Public Health England

Protecting and improving the nation's health

Best start in speech, language and communication:

Guidance to support local commissioners and service leads

Department of Health & Social Care

Department for Education

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The guidance is aimed at Directors of Public Health (DPH) and Directors of Children's Services (DCS), members of health and wellbeing boards, public health commissioners, commissioners and providers of Speech and Language Therapy services, Clinical Commissioning Groups (CCG) or Sustainability and Transformation Partnership (STP)/ Integrated Care System (ICS)(1) (where these are in place), public health provider organisations (health visiting and school nursing), early years and school settings.

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Foreword

This model pathway provides guidance to local areas to help them meet the speech, language and communication needs of children in the early years. The first years of life are vital in giving every child the best start, with speech, language and communication skills an important indicator of child wellbeing. These skills shape a child's ability to learn, develop friendships and their future life chances.

Every child, regardless of circumstance should be able to develop and thrive. There is increasing concern about the numbers of children starting school with poor speech, language and communication skills, with unacceptable differences in outcomes in different areas of the country. Inequalities in early language development are recognisable in the second year of life and have an impact by the time children enter school.

This guidance is part of a wider programme of work to support early child development including the Department for Education's work to encourage parents to engage in activities that support their child's early learning – and the modernisation of the Healthy Child Programme announced in the Green Paper, Advancing Our Health: prevention in the 2020s.

We welcome the joint publication of this integrated pathway guidance as we continue to work together to support local areas to drive system change; integrate local services across education, health and social care; and empower parents to improve early language outcomes and child wellbeing.

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Glossary

ASQ	Ages and Stages Questionnaire
CCG	Clinical commissioning group
CDS	Community dataset
CoP	Community of Practice
CYPMHS	Child & Adolescent Mental Health Service
EYFSP	Early Years Foundation Stage Profile
EYP	Early years practitioners (this refers to those working in settings, that is, children's centres, nurseries, child minders)
HLE	Home learning environment
SEND	Special educational needs and disability
SLC	Speech, language and communication
SLCN	Speech, language and communication needs
SLT	Speech and language therapist
VCS	Voluntary and Community Sector

Introduction

The ability to communicate is fundamental to all of us. It is a set of skills that starts early in life and continues across the life course. Whilst we each develop at a different pace, there are key milestones in speech, language and communication (SLC) development. When these are not reached, they indicate that additional support may need to be offered to a young child and their carers. Too many of our children do not get this support early enough, leading them to start school with speech, language and communication levels behind that of other children.

Approximately 10% of all children have long-term speech, language and communication needs (SLCN)(2). In some areas of deprivation, more than 50% of children start school with SLCN(3). Meeting the needs of children, and reducing inequality, requires a system-wide approach as currently needs are frequently unidentified(4).

The increased awareness of the importance of early language has led to national and local initiatives to ensure that every child is supported to achieve their potential.

The Department for Education (DfE) early years social mobility programme works through 3 domains (the home, local services and early years settings) to improve child outcomes, with a particular focus on early language. The DfE ambition is to provide equality of opportunity for every child, regardless of background or where they live. Good early years education is the cornerstone of social mobility(5), in addition, evidence tells us that what happens at home in children's earliest years, before they start school, has an important influence on later outcomes(6).

DfE and PHE in partnership, developed a programme of work to reduce inequalities in early speech, language and communication. Alongside the development of this pathway guidance the programme also included:

- training for over 1,000 health visitors to identify speech, language and communication needs
- the development of an early language identification measure (available from Summer 2020)

DfE, working with partners across Government and locally, is funding over 400 projects in 138 local authorities as part of this programme including 51 local authorities who are receiving the professional development programme for early years practitioners. Further details of the overall programme, individual initiatives and where they are located can be found here.

The logic model in Figure 1 provides an overview of the resources, inputs and activities required to achieve the ambition to improve early language outcomes. It can be adapted by local areas to fit their context and inform their strategic planning and delivery (refer to Appendix B for a blank logic model template).

This guidance document includes a:

1. summary of why early language and communication matters and the scale of the problem in England
2. 'model example' for an integrated early years speech, language and communication pathway built on evidence and implementation experience
3. 4-step implementation plan to help local areas review local needs and service provision to support the development and successful implementation of a whole system approach to improving speech, language and communication (SLC)(7)

The development of the guidance has been supported and guided by an Expert Advisory Group (EAG), consisting of leading experts in the field of speech, language and communication in the early years (see Appendix A for a list of members). Public Health England (PHE) and the DfE have also worked closely with practitioners and academics in developing the guidance, as well as learning from the many local areas in England that are already delivering good examples of services working together to meet the needs of children with SLCN and promote SLC development in preschool children.

This guidance is published alongside:

- 'Best start in speech, language and communication: supporting evidence' which presents a summary of the underpinning evidence, key drivers and components of effective interventions for children's speech, language and communication
- 'Best start in speech, language and communication: case studies' - a collection of case studies from sites in England, peer reviewed by our EAG, which provide examples of how an integrated system can work in practice

Figure 1: Logic model to support the implementation of a speech, language and communication pathway

Need	Input	Activities	Outputs	Outcomes	Impact
Too many children in reception year do not achieve at least the expected levels across all goals in 'communication and language' and 'literacy' areas of learning. Children with persistent SLCN are not consistently identified and supported.	National and local funding for early years and health, including the early years (EY) entitlements, Public Health Grant and EYs social mobility programme, which includes: Hungry Little Minds (to support the home learning environment) SLC Pathway Early language assessment tool Health visitor training programme Professional Development Programme (for EY settings)	Local areas improve/develop integrated SLC pathway	No. of parents receiving Hungry Little Minds messages reinforced by local partners to build knowledge to support quality parent/child interactions (local and national data)	Practitioners and parents have increased knowledge and are better able to maximise opportunities to support SLC development	The percentage of children not achieving at least the expected level across all goals in the 'communication and language' and 'literacy' areas of learning at the end of reception year, is reduced by half by 2028
Competing priorities and pressures for those responsible for commissioning local SLC services		Home learning environment (HLE) messaging to parents	No. of workforce who have completed locally agreed SLC training (learning and development data) & no. of self-sustaining peer-to-peer communities of practice (COP)	Practitioners are better able to identify children at risk of persistent SLCN	
Lack of joined up (strategic and service level) evidence-based services for children, meaning SLCN are missed		Evidence-based workforce training	No. of assessments (ASQ/Government tool – available 2020/other locally commissioned tools) completed on 2-2.5-year olds - community dataset (CDS)	Families are confident in supporting their child's SLC and HLE and are able to access services if needed	
Some professionals require more support in developing and maximising opportunities to identify and support SLCN		Ongoing assessment and monitoring (statutory/non-statutory)	No. of families receiving SLC focused interventions carried out in the home (health visitors and other local data)	Improved access to early years settings providing high quality communication support	
Some low-income caregivers can face challenges in supporting their children's vocabulary development, contributing to an income-related word gap that is already present before the age of 3 - these families are likely to require more intensive support in developing knowledge and maximising opportunities to support their child's home learning and may experience barriers to accessing services	Reforms to the Early Years Foundation Stage and Ofsted Inspections.	Early education in settings	No. of children in early years settings receiving a language rich environment according to locally agreed criteria (local authority quality indicators)	Services making up the local area SLC pathway are developed and delivered in coproduction with families	
	Modernisation of the Healthy Child Programme	Setting/community-based interventions	No. of children receiving regular SLC focused interventions in partnership with SLT at all levels of service; universal, targeted and specialist.	A well-trained workforce that is able to deliver effective support	
		Home visiting interventions		Integrated and collaborative working across frontline early years workforce	
		Intensive home visiting provided for targeted families (e.g. low income and/or young parents)		Provision of CoP support and continuing professional development opportunities for the early years workforce	
		Speech and language therapy			

Definition of speech, language and communication

The Royal College of Speech and Language Therapists (RCSLT) defines the terms speech, language and communication as follows(8):

Speech refers to:

- saying sounds accurately and in the right places in words
- speaking fluently, without hesitation, prolonging or repeating words or sounds
- 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
- using words to build up sentences which are used in longer stretches or spoken language and to build conversations
- putting information in the right order to make sense

Communication refers to:

- being able to communicate to people and take turns as well as change language/communication to suit the situation; in effect, how we interact with others
- non-verbal communication, for example eye contact, gestures and facial expressions
- being able to consider another person's perspective, intentions and the wider context

The term 'speech, language and communication needs' (SLCN) encompasses a wide range of difficulties related to aspects of communication in children and young people. These can include difficulties with fluency, forming sounds and words, formulating sentences, understanding what others say, or using language socially(9).

The following skills are also important to the development of speech, language and communication:

Attention and listening skills – this refers to the ability to pay attention and listen carefully to what is being said. This skill is required in order to have, and to follow, a conversation, as well as retaining information.

Social interaction – this refers to the capacity to relate to others in a socially appropriate manner and plays a pivotal role in promoting social integration. This also involves expressing emotions and using and decoding non-verbal communication.

Symbolic play skills – symbolic play is related to cognitive skills in that one thing can stand in for another, for example using a building block to represent a car. It is important to development, both academically and socially. This concept is vital for language learning and literacy, for example letters of the alphabet written on paper can represent a word and the spoken word can represent a specific object.

Why does early speech, language and communication matter?

The ability to communicate is recognised as the most fundamental lfe skill for children. It directly impacts on their ability to learn, to develop friendships and on their future life chances(4). Babies are born ready to communicate - with language development influenced by both genetic factors and environmental experience(10, 11). Parents, caregivers and those closest to the child have the most important role in supporting SLC development and are best placed to provide language rich environments for their children(12).

