



Speech, language and communication needs Needs assessment



Type of paper	Commissioning Support Programme paper exploring ways of improving speech, language and communication outcomes for children and young people
Primary audience	Lead members, directors of children's services, strategic commissioning teams, children's partnership boards, head teachers, GP commissioners, health and well-being boards, service providers, children's centres, schools and colleges, parents, carers and young people
Date of publication	February 2011

Cover image Kim Gunkel / istockphoto.com



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The tools in this suite:

1. About this tool

Needs assessment and analysis are fundamental components of the commissioning of effective services. Your assessment and analysis will be located within broader needs assessment processes of which two, the Joint Strategic Needs Assessment (JSNA) and Children and Young People's Plan (or equivalent) are particularly significant. Your assessment should both inform and be informed by the content of these broader assessments.

The Bercow Review¹ called for a more consistent and replicable approach to identifying and understanding need which can help commissioners address cost-inefficient configurations of services, and reduce their variability. The review found that the data needed to form a sound understanding of speech, language and communication needs (SLCN) in a local area were frequently held in different formats and by different stakeholders.

In our work with the SLCN commissioning pathfinders, the point was frequently made about the need for a simple tool to help commissioners assess the need for speech, language and communication services:

'When I started collecting data from various stakeholders, I had no real sense of what I needed to collect and how.'

The purpose of this tool is to provide:

- an explanation of what needs assessments are, how they fit into the commissioning process, how they should be used to inform commissioning decisions, and how they can be reviewed and updated
- definitions and descriptions of the main categories of speech, language and communication needs which are applicable to needs assessment activity
- information on how to use existing evidence to establish levels of prevalence for the main categories of speech, language and communication needs
- a way of mapping current service activity against prevalence, so as to identify any gaps in provision, where children and young people are not accessing the services they need
- examples of how local areas have carried out needs assessments.

This tool is one of a suite of tools for commissioners of speech, language and communication services. This tool should particularly be used in conjunction with the Whole System Mapping and Design, Evaluating Outcomes and User Involvement and Consultation tools.

¹ 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 www.dcsf.gov.uk/bercowreview/docs/7771-DCSF-BERCOW.PDF

2. What is a needs assessment?

'Assessing and understanding the needs of individuals as well as of the population as a whole is integral to helping them achieve good outcomes'. (Bercow 2008)

A needs assessment is a way of estimating the nature and extent of the needs of a population so that services can be planned accordingly. The purpose is to help focus effort and resources where they are needed most.

Needs assessment data are not just used by strategic commissioners; they may also be used by locality commissioners, providers or professionals (including private and voluntary sector), communities and users (including parents, children and young people), as well as national bodies.

Fundamentally, a sound needs assessment requires a process of reviewing, integrating and interpreting five types of data:

- **Demographic data and epidemiological data** (prevalence and incidence rates) by age group, gender, ethnicity and location and the projected change in the relative size of different groups through falling or rising birth rates (so as to identify potential future population need)
- **Risk factor data** to identify the likelihood of vulnerable children and families requiring services
- **Service activity data**, derived from the actual use of relevant provision by children, young people and their families
- **Outcome data** to identify the extent to which current provision is effective in meeting need
- **Service user and family needs information**, which is typically collected through a range of local surveys, service user feedback, and qualitative research (please refer to the Evaluating Outcomes and User Involvement and Consultation tools for more information about methods of data collection).

Each one of these components is essential to a comprehensive assessment and analysis of need. Restricting your assessment to one or two of these components will not provide an adequate picture of need within your local area.

In Box 1 on the next page, we provide the definition of speech, language and communication needs (SLCN) given in the Bercow Report in 2008. This definition will be used throughout this document for consistency. It should be noted that speech and language therapy (SLT) services are also commissioned to meet the needs of children with eating, drinking and swallowing difficulties, and that speech and language therapists working with children and young people include those with eating, drinking and swallowing difficulties, within the umbrella term 'speech, language and communication needs'.

Box 1: Definitions of speech, language and communication needs and information on prevalence in the child population (Source: 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 per cent² 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 benefit from specific targeted intervention at key points in their development.

Approximately seven per cent 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 one per cent of five year

2 Locke A. et al (2002) assessed the spoken language skills of children entering nursery schools in a socially disadvantaged area, and found that 54 per cent had moderate, moderate to severe or severe language delay, despite having nonverbal cognitive skills comparable to those in the general population.

olds entering school in England – more than 5,500 children in 2007 – have the most severe and complex speech, language and communication needs. They may not understand much of what is said to them, they may have very little spoken language and 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.

Speech, language and communication may be a child's primary educational need. Primary speech, language and communication needs 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 educational needs have speech, language and communication as their primary need.

