALITY OF PARENT CHILD INTERACTIONS FROM CONCEPTION TO AGE 5'¹⁴.
47. The report 'focuses on interventions and programmes that aim to improve the quality of interaction between the child and the primary caregiver, usually the child's mother, in the period from before birth up to the child beginning primary school'. The report specifically references language development. 'Language development—one of the earliest areas of cognitive development and an important stepping-stone to future success—is also influenced by parents or caregivers. If adults talk with children effectively—taking the lead from the child, elaborating on what they say, asking questions, sharing rhymes or songs or books—then children are given the best start in developing the cognitive tools they need to succeed at school'.

¹⁰ <http://www.publichealthagency.org/>

¹¹ <http://www.ican.org.uk/>

¹² <http://www.hanen.org/Home.aspx>

¹³ <http://www.elklan.co.uk/>

¹⁴ Early Intervention Foundation (2015) The Best Start at Home
<http://www.eif.org.uk/wp-content/uploads/2015/03/The-Best-Start-at-Home-report.pdf>

48. The Early Years foundation¹⁵ has also produced a framework for implementation from September 2014 which sets out the three prime areas of learning and development that must shape educational programmes in early years settings. It states that these 'three areas are particularly crucial for igniting children's curiosity and enthusiasm for learning, and for building their capacity to learn, form relationships and thrive. These three areas, the prime areas, are:

- communication and language;
- physical development; and
- personal, social and emotional development

49. *The RCSLT therefore considers that SLTs can assist in the implementation and success of this framework if they are included as one of the delivery mechanisms. SLTs already provide a core training remit in early years to health, social care, early years, education, parents and care givers and staff in voluntary organisations.*

What are your thoughts on the key actions regarding workforce development as set out in the draft Framework? As above

What additional key actions, if any, do you think the Framework should include regarding workforce development? As above

3. Service development (pg 23)

This Framework highlights the importance of appropriate services, both universal and targeted, to support parents and hence promote healthy social and emotional development of infants.

What do you consider to be the main challenges in addressing this priority area?

50. The RCSLT considers that duplication will be one of the main challenges to be addressed. With a plurality of providers and provision in early years, it will be important to ensure that parents and children are not overwhelmed by services delivering similar support.

51. The second most notable challenge will be how to dovetail into existing services to complement them rather than replace them.

52. The framework needs to be accessible to all children and not just those in areas of social deprivation, as children from other social groups also experience challenging upbringings.

¹⁵ <https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>

53. As mentioned previously, communication between agencies will be a critical factor of success. This framework will fail if it is implemented in silos. There is an opportunity to use existing structures for delivery such as the existing multidisciplinary/cross agency teams and CAMHs teams. However, the multi professional input to CAMHs needs to include Allied Health Professionals who are integral to the provision of support for children with additional needs.

What are your thoughts on the key actions regarding service development as set out in the draft Framework?

54. The RCSLT welcomes the intention to; **'Increase the emphasis on IMH during the ante-natal and post natal period including revised ante-natal parent education content, giving particular consideration to equality of access for all'**. A focus on reviewing the content could ensure that there is advice on supporting speech and language development and also help in how to identify if your child needs signposting to other professionals for support.

55. The RCSLT also welcomes the action for the; **'Expansion and adoption of Baby Friendly Initiative standards including support and advice for breastfeeding and non-breastfeeding mothers'**. Advice could also be included here on how to recognise more complex infant feeding difficulties. SLTs are trained in identifying paediatric feeding difficulties and are members of paediatric feeding teams. SLTs deliver training on normal development of feeding and can also advise on referral to more specialist help if required.

56. The RCSLT welcomes the **'Introduction of 20 Early Intervention Teams across NI focused on supporting families with emerging problems, including families with new-borns and infants'**, and recommends that SLTs are core team members. In the Northern Health and Social Care Trust, speech and language therapists are already being asked to train staff in the family nurse partnerships.

What additional key actions, if any, do you think the Framework should include regarding service development?

57. In the Best Start at Home report¹⁶, the researchers also 'conducted a poll to understand what parents think matters for their children's development. Our polling finds that 98% of mothers agreed or strongly agreed that social, emotional and language skills are just as important to young children as literacy and numeracy. In addition, 80% of mothers agreed or strongly agreed that investing in social, emotional and language skills for children aged 0-5 would improve their long-term prospects as well as saving money in the long-run. Evidently, enhancing these skills is seen as crucial by parents for their child in this period of their development'.

¹⁶ Early Intervention Foundation (2015) The Best Start at Home
<http://www.eif.org.uk/wp-content/uploads/2015/03/The-Best-Start-at-Home-report.pdf>

58. SLTs are involved in supporting the Sure Start programmes and the Incredible Years programmes and are key professionals in early years. SLTs have been inputting into antenatal education since 2001 and are currently delivering antenatal education in Sure Start services as part of its core offer.
59. The recent RCSLT Sure Start survey can provide valuable information to this project on the types of interventions already being delivered from bump to three and also the kinds of public health messaging that is already developed such as 'Two Rhymes by Two' in SEHSCT and Baby Babble and Bounce.
60. *The RCSLT recommends that a speech and language therapist could provide advice and guidance on existing best practice in speech, language and communication and early feeding skills to the steering group which would in turn strengthen the successful implementation of this framework. An SLT was involved in the development of the Solihull programme.*

Any further comments

Please use the space below to provide any additional comments you may wish to make in relation to the Infant Mental Health Framework and Action Plan.

61. The RCSLT is concerned that unless speech, language and communication are factored into this framework, Northern Ireland will have created a vacuum in which no organisation or agency is taking responsibility for developing a framework to support speech and language development.
62. The UK government commissioned the BERCOW report; A Review of Services for Children and Young People (0–19) with Speech, Language and Communication Needs¹⁷. This led to the Better Communication Research Programme and the appointment of a communication champion. Also in England, the Early Years Foundation Stage statutory framework 2014 has defined language and communication as one of its prime areas of learning and development.
63. As we have evidenced in this response, a parent's engagement in communicating with their pre verbal child is the crucial foundation stone of attachment, and is a key predictor of emotional, social and behavioural problems in later childhood.
64. The inclusion of speech and language as factors in the development of social emotional and behavioural well being will ensure that a framework such as this is successful, as one cannot be achieved without the other.

¹⁷ <http://www.google.co.uk/url?url=http://www.education.gov.uk/publications/eOrderingDownload/Bercow-Summary>

Equality Screening

Please use the space below to provide any comments you may wish to make in relation to the Equality and Human Rights Screening for this Framework.

The RCSLT considers that communication accessible versions of the framework should be made available as many parents in disadvantaged areas have poor literacy skills.