COMMISSIONING FOR SPEECH, LANGUAGE AND COMMUNICATION NEEDS (SLCN): USING THE EVIDENCE FROM THE BETTER COMMUNICATION RESEARCH PROGRAMME

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CONTENTS

Introduction 1

Using the evidence to inform the commissioning process 2

Commissioning for SLCN in the context of the SEND reforms 4

Applying the evidence to the commissioning cycle: understand and plan 7

- Needs analysis 8
- Defining the target population 8
- Implications for commissioning 10
- Identifying need 11
- Change in need over time 12

Children with SLCN and connection with behavioural, emotional and social disorders 14

Effective identification of SLCN 15

Prevalence and associated risk factors that predict SLCN 16

Implications for commissioning 18

Applying the evidence to the commissioning cycle: do and review 19

- Organisation of provision across a continuum 20
- Universal support 21
- Effective teaching and good communication environments 23
- Provision tailored to the individual child needs 24
- Interventions evidenced 24
- Information sharing with parents 25
- Target-setting reflecting children's priorities 26
- Costing of interventions and cost effectiveness 27
- Implications for commissioning 28

Annex 30

INTRODUCTION

The Better Communication Research Programme (BCRP) was a three-year programme of research involving a collective of academics across a number of institutions[1].

The BCRP team included:

- Professor **Geoff Lindsay**, CEDAR, University of Warwick
- Professor **Julie Dockrell**, Institute of Education, University of London
- Professor **James Law**, University of Newcastle
- Professor **Sue Roulstone**, Bristol Speech and Language Therapy Research Unit and the University of the West of England

This core team represents expertise in the field of speech, language and communication from the perspective of educators, psychologists and speech and language therapists.

A considerably wider team collaborated on elements of the research programme and added expertise in economics within health and education systems as well as specific expertise in key disorders of speech, language and communication.

The BCRP team have written, and continue to produce, scholarly articles in peer-reviewed journals about specific areas of the programme. A useful article summarising the programme provides an accessible overview[2]. This digest will not reproduce this summary information but rather will focus on the application of the findings to commissioning of services to support children and young people with speech, language and communication needs (SLCN)[3].

The aim is to support commissioners to apply this evidence whether the commissioner is a specialist health commissioner, Local Authority commissioner, representing a Clinical Commissioning Group or indeed an individual school. It is not intended as a generic guide to commissioning for SLCN.

Other more general resources which commissioners may find useful include:

- "Implementing the SEND reforms: joint commissioning for children and young people with SLCN"[4], a summary of a specialist seminar hosted by the Communication Council, supported by Department for Education and Department of Health
- "Speech, language and communication needs: Tools for Commissioning Better Outcomes", a series of five papers which were published online by the Commissioning Support Programme[5] and which provided a detailed description of the commissioning process as it applies to SLCN

This digest may be of interest to parents or young people with personal budgets however Symbol UK has produced a complementary digest specifically for parents[6].

[1] For more information please go to: http://www2.warwick.ac.uk/fac/soc/cedar/better

[2] Dockrell, J., Lindsay, G., Roulstone, S., & Law, J. (2014) Supporting children with speech, language and communication needs: an overview of the results of the better communication research programme International Journal of Language and Communication Disorders Vol.49 No. 5 pp 543-557

[3] It should be noted that whilst the BCRP was commissioned and published ahead of the current SEND reforms and some of the terminology within the BCRP outputs has been superceded, the research evidence continues to be valid.

[4] www.thecommunicationtrust.org.uk/slcncommissioningreport

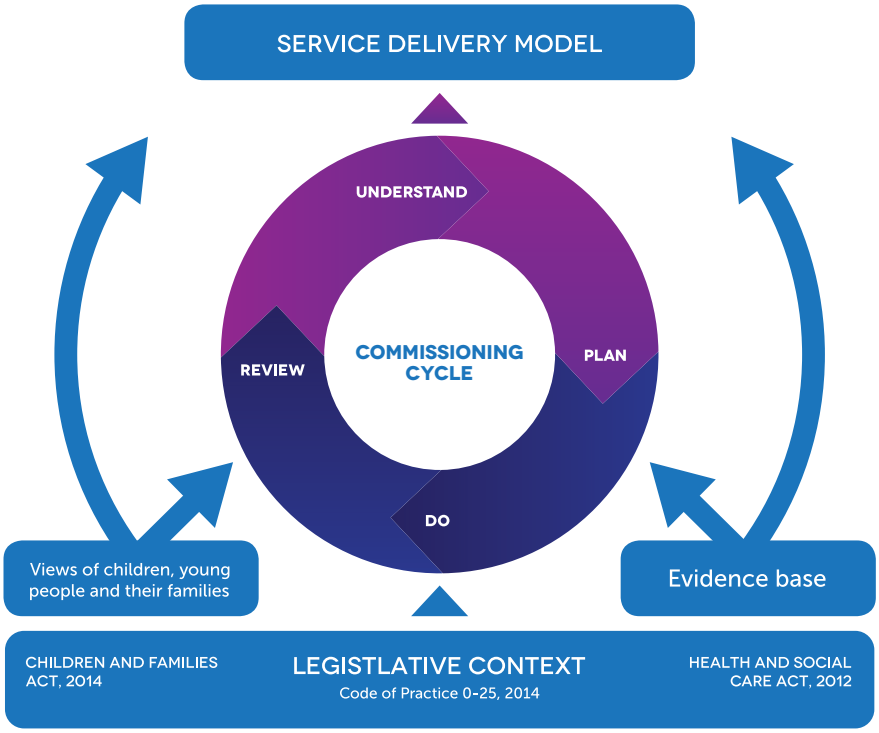
USING EVIDENCE TO INFORM THE COMMISSIONING PROCESS

Figure 1 below, shows how the evidence base informs the whole commissioning cycle. The commissioning cycle used as the framework for this digest is the simple understand, plan, do, review cycle which has been adapted and included in the SEND Code of Practice (Figure 2 below) as the basis for joint commissioning.

The digest focuses on the evidence from the BCRP specifically. It is not a synthesis of the whole body of literature relevant to commissioners of support for speech, language and communication needs. Commissioners will need to be mindful of the wider evidence base and also that new research will be published in the future which may need to be considered.

However, it will makes explicit the links between evidence arising from the BCRP and each phase of the commissioning cycle.

FIGURE 1: SHOWING THE LINK BETWEEN LEGISLATION, STAKEHOLDER VIEWS, EVIDENCE AND COMMISSIONING FOR SERVICE DELIVERY



[5] http://www.thecommunicationtrust.org.uk/media/12901/slcn_tools-intro_1_.pdf
http://www.thecommunicationtrust.org.uk/media/12898/slcn_tools-1_needs-assessment_1_.pdf
http://www.thecommunicationtrust.org.uk/media/12892/slcn_tools-_whole-system-mapping_1_.pdf
http://www.thecommunicationtrust.org.uk/media/12889/slcn_tools_user-involvement1_1_.pdf
http://www.thecommunicationtrust.org.uk/media/12895/slcn_tools-_workforce-planning_1_.pdf
http://www.thecommunicationtrust.org.uk/media/12886/slcn_tools_evaluating-outcomes_1_.pdf

[6] http://www.bettercommunicationforparents.org

FIGURE 2: JOINT COMMISSIONING CYCLE (DFE, 2014)

COMMISSIONING FOR SLCN IN THE CONTEXT OF THE SEND REFORMS

The "Special educational needs and disability code of practice: 0 to 25 years"[7], implemented from September 2014, provides the statutory guidance to Local Authorities, Health bodies and Schools regarding their obligations to ensure that appropriate support for children and young people with special educational needs is provided. This code of practice puts in place the operational changes as a result of the recent legislation in health[8] and for children and families[9].

