Joint Strategic Needs Assessment – Speech, Language and Communication Needs

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1. Summary
Nationally, language and communication difficulties represent a substantial problem in the community, affecting 7 – 10% of all children. In areas of high social deprivation the percentage of children with difficulties is considerably higher than this. More than half of children starting nursery school in socially deprived areas of England have delayed language; while their general cognitive abilities are in the average range for their age, their language skills are well behind.

Speech, language and communication needs (SLCN) are the most common type of Special Educational Need (SEN) in children aged 4 – 11 years, and numbers are rising; whether because of real growth or better identification, the number of pupils with SLCN as a primary need has increased by 58% between 2005 and 2010. SLCN is also a secondary need, co-occurring with almost every other type of SEN and disability, from hearing impairment to autism, learning difficulties and physical impairment.

The high prevalence of SLCN necessitates a strong commissioning strategy, bridging not only services for disabled children and those with SEN, but also early intervention services aimed at narrowing the gap between socially disadvantaged children and their peers, and reducing entrenched health inequalities.

A report by Jean Gross the Children’s Communication Champion – Two Years On: final report of the Communication Champion for children, December 2011, states 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.

2. What are speech, language and communication needs and why are they important

What are speech, language and communication needs?
It can be difficult to give a precise definition of speech, language and communication needs (SLCN), as they potentially affect such a wide range of abilities which many take for granted. Generally, SLCN is a term used to describe difficulties in communication; this can be due to difficulties in understanding language, difficulties in forming speech or autism, among others. SLCN can present as both primary needs (the main identified need) or as a secondary needs (coinciding with, or existing as result of other impairments, such as learning disabilities, Autism or cerebral palsy).

SLCN is commonly associated with difficulties in the following areas:
- Understanding and formulating spoken language
- Processing and producing speech sounds
- Using and understanding all aspects of language appropriately in different social contexts.

Some forms of SLCN are usually transitional and can be completely remedied with suitable support, such as delayed language development. However, other forms represent much more serious disabilities which are often long term and persistent in nature. SLCN can often arise as a result of underlying impairments.

Why are speech, language and communication needs important?
SLCN can have a significant negative impact on a child’s ability to learn effectively, especially in developing literacy skills (reading and writing). They can also lead to disruptive and negative
behaviours as children become frustrated with the challenges faced in education, combined with difficulty in understanding (and therefore obeying) teacher and parental instructions.

Speech, language and communication needs create significant difficulties in verbal reasoning, which is central to many elements of education and social interaction, causing these to become a source of difficulty and frustration. This can have a detrimental effect on a child’s emotional and social development, particularly given the importance of language and communication in shaping this. Evidence suggests that older primary school children with SLCN are more likely to have negative self perceptions regarding scholastic competence, social acceptance and behavioural conduct. This pattern is not as apparent in younger children.

Overall, longitudinal studies have shown that children whose SLCN are not resolved or remedied by the time they start school are more likely to experience later academic, emotional and social difficulties associated with their SLCN. This highlights the potential of SLCN to form lasting and profound problems for affected children.

What do we want to achieve

- An efficient and inclusive delivery of tier 1, 2 and 3 services
- Improved identification of children who are eligible for support
- Reduction in the existing service backlog
- To bring the service in line with the latest national recommendations, such as the Bercow report and RCSLT position paper
- To match provision to need, rather than to demand
- Increase provision for pre-school children, reducing the demand for services at primary and secondary school level.

The priority is to jointly commission a Speech, Language and Communication Needs service that;

(i) Reduces the number of children referred to specialist services with impoverished or transient SLCN

(ii) Increases Early Years Foundation Stage Profile (EYFSP) scores in Communication Language and Literacy (CLLD) and Personal Social And Emotional Development (PSED) across the county

(iii) Makes more effective use of speech and language resources through improved communication, market development and reducing duplication

The Bercow Report: A Review of Services for Children and Young People (0-19) with Speech, Language and Communication Needs (Bercow, 2008) provides 40 recommendations regarding the services for children and young people with SLCN based around 5 themes:

- Communication is crucial;
- Early identification and intervention are essential;
- A continuum of services designed around the family is needed;
- Joint working is critical;
- The current system is characterised by high variability and lack of equity.