Early language development and communication skills are recognised as primary indicators of child wellbeing due to the link between language and other social, emotional and learning outcomes. Language contributes to a child's ability to manage emotions and communicate feelings; to establish and maintain relationships; to think symbolically and to learn to read and write(11). Without support, children and young people with SLCN are at risk of poor outcomes across the life course:

Educational attainment:

- 1 in 4 children who struggled with language at the age of 5 did not reach the expected standard in English at the end of primary school, compared with 1 in 25 children (at the age of 5) who had good language skills(13)
- 15% of pupils with identified SLCN achieved the expected standard in reading, writing and mathematics at the end of their primary school years compared with 61% of all pupils(14)
- only 20.3% of pupils with SLCN gained grade 4/C or above in English and Maths at GCSE, compared with 63.9% of all pupils

Social, emotional and mental health:

- 81% of children with emotional and behavioural disorders have unidentified SLCN(13)
- children with vocabulary difficulties at age 5 are 3 times more likely to have mental health problems in adulthood and twice as likely to be unemployed when they reach adulthood(15)

Lifelong impact:

- 60% of young offenders have low language skills(16)
- the long-term negative impacts of language difficulties suggest that their associated costs to individuals, their families, and society across the life course are likely to be high(11)

It is important that these risks are interpreted in context – even with these increased risks, many children with SLCN will have a healthy and happy childhood and will grow into adults who can contribute positively to society. Identification of language difficulties is an additional opportunity to identify and support the most vulnerable children**.**

What is the scale of the problem?

Approximately 10% of children and young people have long-term SLCN which cause them significant difficulties with communication or learning in everyday life

(17)

Children from socially disadvantaged families are more than twice as likely to be identified with a SLCN.
Due to social clustering, more than 50% of children living in areas of high social deprivation may start school with SLCN

(3, 13)

In 2017/18, 82.4% of all children reached a 'good level of development in communication and language skills' at age 5, compared to only 71.9% of children who were eligible for free school meals

(18)

Disparities in early language and communication development relating to social deprivation are recognisable in the second year of life; they have a negative impact on children's development by the time they start school, in terms of literacy development, as well as social, emotional and behavioural development

(13, 19, 20)

Not all SLCN are preventable and some children will have persistent speech, language or communication learning needs throughout their school careers. For example, it is estimated that 7.6% of children (2 in every class of 30) start school with developmental language disorder (DLD) of unknown origin and a further 2.3% of children start school with a language disorder associated with intellectual disability and/or existing medical diagnosis

(17)

Bercow: 10 Years On (2018)(4) reported that currently many children with SLCN are unidentified and "poor understanding of, and insufficient resourcing for SLCN means too many children and young people receive inadequate, ineffective and inequitable support, impacting on their educational outcomes, their employability and their mental health".

The report stated that without a shift in approach, not all children with SLCN will receive the support they require and highlights that:

1. communication is crucial to children's life chances, yet awareness of its importance among the public and decision makers is not sufficient.
2. strategic system-wide approaches to supporting SLCN are rare; very often SLCN does not feature in national or local policies.
3. specialist services are inaccessible and inequitable. Too often support for children's SLCN is planned and funded based on the available resources, rather than what is needed, leading to an unacceptable level of variation across the country.
4. there are evidence-based interventions that significantly improve child language, however, evidence is frequently not taken into account when planning services.
5. too many children with SLCN are not being formally identified and are therefore not getting the vital support they need; even when identified, many children are not receiving timely support.

Organisation of provision across a continuum of need

To address these system-wide issues, the following provides a model to guide local areas to develop a speech, language and communication pathway.

This is based on a population approach focusing on the needs of children across a continuum but does not cover the full breadth of more specialist support - it should link to other local pathways for children with special educational needs and disabilities (SEND), such as Autistic Spectrum Disorders, Down Syndrome, Hearing Impairment, Physical Impairment, Alternative and Augmentative Communication. Statutory guidance for organisations, including local authorities and clinical commissioning groups, on their duties in relation to support for children and young people who have special educational needs or disabilities can be found in the SEND Code of Practice: 0 to 25 years(21).

Law et al express the need to revisit the model by which speech and language therapy services are delivered(22). Support provided for children's SLC is best organised using a tiered framework based on a continuum of need. Provision should be available at all levels of need: universal, targeted and specialist - children can have varying needs and benefit from interventions at different levels simultaneously. Movement between levels of intervention is fluid; some children will respond to a targeted intervention and may then only require universal services, while others may go on to have a more persistent need and potentially require specialist services (but will still also require and should receive universal services).

To address the scale of SLCN, there has been a shift in focus in recent years, with a move:

From the approach of routinely referring all children to an "expert";

To an approach which develops and facilitates expertise within the context in which the child lives. Most importantly this includes supporting parents and those closest to the child to develop the skills needed to support their child's SLC. In this model of support, speech and language therapy is delivered through collaborative working, supporting the child within the context of the home, early years and educational settings, and the wider community by working closely with and/or training other people involved.
Support is usually offered across 3 levels:

Universal Support: All children receive a universal service which aims to prevent future problems(22), by supporting parents to provide the best possible home learning

environment and by providing effective, inclusive, communication environments in early years settings. It also includes early identification of children with suspected SLCN, or those at high risk, so that early support can be put in place (at a targeted or specialist level according to need).

Targeted Support: Some children will also require additional targeted support to help their speech, language and communication to develop and maintain close monitoring of outcomes. Additional support is provided by suitably trained early years practitioners or parents, and guided by specialists, for example speech and language therapists (SLT). Targeted provision can be subdivided as follows:

Targeted Selective interventions aim to decrease inequalities in early language development in high risk groups with characteristics that place them at greater risk of experiencing difficulties, for example socio-economic deprivation, young parents(23). Interventions include the Family Nurse Partnership programme for young parents, and free part-time early education offered to disadvantaged 2-year-olds in England(24). In areas of highest deprivation, some local areas provide targeted services to all families, rather than selectively.

Targeted Indicated provision constitutes support for children identified as having language levels below age expectations, or an identified issue or problem requiring additional support.

Specialist Support: A few children will need specialist interventions provided or supported by a speech and language therapist. This level of provision is likely to involve multi-agency support, in collaboration with early years practitioners and parents. It refers to interventions developed for families with children where there are severe or complex, specific and ongoing SLC needs.

Specialist practitioners, such as SLT, will be involved at all levels. From a Universal level providing training, supporting and engaging the wider workforce and community; through to a Specialist level conducting specialist assessment of speech, language, and communication, and delivering individualised interventions to children and families where appropriate.

A system-wide approach – model SLC pathway

The model integrated SLC pathway, Figure 2, details the key features of provision that should be offered to cover a continuum of need for each of the age groups/stages:

- pregnancy
- 0 to 2 years
- 2 to 3 years
- 3 to 5 years

The key communication strategies that should be used to support language learning in each age group/stage can be found in the document, ‘Best start in speech, language and communication: Supporting evidence.’

For each age group/stage, the pathway describes the review point, what happens at this review, the action taken and key messaging for families at a universal level, targeted level and specialist level.

The Universal offer commences with the midwifery and health visitor holistic assessment during pregnancy, offering signposting of resources and promotion of the parent-infant relationship.

The 0 to 2 years section shares an overview of universal health visiting contacts, audiology screening assessments and immunisations schedule. The importance of the observation and review of a child’s language skills at progress checks and within early years settings, supporting parent engagement and promotion of communication strategies and resources is described.

The 2 to 3 years section focuses on the opportunity to share, and where possible, integrate health and early years 2-year review, including the use of the Ages and Stages Questionnaire, highlighting this period as an opportunity to promote free education and childcare from 2 years.

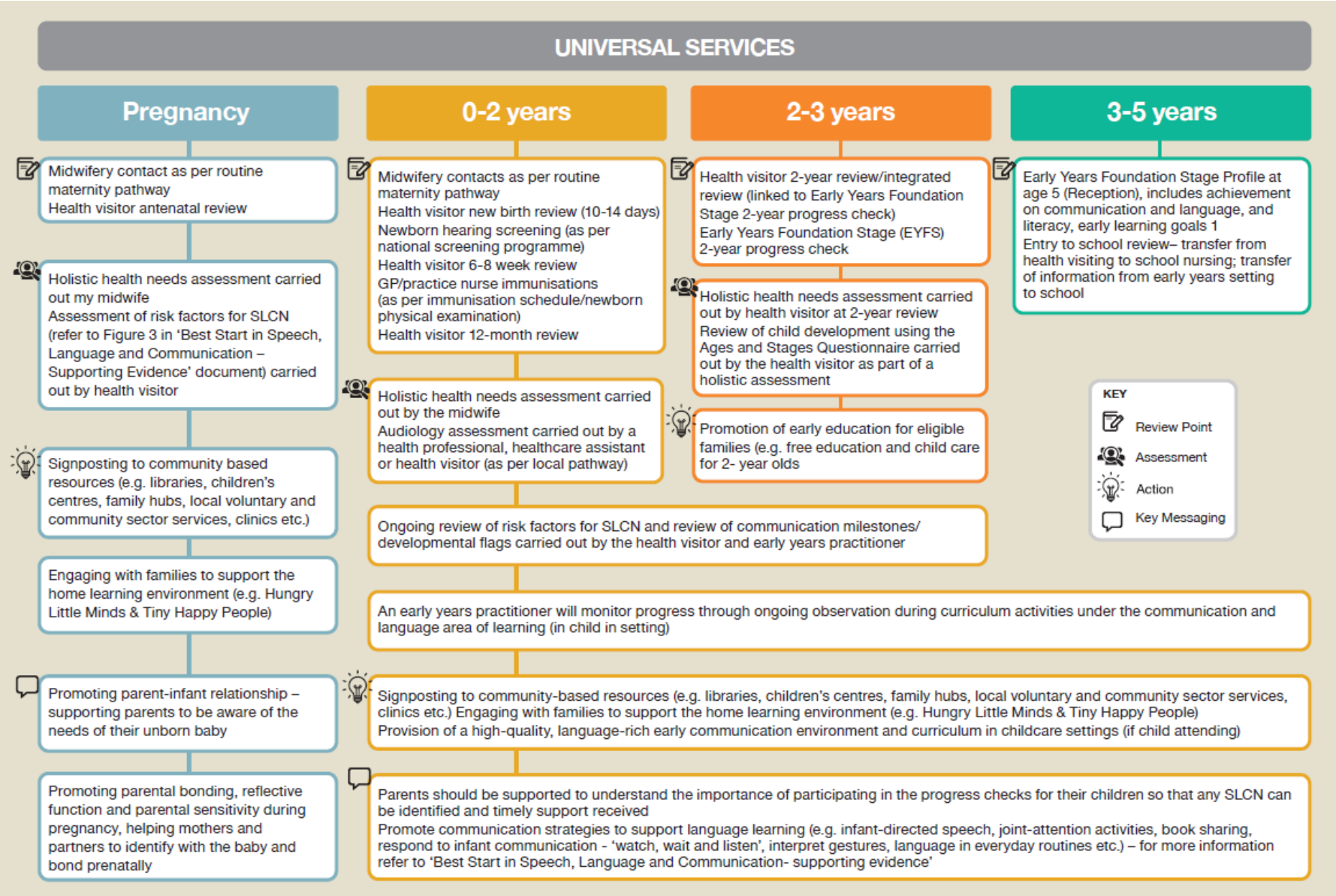
The final stage, 3 to 5 years, promotes the value of the Early Years Foundation Stage Profile and transfer to school nursing services.