The key changes to how children and young people with SEN will be supported include:

- The requirements for joint commissioning of provision between Education, Health and Social Care within a Local Authority Area
- The creation of a jointly commissioned Local Offer in each Local Authority Area outlining the support available, or expected to be available in that area (or outside where required), for children and young people with SEN. This applies to children and young people with and without an Education, Health and Care Plan
- Integrated provision as a consequence of joint commissioning. This brings opportunities for building flexible pathways for children and young people, and drawing together a wide range of professionals. However it also brings challenges of co-ordinating the many different providers of support that might be part such processes
- Increased responsibility on schools to provide high quality support and to publish the support which they provide for SEN
- The extension of the eligibility for support for SEN to the age of 25 which in turn brings new responsibilities for Colleges
- The increased emphasis on the Early Years from birth, including the need for Health Visitors and Early Years Practitioners to collaborate to ensure that needs are identified in the year a child is two
- The introduction of Education, Health and Care Plans which will replace Statements of SEN and must focus on the outcomes and aspirations of the child, young person and their family
- The entitlement to a personal budget and direct payment for elements of SEN support outlined in the Education, Health and Care Plan

Children and young people with SLCN represent a significant proportion of children and young people with SEN: 31.6% of pupils with statements or at school action plus in state-funded primary schools in England have SLCN as their primary type of need[10]. In some areas of high disadvantage, upward of 50% of children enter school with poor speech, language and communication skills[11].

[7] DfE(2014) Special educational needs and disability code of practice: 0 to 25 years DFE-00205-2013 HMSO https://www.gov.uk/government/publications/send-code-of-practice-0-to-25

[8] Health and Social Care Act, 2012, http://www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga_20120007_en.pdf

[9] Children and Families Act, 2014, http://www.legislation.gov.uk/ukpga/2014/6/part/3/enacted

[10] Department for Education (2014), *Special Educational Needs in England: January 2014.* See the national tables, table 10A. https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2014

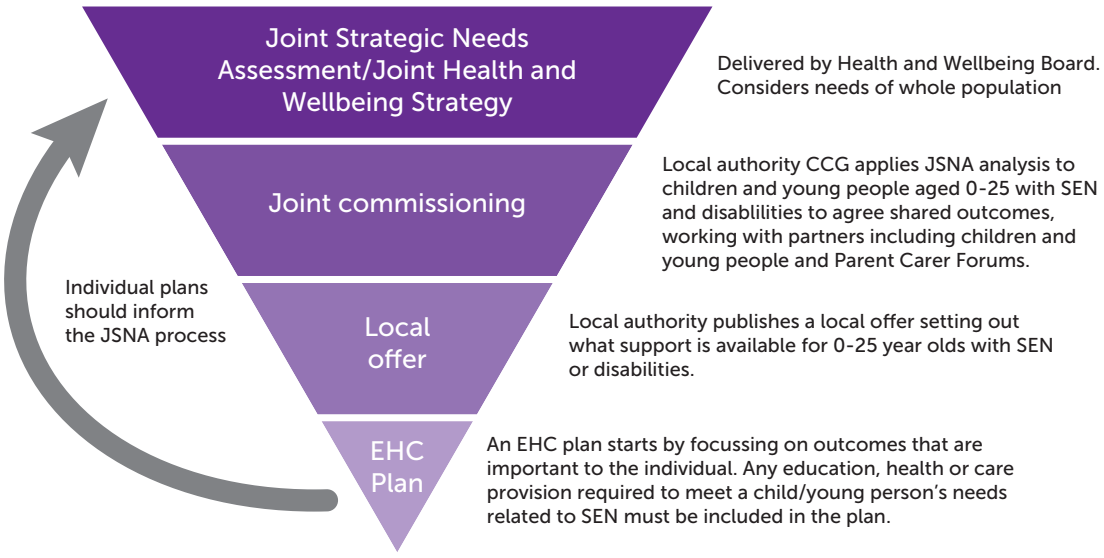
[11] Locke, E., Ginsborg, J., and Peers, I. (2002) Development and Disadvantage: implications for early years. International Journal of Language & Communication Disorders. 27 (1) 3 -15.

Effective commissioning for SLCN is therefore of prime importance given the significant numbers of children, young people and families experiencing difficulties in this area.

Figure 3, below, taken from the SEND Code of Practice 0 to 25, shows the continuum from the joint strategic needs assessment (JSNA) in a given local authority area to the Education, Health and Care Plan at the individual level. A joint commissioning plan involving the Local Authority and Clinical Commissioning Groups (CCGs) and often co-ordinated via the Health and Wellbeing Board (HWB) is articulated through a Local Offer for all children and young people with SEN whether or not they have an Education, Health and Care Plan.

Although not shown in this diagram, there is a requirement on schools to also produce a published offer making it clear to parents what the school can provide to support children and young people with SEND. There is a clear responsibility on individual schools to commission support directly for their pupils using delegated funds and pupil premium. Finally at the level of the individual family, the introduction of personal budgets will effectively allow families of children and young people to commission the support they want directly from a provider.

FIGURE 3: SHOWING THE RELATIONSHIP BETWEEN THE JSNA AND INDIVIDUAL NEED (DFE, 2014)



Some children and young people will have specialist health needs (with or without SEN) where the responsibility for commissioning the specialist services they require will sit with NHS England. More information regarding the specific areas which are commissioned in this way can be found on the NHS England web site[12]. In practice, those children and young people whose specialist health needs are met through specialist commissioning are highly likely to have other needs as part of their overall profile which will fall within the Local Offer and therefore it is important for local commissioners to be aware of the additional needs of these children and young people.

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[12] http://www.england.nhs.uk/wp-content/uploads/2013/10/comm-intent.pdf
http://www.england.nhs.uk/wp-content/uploads/2012/12/pss-manual.pdf

APPLYING THE EVIDENCE TO THE COMMISSIONING CYCLE: UNDERSTAND AND PLAN

This section is about the evidence within the BCRP outputs that inform the needs analysis and specification development for provision needed[13].

For Local Authority and CCG joint commissioning, the needs analysis would sit at the level of the Joint Strategic Needs Assessment (JSNA) with the specification reflected in the Local Offer supported by contracts with a range of potential providers.

There is a requirement for joint commissioning at Local Authority level.

For an individual school or cluster of schools, as commissioner, the needs analysis would be of the relevant school population. For example, if a school or cluster of schools serves a community with a higher level of social deprivation, then the need for targeted interventions in the early years and Key Stage 1 can be predicted to be higher. The specification is a strategic document that describes the outcomes the school aims to achieve and the support which the school will provide. These outcomes will be achieved both through high quality teaching and support, but also by commissioning additional support from external professionals to provide more specific training, advice and direct support for children and young people as required.

[13] In this context, a specification is defined as a clearly articulated set of desired outcomes with outcomes measures and expected standards that providers will need to evidence they are delivering against. The service delivery model will be influenced by the specification but there will be a variety of ways in which outcomes might be appropriately achieved by different providers in different contexts.

There is a requirement for schools to publish an outline of the support they provide. Schools may choose to define this as a 'school offer' that reflects the schools level provision as opposed to the Local Offer at Local Authority level.

A summary of the BCRP papers that inform the understand and plan phases of the commissioning cycle can be found here. Specific quotes are referenced throughout the text below.

NEEDS ANALYSIS

The understand and plan parts of the commissioning cycle focus on the needs analysis, identifying the outcomes, and describing the provision required to meet the need.

The BCRP outputs provide useful evidence to inform these stages. Key themes identified in the research include:

- Being clear about describing accurately the children and young people who are the focus of the needs analysis
- Being clear about identifying the number of children and young people
  - How their needs may change over time
  - Using evidence of prevalence and associated factors that influence predicted need
  - Understanding issues arising from the interface and over-lap between SLCN and other categories such as Autistic Spectrum Disorders (ASD) and Behavioural, Emotional and Social Difficulties (BESD).

DEFINING THE TARGET POPULATION

One of the first key findings of the BCRP was that there is need to review the current SEN category of SLCN due to the significant variation in what the term 'SLCN' means to different groups of professionals and in different policy areas.

This is discussed in thematic report BCRP 4 'Understanding speech, language and communication needs: Profiles of need and provision' (2012)[14].

[14] Dockrell, J., Ricketts, J. & Lindsay, G. (2012). Understanding speech, language and communication needs: Profiles of need and provision. London: DfE. (Thematic report: BCRP 4) https://www.gov.uk/government/publications/understanding-speech-language-and-communication-needs-profiles-of-need-and-provision

BCRP 4 p.5

The term speech, language and communication needs is problematic because

- The term is used in different ways by different people, that can be confusing and it does not help dialogue across different professionals or with parents
- The DfE descriptor of SLCN does not do justice to the various types of SLCN (e.g. stammering etc.) that exist within the term
- Teachers tend to focus on the SLCN category rather than looking at each child's individual profile of needs, strengths and weaknesses to guide their teaching approaches
- Identification of needs is important because needs, rather than a diagnostic category, should determine resources applied to supporting the child

The term SLCN has become commonly used over the past decade as an umbrella term for all speech, language and communication needs. This is the case both within the speech and language therapy profession[15] and subsequently in the Bercow Review and Better Communication Action Plan[16,17], as well as the through the work of the Communication Champion and during the Hello campaign in the national year of communication[18].