What happens if we don’t do anything different

- Children will continue to face long waiting times for services
- There will continue to be inequalities and inconsistencies in service provision within the service
- Service methodology will continue to vary by geographical location, ensuring uneven service quality.
3. Prevalence / Population information

Nationally
Nationally, children with a primary SEN of SLCN make up 2.8% of the pupil population and 23% of the population holding statements of SEN.

The Bercow Report (2008), estimates that approximately 7-10% of children nationally have some form of SLCN, including children with SCLN as recorded primary need and children displaying SLCN as secondary need associated with other issues such as Autism.

Locally
Based on the Hertfordshire School Census, pupils with a primary recorded need of SLCN make up 1.5% of the total school population and approximately 20% of all pupils with a recorded special educational need (School Action Plus and Statement level only).

However, SLCN often presents as a secondary need or difficulty, associated with another need which is considered to be dominant, such as Autism or sensory Impairments, meaning that any prevalence rates based off of primary need only will not provide the full picture. The 2008 Bercow Report estimates that between 7-10% of pupils in school have some level of SLCN requiring intervention; if this figure is applied to the latest 0-19 population estimates for Hertfordshire, it gives an estimated 19,500 – 27,800 children needing support within Hertfordshire.

An alternative prediction of need can be produced using data from the Hertfordshire Additional Needs Database (HAND) membership information. By identifying the proportion of HAND members that list “communication difficulties” as one of their needs and applying this to the number of children with some form of SEN (School Action Plus and Statement level only), we get a prevalence rate of between 6.4% and 7% (at 95% confidence intervals); if this is then applied to the 2011 Census 0-19 population estimates, it produces projected 17,800 and 19,500 children aged 0-19 needing support.

Geographic Prevalence
The prevalence of pupils with speech, language and communication difficulties recorded as their primary special educational need show significant variation across Hertfordshire, with Stevenage and North Hertfordshire displaying significantly higher than average prevalence rates and East Herts, St Albans and Dacorum districts showing significantly lower prevalence rates.
Data taken from the Hertfordshire School Census (Spring 2011)

This variation in prevalence rates supports the assertion in the SLCN needs assessment carried out by MGA associates on behalf of Hertfordshire County Council, which states that applying a basic prevalence rate to each district population is not an accurate way to predict need. The method used by MGA associates predicts places higher significance on factors such as deprivation, and predicts higher than expected need in Stevenage, Watford and Broxbourne and lower need in St Albans, East Herts and Three Rivers; this method seeks to predict all need (including those with SLCN as a secondary need) and is broadly in line with the prevalence rates seen for SLCN as a primary named need.

When examined at LSOA level, the vast majority of areas in Hertfordshire fall within similar levels of SLCN prevalence. However, there are a small number (around 20) of LSOAs with significantly higher prevalence rates than the county average.

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**Gender**

Gender has a significant impact on SLCN prevalence. Based on School Census information, male pupils have significantly higher rates of SLCN at all provision levels, suggesting that males experience a greater level of delay in their development of core communication skills. Please note that this data only relates to those pupils recorded with a primary need of SLCN and does not account for those who may experience difficulties with speech and communication as a result of other needs, such as Autism.
These higher prevalence rates result in the majority (three out of four) of pupils with a recorded primary need of SLCN being male. This is in line with the general distribution seen across the full range of special education needs, as illustrated below.

Based on this, gender appears to have a significant impact on the likelihood of a child developing SEN, which is replicated among pupils with a primary need of SLCN. When pupils with a primary need of SLCN are broken down by both gender and the level of in school provision, as shown below, we see that the proportion of each provision cohort with speech and language difficulties is similar across both genders, with pupils listed with a primary need making up approximately 20% of all pupils receiving school action plus level provision and around 15% of all pupils in receipt of a statement of SEN.
This is further reinforced when the SLCN cohort is divided by the level of provision received; four out of five pupils with a primary need of SLCN are supported at school action plus level while one in five hold a statement of SEND. This pattern remains the same regardless of gender. Taken together, this suggests that while there is a significantly higher prevalence of SLCN among male pupils, this could be due to the higher overall SEN rate among males, rather than a gender bias specifically towards SLCN. In short, a male is more likely to have some form of SEN, but within the SEN cohort itself, males are no more likely to have SLCN than females.

