

Written evidence submitted by the Royal College of Speech and Language Therapists (RCSLT)

1. About the RCSLT and speech and language therapy

- 1.1 The RCSLT is the professional body for speech and language therapists (SLTs), speech and language therapy students and support workers, with more than 20,000 members across the UK.
- 1.2 SLTs are an integral part of the early years workforce, working alongside parents/carers and with other professionals across education, health and social care to support children with speech, language and communication needs (SLCN), and those with eating, drinking and swallowing difficulties.
- 1.3 SLTs' specialist knowledge and skills regarding children's speech, language and communication development mean they also have a key role in enabling universal approaches to supporting speech and language development for all children, and planning targeted interventions for those at increased risk.
- 1.4 The RCSLT would welcome the opportunity to provide oral evidence to the inquiry.

2. Early language and communication: why it matters

- 2.1 Communication is a fundamental life skill. Evidence demonstrates the impact of early language development on a range of outcomes in childhood and later life:
 - School readiness: Children's vocabulary and ability to talk in two-to-three word sentences at the age of two is a strong predictor of school readiness at four.¹
 - Educational attainment: Children with poor spoken language at five are 6 times less likely to reach the expected standard in reading and writing at 11.²
 - Wellbeing and life chances: Children with poor vocabulary skills at age five are three times as likely as their peers to have mental health problems in adulthood, and twice as likely to be unemployed.³

3 Workforce challenges

- 3.1 The early years workforce has a crucial role to play in supporting the development of communication skills. Our members – SLTs who work closely with these settings – report that there are significant challenges around recruitment and retention of qualified staff which is impacting on their ability to provide this support.

“Working with children is a difficult job yet staff are low paid. Staff leave for either more pay or less responsibility” Consultant Speech and Language Therapist

- 3.2 Our members also tell us that settings are closing because they are unable to meet staffing ratios or due to inadequate funding, leaving gaps in areas of highest vulnerability.

- 3.3 There are also significant workforce challenges in professions which work closely with early years provisions, including health visiting and speech and language therapy.
- 3.4 There are simply not enough SLTs to meet current and future demand. As recognised by the NHS⁴, speech and language therapy is a profession in short supply. Managers of speech and language therapy services are telling us that staff vacancy rates have risen to levels that they have never seen before.
- 3.5 The impact on speech, language and communication is felt in several ways. Our members tell us that settings are having to appoint staff with low skills and little experience, who then struggle to provide children with a language rich environment and to identify and deliver interventions to children at risk of language difficulties, unless training and ongoing support is provided. But given the pressures outlined above, settings are reluctant to release staff to undertake training, and specialist staff are unavailable to provide coaching and support. Staff turnover means losing skilled staff, so training needs to be repeated at regular intervals.
- 3.6 The pandemic has significantly exacerbated the workforce challenges – both in terms of the capacity of the workforce and the numbers of children requiring additional support.
- 3.7 Many early years practitioners who were furloughed during the the pandemic changed careers to work in other sectors that paid better or provided a better work-life balance.
- 3.8 Furthermore, the pandemic has impacted on the number of children who need additional support when accessing early years provision - national data published by the Office for Health Improvement and Disparities shows that in 2021/22, 13.8% of children were below the expected level in communication skills at their 2 to 2 and a half year review.⁵ In 2019/20 this figure was 11.1%.⁶

“Children’s levels of skills, independence and ability to socialise is significantly reduced [following the pandemic], creating additional demand on already pressured staff... It is difficult to overestimate the perfect storm created by the pandemic” Consultant Speech and Language Therapist

4 Supporting children with SEND within early years provisions

- 4.1 The workforce issues outlined above are significantly impacting on the ability of the early years system to meet the needs of children with SEND, including those with speech, language and communication needs (SLCN). Members report that stretched staffing ratios mean that it is difficult for settings to release staff to attend additional training, to provide the higher level of support that may be required or to contribute to the assessment process for education, health and care plans. Turnover of staff means settings struggle to provide support from consistent staff with the requisite skills and knowledge of the specific child and their needs.
- 4.2 As a result, some children with SEND who could be supported within a mainstream early years provision are unable to secure a place, and there is insufficient capacity within specialist provisions for the increasing numbers of children. Many of these children remain at home until statutory school age, and miss out on the benefits of access to early education.