The SEN category 'SLCN' in an educational context refers specifically to children and young people whose primary learning need has been identified as being speech, language and communication. In the SEND reforms, the SEN term SLCN sits within an umbrella term of Communication and Interaction, alongside ASD. The number of children with a primary need of SLCN will represent only a small proportion of those who require support for speech, language and communication.

[15] Gascoigne, M.T. (2006) Supporting children with speech, language and communication needs within integrated children's services RCSLT Position Paper. http://www.rcslt.org/docs/free-pub/Supporting_children-website.pdf

[16] Bercow, J. (2008) The Bercow Report: *A review of services for children and young people (0-19) with speech, language and communication needs*. Nottingham: http://webarchive.nationalarchives.gov.uk/20130401151715/http://education.gov.uk/publications/eorderingdownload/bercow-report.pdf

[17] http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/Better_Communication.pdf

[18] http://www.thecommunicationtrust.org.uk/media/9683/nwm_final_jean_gross_two_years_on_report.pdf

The majority of pupils with SEN have some degree of SLCN; for example, those with primary need of ASD, Hearing Impairment, and some children with a primary need described as moderate learning disability, profound and multiple learning need or physical disability will also require provision to be commissioned from speech and language therapy and other services which support SLCN.

The difficulty with the diagnostic categorisation currently in place as part of the SEN system is that it complicates the analysis of overall speech, language and communication need within a population.

> **BCRP 4 p.14**
>
> These differences in terminology impact on communication across professional groups, the implementation of research evidence for targeted interventions and add confusion for parents

IMPLICATIONS FOR COMMISSIONING

1. Commissioners need to begin the needs analysis process by deciding and **clearly stating** the target population for which they are commissioning. Usually this will be for the **full range** of needs and therefore will be a **broader group** than those defined by the SEN category of SLCN. This would include **all** children and young people who have difficulties with their speech, language and communication, regardless of the reason

IDENTIFYING NEED

The BCRP included several specific studies aimed at understanding the factors that determine need in the population and how these change over time and inter-relate. The BCRP did not specifically investigate the prevalence of SLCN. However, the same research team was asked to synthesis the prevalence data on this issue as part of the Bercow Review. The resulting statistics are widely used as being indicative of SLCN (using the broader definition) in a population of children and young people.

Identifying speech, language and communication need that is associated with disadvantage is an ongoing challenge. Tools have been developed which use the association between indicators of disadvantage and population to estimate this type of need[19]. However there remains no commonly agreed formula.

FIGURE 4: SUMMARY OF PREVALENCE PREPARED FOR BERCOW REVIEW, 2008

WHAT ARE SPEECH, LANGUAGE AND COMMUNICATION NEEDS?

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

Approximately 50% of children and young people in some socio-economically disadvantaged populations have speech and language skills that are significantly lower than those of other children of the same age. These children need access to early years provision which is specifically designed to meet their language learning needs and they may also befit from specific targeted intervention at key point in their development.

Approximately 7% of five year olds entering school in England – nearly 40,000 children in 2007 – have significant difficulties with speech and/ or language. These children are likely to need specialist and / or targeted intervention at key points in their development.

Approximately 1% of five year olds entering school in England – more than 5500 children in 2007 – have the most severe and complex SLCN. They may not understand much of what is said to them, they may have very little speak language and

[19] http://www.bettercommunication.org.uk/support-for-commissioners/

they are likely to be completely unintelligible when they start school. These children often need to use alternative and augmentative means of communication. This group is likely to have a long –term need for specialist help in school and beyond.

SLCN may be a child's primary educational need. Primary SLCN include specific difficulties of which there is often no obvious cause.

A significant proportion of children and young people in both primary and secondary school with special education needs have SLCN as their primary need.

In contrast, secondary SLCN are associated with other difficulties that the child may be experiencing such as autism, cerebral palsy, haring loss or more general learning difficulties. The number of children and young people with secondary SCLN is almost impossible to quantity separately from the primary SCLN group. However, meeting their SCLN should be considered as part of their overall package of care.

WHEN ARE SLCN APPARENT IN CHILDREN AND YOUNG PEOPLE?

The majority of SLCN are identifiable from the second year of life and can persist through school and into adulthood. Some may become apparent only as the school curriculum becomes more demanding, for example at secondary school.

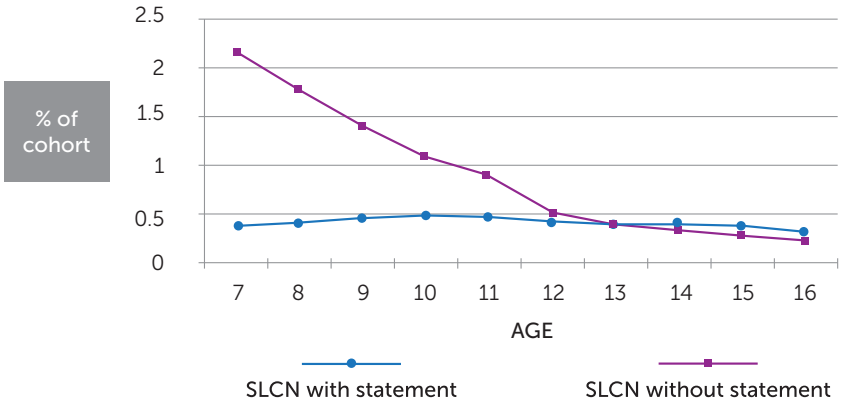
CHANGE IN NEED OVER TIME

Accepting the limitations of the SLCN category as used in the SEN system, a specific study within the BCRP sought to understand the trajectories of need over time through analysis of the national SEN datasets[20]. This study tracked the category of SEN reported for pupils at School Action Plus and with Statements of SEN with an SEN classification of SLCN and ASD.

Of those children identified at School Action Plus with SLCN at Key Stage 2, the majority (59%) moved to a lower level of need (School Action or no need) by the end of Key Stage 3. Just 18% remained at the same level of need for SLCN. The remaining 17% were re-categorised with another type of SEN, mostly moving from SLCN to moderate learning disability or specific learning difficulty. In contrast, those pupils with statements of SEN where SLCN was the primary need remained consistent over time.

[20] Meschi, E., Mickelwright, J., Vignoles, A., & Lindsay, G. (2012). The transition between categories of special educational needs of pupils with speech, language and communication needs (SLCN) and autism spectrum disorder (ASD) as they progress through the education system. London: DfE. (Technical report: BCRP 11) https://www.gov.uk/government/publications/the-transitions-between-categories-of-special-educational-needs-of-pupils-with-speech-language-and-communication-needs-slcn-and-autism-spectrum-dis

FIGURE 5: TRAJECTORIES OF SLCN AS DESCRIBED BY THE SEN CENSUS[21]



The replacement of the School Action Plus and School Action stages by a single School Support stage as part of the SEND reforms and the move from Statements of SEN to Education, Health and Care Plans, will prevent commissioners directly comparing local data with these findings as part of needs assessment in the future. It should also be borne in mind that the categories of SEN chosen for individual pupils for the school census at the school based stages open to a significant degree of subjectivity.

Another important point to note is that this study was not triangulating any support offered to pupils within their category of School Action Plus, which, by the definition of the time, was a category for pupils who are receiving additional support from specialists additional to the school's own resources. The evidence of change therefore is quite likely to be in part due to successful intervention for less serious SLCN and not simply natural history of spontaneous improvement.

These data, taken with the summary of prevalence of SLCN (using the broad definition and not the SEN category definition) prepared by researchers for the Bercow Review[22,23], do allow commissioners to make some tentative assumptions regarding overall prevalence for those whose SLCN at school entry are felt to be largely associated with poor early experience and disadvantage as opposed to a specific long term need.

Further case studies of needs assessment processes based on the prevalence data can be found in the output of the Communication Champion conferences held in 2011[24] and the output from the Communication Council Seminar held in 2014.[25]

[21] Meschi, E., et al (2012) ibid.