**Ethnicity**

BME pupils are around 20% more likely to display SLCN than non-BME pupils, based on data taken from the 2011 School Census. This is particularly apparent among pupils from a Gypsy/Traveller background (110% more likely) and those pupils who did not record an ethnicity (50% more likely). The ethnicity split is more pronounced for SLCN than it is for SEN as a whole, with the exception of pupils from a Gypsy/Traveller background, who are more likely to have other forms of SEN than SLCN. Please note, while the Gypsy/Traveller population show significant variation from the average prevalence across all forms of SEN, including SLCN, the Hertfordshire population of pupils’ on-roll from a Gypsy or Traveller background is very small, which can skew figures so they should be treated with caution.

**Deprivation**

By looking at the prevalence rates of SLCN against deprivation (using free school meal eligibility as a proxy), it can be seen that the prevalence of speech, language and communication difficulties as a primary need is significantly higher among those pupils who are eligible for free school meals and significantly lower among those who are not. This suggests that higher levels of deprivation lead to higher risks of developing SLCN, as illustrated below:
Further analysis suggests that a pupil who is eligible for free school meals is around two and a half times more likely to have speech, language and communication needs when compared to a pupil who is not eligible, which is inline with the pattern seen for SEN overall. For SLCN, this pattern is broadly unaffected by gender, but becomes more pronounced in later school stages; at pre-school stage pupils eligible for free school meals are 1.8 times more likely to have SLCN as a primary need, while at secondary school this increases to 2.5 times more likely.

This analysis is supported by looking at SLCN prevalence against deprivation affecting children (IDACI) scores. By plotting these together in a scatter graph a clear correlation between the two becomes apparent.

Data taken from the Hertfordshire School Census (Spring 2011) and the Income Deprivation Affecting Children Index (IDACI 2010).
Pupils were grouped into cohorts using the IDACI score for their postcode, cohorts containing less than 50 pupils were removed from the final dataset to avoid skewing the results.
Plotting SLCN prevalence against IDACI scores produces a Correlation Co-efficient of 0.45, suggesting a medium strength link between deprivation and the development of speech, language and communication needs in children. However, plotting overall prevalence rates of Special Educational Needs (SEN) against IDACI scores produces a correlation co-efficient of 0.69, suggestive of a much stronger link. Given this, it seems likely that any relationship between SLCN and deprivation may be a product of the wider link between SEN and deprivation.

Data taken from the Hertfordshire School Census (Spring 2011)

If we examine several cohorts (Pupils with a primary need of SLCN, Pupils with any named primary need and all pupils) by the proportion represented by pupils eligible for free school meals, we see that while pupils eligible for free school meals are significantly over-represented in the SLCN cohort when compared to the general pupil population, the proportion of pupils eligible for free school meals is not significantly different from that seen for the overall SEN population, similar to the pattern seen by gender earlier. This could be seen to indicate that while deprivation has a significant impact on the likelihood of a child developing some form of SEN, it does not seem to increase or decrease the likelihood of a child having SLCN specifically. This however does not preclude it from being a key risk factor in identifying areas with potentially high levels of SLCN?

This is further supported by examining the SLCN split across eligibility and school provision level cohorts.

As shown, there is no significant difference between the proportion of each cohort that is made up by pupils with a primary need of SLCN, regardless of eligibility for free school meals. Once again, this supports the earlier assumption that deprivation increases the prevalence of SEN in general, rather than the prevalence of SLCN specifically.
School Stage

There are significant variations in SLCN prevalence by school stage, with primary school pupils being significantly more likely to have SLCN as a primary need and secondary school pupils significantly less likely. This pattern does not reflect the pattern seen for the full range of special educational need, as illustrated below.

Data taken from the Hertfordshire School Census (Spring 2011)

The significantly higher prevalence of SLCN among younger pupils, particularly primary school pupils, may be as a result of the often transitional nature of the condition and serves to highlight the extent to which sufficiently early intervention can help those with communication difficulties overcome them. The significant increase between pre-school and primary school level could indicate a delay in picking up children with SLCN, which in turn can impact the effectiveness of any interventions that are undertaken.