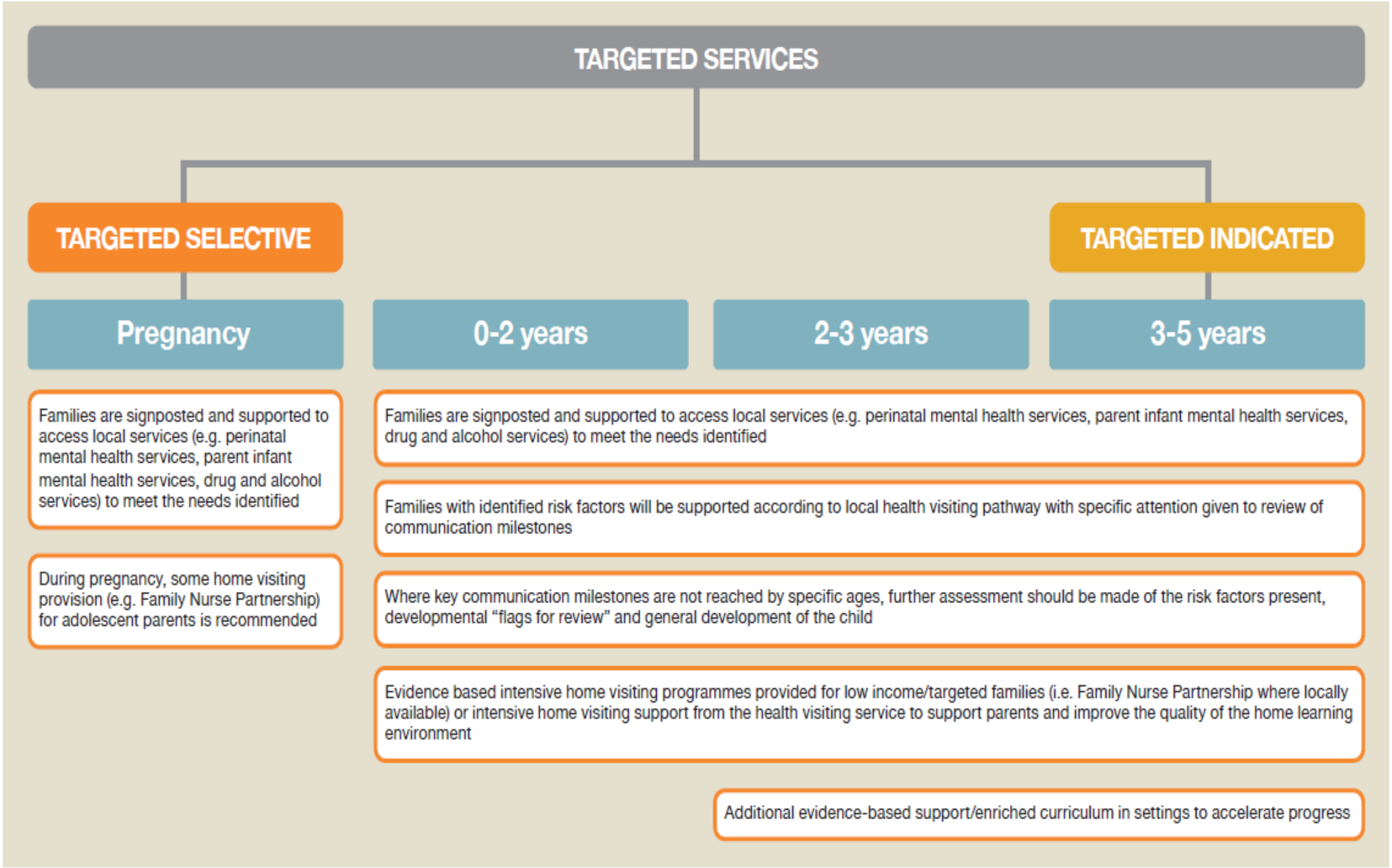
Targeted services highlight the opportunity to offer selective services within pregnancy with local offers including perinatal mental health services and the family nurse partnership programme where available.

Targeted services for 0 to 5 years include the offer of local services including enhanced home visiting services and additional support in early years settings.

Specialist services from birth to 5 years are described including multi-disciplinary interventions with partners across health and early years, including specialist paediatric therapy services, with ongoing review and statutory assessments as required.

Figure 2: Model integrated SLC pathway




TARGETED SERVICES
TARGETED SELECTIVE
TARGETED INDICATED
Pregnancy
0-2 years
2-3 years
3-5 years
Families are signposted and supported to access local services (e.g. perinatal mental health services, parent infant mental health services, drug and alcohol services) to meet the needs identified
During pregnancy, some home visiting provision (e.g. Family Nurse Partnership) for adolescent parents is recommended
Families are signposted and supported to access local services (e.g. perinatal mental health services, parent infant mental health services, drug and alcohol services) to meet the needs identified
Families with identified risk factors will be supported according to local health visiting pathway with specific attention given to review of communication milestones
Where key communication milestones are not reached by specific ages, further assessment should be made of the risk factors present, developmental "flags for review" and general development of the child
Evidence based intensive home visiting programmes provided for low income/targeted families (i.e. Family Nurse Partnership where locally available) or intensive home visiting support from the health visiting service to support parents and improve the quality of the home learning environment
Additional evidence-based support/enriched curriculum in settings to accelerate progress

SPECIALIST SERVICES
Pregnancy
0-2 years
2-3 years
3-5 years
Access to specialist interventions for children with a range of SLCN, under the guidance of a speech and language therapist
One to one support from a SLT for children with identified additional/complex needs*
Specific support and training from specialists to enable early years settings to support children with severe, specific or complex SLCN
Parents should be provided with specific specialist support to facilitate their ability to support their child's communication development
Joined up, multi-disciplinary support
Continued monitoring and collaboration with multidisciplinary team
Contribution to statutory assessment, annual reviews and individual education plans/target setting
Additional support may be provided by other specialists e.g. community paediatricians, portage workers etc.
*Children with long term persistent but specific SLCNs, such as Developmental Language Disorder, in the absence of other needs, will also need 1:1 SLT support

Implementing a system-wide approach to support speech, language and communication in the early years

Consistent messaging and collaboration

In developing a local approach, consideration needs to be given to how early years professionals can deliver a consistent set of public health messages to increase parents' awareness and understanding of the importance of early language development, and to help them support their children's language learning at home(11).

The pivotal role of those closest to children, i.e. their parents/primary caregivers, cannot be overstated. Parents/carers are best placed to support their children's development and affect the context in which children live(12) and they should be supported with information and resources to encourage their role as primary educators and communicative partners for their children. The DfE and the BBC have developed campaigns to support parents around SLC development.

The DfE Hungry Little Minds campaign aims to encourage and support parents to engage in activities that support their child's early communication, language and literacy development – helping set them up for school and beyond. The campaign has been designed to provide consistency of messaging and to support and amplify the activity of a wide range of early years services, as well as partner activity from the public, private and voluntary sectors. Consideration should be given to integrating the messaging and branding of the campaign in the development of a local pathway.

Tiny Happy People is the BBC's early years language and communication initiative, which supports parents in the development of their child's speech and language in the home learning environment. 'Tiny Happy People' offers a suite of videos and resources aimed at parents and front-line professionals.

The PHE parent pathway aims to help parents navigate their child's SLC development in the early years. It provides families with a quick guide to children's SLC developmental milestones; ideas of how they can support their child's development; when to expect their child's developmental reviews to take place and where to go for further information and support. This can be downloaded for use by local health and early years services.

The most effective early years services for SLC integrate the work of health visitors, school nurses, primary care staff, SLT, children's centre staff, voluntary and community sector services, early years settings including child minders, and schools(23, 25) (see 'Best start in speech, language and communication: Case Studies'). There is also considerable synergy between strategies to promote SLC and positive maternal and infant and child mental health (refer to 'Best start in speech, language and communication: Supporting evidence' for behaviours and strategies that are important in influencing the development of children's SLC skills).

