

## Children and Young People's Health Outcomes Strategy – online feedback form

**Question 1: In your view, where is the health service falling short for children and young people, what is our weakest link and what can we do to improve things to make sure it makes a real difference to the lives of children and young people?**

Communication is the foundation life skill and is pivotal for a child's educational attainment, well-being, mental health, social ability and employment prospects. Speech, language and communication needs are the most prevalent disability in early childhood (up to the age of 11) and are such a pan disability issue that identifying SLCN early can also help the identification of other difficulties such as autism, hearing impairment and dyslexia. Given the prevalence of SLCN and the significant impact that communication difficulties can have on future life chances, the Communication Trust believes more needs to be done to ensure early identification and intervention for SLCN as the first step in improving services for children and young people.

Early intervention is particularly important in the field of speech, language and communication since research indicates that there is a critical 'window' for resolving language problems that exists for children before they reach the age of five and a half. Children can continue to be supported and resolve difficulties after this, but need more costly specialist support to do so. There is a wide scope of evidence indicating that longer term SLCN impacts across many areas of development, including mental health, which again can be mitigated against with early diagnosis and intervention at all developmental phases. Evidence also demonstrates that almost 50% of children from disadvantaged communities have SLCN, which can also lead to other health and wellbeing issues. **This underlines the importance of skilled health practitioners with appropriate qualifications across the entire workforce, who are able to identify and effectively support children and young people's speech, language and communication needs as early as possible.**

We therefore believe that the health service should ensure that its future workforce strategy should contain specific recommendations to address what we consider to be a 'weak link' in workforce expertise i.e. basic knowledge around speech, language and communication. Our recommendations to address this are set out in 'Embedding speech, language and communication through workforce development'<sup>1</sup> (a new publication from the Office of the Communication Champion, collating papers on good practice in commissioning presented at three conferences during the National Year of Speech, Language and Communication 2011). In addition, our consultations with parents and children underline the need to ensure that future health workforce strategies also embrace the need for key working competences to support practitioners to work in an integrated and collaborative fashion with colleagues to ensure children do not fall through the gap between

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<sup>1</sup> *Better Communication: Shaping speech, language and communication services for children and young people*

health, education, children's services and social care. We have examples of specific and evidenced interventions to support children across the speech, language and communication needs spectrum, including stammering, children with hearing impairment, specific language impairment and others.

**Question 2: With so many different parts of the health system in place, what do they need to focus on and improve to make sure they each work together to deliver the best possible health service for children and young people?**

We believe that commissioning is the cornerstone of a responsive and effective health service and the delivery of services such as speech and language therapy require effective coordination, particularly between health and education commissioners and between public health and direct delivery of health services.

As the Government takes forward its reforms to the NHS, the Trust believe it will be important for the Government to ensure effective joint working across commissioning bodies, not just within the health sector, but also between education and health commissioners, including schools and special schools as they take on greater commissioning powers. Arrangements need to be in place to ensure that commissioners are in a position to commission in the round for services provided by NHS and non- NHS agencies, whether at the local or regional level, and to ensure that local commissioners do not simply 'shunt' responsibility up the chain. In addition, we welcome the Department for Education's SEN Green Paper's emphasis on integrated working through the new Education, Health and Care Plans, but would like to note that this will again only be effective with greater coordination of commissioning across these sectors.

**Question 3: The NHS and Public Health Outcomes Frameworks both propose key areas of focus: making sure everyone lives healthy lives for longer, addressing inequalities, enhancing quality of life for people with long term conditions, helping people recover from ill health or following an injury, ensuring people have a positive experience of care, treating and caring for people in a safe environment and protecting them from harm - are these the right priority areas in relation to children and young people's health outcomes? Is there anything missing?**

All these priority areas need to be embedded in a child/young person's pathway, informed by their and their families' views and wishes, detailed and monitored through a single 0-25 education, health and care plan.