This prevalence pattern is largely unaffected by gender; while male pupils are more likely to have SLCN, both male and female pupils show the highest prevalence rates at primary school level, followed by pre-school and then secondary school with the lowest prevalence. Among pupils with a primary need of SLCN, primary school pupils are significantly over-represented, while secondary school pupils are significantly over-represented when compared to both the total pupil population and the population of pupils with any form of special educational need, suggesting that school stage is a key factor in SLCN. As speech, language and communication needs are linked to development and often transitional, we would expect to see pre-school pupils making up a larger portion of those with SLCN as a primary need; as the SLCN population is predominantly primary school pupils, this could be seen to suggest that there is a delay in picking up needs at the earlier stage, which can lead to more significant impacts in later life.
Speech, language and communication needs are significantly more commonly recorded as a primary need among pre-school and primary school pupils, making up 50% of all pupils with a recorded special educational need at pre-school level and 28% at primary school, compared to 20% of all pupils with a special educational need (based on the School Census).

While the proportion of the total SEN population with a primary need of SLCN decreases steadily with each school stage, the highest prevalence of SLCN as a primary need is found in children attending primary school. This suggests that younger children are disproportionately affected by SLCN, likely due to its often transitional nature, but that the lower SEN identification rate in preschool children means that in a large number of cases children are not having their communication needs identified until primary school, despite SLCN being the most commonly identified need at the pre-school stage.
Provision Level
Pupils who have a primary need of SLCN are predominantly offered support at School Action Plus level, with approximately one in five receiving support through a Statement of SEN, representing a significantly higher proportion of pupils receiving school action plus level support than the overall SEN average. This shows no significant variation between gender groups, but shows significant change when examined by school stage.

As school stage progresses, the proportion of pupils with a primary need of SLCN who receive School Action Plus level support decreases, while the proportion that receive support through a statement of SEN increases. Combined with the decrease in SLCN prevalence as school stage progresses, this suggests that the majority of pupils that receive support for SLCN are able to overcome it, while a small cohort face more severe and difficult to overcome issues. This underlines the importance of early identification and intervention for pupils with SLCN.

Known to / Accessing services

- The current SLCN caseload is 6,700, which includes children who have been assessed and are waiting for treatment as well as those who are having treatment. Of the current caseload 25% are pre school age. However the referrals of pre school age are much higher.

- The current waiting list for SLCN services is an average maximum time from referral to assessment of 10 weeks and an average maximum time from assessment to treatment of 21 weeks. An average maximum time from referral to treatment of 31 weeks.

- The current service take-up figures (h referrals/new clients per year) are:
  - 2010-11 = 4254 (2441 for period April to end Oct)
  - 2011-12 = 4243 (2334 for period April to end Oct)
Children and young people accessing support for SLCN are broken down into three key groups:

1. Universal – This term is used to refer to the entirety of the child population, some of whom may be at risk of SLCN due to demographic and/or environmental factors. In certain communities, up to 50% of the child population can be considered to be at risk of SLCN. “At risk” children are considered part of the universal cohort as their needs have not yet been identified.

2. Targeted – Those who have a wide range of needs, from displaying SLCN as part of otherwise typical development to those who display SLCN as part of a wider profile of need, whose SLCN support may not be provided at a specialist level.

3. Specialist – Children and young people with severe SLCN that requires specialist support and interventions for a period of time. This group may include children who have a speech or language disorder without a statement of SEN due to their otherwise adequate learning (MGA needs assessment, 2011).

Universal services are by their nature available to all; they often take the form of interventions which support the population as a whole or as materials and resources made available to everyone, for example through schools, GP surgeries and libraries.

By comparison, targeted services sit on a continuum and include interventions that require the direct involvement of a speech and language therapist (SLT) as well as interventions that were set up with the assistance of an SLT but that are now self-sustaining within the school or setting. They often take the form of group based programmes and support.

Specialist services can be carried out with individuals or groups of children. Specialist interventions always require an SLT and involve both school/setting staff members and the child’s parents to ensure that the intervention is embedded into the child’s wider experience. Specialist interventions are classified by the intervention needed, not by the individuals level of need; a child receiving a specialist intervention may also be in receipt of targeted level support of other, related needs (MGA needs assessment, 2011).

4. Impact of speech, language and communication needs

Literacy

There are strong links between literacy and well developed speech and language skills, resulting in similar links between SLCN and subsequent literacy difficulties. All children with SLCN will potentially face difficulties in learning to read and write. Notably, the Rose Report highlights the link between language and literacy, both in the development of phonic skills and in reading comprehension.