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

3. Analysing needs: overview

The framework which will be used in this tool uses the concept of need for universal, targeted and specialist services to support speech, language and communication needs. Individual children and young people may have needs which require elements from one, two or all of these tiers of support at different times or indeed simultaneously.

Figure 1, on the next page, illustrates the relationship between universal, targeted and specialist tiers.

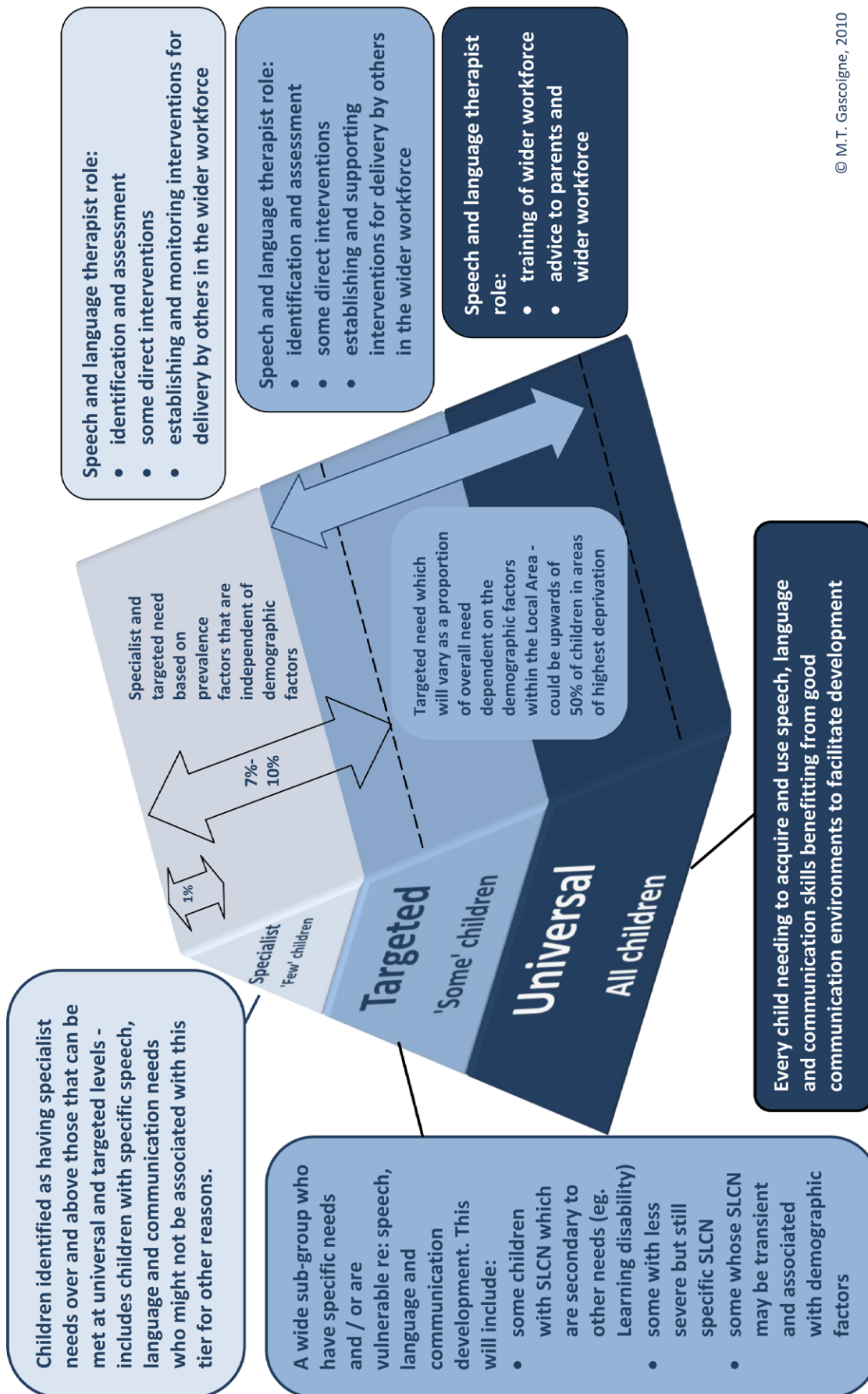
The approach taken to dealing with data therefore, is to begin with the population in a given local area and to consider datasets which are already available and which provide information about the local population. These datasets will allow some predictions to be made regarding the level of need for targeted interventions over and above a 'good practice' universal offer. Having established the predicted need at universal and targeted levels from a population basis, specific prevalence data regarding speech, language and communication needs which are more severe and specific, as well as speech, language and communication needs which occur as secondary needs to a primary need such as hearing impairment, autism or cerebral palsy, can be examined in order to ascertain need for additional targeted interventions and need for specialist interventions.