4.3 For children with SLCN, there is a specific challenge around access to speech and language therapy. NHS England data shows that in October 2022 there were 64,102 children and young people on the waiting list for speech and language therapy – this is the largest waiting list of any paediatric service.⁷ The most common reasons preventing reductions in waiting lists reported were workforce availability (24%) and increase in demand/referrals (24%). Early years staff feel they have to fill in the gaps when there are long waits, but are not equipped with the knowledge and skills to do this effectively.

4.4 There is no national standard for early years speech and language provision, so the service that is commissioned varies widely between areas. In some places SLTs work closely with early years staff to provide support at universal, targeted and specialist levels. In other areas there is little or no core service commissioned for pre- school children.

“In our area therapists will provide a written care plan and go into settings but in others there is only advice by phone.” Advanced Clinical Specialist Speech and Language Therapist

4.5 The Department for Education is due to publish a response to the SEND review Green Paper consultation imminently. We would welcome any scrutiny that the Committee can provide on how the SEND review will improve support for children with SEND in the early years, including how they will ensure that both the early years workforce, and the specialist SEND workforce, is able to meet the needs of children now and in the future.

4.6 Improvements could also be made by ensuring staff are equipped with the knowledge and skills to understand how to develop children’s language and communication skills, identify children and young people who struggle with their speech, language and communication, and know what they can do to support them. The revised level 3 early years qualification criteria, with its emphasis on both language and communication, and SEND, will be a positive step forward towards this aim. However, this will only result in improvement if accompanied by adequate funding and a robust plan to develop the early years workforce across education, health and social care.

“We would love all EY providers to access Makaton [a language programme that uses symbols, signs and speech to enable people to communicate] training for example, as a general strategy in nursery but the course cost is prohibitive and getting staff out of settings to complete training is also tricky - they need paid leave to go on courses and extend their knowledge not additional unpaid hours at the end of a 12 hour day.” Clinical Lead Speech and Language Therapist

5 Preparation for school

5.1 The extent to which early years provision prepares young children for school varies widely from setting to setting. Our members told us that if a setting is staffed with a motivated, consistent, skilled workforce, and well established relationships with local schools, it can effectively prepare children well for transition to primary schools. However, as we have set out above, in many settings this staffing is not in place.

5.2 Factors which can help settings provide effective preparation for school include:

- Strong leadership and well-established relationships across the sector
- Shared tools and resources across early years settings and schools, such as screening tools and transition documents

- A Communication Champion or Language Lead role in settings, with ongoing access to support from speech and language therapy to maintain the focus in the setting as well as provide tailored advice around speech, language and communication.

5.3 Children growing up in areas of social disadvantage are at increased risk of starting school without the speech, language and communication skills they need to thrive. Language development is disproportionately impacted by poverty;⁸ income based gaps are already present at 18 months with higher-income children processing language at a significantly faster rate than their lower income peers.⁹ By the time children start school, around 50% of those in areas of social disadvantage have delayed language or other identified SLCN.¹⁰

5.4 A review of early language screening commissioned by the Welsh Government recommended a systemic or preventative approach to screening, whereby children are screened at more than one point in time. It further recommended that known risk factors should be combined with monitoring of language skills and/or dynamic assessment to enhance screening. Currently, the only nationally mandated measure of early language is the Ages and Stages Questionnaire which takes place as part of the two - two and a half year review, but is insufficiently sensitive to accurately identify all children with language difficulties.

5.5 It is also crucial that where children are identified, this is followed up with frequently delivered evidence-based interventions, but again the extent to which this happens is highly variable.

5.6 There is also a growing gap between the expectations and approach used in early years settings, which tend to be child-led and play-based, and those used in primary education. Our members have raised concerns that the emphasis on phonics is not appropriate for reception pupils whose communication development has been impacted by the pandemic.

“Primary schools are introducing new phonics schemes, which have increased the pace and demand in which the teacher is required to introduce key phonics. Lots of these [reception class] children are working toward developing their skills of attention and listening and are not ready to begin phonics learning.” Specialist Speech and Language Therapist

6 Children’s centres and family hubs

6.1 Our members report that the reduction of Sure Start Children’s Centres has had a significant negative impact on children and families, including those from disadvantaged backgrounds.