Well developed literacy skills are essential in accessing the whole education curriculum, as well as being key factors in later academic success, positive self esteem and life outcomes (such as finding employment). By impairing the development of strong literacy skills, SLCN can have a significant negative impact across the entire life course, even if the needs were transitional. (ICAN 6, 2008)
**Social Development**

The presence of speech, language and communication needs can severely handicap a child’s ongoing social development, as well as impairing the development of friendships, which are a key part of childhood development.

SLCN makes the formation and maintenance of relationships a real challenge, which becomes increasingly difficult as children progress through school, as increased understanding of reciprocity, awareness of motives and understanding the thoughts and feelings of others grows in importance with each passing year.

Many children with SLCN are socially withdrawn, are less likely to initiate conversation and are more likely to play alone and be less liked by fellow class members. This can lead to concerns around bullying and social exclusion. SLCN can have significant negative impacts on interpersonal relationships, both within peer groups and within families, leading to the breakdown of support networks and the subsequent alienation of the individual (ICAN 6, 2008).

**Behaviour**

Some people with SLCN display significant behavioural difficulties, which can alienate them from their peers and support networks, as well as disrupting their peer’s opportunities to learn.

Difficulty in understanding parental or teacher instructions, particularly those that are phrased in potentially ambiguous ways (e.g. line up), can lead to children with SLCN being labelled as poorly behaved and treated as such (ICAN 6, 2008).

### 5. What do we currently do

- The current SLCN caseload is 6,700, which includes children who have been assessed and are waiting for treatment as well as those who are having treatment. Of the current caseload 25% are pre school age. However the referrals of pre school age are much higher.

Referrals Data to Speech and Language Therapy (East & West Herts) Apr – Oct 2012.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Count of Referrals Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-School</td>
<td>1642</td>
</tr>
<tr>
<td>Primary</td>
<td>403</td>
</tr>
<tr>
<td>Junior</td>
<td>241</td>
</tr>
<tr>
<td>Secondary</td>
<td>76</td>
</tr>
<tr>
<td>16+</td>
<td>2</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
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- The current waiting list for SLCN services is an average maximum time from referral to assessment of 10 weeks and an average maximum time from assessment to treatment of 21 weeks. An average maximum time from referral to treatment of 31 weeks.

- The current service take-up figures (h referrals/new clients per year) are:
  - 2010-11 = 4254 (2441 for period April to end Oct)
  - 2011-12 = 4243 (2334 for period April to end Oct)
  - 2012-13 = 2361 for period April to end Oct and therefore expected to be fairly similar to previous years
• Current staffing levels:
  o Speech and Language Therapists (SLTs) - 85.04wte. Following the Royal College of SLTs staffing calculation formula each full time member of staff should be able to achieve 630 contacts per year. This means that when fully staffed the SLTs can provide 53575 contacts which would average out as 8 contacts per child on the caseload over the year. Obviously this is insufficient to meet the needs of some and too much for others. This also assumes that the staff member is experienced and not a new graduate. These figures should be interpreted with a degree of care.
  o Speech and Language Assistants - 16.66wte.

Based on HAND membership data, 43% of children needing some form of communication aid in school (including picture or symbol based communication systems, electronic communication aids or Makaton/sign language based communication) either do not receive any support or receive inadequate levels of support. This suggests that there are some improvements that could be made in our current services.

6. What we plan to do and how will we know we have succeeded
It is both Hertfordshire County Council’s and the Hertfordshire NHS aim, in line with the Bercow recommendations, to develop a longer term strategy for the SLCN service to move towards a more early intervention service and to move away from the present clinical, and more costly, model of intervention. This joint strategy between HCC and the NHS will seek to create a countywide joint Speech, Language and Communication Needs approach across Children’s Services, Health and school commissioners. The strategy will increase parental confidence and, through joint commissioning, remove uncertainty for parents about who has responsibility for provision their children.

As part of the service specification, which will sit within the jointly commissioned contract, there will be a number of key performance indicators and outcome measures that will enable both the NHS and HCC to monitor the effectiveness of the service provided across the County. These performance indicators, utilising both quantitative and qualitative data, will ensure that the Provider is achieving its stated targets and outcome measures on a quarterly basis over anticipated three year contract duration.

7. What we don’t know and would like to know
Don’t currently have anything relating to SCLN as a secondary/tertiary need – however it is likely that this will follow the same pattern. Would like to explore what SEN are most commonly associated with a secondary need of SLCN – Autism? BESD?