Getting an accurate picture of the need at the targeted tier is the most challenging part of the needs assessment. This will be explored in greater detail later in this tool. However, it is worth highlighting at the outset that the number of children and young people who will require targeted interventions for speech, language and communication needs is the most variable factor between local areas, due to the impact of social deprivation on the development of speech, language and communication. What is a targeted intervention in a relatively affluent area may be required for all children and young people in a highly deprived area (and therefore become universal within that locality).

Finally, it is essential that commissioners gain an understanding of the workforce implications of the needs analysis. More detail on mapping the workforce is provided in the Workforce Planning tool. However the important point to have in mind in interpreting needs analysis data is that both the specialist and the wider workforce have a critical role to play in providing all three of universal, targeted and specialist levels of support.

The sections which follow look first at different data sources for needs analysis, then outline how to assess needs at universal, additional, targeted and specialist levels. We end with some tips and references to further resources.

Figure 1: Map of prevalence, need and support across the Balanced System™



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4. Using different data sources

In order to carry out a rigorous needs assessment process for either universal or targeted and specialist services, it is important to understand and draw upon a range of data sources. These are outlined in detail below.

Using data on prevalence

Prevalence is a measurement of how many individuals within a specified population will be affected by a defined set of needs, illness or other condition within a particular period of time. It is usually expressed as a percentage of the specified population. Prevalence is distinct from incidence which is a measurement of the number of new individuals who may acquire a defined set of needs, illness or other condition within a particular period of time. Prevalence tends to be a more useful parameter for assessing the extent of needs, illness or other conditions which have duration beyond the immediate and short-term.

Overall prevalence data for speech, language and communication needs as reported by the research team supporting the Bercow Review are outlined on [page 3](#) of this tool.

Prevalence rates will usually be derived from national and sometimes international research and population surveys. There are limitations to applying these estimates to local populations. In particular, the impact upon prevalence rates of different characteristics, including levels of deprivation, the ethnic mix of a locality and more limited prevalence data for older children and young people may be significant. Therefore, prevalence estimates should generally be considered as illustrative rather than definitive.

The commissioner will also want to look at forecast growth in numbers of children with speech, language and communication needs and with particular types of needs. Factors to consider are:

- any major local demographic changes, such as a forecast increase in the numbers of 0–5 year olds (the highest users of speech, language and communication services)
- trends in numbers of children with identified complex disabilities at birth, and trends in survival rates for very premature or fragile babies who are likely to experience complex disabilities in the future. These children may require high levels of therapies or high-cost augmentative and alternative communication technology support
- trends in numbers of children with autism/ Asperger syndrome, another rapidly-growing need type within

the speech, language and communication needs category

- trends in numbers of children with behaviour difficulties, who receive special educational needs services or services for children at risk of exclusion/ excluded from school, or who are supported by youth offending teams. Evidence suggests that two thirds of these children have undetected speech, language and communication needs and may require SLCN services.

Using service activity data

This section links closely to the Whole System Mapping and Design tool which should be read in conjunction with this needs assessment tool.

Service activity data provides a sense of the volume of the currently identified children and young people with speech, language and communication needs and their access to existing services. This data can be used to highlight bottlenecks in service pathways, differences between key groups within the population and where demand (the request for services) matches or does not match need (as identified from the prevalence data). Useful information to look at includes:

- numbers of children and young people referred to the speech and language therapy service and/or a specialist advisory teacher service and numbers currently being supported relative to the expected numbers based on population data
- breakdowns by age, gender, ethnicity, English as additional language (EAL) status, free school meals eligibility and area/locality
- non-attendance (DNA) rate for speech and language therapy services and for different groups of users
- average waiting times between referral and treatment by the speech and language therapy service, using the definitions in the DH Allied Health Professionals Referral to Treatment Guide (2010).

The degree to which this range of data is available is currently highly variable. However, the benefit of persevering with the collection of this range of data is that it provides a baseline for future evaluation of the impact of commissioned services.

The Whole System Mapping and Design tool provides examples of the more descriptive data that can be collected around the range of services currently provided.

Using outcome data

This section links closely to the Evaluating Outcomes tool, which should be read in conjunction with this needs assessment tool.

Needs assessment is not solely about counting the numbers of children and young people who need services. As part of the 'understand' stage of the commissioning process, you will want to assess the impact of current levels of provision. Getting a picture of the impact of local speech, language and communication services will help you identify where current services appear to be succeeding in meeting need, and where resources might need to be increased or managed differently in order to achieve desired outcomes. To support this process, local data can usefully be compared with national data, or data from local areas similar to yours.