[22] Bercow, J. (2008) The Bercow Report: A review of services for children and young people (0-19) with speech, language and communication needs. Nottingham: DCSF. http://webarchive.nationalarchives.gov.uk/20130401151715/http://education.gov.uk/publications/eorderingdownload/bercow-report.pdf

[23] See Annex 1 for the summary of prevalence data from the Bercow Review. http://webarchive.nationalarchives.gov.uk/20130401151715/http://education.gov.uk/publications/eorderingdownload/bercow-report.pdf

CHILDREN WITH SLCN AND CONNECTION WITH BEHAVIOURAL, EMOTIONAL AND SOCIAL DISORDERS[26]

A specific area of investigation was the potential link between SLCN and behavioural, emotional and social disorders (BESD). There were a number of drivers for this investigation:

- Increasing evidence of relatively high incidence of SLCN in populations of children and young people described as having BESD.
- Increasing work by speech and language therapists in the youth justice system confirming high levels of SLCN in this population, many of whom would have had a classification of BESD as part of an SEN profile.
- The observation of the decrease in the use of SLCN as a primary category of need at the end of KS2 alongside an increase in the category of BESD in KS3

There was a growing assumption that the same cohort identified as SLCN in EY and KS1 was being re-categorised as BESD at KS3.

The evidence from analysis of the national dataset showed a **different picture**.

> **BCRP 6 p.6**
>
> Pupils with SLCN do not have a particularly high risk of being re-categorised as having BESD as their primary need after transfer to secondary education
>
> Only 7% of pupils originally with SLCN moved into BESD compared with 15% of pupils originally with ASD
>
> More pupils with SLCN (24%) moved into an SEN category concerned with learning difficulties than pupils with ASD
>
> - Moderate learning difficulties (MLD): 15% from SLCN, 11% from ASD
> - Specific learning difficulties (SpLD): 9% from SLCN, 6% from ASD

[24] Gascoigne, M.T. (Ed), (2012) Better Communication: Shaping speech, language and communication services for children and young people. RCSLT http://www.rcslt.org/speech_and_language_therapy/commissioning/better_communication

[25] Gascoigne, M,T. (2014) Implementing the SEND Reforms: Focus on children and young people with speech, language and communication needs (SLCN) London: The Communication Trust http://www.thecommunicationtrust.org.uk/media/337447/tct_commissioningreport_2014_final_feb_2015_update_2.pdf

[26] E Lindsay, G. & Dockrell, J. (2012). The relationship between speech, language and communication needs (SLCN) and behavioural, emotional and social difficulties (BESD). London: DfE. (Thematic report: BCRP 6). https://www.gov.uk/government/publications/the-relationship-between-speech-language-and-communication-needs-slcn-and-behavioural-emotional-and-social-difficulties-besd

This evidence regarding change over time should in no way be interpreted as suggesting that BESD and SLCN (and ASD) do not have a significant interface.

BCRP 6 p.5

The overall level of BESD was significantly higher than the norm for pupils with SLCN and those with ASD than the norm

Pupils with SLCN were more likely to have significant peer problems and emotional difficulties and less developed prosocial behaviour (eg. helping, sharing, co-operating) than the general population of the same age

- Levels of peer problems and difficulties with prosocial behaviour were even higher in pupils with ASD than those with SLCN
- Levels were higher among older children with language impairment but higher among younger children with ASD
- Unaffected siblings of children and young people with SLCN and ASD also had higher levels of peer problems, indicating that siblings who do not have SLCN or ASD are at risk of difficulties with peer relationships

EFFECTIVE IDENTIFICATION OF SLCN REQUIRES REGULAR MONITORING OF CHILDREN'S OUTCOMES

The BCRP research found that profiling of children's skills and areas of need, such as using the Early Years Foundation Stage Profile, is an effective way of identifying which children have needs which are met through quality first teaching and a positive language learning environment and which go on to require more specific support[27,28].

The recommendation therefore is to learn from this and to have a continuous formative assessment approach to identification and not a 'snap-shot' approach that is required by education establishments completing the SEN census data[29].

For commissioners undertaking needs assessment, this finding suggests that gathering profiling information from the EYFS and considering attainment data for language and literacy at KS2 will provide useful information over time for a cohort of pupils in a local area and / or school.

[27] Snowling, M. J., Hulme, C., Bailey, A. M., Stothard, S. E., & Lindsay (2011). *Better communication research project: Language and literacy attainment of pupils during early years and through KS2: Does teacher assessment at five provide a valid measure of children's current and future educational attainments? DFE-RR172a.* London: DfE. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/183539/DFE-RR172a.pdf (Technical report: BCRP 14)

[28] Dockrell, J., Ricketts, J. & Lindsay, G. (2012). Understanding speech, language and communication needs: Profiles of need and provision. London: DfE. (Thematic report: BCRP 4) https://www.gov.uk/government/publications/understanding-speech-language-and-communication-needs-profiles-of-need-and-provision

[29] Snowling, M. J., et al ibid. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/183539/DFE-RR172a.pdf

BRCP 4 p20

Regular monitoring is preferable because one-off screenings of aspects of development, including language and reading, have limited power to predict later performance as children's developmental trajectories vary. It follows that early identification should be developed into a system of formative assessment that build on and extends teachers' understanding of language and communication

PREVALENCE AND ASSOCIATED RISK FACTORS THAT PREDICT SLCN

The BCRP explored prevalence of SLCN and ASD in some detail[30,31]. Still working with the SEN census data and therefore the narrow definition of SLCN as a primary SEN category, the rates of identification of SLCN and ASD were found to have increased substantially over the period examined (2005-2011): an increase of 72% in identification of SLCN and an increase of 83% in identification of ASD[32].

The associated risk factors that were investigated in order to determine their influence on the prevalence of SLCN and ASD included:

- gender
- date of birth
- socio-economic status
- having English as an additional language
- low academic attainment

The risk factors are summarised in Figure 6 below.

[30] Dockrell, J., Ricketts, J., Palikara, O., Charman, T., & Lindsay, G. (2012). Profiles of need and provision for children with language impairment and autism spectrum disorders in mainstream schools: A prospective study. London: DfE. (Technical report: BCRP 9) https://www.gov.uk/government/publications/profiles-of-need-and-provision-for-children-with-language-impairments-and-autism-spectrum-disorders-in-mainstream-schools-a-prospective-study

[31] Lindsay, G., Dockrell, J.E., Law, J., Roulstone, S., & Vignoles, A. (2010) *Better communication research programme 1st interim report DfE-RR070.* London: DfE. (70pp). http://publications.education.gov.uk/eOrderingDownload/DFE-RR070.pdf

FIGURE 6: EXTRACT FROM BCRP 4 THEMATIC REPORT P.29[33]

RISK FACTORS FOR SLCN

Gender is associated with the greatest increase in risk for both SLCN and ASD, with boys overrepresented relative to girls 2.5:1 for SLCN and over 6:1 for ASD.

Birth season effects are strong for SLCN but not ASD. Pupils who are summer born (May-August) and therefore the youngest within the year group are 1.65 times more likely to have identified SLCN than autumn born (September – December) students. Teachers need to be aware of this funding and to consider carefully whether they are making sufficient allowance for the age of the child when forming their judgements.

Socioeconomic disadvantage. There is a strong social gradient for SLCN, with the offs of having identified SLCN being 2.3 times greater for pupils entitled to free school meals (FSM) and living in more deprived neighbourhoods. For ASD the socio-economic gradient is less strong (Odds Ratio (OR) = 1.63) but still present.

Pupils with School Action Plus SLCN were more likely to be socially disadvantaged (28% eligible for free school meals (FSM) at age 11) compared with pupils with no SEN (14%). Those with a statement were marginally less disadvantaged (25% FSM eligibility). By comparison, pupils with ASD were only slightly socially disadvantaged as specified by FSM eligibility (14% SAP, 16% statement at 11 years) and this is equivalent to the general population. As a result the odds of a socially disadvantaged pupil being identified has having SLCN (at SAP or statement) were well over twice as high compared with non-disadvantaged pupils (2.3:1). For ASD, the odds were again higher, but at the lower level: just over one and a half time higher (1.63:1).