Studies show that effective local systems(4, 12, 26) are characterised by:

Collaboration, where:

- everyone coming into contact with, and supporting 0-5-year olds, actively promotes communication and language development (place-based approach; see Appendix C)
- commissioners and providers have an agreed and shared set of key messages for families about how to promote communication and language development, for example sharing the Hungry Little Minds content
- information about children identified as in need of support is shared between agencies
- clear information and consistent messages are given to parents, incorporating the 3 stages of: identification, intervention and outcome

Placing the needs of children and their families at the centre, where:

- the needs of parents and those closest to the child are central to service design, with the aim of achieving "buy-in" and supporting their key role in affecting the context in which children live and communicate
- services work together to devise effective ways of reaching disadvantaged children and families for whom there may be barriers to accessing services
- parents and carers understand what services are available, what to expect from them, and how to raise concerns

Leadership, where:

- local leadership is essential in ensuring a planned and co-ordinated approach to joint commissioning of services for children with SLCN
- teams, early years settings and schools are encouraged to develop their own language leads/communication champions which link to the broader local strategy

A confident, well-skilled workforce, where:

- there is an ongoing workforce strategy that can effectively promote all children's speech, language and communication development and identify and provide effective language learning opportunities for children with SLCN, including those who need extra support

- practitioners from all agencies are able, and have the confidence to, engage parents/carers in difficult conversations, and support them in developing the skills they need to enhance communication and language development, and are able to recognise when a child may have SLCN. See Appendix D for an outline of the roles and requirements of the under 5s workforce who have key roles in identifying and supporting SLC in the early years

A response based on a continuum of need - no “one-size-fits-all”, where:

- there is a process for identifying children with delayed speech, language or communication, and possible persistent SLCN early on
- there is mapped provision from different agencies to provide a tiered response to meet the needs of every child, broken down by age group, to identify duplication of resource and gaps in provision
- the interventions used locally to provide targeted support (parent-based or small group work) are evidence-based
- all those working with under-fives and their families have the knowledge to promote SLC development, the capacity to identify SLCN and where appropriate, refer on to SLT services
- SLTs are commissioned to provide support across all levels of service.
- a system to identify and reach children who do not access/are not brought to targeted or specialist SLT after referral
- in order to minimise the number of unattended sessions, speech and language therapy services should be provided in ways which reduce barriers to access. These include taking account of cultural, socioeconomic and logistical factors, and providing services in a range of settings including at home and others that are familiar to children and families

Four step implementation plan

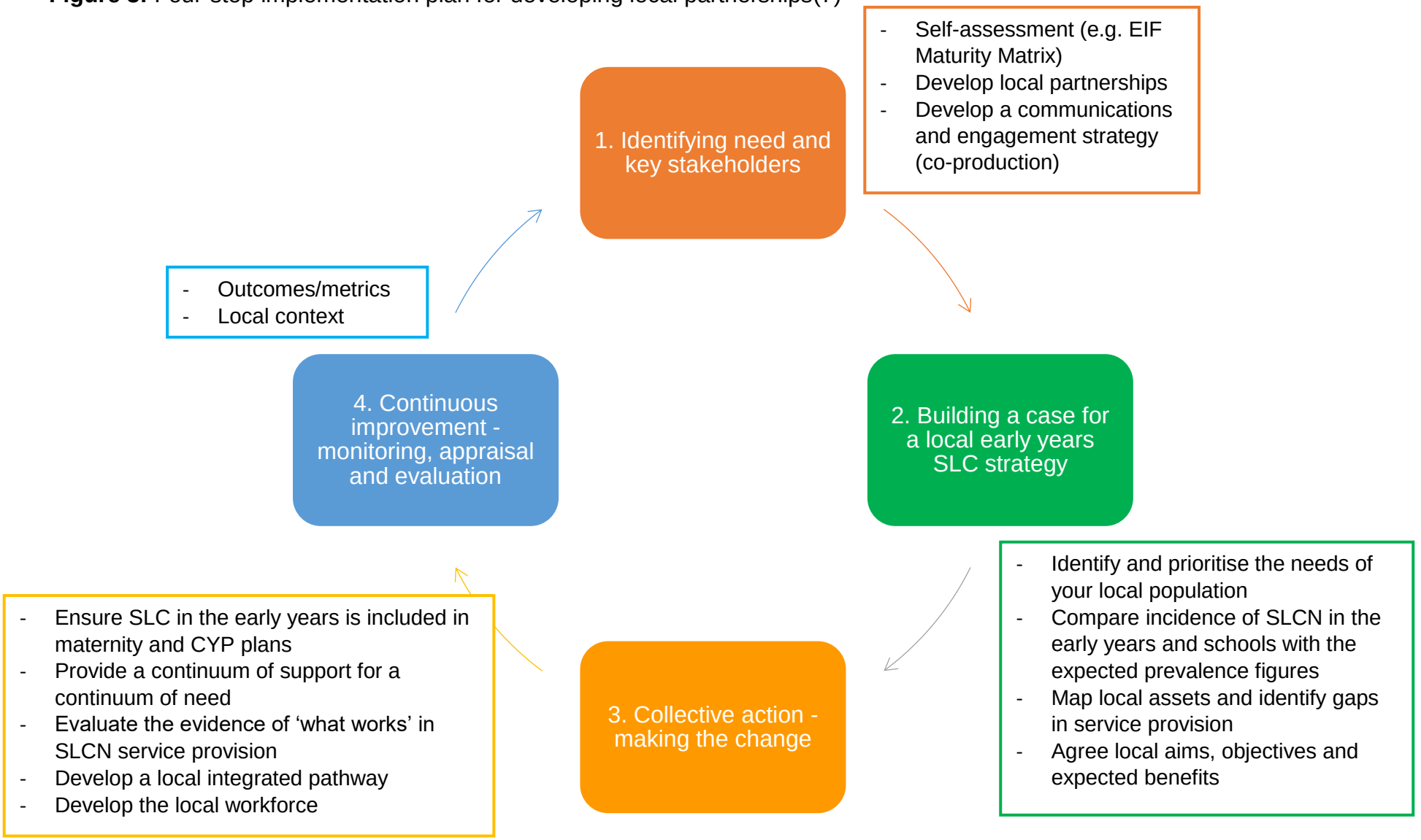
The pathway describes a model based on evidence. This section describes the implementation of this model in more detail. There are 4 key steps that can be taken to ensure that every child reaches their full language potential and to reduce inequalities in early language. This section is based on lessons learned from peer reviewed case studies, as well as implementation science methods(7) to improve the uptake and embedding of new interventions into routine practice. This approach will also serve as a tool to help local areas to identify strategic leadership and review existing plans and service provision.

The implementation of a speech, language and communication pathway requires a team of people to lead this approach. Each system/service needs to make it clear who is leading and have a clear governance structure. This process can be coordinated by existing bodies such as health and wellbeing boards or a specific multi-agency child

speech, language and communication group, including public health, CCG, children's services and schools. Health and wellbeing boards have a statutory duty, with clinical commissioning groups (CCGs) and local authorities, to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population(27). Local commissioners need to co-ordinate integrated commissioning of services for children with SLCN provided by NHS and non-NHS agencies, ensuring services operate seamlessly in order to provide universal reach and personalised support for the needs of every child. This investment in cost-effective prevention may reduce service demand later. Figure 3 provides a summary of the 4-step implementation plan.

The 4 step implementation plan is described in detail below.

Figure 3: Four-step implementation plan for developing local partnerships(7)



Step 1: Identifying need and key stakeholders - building local engagement and commitment

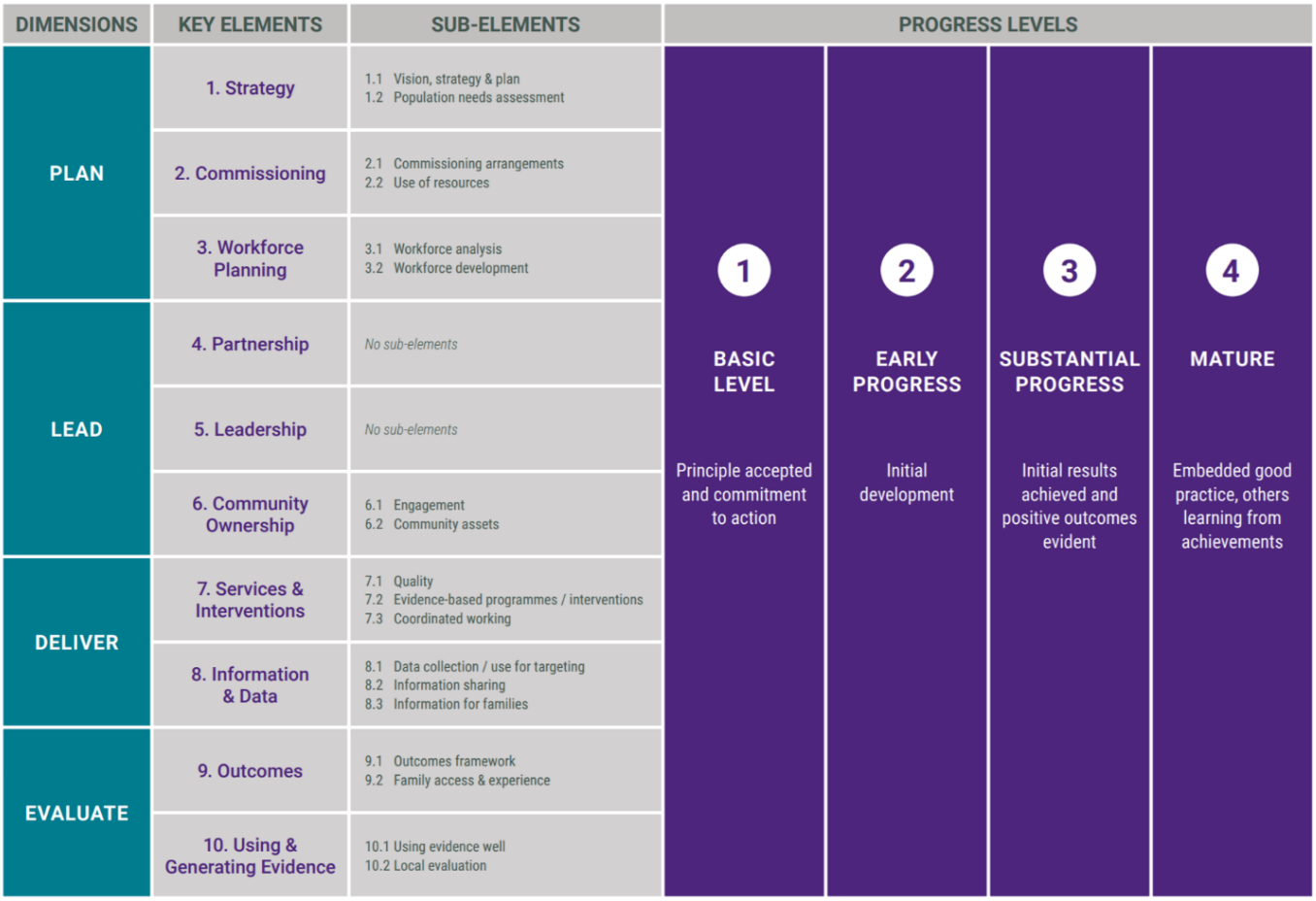
Self-assessment: Local areas may find it beneficial to undertake a self-assessment of their current approach, ensuring identification of areas requiring focus.