Data you might want to consider include, for example:

- the percentage of five year olds achieving age-appropriate levels on relevant elements of the Early Years Foundation Stage Profile
- the attainment and progress of school-aged children with speech, language and communication as their primary type of special educational need.

The Evaluating Outcomes tool has a much more detailed list of possible indicators.

Case study: use of attainment and SEN data in one local area

One local strategic commissioning partnership for children's services (a rural county with low levels of overall deprivation) noted from the speech, language and communication needs assessment data that:

- » In the early years, the percentage of children very much below average in assessed language and communication ability was low (two per cent compared with the national average of four per cent for children scoring 1–3 points on the Early Years Foundation Stage Profile), as would be expected from its position near the foot of the local authority deprivation rankings. The percentages of children gaining six points or more on each of the seven scales of Communication, Language and Literacy and Personal, Social and Emotional Development was higher than the national average but had been static for two years, whilst nationally other local strategic commissioning partnerships were rapidly improving on this indicator, and 'catching up'. The trust was doing well, however, in narrowing the gap between the lowest achieving 20 per cent of children and the rest, and children with SEN and those eligible for free school meals were outperforming the national average.
- » Attainment in English and mathematics for eleven year olds was only at the national average. At the end of Key Stages 2 and 4, the gap between pupils with SEN and their peers was in the lowest 10–20 per cent nationally, but had widened in recent years.

- » Children with speech, language and communication difficulties as their primary need made up a higher proportion of all children with statements or at School Action Plus than the national average – in primary, secondary and special schools. Children with speech, language and communication as their primary need were not generally making the expected two levels of progress over a key stage.

From this data, and from other data gathered on children's language skills before and after group interventions in the early years, the partnership concluded that existing work in the early years (speech and language therapists based in children's centres and working with early years consultants to provide training and support to the workforce, including modelling how to run intervention groups) was proving successful, but needed to be checked to ensure that key messages were reaching all settings and families, not just the most deprived or vulnerable.

The data also served to confirm views from a stakeholder survey, that there was considerable need for services for primary and secondary school-aged children with speech, language and communication difficulties, but not enough resources to secure their progress. This led to a plan to involve speech and language therapists and inclusion advisory teachers in a comprehensive training programme for school staff, on creating communication-friendly environments and running intervention groups supported by the specialists.

Using stakeholder views, including service user and family needs information

This section links closely to the User Involvement and Consultation tool, which should be read in conjunction with this needs assessment tool.

Statistical data can only provide a part of the needs analysis. More detailed qualitative information about need from service users via surveys, interviews, focus groups, complaints, petitions, or reviews of existing local research will also be required. There are other key stakeholders who will hold important information about local need including team managers across health and local authority teams, practitioners such as health visitors, teachers, teaching assistants, other therapy professionals, and the speech and language therapists who currently work with the local population.

For example, the Worcestershire SLCN commissioning pathfinder developed two surveys to elicit the views of professional colleagues in terms of knowledge and confidence in supporting children and young people with speech, language and communication needs and perception of the need itself. The Hartlepool SLCN commissioning pathfinder used a suite of online surveys which have been used in a number of needs assessment exercises by a range of local authorities and their health partners. These have been developed as part of the Balanced System³ and have differentiated surveys for parents, practitioners in the wider workforce and specialist workforce, managers of services, schools and settings as well as commissioners including GPs and head teachers.

³ For information on the Balanced System™ please see: www.mgaconsulting.org.uk/the-balanced-system

Case Study: Southampton Needs Assessment

As part of the SLCN Commissioning Pathfinders Programme, commissioners in Southampton gathered a range of evidence in order to complete an assessment of speech, language and communication needs within the local area. The needs assessment drew on evidence and data from three main sources.

- » **Demographic and epidemiological data:** The local population demographics were analysed in context with the national prevalence figures in order to understand the likely local level of prevalence. The team used the figures provided in early drafts of this needs assessment tool regarding the prevalence of specific speech and language difficulties supplemented with some additional figures from the Bercow Report and other research reports⁴ on prevalence of impoverished language.
- » **Service activity data:** This included a review of referral rates to understand how many people were being seen at specialist and targeted levels. This was compared with the rates expected based on the local population and was followed by examination of outcomes data and cost measures, to understand the effectiveness and efficiency of different services.
- » **User involvement data:** Data from parents and carers was collected from:
 - local Sure Start parent forums where parents were asked about how best to get parents' views on needs and provision
 - two sets of parents who were consulted in-depth, helping to design a questionnaire for completion by over 100 other local parents and carers of young people with SLCN
 - eight parents who were interviewed in-depth about their experiences regarding SLCN provision.

The results of consultations, questionnaires and interviews were typed up, collated and summarised into themes by an independent speech and language therapist to increase the validity of the findings.