EAL. Pupils with SLCN are also more likely to have English as an additional language (EAL) – 20% at the end of Key Stage 2 compared with 10% of the pupil population overall at this age. However, this is not the case for hose with statements for SLCN where the prevalence of EAL is the same as the general pupil population. By contrast, pupils with ASD have low levels of EAL (2% School Action Plus, 4% statement).

Academic achievement. As expected, pupils with SLCN and ASF have lower achievement at the end of Key Stage 2 than pupils without SEN but the discrepancy is large for those with SLCN than ASD, both those at School Action Plus and those with statements.

[32] Strand, S., & Lindsay, G. (2012). *Ethnic disproportionality in the identification of speech, language and communication needs (SLCN) and autism spectrum disorders (ASD)*. London: DfE. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/219628/DFE-RR247-BCRP15.pdf

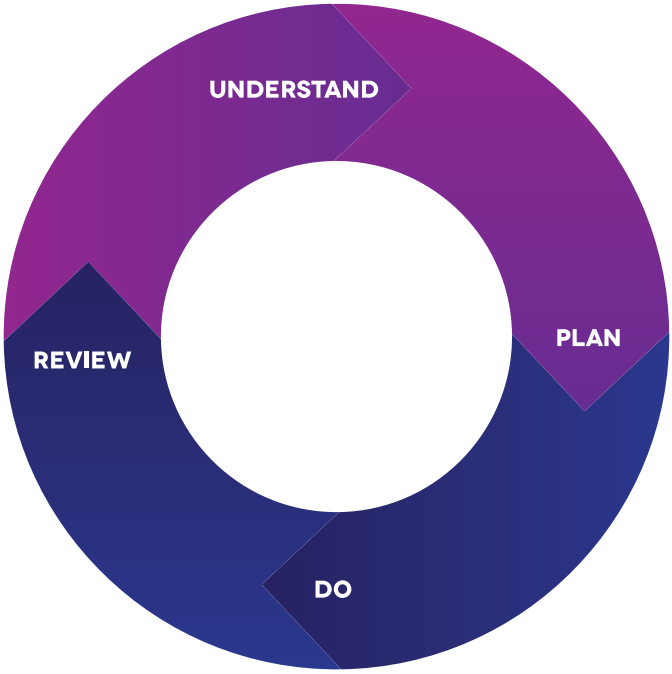
[33] Dockrell, J., Ricketts, J. & Lindsay, G. (2012). Understanding speech, language and communication needs: Profiles of need and provision. London: DfE. (Thematic report: BCRP 4) p,29 https://www.gov.uk/government/publications/understanding-speech-language-and-communication-needs-profiles-of-need-and-provision

School Action Plus and Statement of SEN are terms which have been superseded by School Support and Education, Health and Care Plans in the 2014 Code of Practice for SEND

IMPLICATIONS FOR COMMISSIONING

2. Commissioners need to apply both predictive population based calculations based on prevalence based on a broad definition of SLCN and analysis of real time profiling data from the SEN system in order to triangulate the need in a given area
3. Commissioners also need to complete a qualitative whole systems map of the interventions provided for children and young people in order to understand how data may be impacted by existing positive interventions
4. Commissioners need to collect data on the key risk factors within the local area or school and understand the impact on predicted SLCN
5. Going forward, prior attainment data and pupil premium calculations may need to be used more as part of the needs analysis as the SEND reforms and changes with the SEND Code of Practice 0 to 25 are implemented

APPLYING THE EVIDENCE TO THE COMMISSIONING CYCLE – DO AND REVIEW



This section will focus on the evidence within the BCRP to support the models of service delivery to meet need identified in the understand and plan phases as well as the outcome measurement of the commissioned services.

A summary of the BCRP papers that inform the do and review stages of the cycle can be found here.

Commissioners, including Local Authority, CCG, School Leadership, need to consider the following key themes arising from the BCRP in terms of service provision (outlined in the Local Offer or the published school description of provision):

- The need for service delivery to be organised across a continuum of universal, targeted and specialist levels
- The need for schools to understand their role in providing a supportive language and communication environment

- The need for provision to follow child need rather than diagnostic category
- The need for commissioners to understand the quality of the evidence base: where there is empirical evidence and where evidence is indicative but acceptable[34]
- The need to develop an on-going culture of practice evaluation in order to further develop quality of approach and the evidence base
- The need for cost effectiveness measures to be incorporated into outcome measurement
- Views of children, their families and young people to be central in the setting of outcomes, delivery of services and a key part of evaluation

ORGANISATION OF PROVISION ACROSS A CONTINUUM

The BCRP used as an underpinning framework the universal, targeted and specialist tiered framework. This was introduced to the SLCN sector in the UK through the RCSLT Position Paper in 2006 and echoed the Response to Intervention model in the USA[35]. Tiered approaches are familiar to teachers as well as other specialists, for example the 'Wave 1,2,3' approach to teaching strategies.

From a commissioning perspective, it is important to have a clear understanding of the distinction between

- a tiered approach to describing children and their needs,
- a tiered approach to describing interventions and
- a tiered approach to describing the skills and competences of the workforce delivering support

In practice, children and young people can have varying needs and benefit from interventions at different levels simultaneously.

Figure 7, below, illustrates these three distinct tiered approaches. The lines across the diagram show a range of potential scenarios where for example, a child with a complex profile might achieve their outcomes best through targeted intervention; a child with a less complex need might achieve their outcome through a time focused specialist interventions; and training for the universal workforce to benefit all children might best achieve the desired outcome when delivered by a specialist practitioner.

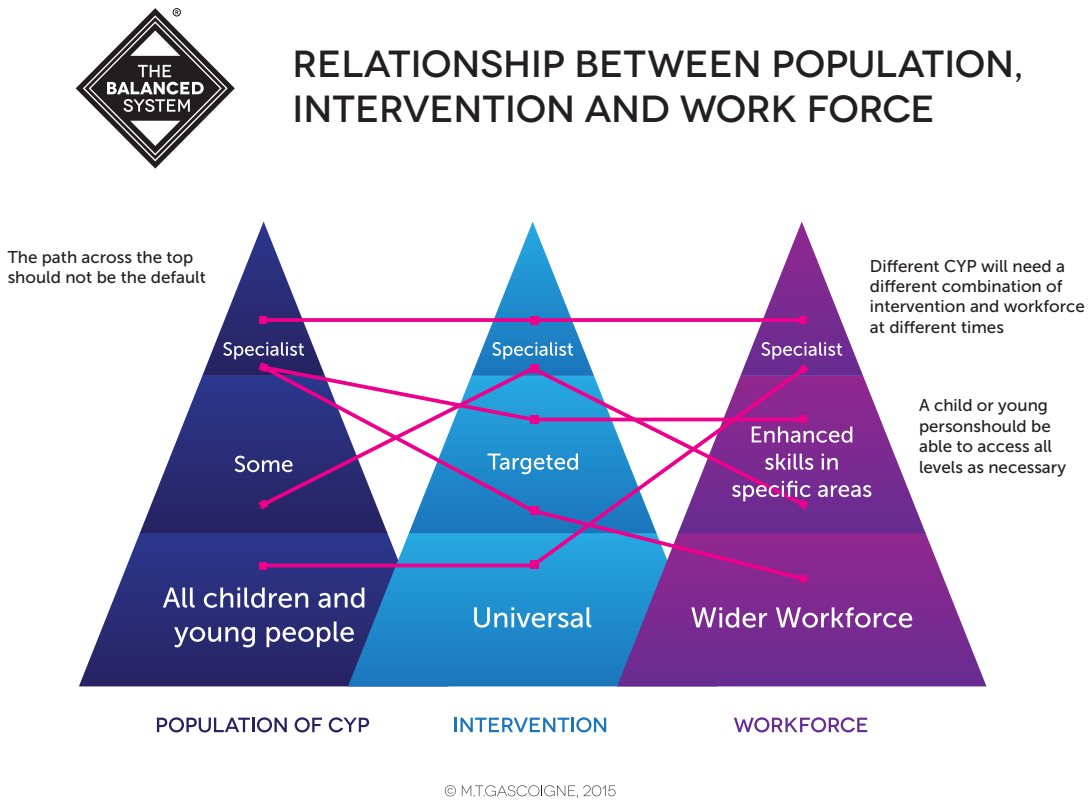
[34] http://www.thecommunicationtrust.org.uk/whatworks

[35] Gascoigne, M.T. (2006) Supporting children with SLCN within integrated services London RCSLT. http://www.rcslt.org/docs/free-pub/Supporting_children-website.pdf

Fuchs D. & Fuchs L.S. (2006) Introduction to response to intervention: what, why, and how valid is it? Reading Research Quarterly, 41, 93–99.

https://www.uv.uio.no/forskning/om/helga-eng-forelesning/introduction-to-responsivenes-to-intervention.pdf

FIGURE 7: SHOWING THE RELATIONSHIP ACROSS POPULATION, INTERVENTION AND WORKFORCE[36]



UNIVERSAL SUPPORT

The universal level is provision that is accessed by all children and is available across settings and schools. This was the focus of a specific project within the BCRP[37]. Increasing emphasis is being placed on the need for quality first teaching and on good universal educational provision. This should address the mildest or most transient SLCN whilst also providing excellent support to those children and young people with more significant need in accessing the curriculum. Consequently the Communication Supporting Classrooms (CsC) Tool[38] was developed to audit the elements of the communication within a classroom that were supporting of spoken language development. The resulting tool is freely available for use and commissioners may wish to consider recommending this evidenced based tool as a universal measure within schools.