However, we would argue there needs to be greater understanding around some of the issues that sit underneath inequalities and quality of life; over 50% of children in areas of social deprivation have SLCN, impacting on many aspects of their development and on long term life chances. Healthy lives need to include not just the physical, but social and emotional health alongside wider aspects of development. Communication skills sit at the foundation of many aspects of life quality and are currently the poor relation to the more obvious, better understood issues of obesity, though of equal importance in quality of life and cost effectiveness of prevention, early diagnosis and timely intervention.

#### Question 4: What should key health outcomes for children and young people include?

The Communication Trust would like to bring to your attention the importance of including Speech language and communication skills within the key health outcomes. These skills are the basis for other key life skills: cognitive development, learning, literacy, positive relationships, mental health and regulation of behaviour and emotions<sup>2</sup>. Speaking and listening skills underpin pupil outcomes; young people with good communication skills have a wider range of life chances<sup>3</sup>.

As many as 10% of children in the UK, over 1 million, have speech, language and communication needs, which are not caused by language neglect, or by having English as an additional language or other external factors. Of this group, a large cohort – between 5-7% of the child population - have specific language impairment (SLI), meaning that they have difficulties with learning and using language that are **not** associated with factors such as general learning difficulties, or other conditions, such as cerebral palsy, hearing impairment or autistic spectrum disorders. A child with SLI might be bright, but struggle to understand the language used in the classroom, and thus struggle to attain and achieve.

SLCN is the most common childhood disability. In some parts of the UK, those with high unemployment and poor housing, the prevalence rate of SLCN rises. In areas of social deprivation upwards of 50% of children have language delay.<sup>4</sup> There is also evidence of a high incidence of communication difficulties (often unidentified) in those who are young offenders<sup>5</sup>, looked after children<sup>6</sup> and those who have conduct disorder<sup>7</sup> as well as other social emotional and behavioural difficulties<sup>8 9</sup>.

#### Question 5: Is there anything else you'd like to tell us?

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<sup>2</sup> Silva P, Williams S & McGee R, (1987): *A Longitudinal Study of Children with Developmental Delay at age three years; later intellectual, reading and behaviour problems*. *Developmental Medicine and Child Neurology* 29, 630 – 640

<sup>3</sup> *Improving Achievement in English Language in Primary and Secondary Schools* (2003) HMIE

<sup>4</sup> Locke, A, Ginsborg, J and Peers, I (2002) *Development and Disadvantage: Implications for Early Years IJLCD Vol 27 No 1*

<sup>5</sup> Bryan, K. 2004. Preliminary study of the prevalence of speech and language difficulties in young offenders. *International Journal of Language and Communication Disorders*, 39, 391-400.

<sup>6</sup> Cross, M. Lost for words. (1999) *Child and Family Social Work* 4(3): 249-57

<sup>7</sup> Gilmour, J; Hill, B; Place, M. Skuse, D. H. (2004) Social **communication** deficits in conduct disorder: a clinical and community survey *Journal of Child Psychology & Psychiatry*. 45(5):967-978

<sup>8</sup> Toppelberg C O, Shapiro T (2000), Language disorders: A 10-year research update review. *Journal of the American Academy of Child & Adolescent Psychiatry* 39: 143-152

<sup>9</sup> Snow, P.C. & Powell, M.B. (2005). What's the story? An exploration of narrative language abilities in male juvenile offenders. *Psychology, Crime and Law* 11(3) 239-253.

<sup>9</sup> Bryan K Freer J; Furlong C Language and communication difficulties in juvenile offenders (2007) [International Journal of Language & Communication Disorders](#) 42 2

In view of the evidence cited above concerning the prevalence rate of SLCN in disadvantaged areas, we suggest that the following **additional indicators** are included in the DoH Outcomes Frameworks 2012/13, aimed specifically at children and young people,

Domain 1: Improving the wider determinants of health: **add 1.5 Statutory homeless**

Domain 3: Health Protection: **add 3.3 Population vaccination coverage (3.31-3.3xii)**

The Communication Trust would also be pleased to support the development of indicators relating to speech, language and communication as set out in the Summary technical specifications of public health indicators, 2.5 **Child development at 2-2.5 years** through consultation with members of the Communications Consortium.