The combined analysis of these three types of evidence data enabled the project to assess the need for and provision of targeted, specialised and universal services in the Southampton area and informed their recommendations for changes in provision.

Findings from the needs assessment process

Following the mapping and analysis of local SLCN provision against the service needs in the area⁵ a number of inconsistencies were revealed. For example, in one

geographical area, there were fewer universal language provisions than in other areas. Also, some schools were commissioning additional services to support SLCN whereas others with a high level of SLC need were not. These inconsistencies were then labelled as priority areas for provision to address – something that would not have happened had it not been for this process. The needs assessment report, which contained a chapter on identification of priority areas of unmet need, was circulated to all relevant commissioners and service providers.

The needs assessment also revealed other insights into local SLCN provision, including:

- » Managers often were not aware of the cost of specific interventions or services.
- » A limited amount of outcomes data was being collated and there was no system of outcome measurement in the trust or mechanism for sharing outcomes with commissioners.
- » SLCN providers collate and provide monitoring information and data in different formats.

Top tips and useful learning points

The needs assessment process involved several key challenges. Some useful tips for others embarking on a needs assessment process include:

- » Seek guidance from senior commissioners, organisations like the CSP, and anyone who has done a similar thing before (including SLT researchers and statisticians if possible) before you begin the process regarding what to collect and how to map the data. This is especially relevant for those who have never done a needs assessment before, or for those who are not commissioners. This will also help to clarify the mapping criteria – for example, the scope of the exercise and the extent to which preventative services should be included.
- » Request information in a single format, to help the standardisation and clarity of data being provided.
- » Analysing the data can take a lot of time so it helps if the data is analysed straight away. It may also be useful to analyse the data with the provision manager present to gain additional insights into the specifics of the service and data records.
- » Write up the findings as soon as possible, to capture all relevant information.

⁴ For example research by Locke et al, *ibid*

⁵ See the whole system mapping tool. See also Gascoigne M T (2009) *The Balanced System*. For information on the balanced score card process please see: www.mgaconsulting.org.uk/the-balanced-system

5. Assessing needs based on local population characteristics

Analysing the speech, language and communication needs of the whole population of children and young people presents a significant challenge.

Universal needs of any population will include the need for parents and prospective parents:

- to have access to information in appropriate forms, including materials provided locally and signposting to materials available nationally for example on the internet
- to receive advice at key points in time from well trained professionals regarding how children develop speech, language and communication skills
- to know where to go when they have a concern regarding their child's speech, language and communication.

Research suggests that there is a link between areas of increased social deprivation and the levels of language and communication skills demonstrated by children at school entry, with upwards of 50 per cent of children in the most deprived areas experiencing some speech, language and communication needs.

Some areas have attempted to triangulate this data by assessing cohorts of children at school entry.

The Worcestershire and Hertfordshire pathfinders worked on developing a systematic approach to estimating speech, language and communication needs related to deprivation factors across their geographical areas. The Balanced System™ also includes a tool in pilot form which uses the local 0-19 population numbers and data on levels of deprivation to generate formula-driven overall estimates of potential numbers of children with speech, language and communication needs at universal, targeted and specialist levels across the whole local area. These data need to be interpreted with care and work is ongoing to refine the model to allow triangulation with other population measures.

A summary of useful available indicators which can be applied in a given local area is provided below.

- information gathered locally from the two and a half year development check within the Healthy Child Programme
- data from the pre-school Every Child a Talker programme on numbers of children at risk of language delay (baseline and current)
- numbers of children scoring below six points on the Language for Communication and Thinking scale of the Early Years Foundation Stage Profile – noting that these numbers (nationally 16 per cent) will represent

all children not achieving a good level of development in language and communication at age five

- numbers of children scoring 1-3 at age five on the Language for Communication and Thinking scale of the Early Years Foundation Stage Profile – noting that these numbers (nationally, four per cent of all children) represent children with more severe speech, language and communication needs rather than all children with such needs
- numbers of children at SEN School Action, SEN School Action Plus or with a Statement of SEN who have speech, language and communication as their primary need – noting that these numbers are based on un-moderated judgements by school staff and are likely to be a considerable underestimate of actual prevalence.

In areas of high social deprivation, these measures will generate significant numbers if applied across the population of children and young people. The commissioning implications will be two-fold:

- to indicate the scale of the preventative work needed to minimise the future impact of the predicted speech, language and communication needs in the population of children and young people
- to indicate the current level of need for interventions targeted at significant groups of children and young people in order to provide the language and communication enrichment that will allow them to make accelerated progress and avoid long term disadvantage.

The targeted offer needed to meet the speech, language and communication needs within a local population will vary in volume dependent on the levels of background speech, language and communication needs need identified. For example, what may be a discrete targeted programme for a relatively small group of children in an area with low deprivation may in fact be required as a universal provision for all children in an area with significant need based on deprivation – illustrated by the case study on the next page.