[36] http://www.bettercommunication.org.uk/TBS%20core%20slides%202014%20web.pdf

[37] Dockrell, J. E., Bakopoulou, I., Law, J., Spencer, S., & Lindsay, G. (2012). Developing a communication supporting classroom observation tool. London: DfE. (Technical report: BCRP 8) https://www.gov.uk/government/publications/developing-a-communication-supporting-classrooms-observation-tool

[38] www.thecommunicationtrust.org.uk/classroomobservationtool

BRCP 8 p.7

Good classroom organisation to maximise language development needs to be complemented by the fine tuning of spoken language interactions by staff

- Activities to scaffold language development need to be provided in a regular and deliberate manner. These experiences should include more advanced language learning interactions that have been shown to develop oral language, including grammatical skills, vocabulary and narrative. Together, these techniques constitute high-quality verbal input by adults
- All school staff should fully understand, appreciate and develop quality use of these language learning interaction techniques
- The CsC Observation Tool and the Framework which underpins it provide professionals with a flexible way of developing their teaching skills to support spoken language

Universal level also includes the training of the wider workforce including teachers, SENCOs and learning support assistants, to have the skills to identify and provide good universal enrichment for all children. This means developing the skills and competences to provide communication supporting learning environments, to interact with children and young people using facilitative strategies and to ensure that the language of the curriculum is being made accessible as part of everyday practice.

This training needs to take place at both under-graduate and post-graduate levels for teachers and needs to be readily available to learning support assistants working with children and young people in schools. Specialists, including speech and language therapists and specialist teachers for SLCN need to be commissioned appropriately to support this workforce development.

The challenge of getting the optimum competency profile in the workforce is discussed in a number of papers produced as part of the Better Communication Action Plan following the Bercow Review[39,40]. The Speech, Language and Communication Framework (SLCF) provides a useful free tool which can be used to profile the training needs of the workforce and signpost to appropriate training[41].

[39] http://www.ican.org.uk/~/media/Ican2/Whats%20the%20Issue/Evidence/5%20ICT%20SLC%20and%20Childrens%20Workforce.ashx

[40] https://www.thecommunicationtrust.org.uk/media/12895/slcn_tools-_workforce-planning_1_.pdf

[41] http://www.thecommunicationtrust.org.uk/resources/resources/resources-for-practitioners/the-slcf/

EFFECTIVE TEACHING AND GOOD COMMUNICATION ENVIRONMENTS ARE KEY[42]

BCRP 4 p.43

Effective teaching for language and communication requires both effective classroom management and teaching followed by targeted or specialist support of oral language skills when required. This needs to be done in conjunction with regular monitoring and setting targeted oral language objectives as required by the pupils

Once effective classrooms for oral language are in place, schools are in a stronger position to become effective oral language learning environments and to identify pupils with more pronounced language learning needs, i.e. those with SLCN

- All children need effective opportunities to develop their language skills in mainstream settings, and where settings are struggling to provide these opportunities support and training will be required
- Children who fail to progress at the expected rate in effective settings will require further evidence informed targeted or specialist support which is timely and monitored. The specialist support and interventions used need to be based on principles that have been shown to be effective

TARGETED AND SPECIALIST SUPPORT

The BCRP studies include a descriptive review of the interventions commonly used in practice to support SLCN at a targeted and specialist level[43]. The review surveyed 500 speech and language therapists and collected information about 158 commonly used interventions and their perceived benefits.

Key findings of this paper include a lack of consistency regarding how interventions were described and classified. It made recommendations for the need to build the evaluation culture into everyday practice in order to build a more robust empirical evidence base for commonly used and positively reviewed interventions which may simply not have been subject to high level evaluation.

[42] Dockrell, J., Ricketts, J. & Lindsay, G. (2012). Understanding speech, language and communication needs: Profiles of need and provision. London: DfE. (Thematic report: BCRP 4) https://www.gov.uk/government/publications/understanding-speech-language-and-communication-needs-profiles-of-need-and-provision

[43] Roulstone, S., Wren, Y., Bakopoulou, I., Goodlad, S., & Lindsay, G. (2012). Exploring interventions for children and young people with speech, language and communication needs: A study of practice. London: DfE. (Technical report: BCRP 13) https://www.gov.uk/government/publications/exploring-interventions-for-children-and-young-people-with-speech-language-and-communication-needs-a-study-of-practice

The findings from this study prompted the work that subsequently became the 'What Works' database. The development of 'What Works' is described in the technical report BCRP 10[44] and accompanying technical annex. What Works[45] is live project that continues to evaluate and add new interventions as they are submitted for review.

PROVISION MUST BE TAILORED TO INDIVIDUAL CHILD NEEDS RATHER THAN DIAGNOSTIC CATEGORIES

As outlined in detail earlier in this digest, SEN categories have significant limitations in terms of accurately describing need[46]. However, there is strong evidence that some diagnostic categories result in markedly different levels of support being made available without any reference to the individual profile of need. This was evidenced specifically in comparing the resources available to children and young people with a diagnosis of ASD when compared with those with a diagnosis of language impairment. This is of particular concern in relation to children and young people with specific language impairments where the functional impact of their difficulties may be far more significant than others with a diagnosis of ASD.

The BCRP research looked specifically at these two diagnostic categories. Similar issues are likely to exist between other diagnostic categories where speech, language and communication needs are part of the profile.

INTERVENTIONS FOR CHILDREN WITH SLCN MUST BE EVIDENCED OR SUBJECT TO ON-GOING EVALUATION

The BCRP thematic report 5 'Effectiveness, costing and cost effectiveness of interventions for children and young people with speech, language and communication needs' discusses effectiveness of SLCN interventions[47]. Evidence of effectiveness should be considered when selecting interventions for SLCN however, there is a recognition of the need to distinguish between poor evidence and a lack of evidence for interventions.

The BCRP paper and 'What Works' identify criteria against which to assess interventions.

This empirical approach ensures that there is a clear process for examining the evidence base for an intervention, whether or not the evidence concludes that the intervention is useful or not.

Where there is a lack of evidence one way or the other, this empirical approach will not be able to include the proposed intervention – not because it isn't useful but because no one has tested it one way or the other or because the methodology for testing is not sufficiently robust.

Consequently it is also important to contrast this empirical approach with evidence of reported clinical or practitioner outcomes. A number of interventions reported to researchers as part of the initial BCRP study to investigate the range of interventions

[44] Law, J., Lee, W., Roulstone, S., Wren, Y., Zeng, B., & Lindsay, G. (2012). "What works": Interventions for children and young people with speech, language and communication needs. London: DfE. (Technical report: BCRP 10) https://www.gov.uk/government/publications/what-works-interventions-for-children-and-young-people-with-speech-language-and-communication-needs

[45] www.thecommunicationtrust.org.uk/whatworks

[46] Dockrell, J., Ricketts, J. & Lindsay, G. (2012). Understanding speech, language and communication needs: Profiles of need and provision. London: DfE. (Thematic report: BCRP 4) https://www.gov.uk/government/publications/understanding-speech-language-and-communication-needs-profiles-of-need-and-provision

commonly used in practise did not have an empirically tested evidence base. Yet there were clinician reports of their usefulness and examples of outcomes associated with them. These interventions need to be considered in case they fall into the 'not tested' group described above, whilst acknowledging the need for caution. Where services commissioned use interventions in this group, there is a need to ensure that the service provider is required to set up mechanisms for outcome measurement in respect of these interventions. This not only provides data for the commissioners but potentially adds to the empirical evidence base.