We recommend completing the Early Intervention Foundation (EIF) Maturity Matrix(28), Figure 4, as this will highlight priority areas of need that can guide the development of the whole systems approach to improving SLC.

The matrix, commissioned by the DfE and developed by the EIF, is a conceptual tool which describes the typical characteristics of an effective early years system and provides a framework against which a local area can conduct a self-assessment of their local system. There are 4 dimensions (Plan, Lead, Deliver, Evaluate). Each dimension is composed of key elements, which are described at each of 4 different progress levels, to allow a local area to rate their current position and identify the steps they need to take to improve. The 4 progress levels are: Basic level, where the principle is accepted and there is a commitment to action; early progress, there is some initial development; substantial progress, where initial results have been achieved and positive outcomes are evident and mature, where good practice has been embedded and others are learning from these achievements. The Maturity Matrix is designed to support practical change through positive challenge.

Further information on the Maturity Matrix can be found here, https://www.eif.org.uk/resource/eif-maturity-matrix-speech-language-communication-early-years

Figure 4. Early intervention foundation maturity matrix



Develop local partnerships: The composition of this partnership will be determined by the local context and current provision – what works in an inner-city area may not be suitable for a dispersed rural community. The partnership is likely to bring together a wide range of services including maternity; primary care; children's public health services (health visiting and school nursing); early years; education; community paediatric services; Children and Young People's Mental Health Services (CYPMHS); speech and language therapy services; early help and social work services and voluntary and community sector services. Services such as libraries should also be considered, as well as the role of employers.

Develop a communications and engagement strategy to provide a starting place for true co-production between all professional groups, and most importantly, parents/carers. Services and resources developed through co-design and behavioural nudge principles have been found to be most effective(29). The National Network of Parent Carer Forums(30) define co-production as "an equal and reciprocal partnership where everyone's experience, knowledge and skills are used to create better outcomes". There is a legal requirement to involve children and families in decisions about local provision in the Children and Families Act 2014, and co-production is the approach which should be used.

Co-production is important both when delivering services to individual children and their families (individual co-production) and when designing, commissioning and delivering services across an area (strategic co-production).

For example, the DfE Hungry Little Minds campaign is underpinned by a behaviour change model. The campaign objectives and messaging were developed closely with parents and external experts to ensure that they resonate with parents and their influencers. When considering implementation of change locally across different organisational and professional boundaries, it can be useful to develop a 'common language' for discussion. The Maturity Matrix can be a useful framework for developing this common language locally.

Examples of **individual co-production** include:

- parents/carers having their voice heard about their child and engaging with *services that they use*
- parents/carers working with practitioners, sharing *individual experiences* to improve service delivery for their own family
- families *engaging* in person centred processes that improve outcomes for them
- families with children and young people with SEND have their specific needs and services met by local commissioners and providers

Examples of **strategic co-production** include:

- meeting with service leads to share parents/carers *collective experiences* to improve service delivery for all families
- groups of parent-carers *working with commissioners, service providers and policy makers* to develop and design services, pathways, and processes to improve outcomes for all children, young people and their families

Parent carer forums exist in local areas(31) and work to strategically co-produce services. The charity Contact have also produced a framework to evaluate the effectiveness of co-production(32).

Both individual and strategic co-production have the same approaches. Families should be made to feel welcome in the process and understand that they have the right to be heard, that they will have an active role, and that things will change as a result of their involvement; they should be enabled and empowered to participate and be given all the relevant information in a way that they can understand; they should be engaged from the beginning of processes and remain involved right through to review and monitoring; and the services delivered should be person centred, tailored around the needs of the child and young person, not based on what is available.

Step 2: Building a case for a local early years SLC strategy

Identify and prioritise the needs of your local population: In order to narrow the inequalities gap in SLC, local areas need to have a good understanding of the needs of their population using local and national data. Public Health England's Speech, language and communication needs assessment report (https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/13) provides information for health and local authority commissioners to commission effective services for children with SLCN. The report brings together a range of relevant data and evidence on demographics, prevalence and some of the risk factors for each upper tier local authority and CCG. See also the DfE Early Years Outcomes Dashboard (https://department-for-education.shinyapps.io/smapey-dashboard/). For further information on nationally collected metrics, see Appendix E.

Compare the incidence of SLCN in the early years and schools with the expected prevalence figures to inform plans to tackle under identification. The outcome indicators for communication skills for children aged 2 – $2^1/_2$ years and communication and language skills at age 5 years required to support this pathway have been included in the 2019 refresh of the Public Health Outcomes Framework. See also, Bercow 10 years on, 'Working out the numbers of children with SLCN in your area'.

Map local assets and identify gaps in service provision: Engage all key stakeholders, including parents/carers to work together to map the child's journey to identify what is working well in the local area; key behavioural "nudge points"; gaps in service provision and key points when children with unrecognised SLCN may slip through the gaps between services.

Agree local aims, objectives and expected benefits:

- take a collaborative approach based on co-production; consult key local leaders, stakeholders and service users to develop a local shared ambition to reduce inequalities associated with SLCN
- using evidence and a return on investment approach(4, 33), develop a local economic case for early intervention(34)
- identify the expected benefits for all partners using the evidence
- be led by the needs of the community and not the services that are available. Ensure the views of parents, carers and those closest to the child are sought and embedded throughout the process

Step 3: Collective action – Making the change

Ensure speech, language and communication in the early years is included in Maternity and CYP plans, taking a life course approach starting in pregnancy(35):

- address risks associated with a preterm birth. For example, if baby is in neonatal intensive care, consider impact on parents' mental health and impact on development of baby

Provide a continuum of support for a continuum of need:

- services should support early identification of children with SLCN. Partner agencies, including voluntary and community sector (VCS), need to work together to ensure there is alignment between local need and availability of support to ensure that parents/carers have access to expert advice through a skilled workforce (for example, SLT, health visiting service and early years practitioners) when SLCN are suspected
- interventions should be provided that are proportionate to the level of need with request for support from specialist services where needed
- services for those with SEND should be included, ensuring access and quality placements are part of the continuum

Evaluate the evidence of "what works" in SLCN service provision:

The accompanying 'Best start in speech, language and communication: Supporting Evidence' document outlines key evidence sources to enable local areas to make decisions around commissioning of evidence-based interventions.

Develop a local integrated pathway (see Figure 2) and ensure all stakeholders understand what is required of them:

Set out your local integrated SLC pathway for the early years with clear agreed roles, responsibilities, governance and identified funding through integrated commissioning or memorandums of understanding between key partner organisations. Experience gained from peer reviewed case study sites presented in the accompanying document 'Best start in speech, language and communication: Case Studies', emphasises the importance of breaking down organisational boundaries and silo working. It also highlights the benefits of creating a culture and working relationships built on partnership and trust to achieve shared aims.

Develop the local workforce:

The Bercow Ten Years On Review (2018)(4) identified that the expertise of the wider workforce in identifying and supporting children and young people's speech, language and communication in England was inconsistent. Integrating the way everyone works together to ensure families are supported is vital to the success of the pathway. It is important to ensure that all staff working with children are confident in providing consistent messages and have access to training and continuing professional development to improve and sustain their understanding of speech, language and communication and ways of supporting children with SLCN.

The involvement of SLT in training and support for the wider workforce has the potential to improve identification of children with persistent SLCN who will go on to require specialist support as well as reducing the need for expensive specialist help and unnecessary "medicalisation" of children whose SLCN may resolve with community level support. SLT have a vital role in training and supporting the front-line children's workforce, in tandem with their face-to-face work with children with a range of speech, language and communication needs requiring specialist intervention.

As part of the development of this pathway, PHE consulted with case study sites which suggested the following components as part of a focused approach to develop and maintain workforce knowledge, skills and competence:

- a training programme to provide knowledge, skills and competencies in speech, language and communication for practitioners to support parents/carers in developing the skills they need to promote communication and language development, to identify children with SLCN and deliver evidence-based targeted support
- a sustainable training delivery plan incorporating a rolling programme to accommodate staff turnover
- an on-going network of support for those leading local work and training
- teams, settings and schools develop their own language leads /communication champions

Learning outcomes for workforce training include:

Increasing practitioners' knowledge of:

- Typical /non-typical speech, language and communication development in all children
- The impact of speech, language and communication needs on long-term health and wellbeing outcomes for children
- Application of evidence-based strategies to promote speech, language and communication development with all children and families (refer to EIF Guidebook for information about early intervention programmes that have at least some preliminary evidence of positive outcomes for children)

Enab**l**ing practitioners to be confident and able to**:**

- Identify risk factors for SLCN through assessment
- Use evidence-based strategies to support families when a SLCN is identified and consider methods to demonstrate impact of the interventions
- Identify SLCN appropriate for referral to speech and language therapy and /or evidenced-based support through local pathways

Step 4: Continuous improvement: How will we know when we have got there? (Monitoring, appraisal, evaluation).

Local context: Alongside the Public Health Outcomes Framework (PHOF) indicators, the local context and the need to narrow the inequalities gap should also be taken into consideration. It is important to involve parents/carers in the process to agree measures of quality, intervention outcomes and broader health and social outcomes that people value. These should focus on outcomes and not just process outputs and should also review any unintended consequences.