Sheffield case study

In Sheffield, a number of primary schools commission additional speech and language therapy (SLT) services, over and above the core NHS provision. In one school, the speech and language therapy service provided Hanen⁶ and Makaton⁷ training to all the Early Years Foundation stage staff and modelled interventions for staff to run with small groups of children.

The level of need in the school was very high, however. In January 2010, 29 out of 39 children in the school's nursery had significant language delay, with language levels only in the 18–30 months age range. Staff soon realised that the targeted interventions they had been using with groups would be beneficial for all children, and have incorporated them into their everyday, universal practice.

6 www.hanen.org

7 www.makaton.org

6. Assessing needs at targeted and specialist levels

Some of the needs identified through looking at the whole population and how needs correlate with deprivation and attainment will be met through targeted interventions.

However, there are children and young people whose speech, language and communication needs are not related to disadvantage and which have causal factors that are within the child. In this sense the term speech, language and communication needs encompasses a whole range of different needs – some identified through diagnostic categories and some as part of more global profiles of need.

The prevalence data based on research studies indicates that up to seven per cent of a population of children and young people might be expected to have long term speech, language and communication needs of which one per cent will have the most severe and pervasive needs requiring specialist support in addition to targeted and universal provision, in school and beyond⁸.

These figures refer to an aggregate across many different sub-categories of speech, language and communication needs including specific language impairment, stammering, hearing impairment, speech disorders and many more. Some of the speech, language and communication needs will be the primary need and in other cases, there will be a speech, language and communication need which is part of a more global set of needs. Data identifying prevalence of speech, language and communication as a secondary need are complex as different methodologies use different criteria for establishing a SLCN as primary or secondary and there is the possibility of 'double-counting'. However, it is generally accepted that the addition of those children and young people with secondary speech, language and communication needs will raise the overall prevalence of those who will need further targeted and specialist interventions to 10+ per cent.

The Resource Manual for Commissioning and Planning Services for SLCN⁹ published by the Royal College for Speech and Language Therapists provides a synthesis of research findings including both incidence and prevalence.

It is important to note that the figures provided in the Royal College synthesis do not take into account the overlap between conditions. Many children with speech impairments, for example, also have language impairments. The prevalence figures cannot be used

directly to plan the overall quantity of the resource required to meet need. However, they can provide an indication of the potential demand relating to specific areas of need that may require the workforce to have particular competences at a specialist level. The figures will also support you in planning for places in special schools and/or additionally resourced provision within mainstream schools.

Information on numbers of children with very low incidence needs will be necessary to help you plan your use of tertiary services, commissioned on a regional or subregional basis. For example, an estimated 0.05 per cent of the child population need to be provided with high technology augmentative and alternative communication aids and associated services.

As well as these nationally available datasets, there may be local datasets which can add to the overall picture of local need. These are not collected as a matter of routine, but a number of areas increasingly use such measures in addition to nationally available statistical datasets. They may include:

- information gathered from local screening programmes, for example using tools such as Speech Link, Language Link, or WellComm
- a local survey of a representative sample of settings and schools to ask them for information on the numbers of children who in their view require targeted or specialist help in developing age-appropriate speech, language and communication skills
- a locally undertaken screen of children and young people with behavioural, emotional and social difficulties or at risk of exclusion, to determine the numbers with speech, language and communication needs.

⁸ Lindsay et al (2008), Bercow (2008), Gascoigne (2006), Law et al (2004)

⁹ www.rcslt.org/speech_and_language_therapy/intro/resource_manual_for_commissioning_and_planning_services

7. Top ten tips

1. Develop a consensual definition of speech, language and communication needs, perhaps using the Bercow definition as a basis. This will help you to be clear about the data and information requirements that are necessary and relevant to your needs assessment.
2. Access needs assessments that have already been completed within children's services. Those assessments supporting commissioning strategies for children with disabilities and/or psychological health and well-being (including specialist CAMHS) needs are likely to be especially helpful.
3. Catalogue and map the sources and data types held by all key stakeholders.
4. Identify your initial core data set comprising measures (both quantitative and qualitative) that will provide you with the most comprehensive overview possible across the whole system of universal, targeted and specialist levels.
5. Your initial picture of need is unlikely to be comprehensive. Develop a record of the gaps in specific information needs and determine, in conjunction with partners, an approach to introducing local measures. Start with changes that look to be the most straightforward to implement.
6. Make a record of particular areas of difficulty in completing your needs assessment. Convert these into a series of actions to be addressed by you and your partners during the period prior to your first full review of the assessment.
7. Develop a series of hypotheses from your initial profiling of information to inform your conversations with providers, service users and other interested stakeholders about the picture of need, demand and outcomes for your local area and how these might be changed over time.
8. Identify the key stakeholder interests in your project. Make sure that the results of your needs assessment activity are shared with those who need to see, understand and act on them.
9. Ensure that all four domains of the needs assessment – prevalence, service activity, outcome data and user perspectives – are adequately covered.
10. Test the validity of your commissioning priorities for speech, language and communication needs by summarising the evidence base for each identified priority under each one of these four domains.