INFORMATION SHARING WITH PARENTS SHOULD BE IMPROVED AT ALL STAGES[48]

The views of children and young people with SLCN and their parents were the focus for a strand of the BCRP research. A significant finding was that parents often did not have access to appropriate or timely information. Three key areas were identified where improved information sharing was a priority:

- Identification:
  - Parental views should not be dismissed in the early years of their children's difficulties, which may have lead to later referral or assessment than necessary for some children.
  - Parents should have access to information re: speech language and communication development and indicators that are of most interest or concern to practitioners.
- Intervention:
  - There should be information about and discussion of evidence behind interventions so parents are able to understand evidence-based decisions.
  - Parents need to be kept informed about provision, treatment and their child's progress – one in 5 interviewed (19%) did not know about the additional provision being received by their child.
- Outcomes:
  - There should be systematic collection of evidence of the impact of interventions on children's outcomes.
  - Outcomes evidence should be shared with parents.

[47] Law, J., Beecham, J. & Lindsay, G. (2012). Effectiveness, costing and cost effectiveness of interventions for children and young people with speech, language and communication needs. London: DfE. (Thematic report: BCRP 5) https://www.gov.uk/government/publications/effectiveness-costing-and-cost-effectiveness-of-interventions-for-children-and-young-people-with-speech-language-and-communication-needs-slcn

[48] Roulstone, S. & Lindsay, G. (2012). The perspectives of children and young people who have speech, language and communication needs, and their parents. London: DfE. (Thematic report: BCRP 7) https://www.gov.uk/government/publications/the-perspectives-of-children-and-young-people-who-have-speech-language-and-communication-needs-and-their-parents

It should be noted that all of the areas highlighted would be expected as good practice within existing professional guidance. The research indicates that there is a gap between policy and practice in this important area. The research did not explore with providers whether they would have a different perspective on these issues or whether they would acknowledge these as areas for development. Commissioners need to understand the barriers to achieving better information for parents as well as being alert to ensuring that this area features in commissioning intentions.

TARGET-SETTING SHOULD REFLECT CHILDREN'S AND PARENT'S OWN PRIORITIES[49]

Another important area investigated by the BCRP research was the involvement of children, young people and their parents in target setting for SLCN. Several key messages emerge from this research which especially link to the SEND processes around Education, Health and Care Plans with the core need to the child's own view and goals.

- Research showed that whilst children could identify areas of speech, language and communication they were keen to address and improve in themselves, these areas were not always consistent with their targets in school.
- Some children considered their personal SLCN targets in school to be boring and irrelevant.
- The outcomes for children most valued by their parents are independence and inclusion, which are often not explicitly monitored.
- Children and young people and their parents should be involved in SEN target setting to ensure meaningful and motivational targets.
- Outcomes measured should include **independence and inclusion**, which were deemed most important to parents.
- Outcomes evidence should be shared with parents[50].

As with information sharing, these finding raise issues of policy into practice. The need for including functional goals and looking not only at impairment but also activity and participation goals for children and young people is not new in professional guidance[52]. Commissioners need to ensure that specifications for service providers and key performance indicators (KPIs) do not have unintended consequences of pushing services to deliver less functional but perhaps more easily measurable interventions which are not making a significant contribution to a child or young person's desired outcomes.

[49] Roulstone, S. & Lindsay, G. (2012). The perspectives of children and young people who have speech, language and communication needs, and their parents. London: DfE. (Thematic report: BCRP 7) https://www.gov.uk/government/publications/the-perspectives-of-children-and-young-people-who-have-speech-language-and-communication-needs-and-their-parents

[50] Roulstone, S., Coad, J., Ayre, A., Hambley, H., & Lindsay, G. (2012). The preferred outcomes of children with speech, language and communication needs and their parents. London: DfE. (Technical report: BCRP 12) https://www.gov.uk/government/publications/the-preferred-outcomes-of-children-with-speech-language-and-communication-needs-and-their-parents

[52] Gascoigne, M.T. (2006) Supporting children with speech, language and communication needs within integrated children's services RCSLT Position Paper http://www.rcslt.org/docs/free-pub/Supporting_children-website.pdf

COSTING OF INTERVENTIONS AND COST EFFECTIVENESS SHOULD BE INCLUDED IN EVALUATIONS[53]

Finally in the 'do and review' stages of the cycle, there is the need for ongoing, inbuilt, systematic evaluation of interventions, not only in terms of efficacy but also in terms of cost effectiveness.

The BCRP including collaboration with health economists who were able to bring expertise in modelling of cost effectiveness to the projects. The overall conclusion is that this is an area that requires more attention and that there are limited examples of systematic evaluation of this kind in practice.

Specific recommendations include:

- Collecting data about how services are delivered as well as what they are delivering and how much is being delivered
- Encouraging evaluations which gather data that will allow analysis of factors such as the minimum or maximum input (dosage) for effective outcomes, i.e. "how much support is too little?", and "at what upper limit does support cease to add further benefit?" In addition, it is important to know who should, did or can carry out interventions, to understand whether an intervention requires an expert practitioner for delivery or if it can be 'manualised' for others to use.

[53] Law, J., Beecham, J. & Lindsay, G. (2012). Effectiveness, costing and cost effectiveness of interventions for children and young people with speech, language and communication needs. London: DfE. (Thematic report: BCRP 5) https://www.gov.uk/government/publications/effectiveness-costing-and-cost-effectiveness-of-interventions-for-children-and-young-people-with-speech-language-and-communication-needs-slcn

IMPLICATIONS FOR COMMISSIONING

6. Commissioners need set the **scope** of their commissioning relative to the spectrum of **universal, targeted and specialist** need. Understanding that **all levels are essential** to achieving a holistic offer for children and young people
7. Commissioners need to understand the necessary requirements to facilitate **good universal services** (including the commissioning of specialists to provide training and support to the wider workforce)
8. Commissioners need to understand that interventions at the targeted and specialist level need to be **made available flexibly and not tied to diagnostic pathways**
9. Commissioners need to ensure that providers demonstrate that they are either using **evidenced based interventions** or are **engaged in evaluative activities** which will add to the emerging evidence base
10. Commissioners should endeavour to consider **cost effectiveness** as well as cost in commissioning specific interventions or services
11. Commissioners need to ensure that **outcomes that drive commissioning intentions** include those that are of **high importance to parents and young people** as well as more traditional measures
12. Commissioners must to **involve children, parents and young people** in the commissioning process so that they can influence the service provision

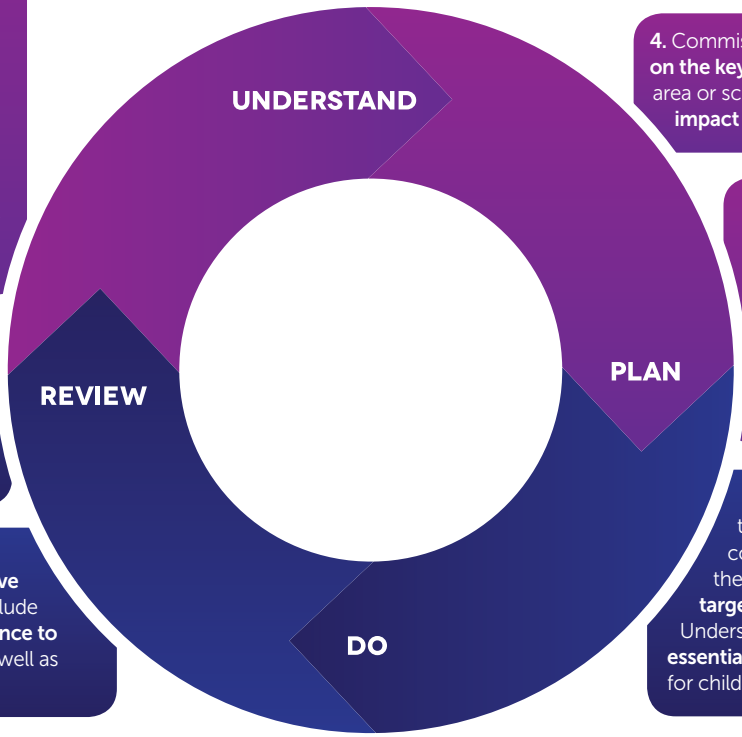
SUMMARY OF KEY MESSAGES FOR COMMISSIONERS OF SLCN PROVISION

1. Commissioners need to begin the needs analysis process by deciding and **clearly stating** the target population for which they are commissioning. Usually this will be for the **full range** of needs and therefore will be a **broader group** than those defined by the SEN category of SLCN