The What Works Centre for Wellbeing has produced a Local Authority Wellbeing Indicator guide(36) to support local areas to:

- **ensure local mechanisms for formal review of the evaluation**: ensure all stakeholders are able to contribute to an assessment of the success of the pathway in achieving the desired aims
- **ensure mechanisms are in place to support reconfiguration and ongoing quality improvement** in response to feedback from all stakeholders, including service user engagement to support ongoing service redesign and review of aims and objectives set out in step 2

Outcomes/Metrics: Build in evaluation from the outset to monitor how the local pathway is being embedded in practice (Figure 5. Example of high level outcomes for SLCN). Where local evidence-driven interventions are in place, an evaluation of outcomes will build a more robust empirical evidence base for interventions which may not have been subject to high level evaluation. Commissioners and providers within local areas will need to define the outcomes that will be achieved through the implementation of a local SLC pathway as outlined in the high-level logic model described earlier; a template logic model has been provided in Appendix B. The EIF 10 steps for evaluation success provides further guidance on carrying out evaluations. Local areas need to consider outcomes and measures based on local need. For nationally collected outcomes and metrics, see Appendix E.

Figure 5 provides an example from The Balanced System®(37) - a strategic, outcomes based, whole system framework. The set of outcomes cover universal, targeted and specialist levels, and 5 strands: family support; environment; workforce; identification and intervention. The Balanced System® is underpinned by the principle that the 5 strands all need to be addressed if systemic change is to be achieved and sustained.

Figure 5 provides an example from The Balanced System®(37) - a strategic, outcomes based, whole system framework. The set of outcomes provide a framework for a comprehensive system, which when in place, ensures that parents, carers and professionals can find the appropriate individual or local pathway for their needs, whether at universal, targeted or specialist level.

The framework has 5 strands:

- family support: ensuring parents, carers and families have the information, resources and advice to be more confident in supporting their child
- environment: ensuring that there are good examples of how to adapt and enhance environments where children live, play and learn to facilitate speech, language and communication
- workforce: ensuring that the workforce in a local area has the skills, competences and confidence to support parents, carers and children to develop speech, language and communication skills

- identification: ensuring that the local area has consistent and effective early identification methods in place
- intervention: ensuring that the local area offer a range of interventions

The Balanced System® is underpinned by the principle that the 5 strands all need to be addressed if systemic change is to be achieved and sustained.

Figure 5: Example of high level outcomes for speech, language and communication needs
(reproduced with permission from The Balanced System Overview ®, Gascoigne, 2016(37))

THE BALANCED SYSTEM® HIGH LEVEL OUTCOMES FOR SPEECH, LANGUAGE AND COMMUNICATION NEEDS

FAMILY SUPPORT	ENVIRONMENT	WORKFORCE	IDENTIFICATION	INTERVENTION
FS3. Specialist - Parents and carers of children with specialist SLCN receive specific specialist support to ensure confidence in their role as a key communication partner for their child and to increase their understanding of the specific communication challenges associated with their child's needs. Young people with SLCN are enabled to be active participants decisions about their support.	EE3. Specialist - Places where children and young people with specialist and complex SLCN spend their time for learning and leisure are communication friendly. The necessary adaptations are in place to maximise access in addition to the enhancements expected at a universal and targeted levels.	WW3. Specialist - Knowledge skills and expertise are developed in identified members of the wider workforce in order to ensure that, working with specialist support, there are staff that are confident and competent to support the delivery of specialist interventions including individual and small group work, support parents, adapt the environment and identify children who need specialist support.	ID3. Specialist - Children with specialist SLCN have their needs identified effectively and quickly. This includes multidisciplinary assessment where appropriate.	IN3. Specialist - Children and young people needing specialist intervention for their SLCN receive appropriate and timely provision in the most functionally appropriate context for their needs. Progress measures will include activity, participation and well-being goals in addition to goals relating to their core SLC impairment.
FS2. Targeted - Parents and carers of children with identified speech, language and communication needs (SLCN) access additional specific support to ensure confidence in their role as a key communication partner and educational support for their child. Families and young people with SLCN are supported to make choices and access services.	EE2. Targeted - Places where children and young people with identified SLCN spend their time for learning and leisure are communication friendly. Appropriate additional enhancements are made that enable children and young people with identified SLCN to more easily understand and to express themselves.	WW2. Targeted - The wider workforce is supported to develop specific knowledge and skills to support children and young people with identified SLCN. Setting and school staff are confident and competent to deliver targeted interventions, support parents, adapt the environment and identify children who need additional support.	ID2. Targeted - Efficient and accessible processes are in place that support the identification of more specific SLCN. The wider workforce, setting and school staff are supported to be confident and competent to identify children and young people who may require targeted support and/or referral to specialist services for their SLCN.	IN2. Targeted - Children and young people benefiting from targeted interventions will have access to evidence based targeted interventions to develop core speech, language and communication skills delivered in the most appropriate functional context. These might include 1:1 and / or small group interventions that are typically designed by specialist practitioners and delivered by those with appropriate training.
FS1. Universal - All parents and carers are supported with information and resources to encourage their role as effective primary communicative partners for their children. Families and young people are able to make proactive choices with respect to their child's or own needs.	EE1. Universal - Places where children and young people spend their time for learning and leisure are communication friendly. Environments have appropriate enhancements that make it easier for all children and young people to understand and express themselves.	WW1. Universal - The wider workforce is supported to have a good basic understanding of speech, language and communication including supportive strategies. Setting and school staff are confident in their role as facilitators of communication. The wider workforce has access to appropriate training around speech, language and communication.	ID1. Universal - Early identification of children and young people whose speech, language and communication needs may require targeted or specialist support is as efficient and accessible as possible. Preidentification information and advice is available in a given area, school or setting.	IN1. Universal - Homes, settings and schools are supported to develop the language and communication skills of all children and young people through language enrichment and supportive activities.

Accessibility

The Bercow Ten Years On report(4) highlighted that there are a number of "missed children" who have unidentified SLCN or fall through gaps between services. All services must ensure equitable access for all children and consider equality and health inequalities when planning services; the Equality Act 2010 gives us a duty to take into account the need to:

- eliminate discrimination, harassment and victimisation
- advance equality of opportunity
- foster good relations between different parts of the community

This covers age, disability, gender reassignment, marital or civil partnership status, pregnancy and motherhood, race (including ethnic or national origin, colour and nationality), religion or belief (including lack of belief), sex and sexual orientation.

To reach everybody, effective use of accessible communication formats (also known as alternative formats) should be made(38). All organisations that provide NHS care and/or publicly-funded adult social care are legally required to follow the Accessible Information Standard(39). The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. The RCSLT has also developed a resource for individuals with learning disability and/or autism in specialist hospital and residential settings but have wider applicability(40).

Providers should identify potential barriers to attendance and alternative solutions to reduce the numbers of "missed children". They should also ensure that there is a process so that when a child is not brought to an appointment, both the referrer and family are notified, and there is a review and follow-up by the team around the child. Letters and information for parents should be in an accessible format with easy to understand language to reduce the likelihood of missed appointments. In some cases, communications with parents will need to be direct contact, such as telephone or face to face, and not reliant on written communications.

Appendix A: Members of the expert advisory group

Our expert advisory group was made up of the following individuals in addition to representatives from Public Health England, the Department for Education, and the Department of Health and Social Care:

Cheryll Adams /Vicky Gilroy, Institute of Health Visiting

Katie Alcock, Lancaster University

Obi Amadi, CPHVA

Kirsten Asmussen/Ben Lewing, Early Intervention Foundation

Kamini Gadhok, Royal College of Speech and Language Therapists

Sarah Gibbs, The National Lottery Community Fund

Jean Gross, Independent consultant

Dr Sakthi Karunanithi, Association of Directors of Public Health

James Law, Newcastle University

Courtenay Norbury, University College London

Bob Reitemeier/Maxine Burns/Mary Hartshorne, I CAN

Sally Savage, Association of Directors of Children's Services

Appendix B: Blank logic model template

NEED	INPUT	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACT

Appendix C: Place-based approach to speech, language and communication development in the early years

Figure C1: A place-based approach to speech, language and communication (produced by PHE – not previously published)