8. Useful resources

Assessing speech, language and communication needs – essential reading

- 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://publications.education.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DCSF-00632-2008&>

The report reviews the provision of services for those young children who suffer from speech, language and communication difficulties, and suggests that better understanding of normal speech and language development is needed, making recommendations for universal provision, particularly in the early years. The final report contains 40 recommendations.
- ICAN (2006) *The Cost to the Nation of Children's Poor Communication* www.ican.org.uk

The report outlines three contemporary issues in children's communication; the growing recognition of the scale of children's poor communication, the growing recognition of the need for early intervention; and the importance of developing skills across the entire children's workforce. The report also examines the costs associated with poor communication skills.
- Lindsay G, Desforges M, Dockrell J, Law J, Peacey N and Beecham J (2008) *Research Report No DCSF-RW053 Effective and Efficient Use of Resources in Services for Children and Young People with Speech, Language and Communication Needs*. University of Warwick: DCSF http://eresearch.qmu.ac.uk/1753/1/eResearch_1753.pdf

A research study commissioned to provide empirical evidence to inform the Bercow Review. The study aims to examine the efficiency and effectiveness of different arrangements for organising and providing services for children and young people with primary speech, language and communication needs.
- Lindsay G, Dockrell J E, Law J, Roulstone S & Vignoles A (2010) *Better communication research programme First interim report*. London: DfE. <http://publications.education.gov.uk/eOrderingDownload/DFE-RR070.pdf>

This interim report contains analysis of national pupil databases, with information for commissioners about the progress and outcomes for children with SLCN. There is also work on the goals valued by parents and children.
- Mooney A, Owen C and Statham J (2008) *Disabled Children: Numbers, Characteristics and Local Service Provision*. DCSF – Research Report 042. <http://publications.dcsf.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DCSF-RR042&>

This report by the Thomas Coram Research Unit contains the results from a survey of all directors of children's services in England to collect and analyse data on the numbers and characteristics of disabled children and the services provided to them. The findings are complemented by recommendations on best practice in using data.
- Read, Janet (2007). *Can we count them? Disabled children and their households: Full Research Report*. ESRC End of Award Report, RES-000-22-1725. Swindon: ESRC http://www2.warwick.ac.uk/fac/cross_fac/healthatwarwick/research/currentfundedres/disabledchildren/res-000-22-1725-5k.pdf

This study done by Warwick University includes a review of the existing quantitative national and regional data sets on disabled children and considers their strengths and limitations with particular reference to prevalence, trends and socio-demographic characteristics of disabled children and their households.
- Read J, Blackburn C and Spencer N (2007) *Disabled children and their households: A brief guide to quantitative data* http://www2.warwick.ac.uk/fac/cross_fac/healthatwarwick/research/currentfundedres/disabledchildren/disabledchildrenandtheirhouseholduserfriendlyguide.pdf

The research team at Warwick University have also produced a short guide listing the primary sources of data that will be relevant to commissioners. The guide has been designed to assist those who need to locate and use information on disabled children and their families.
- Royal College for Speech and Language Therapists *Resource Manual for Commissioning and Planning Services for Speech Language and Communication Needs (SLCN)* www.rcslt.org/speech_and_language_therapy/intro/resource_manual_for_commissioning_and_planning_services

This forms part of a range of RCSLT tools that can support leaders with the planning, commissioning and delivery of services in line with government and local priorities. The manual has sections on: aphasia; autistic spectrum disorders; cleft lip and palate;

dementia; dysarthria; dysphagia; fluency; learning disabilities; speech and language impairment; voice. Each section provides succinct information covering the key areas to inform the factual content for any tendering/service planning activity.

- The Balanced System™ framework www.mgaconsulting.org.uk/the-balanced-system

This provides information about a whole system approach to identifying need, service mapping and specification for SLCN.

Commissioning and needs assessment – general

- Commissioning Support Programme (2010) *Good Commissioning: Principles and Practice*

To develop your commissioning skills, the Commissioning Support Programme has produced a clear and easy to understand introduction to commissioning. *Good Commissioning: Principles and Practice* is available from www.commissioningsupport.org.uk.