This would include **all** children and young people who have difficulties with their speech, language and communication, regardless of the reason

2. Commissioners need to apply **both** predictive **population based** calculations based on prevalence based on a **broad definition of SLCN and** analysis of **real time profiling data** from the SEN system in order to **triangulate the need** in a given area

3. Commissioners also **need to complete a qualitative whole systems map** of the interventions provided for children and young people in order to understand how data may be impacted by existing positive interventions



4. Commissioners need to **collect data on the key risk factors** within the local area or school and **understand the impact** on predicted SLCN

5. Going forward, **prior attainment data** and **pupil premium calculations** may need to be used more as part of the needs analysis as the SEND reforms and changes with the SEND Code of Practice 0 to 25 are implemented

6. Commissioners need to set the **scope** of their commissioning relative to the spectrum of **universal, targeted and specialist need**. Understanding that **all levels are essential** to achieving a holistic offer for children and young people

7. Commissioners need to understand the necessary requirements to facilitate **good universal services** (including the commissioning of specialists to provide training and support to the wider workforce)

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10. Commissioners should endeavour to consider **cost effectiveness** as well as cost in commissioning specific

11. Commissioners need to ensure that **outcomes that drive commissioning intentions** include those that are of **high importance to parents and young people** as well as more traditional measures

12. Commissioners must **involve children, parents and young people** in the commissioning process so that they can influence the service provision

ANNEX 1

Understand and plan BCRP references

Key BCRP documents relevant to understand and plan phases of the commissioning cycle:

The thematic reports in bold bring together evidence from the technical reports around key themes.

1. **Thematic report BCRP 4: Understanding speech, language and communication needs: Profiles of need and provision**
2. **Thematic report BCRP 6: The relationship between speech, language and communication needs (SLCN) and behavioural, emotional and social difficulties (BESD)**
3. Technical report BCRP 9: Profiles of need and provision for children with language impairment and autism spectrum disorders in mainstream schools: A prospective study
4. Technical report BCRP 14: Better communication research project: Language and literacy attainment of pupils during early years and through KS2: Does teacher assessment at five provide a valid measure of children's current and future attainments?
5. Technical report BCRP 11: The transition between categories of special educational needs pupils with speech, language and communication needs (SLCN) and autism spectrum disorders (ASD) as they progress through the education system

ANNEX 2

Do and review BCRP references

Key BCRP documents relevant for this section:

6. **Thematic report BCRP 4: Understanding speech, language and communication needs: Profiles of need and provision**
7. **Thematic report BCRP 5: Effectiveness, costing and cost effectiveness of interventions for children and young people with speech, language and communication needs**
8. **Thematic report BCRP 7: The perspectives of children and young people who have speech, language and communication needs, and their parents**
9. Technical report BCRP 8: Developing a communication supporting classroom observation tool
10. Technical report BCRP 9: Profiles of need and provision for children with language impairment and autism spectrum disorders in mainstream schools: A Prospective study
11. Technical report BCRP 10: "What Works": Interventions for children and young people with speech, language and communication needs
12. Technical report BCRP 12: The preferred outcomes of children with speech, language and communication needs, and their parents
13. Technical report BCRP 13: Exploring interventions for children and young people with speech, language and communication needs: A study of practice

ANNEX 3

THE **BALANCED** SYSTEM® DEFINITIONS OF UNIVERSAL, TARGETED AND SPECIALIST PROVISION

UNIVERSAL

Universal interventions are by definition available to all.

- Interventions which support the population as a whole and the wider workforce in its fullest sense (website and other online resources would be good examples)
- Includes materials and resources available to the population as a whole through mainstream outlets such as GP surgeries, libraries, children's centres and schools
- Includes generic advice sessions for community groups such as ante-natal classes etc
- Includes training for the wider workforce as a whole to increase awareness and understanding of SLCN and appropriate actions if concerned
- Includes specific training and advice giving around early identification

TARGETED

Targeted interventions sit on a continuum and include those that require the direct involvement of a speech and language therapist and those that have been established with the help of a speech and language therapist initially but are now self-sustaining within settings or schools.

Targeted interventions in the early years might include,

- early language groups, phonological awareness, attention and listening etc
- programmes overseen by a SLT carried out by members of the wider workforce and/or parents and carers

Targeted interventions at school age might include,

- language groups, word finding, social skills, etc – always in conjunction with a member of school staff
- programmes overseen by a SLT carried out by members of the wider workforce and/or parents and carers

Targeted interventions may be SLT led and /or maintained by designated school staff with the appropriate training. The decision as to the degree of direct SLT involvement will vary from context to context dependent on the skills and competences of the wider workforce in that instance, as well as the needs of the child and predicted rate of change.

Many schools and settings establish interventions at this level with the initial support of a SLT and then maintain these independently using them as a school based initial intervention prior to referral on. Consequently, not all interventions at the targeted level assume a referral and acceptance onto a SLT caseload and can be at the pre-referral stage.

A useful way of considering the distinction may be to use the sub-divisions lower-targeted (LT or T1) and upper-targeted (UT or T2) as follows:

- Lower-targeted - interventions established with the support of a SLT but thereafter delivered independently by members of the wider workforce – can include children both pre-referral as well as post referral and assessment.

  Children accessing lower-targeted level interventions would either move towards referral and upper-targeted and specialist level interventions or would return to universal level support

- Upper-targeted - requiring on-going oversight from a SLT though level of direct involvement will vary. Children accessing upper-targeted interventions may move towards specialist level or back to lower-targeted and thence universal level

SPECIALIST

Specialist interventions might be with individual children or groups of children – again always with the involvement of a member of setting or school staff and parents / carers who can ensure that the intervention is embedded into the child's wider experience.

Many specialist interventions may follow a similar format to targeted interventions but be differentiated by the specificity of the techniques deployed or the rate of change anticipated from the child necessitating a more highly skilled practitioner to be closely involved in order to monitor and adapt appropriately.

The specialist tier (S level) will be defined by the interventions needed and not primarily by the overall profile of need. Some children at S level will move back to upper-targeted etc after a period of intervention whilst others will remain at S level.

The underlying premise is that all children begin in the universal level and that targeted and specialist level interventions are brought into the child's overall package of care based on need at a given moment in time. Crucially, the level of intervention does not categorise the child and a given child or young person could be receiving several packages from different levels simultaneously.

For example, a child needing a specialist package for disordered speech sounds might also be part of a lower-targeted level group for attention and listening run entirely by school or nursery staff.

ANNEX 4

BRCP 10 p.17-18

1. Does the intervention have reasonable theoretical underpinning given the current state of knowledge in the relevant area?
2. Does the intervention have good face validity – does it make sense, is it easy to follow etc.?
3. Is the intervention "manualised", or presented in such a way that it would be possible for a service to adopt it without adaptation?
4. Is the intervention feasible in the sense that it could be introduced within budget, given available resources and materials and time available?
5. Is there formal training involved and a procedure to be followed or is it principally a set of materials to be freely used?
6. Has the intervention been formally evaluated and if so how? We commonly use six levels of intervention evidence as follows
   a. Well conducted systematic reviews of randomised controlled trials
   b. Individual well conducted randomised controlled trials
   c. Quasi-experimental studies with matched groups receiving and not receiving the intervention in question
   d. Experimental single subject designs which demonstrate effective change in individual children relative to a "control" or untreated period
   e. "Before and after studies" – do the children show progress over time relative to the standard score of a specific language or related measure? In other words it is possible to see change relative to what we know about the children's development anyway
   f. Descriptive studies. These describe the intervention but provide no data which would allow the reader to make a judgement as to whether the intervention should or should not be introduced

This document should be referenced as follows:

Gascoigne, M.T. (2015) Commissioning for speech, language and communication needs (SLCN): using the evidence from the Better Communication Research Programme

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