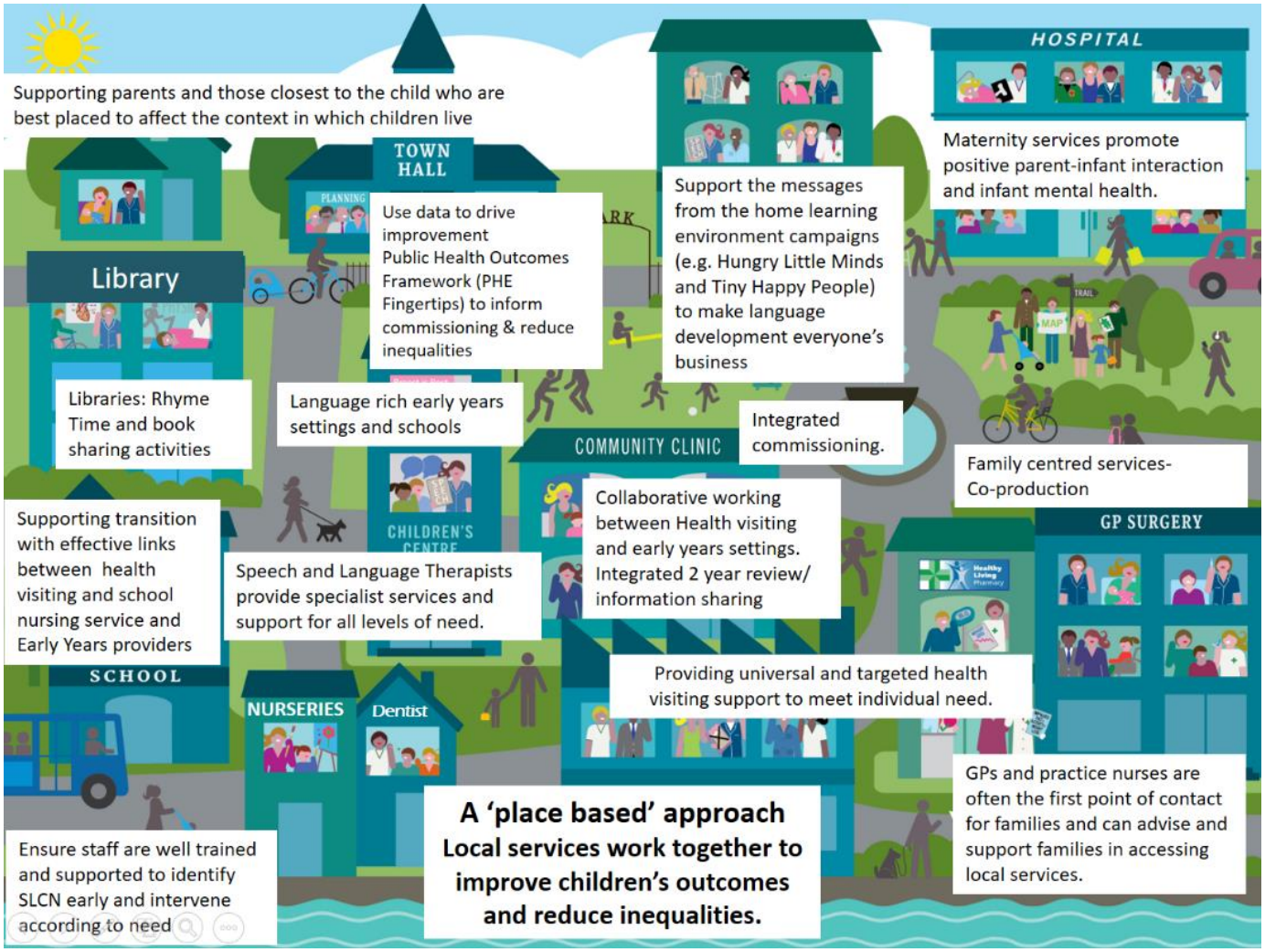


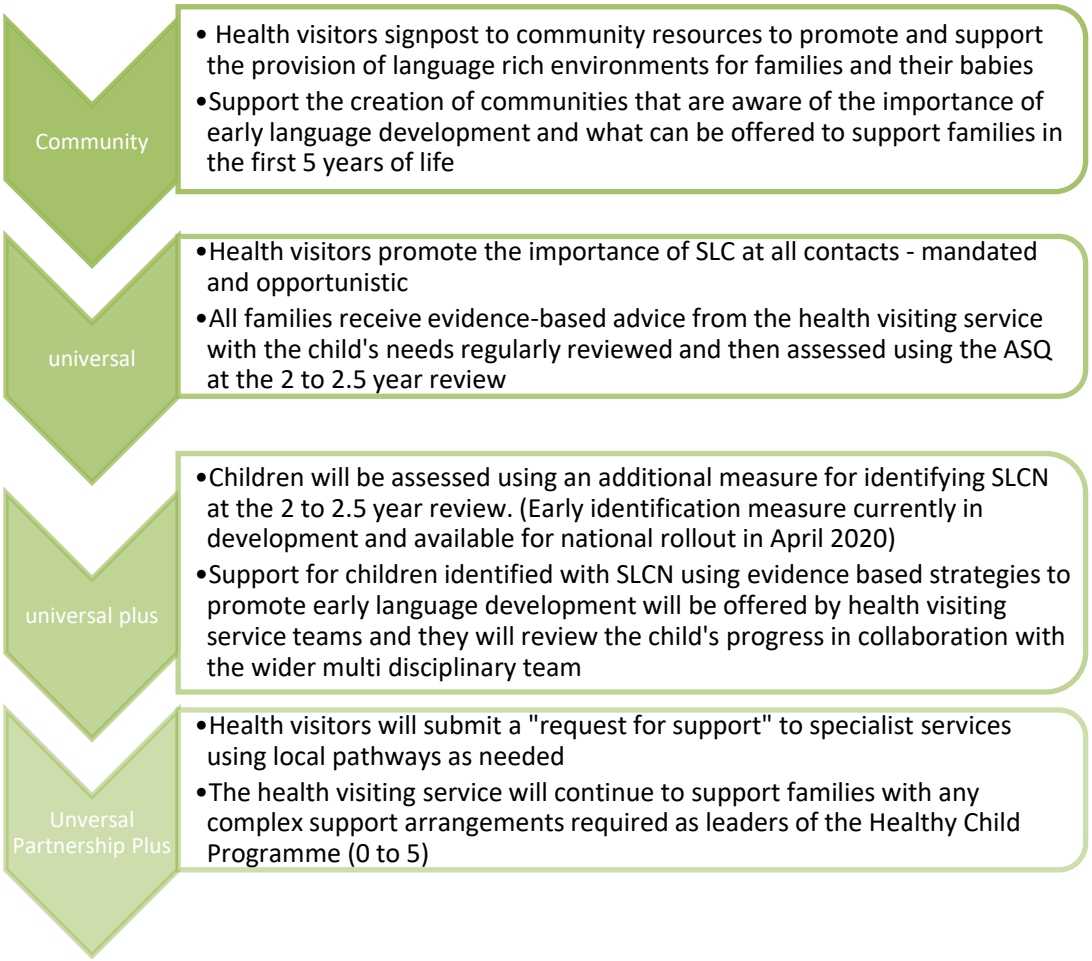
Figure C1 describes a place-based approach where local services work together to improve children's outcomes and reduce inequalities. It depicts the idea of a "town" where those in nurseries, schools, libraries, community clinics, hospitals and GP surgeries all have a role to play in promoting speech, language and communication.

Appendix D: The Early Years Workforce

The role of the health visiting service

Health Visitors as leaders of the Healthy Child Programme(41) have a crucial role in improving outcomes for children aged 0 to 5 years. Ensuring that every child has the Best Start in Life: "ready to learn at 2 and ready for school at 5" is a national priority for Public Health England. Health visitors use their specialist public health skills and knowledge to offer evidence-based advice in SLC and encourage access to early support. Health visitors work with parents to identify the most appropriate level of support for the child's individual needs and where appropriate sign-post to other services. Health visitors offer a service that is universal in its approach with a personalised response to the needs of each child. Figure D1 outlines the approach used to ensure the service meets the need of every child:

Figure D1: Levels of support for SLC provided by the health visiting service(41)[i]



[i] As part of the modernisation of the Healthy Child Programme, the 4-5-6 health visiting model is being refreshed.

The health reviews used to assess the progress of children against age related developmental milestones and opportunistic contacts undertaken by health visitors provide opportunities for promoting speech, language and communication and for linking parents to other services and opportunities, for example early education and childcare.

As described in the Healthy Child Programme commissioning guidance(42), health visiting services provide universal reach, and are key in supporting SLC due to their close relationships with families and community settings, including early years and education settings and school nurses. In instances where there is an enduring SLC need it is vital the transition from health visitor to school nurse enables the child and the family to receive seamless support. It is suggested that in these situations families are part of a team approach to transition in multi-disciplinary face to face meetings to discuss the interventions in place and on-going support required.

The role of early years settings and practitioners (including Reception)

Early years practitioners, including child minders, reception teachers and school nurses, have a key role to play. The Early Years Foundation Stage (EYFS) statutory framework sets the standards for learning, development and care for children in the early years(43). The learning and development requirements are underpinned by 7 areas of learning. These include 3 prime areas of Communication and Language; Personal, Social and Emotional Development and Physical Development. The Early Years Foundation Stage Profile (EYFSP) is the observational assessment, which allows teachers to make a judgement on whether a child has demonstrated the ‘expected’ level of attainment against 17 early learning goals which sit underneath the 7 areas of learning. This takes place for each child at the end of reception year. The Early Learning Goals (ELG) for communication and language include: Listening and attention; Understanding; and Speaking(44).

The Department for Education has proposed reforms to the Early Years Foundation Stage Profile, which are intended to free up teachers to spend more time teaching, interacting with and supporting children to ensure they are developing the rich vocabulary, skills and behaviours they need to thrive at school and in later life. In September 2018, 24 schools across the country began to pilot draft revised Early Learning Goals, which drive a greater focus on language and vocabulary development in the early years and are based on the latest evidence in childhood development. The pilot was the first stage of the reforms, to be followed by an external evaluation and a public consultation to finalise the proposals ahead of full roll out in September 2021. Alongside the revised Early Learning Goals, the Department for Education is working with experts to update ‘Development Matters’, the main source of EYFS non-statutory support guidance(45). The new guidance document will focus on curriculum guidance under the 7 areas of learning and will be rolled out alongside EYFS reforms.

The EYFS requires that educational programmes must involve giving children opportunities to experience a rich language environment; to develop their confidence and skills in expressing themselves; and to speak and listen in a range of situations. They must be implemented through planned, purposeful play and through a mix of adult-led and child-initiated activity. Practitioners must consider the individual needs, interests, and stage of development of each child in their care and must use this information to plan a challenging and enjoyable experience for each child.

When the child is aged between 2 and 3, early years practitioners must review their progress, and provide parents/carers with a short, written summary of their child's development in the prime areas. The progress check must identify the child's strengths, and any areas where the child's progress is less than expected. This should be combined with the health review carried out by the child's health visitor as part of an integrated review, in accordance with local processes and practice. If there are significant emerging concerns, identified early years settings should make appropriate requests for support from specialists such as the SLT in liaison with the health visitor. Where there is an identified special educational need or disability relating to SLC, practitioners should develop a targeted plan to support the child's learning and development involving parents and/or carers and SLTs, as well as the Special Educational Needs Co-ordinator (SENCO) and health professionals as appropriate.

In the final term of the year in which the child reaches age 5, the EYFS Profile must be completed for each child. ELGs for communication and for literacy must be assessed in relation to the child's competency in English, if English is not the primary language spoken at home.

The Reception Baseline Assessment (RBA) is being introduced as the start of the primary school progress measure(46). It is a short, 20-minute assessment of a child's early language, communication, literacy and mathematics skills, and will be carried out using practical materials that children can easily handle. It will provide a snapshot of a child's abilities when they start school. This will then be used with their subsequent Key Stage 2 assessment results to form a cohort-level progress measure(47). Schools will not receive scores following the assessment in order to prevent streaming or labelling. However, teachers will receive a series of narrative statements which tell them how the child performed during the assessment. These will be useful for planning teaching and learning within the first term, but practitioners will not be able to determine anything diagnostic from these statements.