“The reduction in targeted and universal high quality sessions has led to families having nowhere to ‘try things out’ and often speech therapy is their first point of call because there is nothing else in place” Clinical Lead Speech and Language Therapist

“The reduction of Sure Start Children’s’ Centres resulted in services becoming even more targeted to those with highest levels of social need, therefore losing essential opportunities for true early intervention/prevention.” Early Years Team Lead

Sure Start in Cornwall

In 2003 an SLT was employed to work across Sure Start centres in the Hayle and St Ives area of Cornwall, working as part of a multidisciplinary team including health visitors, health support workers, play workers, and social workers. As part of the programme, every child was screened at eight months old and 2 years old for a range of needs, but primarily for speech and language.

Where screening identified that additional support was required, home visits were offered to provide coaching and support to parents by a range of professionals depending on the child's needs. All parents were invited to attend, and if the family did not respond the team would follow up to ensure no child would slip through the net. All the nursery staff, preschool staff and childminders in the area received intensive training in Hanen's Learning Language and Loving It. At the start of the project, there were 74 referrals to speech and language therapy for children in the reception class at school. After three years of the project, there were no referrals. Unfortunately funding for the project was not sustained.

6.2 Family Hubs have the potential to have a positive impact on families, but we are concerned that their remit is too narrow and won't replicate the universal and targeted offer that was so central to Sure Start centres. Their narrow KPIs mean they also won't provide support for the whole family, which will limit their effectiveness.

6.3 We welcome the fact that the Family Hubs programme has a specific funded strand on early language and the home learning environment, and we have been pleased to work with officials in the Department for Education to help them to develop their thinking in this regard. However, the funding for the programme is time limited, and the purpose of the funding is narrow. Commitment of funding and planning for a long term vision is needed.

6.4 We already know what works: multi-disciplinary teams, embedded in settings which are welcoming and accessible to all families, providing high quality universal support and screening, plus targeted interventions and outreach to those families that need it. Family Hubs have the potential to provide this, but it will only be possible with a more ambitious scope, adequate long term funding, and a serious, integrated plan for the whole children's workforce.

6.5 The case studies below provide examples of how these principles have been implemented.

Flying Start in Wales

- [Flying Start](#) is part of the Welsh Government's early years programme for families with children under four years of age living in disadvantaged areas of Wales. Early language development is a core element of the programme.
- To support this key strand of work, an SLT was seconded into Welsh Government for six months to write the programme guidance document on speech, language and communication.
- In addition, an SLT has been employed at every Flying Start team in Wales. Part of the role of the therapist is both to upskill the early years workforce in these areas and to improve parents' knowledge and skills to support children's early language development.
- This relatively small investment in terms of the numbers of SLTs employed is having a huge impact on the outcomes of young children in Flying Start areas as the below example shows.

Bridgend Flying Start

In 2015, the Bridgend Flying Start SLTs won an NHS Wales award for their work in reducing language delay in two and three year olds.

- Out of over 600 children screened on starting nursery, 73% were assessed as having significant language delay, which would impact on future learning development.
- After the interventions delivered by nursery staff which were planned and supported by the Flying Start SLTs, 68% of the children with the worst language delay had improved.

In March 2022 Welsh Government announced that [Flying Start would be expanded](#).

Making children’s language a priority in Greater Manchester

Speech, language and communication needs are identified as a priority focus for the refreshed Greater Manchester Children and Young People’s Plan and working with the ICS, the Greater Manchester Combined Authority (GMCA) is committed to delivering integrated commissioning and provision to support SLCN across all age ranges. The GMCA’s Good Learners Hub has a specific focus on the development of language and communication in the early years. The work is led by a Consultant SLT with support from representatives from each of the 10 GM localities. An additional recommended language assessment has been introduced at the age of 2 years, and work is ongoing to bring this further forward to support earlier identification and maximise intervention time prior to the child starting school. The model promotes high quality home and setting environments with informed parents and a skilled workforce. There is a focus on ensuring access for all groups who may experience disadvantage, for example, work to better include fathers, and producing key messages in 18 community languages whilst ensuring that practitioners have the skills to work with multilingual families.

7 References

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