The SEND Code of Practice gives statutory guidance to educational settings on identifying and supporting the needs of children and young people with SEND(21). Where a child is identified as having SEND, practitioners should use the graduated approach to ensure that the child's needs are assessed early and the right, individually tailored support is put in place. The Graduated Approach takes the form of a 4-part

cycle of Assess, Plan, Do and Review. Through this approach, earlier decisions and actions are revisited, refined and revised with a growing understanding of the child's needs and the support required to help them progress and maximise outcomes. The approach draws on more detailed approaches, more frequent reviews and more specialist expertise in successive cycles in order to match interventions to the SEN of children and young people.

Early childcare and education settings should provide communication-friendly environments. These settings should assess the child's stage of development in communication and language and plan carefully how to support the child, including working with parents/carers, and consider providing evidence-based one to one or small-group interventions in the setting. In instances where, despite the setting having taken relevant and purposeful action to identify, assess and meet the special educational needs of the child, the child has not made expected progress, the setting should consider requesting an Education, Health and Care needs assessment(21).

The role of the Speech and Language Therapy service

Speech and Language Therapists contribute specialist knowledge and skills regarding children's speech, language and communication development and are an integral part of an integrated children's workforce, working alongside other professionals to enhance communication and support children with SLCN(41). SLT roles are determined by local service specifications with many areas shifting the focus of provision away from a clinic setting, to support within the context of the child's home, early years and educational setting and wider community. This shift in focus has led to greater collaborative working and an increasing focus on the language needs of all children, as opposed to only those with severe needs(43). Most SLT service models for children and young people provide services involving a hierarchy of SLT involvement, with some SLT support for all children and greater support for those children with more severe needs(23, 48).

There is no universally agreed definition of the terms 'universal', 'targeted' and 'specialist' within speech and language therapy; they can be used to mean slightly different things by different services. Examples of speech and language therapy activities which may commonly be defined under each of the 3 levels are listed below. However, it is important to recognise that the levels are on a continuum, rather than being 3 discrete categories – an individual speech and language therapist may be working across all 3 levels in any one environment and the most effective and efficient services work across the whole continuum. Commissioning services separately by level can lead to a fragmentation of services which are less responsive to the needs of both the individual child and the population - children may benefit from interventions at different levels simultaneously or over time as their needs change.

Universal role

- Providing high quality information and resources to support services and the public to understand key messages which support language and communication development for all children
- Training and advice for early years settings on how to develop a language rich environment which supports language development for all children
- Training and advice for other professionals to support universal screening programmes which identify children at risk of SLCN

Targeted role

- Running small-group sessions for parents and carers to develop strategies which support their child's language development, aimed at families with children at increased risk of delayed language or other SLCN
- Training and support to the early years workforce to deliver evidence-based interventions to children at increased risk of delayed language or other SLCN

Specialist

- Providing direct one-to-one or group interventions to children with identified SLCN whose needs cannot be met through universal and targeted provision
- Providing training, ongoing support and monitoring to other practitioners to deliver evidence-based interventions to children with identified SLCN

Appendix E: Measuring Outcomes: Key national metrics

Metric	What is this?	How is this reported?
Ages and Stages Questionnaire (ASQ)	This is applied at the universal health visitor review at 2-2½ years to assess the level of development in 5 specific domains: gross motor skills, fine motor skills, communication skills, problem solving skills and personal/social skills.	**PHE interim reporting** Aggregate data is provided by commissioners (Local Authorities) on a voluntary basis and is published as official statistics. The publication is limited but the percentage of children at or above the expected level of development in communication skills is reported at both national and local level. https://www.gov.uk/government/collections/child-and-maternal-health-statistics#child-development-outcomes-at-2-to-2-and-a-half-years-metrics **NHS Digital's reporting from the Community Services Dataset** Record level data is submitted by service providers, which is mandatory for all publicly funded services, and published as experimental statistics. The information flows as a coded assessment with SNOMED codes assigned to each age specific ASQ assessment and each domain of development. The publication includes the percentage of children at or above the expected level of development in communication skills. https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/community-services-data-set/community-services-data-set-supplementary-reports
The Reception Baseline Assessment (RBA)	The RBA is being introduced as the start of the primary school progress measure. It is a short, 20-minute assessment, of a child's early language, communication, literacy and mathematics skills, and will be carried out using practical materials that children can easily handle. It will provide a snapshot of a child's abilities when they start school.	Schools will not receive scores following the assessment, to prevent streaming or labelling. However, teachers will receive a series of narrative statements which will tell them how the child performed during the assessment. These will be useful for planning teaching and learning within the first term, but practitioners will not be able to determine anything diagnostic from these statements. The RBA will not replace any other on-entry assessments that schools already carry out, and the RBA results will not be published or made available to researchers.
Early Years Foundation Stage Profile (EYFSP) (school readiness at age 5)	All children are assessed at the end of reception year using the EYFSP. Children are considered to have achieved a 'good level of development' if they meet or exceed the expected standard across the 3 prime areas of learning (language and communication, physical development and personal, social and emotional development) and the 2 specific areas of literacy and mathematics.	Data is collected and moderated at LA level and published at national level by the Department for Education. Additionally, to support this SLCN pathway, a more specific outcome indicator has been assembled and published which will be used to measure the development of children's communication and language skills at the end of reception year. Namely, the **percentage of children who have a good level of development in communication and language skills aged 5 years.** https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2017-to-2018

Sub-metrics and other data of interest		
Metric	**What is this?**	**How is this reported?**
SLC specific assessments	The new early language identification measure is currently in development (expected rollout in 2020).	The tool will be assigned SNOMED codes so that the SLCN assessment outcomes data can be collected via the Community Services Dataset as a coded assessment in the same way that ASQ data is collected and collated. This will provide information on development levels and progress over time for a target group of children with additional SLCN.
Public Health Outcomes Framework	The new outcomes indicators for **communication skills aged 2-2½ years and communication and language skills aged 5 years** as part of the Public Health Outcomes Framework refresh (Tab on Health improvement).	https://fingertips.phe.org.uk/profile/public-health-outcomes-framework
Early Years Outcomes Dashboard	The Early Years Outcomes Dashboard was published in June 2019 to support local areas by making important early years social mobility metrics easily available. The dashboard sets out the latest data on progress in each local authority towards the department's 10-year ambition and provides further information to help compare the attainment gap between disadvantaged children (measured by children known to be eligible for free school meals) and their peers. Local areas will also be able to see the performance of children identified as having a special educational need.	The Early Years Outcomes Dashboard includes: • The percentage of children who achieve a good level of development. • The percentage of children achieving at least the expected level of development for communication and language and literacy (combined). • The percentage of children achieving at least the expected level of development for communication and language, literacy, and numeracy. • The percentage of children benefitting from funded early education places for the 2-year-old offer and funded early education (first 15 hours) for 3 and 4-year olds. Local areas can compare the gap between disadvantaged children and their peers both within their areas and against the national average. They will also be able to benchmark themselves against 10 nearest local authority statistical neighbours, and against all local authorities. This will allow local authorities to clearly identify 'peer' authorities who face similar contexts, but who are seeing different results. https://department-for-education.shinyapps.io/smapey-dashboard/
Interventions and request for support to other services	Following any assessment which requires a need for intervention, it would be helpful to record the types of intervention offered to each child and/or family, when they were offered and when they were delivered.	For example, interventions might include advice and guidance on development of a rich home learning environment, or a request from health visiting for support from speech and language therapy services, or referral for a paediatric assessment. Referrals to other services (including requests for support from SLT) can be captured in the Community Services Dataset and work is underway to develop the metrics by which these may be monitored. Further work will be required to develop a **standardised set of interventions** and taking steps to add these to the national datasets, however this should not stop local progress from being made to assemble and record these as locally appropriate.

Table 3: Operational guidance	
Inequalities	The Community Services Dataset, other data collections and local IT systems support the monitoring of outcomes which are segmented by a range of demographic and social factors. For this SLCN pathway it is recommended that the following factors are included in records as appropriate: • Demographic factors – sex, ethnicity, age (years, months and days derived from date of birth and date of record), Lower Level Super Output Area (derived from postcode and used to calculate Index of Multiple Deprivation). • Social Factors – English as an Additional Language (EAL) and Free School Meal Status (FSM) where child is of school age. Where this data is collected it should be compliant with the Professional Records Standards Body (PRSB) Child Health Record Information standard. https://theprsb.org/standards/healthychildrecord/ and the Information Standards Notice for Digital Child Health Records, CDB 3009: Healthy Child Programme. https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb3009-healthy-child-programme
Background factors and wider context	A range of background factors for each local area and other indicators relating to children and young people can be found in the Child and Maternal Health section on PHE Fingertips and in the annually updated Local Authority Child Health Profiles, which can be extracted in PDF format for the Fingertips platform. https://fingertips.phe.org.uk/profile/child-health-profiles
Evaluation of services and return on investment	The long-term evaluation of the joint PHE/DfE SLCN programme will be based on linking records for individual children over the life course and across settings. For example, tracking development trajectories over time through service activity (universal and targeted health visitor reviews), coded assessments (ASQ and SLCN), early development outcomes (aged 2-2 1/2 years), interventions, referrals, later development outcomes, school readiness and educational attainment (Key Stage 1 and Key Stage 2). This will enable national and local evaluation of the use of the new PHE SLCN assessment tool and associated interventions and the impact on longer term outcomes. To assure sustainability and longer-term investment in early intervention to promote the development of communication and language skills, it will be necessary to demonstrate return on investment. Local areas may wish to consider how this might be achieved and set up the required information systems accordingly.
Sources of evidence/guidance to support further development of local input, reach, quality and impact measures	• Early Intervention Foundation online resources on Using Evidence(49) • The Early Intervention Foundation Maturity Matrix: Speech, language and communication in the early years(47) • The Balanced System Overview(37) • Education Endowment Foundation Early Years Toolkit(45) • The Introduction to Logic Models(50)

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