- The Commissioning Support Programme *A to Z of Commissioning* training materials are organised around 22 online modules. The materials have been developed to help leaders, commissioners, providers and the communities involved in children's services develop a shared understanding of commissioning and the skills needed to improve children's services commissioning. *A to Z of Commissioning* materials can be downloaded from the Programme website. www.commissioningsupport.org.uk/events--training/csp-events--training/development-programme.aspx

The following modules are directly relevant to needs assessment and analysis activity:

A3 – Strategies and plans: This has been designed for anybody involved in the commissioning process, to help them understand the importance of establishing a locally shared framework and plans/strategies for commissioning, and how these fit into wider strategies.

B3 – Whole system design: This is aimed at leaders and commissioners who are responsible for designing new systems and gives a practical starting point for service transformation to achieve efficiencies.

B5 – Data and intelligence: This module aims to help to explain the requirements for local authorities and their partners to use and apply data; it introduces key concepts in using data effectively (recognising the advantages and limitations of data) and it explores options to use data efficiently and effectively to support sustainable improvements for children and young people's outcomes.

- Department of Health (2007) *Guidance on Joint Strategic Needs Assessment*

This document complements the statutory guidance *Creating Strong, Safe and Prosperous Communities*, and sets out the policy context underpinning JSNA, providing guidance and tools for local partners involved in the process. The various stages of JSNA are described, including stakeholder involvement, engaging with communities and recommendations on timing and linking with other strategic plans. This guidance also contains a core dataset, information on using the JSNA to inform local commissioning, and a section on publishing and feedback. Local partnerships will use their own experience and circumstances to develop a more detailed approach to understanding their communities' needs.

The latest version of the core dataset can be accessed at www.yhpho.org.uk/commissioning_JSNA.aspx; these indicators will be amended as the work evolves. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/dh_081097

- DH (2009) *Transforming Community Services and World Class Commissioning: Resource Pack for Commissioners of Community Services*. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093194

Forming part of the World Class Commissioning Assurance Framework, this resource pack sets out the principles of good practice when commissioning community services, and signposts commissioners to the most pertinent and relevant information.

- DH (2010) *Allied Health Professionals Referral to Treatment guide* www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114871

This electronic guide outlines the definitions for clock starts and clock stops, to enable the measurement of waiting times for NHS AHP services and support service improvement to reduce waiting times and improve patient access to services.

- *Child Health and Maternity Services Self Assessment and Benchmarking Tools* www.childhealthmapping.org.uk/pct.self.assessment/

The online needs assessment tool is designed to provide the background, appropriate evidence-based information on prevalence, incidence and risk factors affecting children's health and the provision of healthcare services, and the basic statistical and other data necessary for the preparation of a children's health needs assessment (CHNA). This information will support the requirements set out for doing a needs assessment as part of both a children's and young people's plan and a joint strategic needs assessment.

These self-assessment tools are designed to help commissioners and local health economies assess their progress toward implementation of the national

standards for children and young people and maternity services. Self-assessment against Standard 8 for children with disabilities of the NSF is designed to help PCTs and partner agencies audit their capacity and delivery of integrated care pathways against the NSF standards.

- *Children's services mapping (CSM)*

www.childrensmapping.org.uk/index.php

An online data collection and reporting system that aims to provide information about services for children and young people in England by collecting data from all relevant agencies. CSM collects information on disability services and investment in them and tracks change as policy is implemented. Currently the questions asked of services for disabled children focus on the provision of a key-worker system, the style of assessments carried out and transition arrangements to adult services.

- *ChiMat – The National Child & Maternal Health Observatory* The national Child and Maternal Health Observatory (ChiMat) provides information and intelligence to improve decision-making for high quality, cost effective services. It supports policy makers, commissioners, managers, regulators, and other health stakeholders working on children's, young people's and maternal health.

www.chimat.org.uk/

- *Needs Assessment CAMHS (Child and Adolescent Mental Health Services)*

www.apho.org.uk/resource/view.aspx?QN=CHMT2

The *Children's Health Needs Assessment* is made up of several modules. All needs assessments begin with an overview of the population and general population health and well-being. In addition, there are optional modules available depending on the focus you wish to adopt for your needs assessment. The *Children's Health Needs Assessment* provides:

- descriptive text
- prevalence rates applied to the chosen population
- relevant activity data
- financial and workforce information
- a summary of local services
- guidance about other (non-data driven) aspects of a comprehensive needs assessment.

Research articles – Prevalence, risk and consequences of SLCN

- McLeod S and Harrison LJ (2009) 'Epidemiology of Speech and Language Impairment in a Nationally Representative Sample of 4-to-5-Year-Old Children' in *Journal of Speech Language and Hearing Research* 52(5) pp1213-1229

- ICAN (2008) *Speech, Language and Communication Needs and Primary School-aged Children* ICAN Talk Series – Issue 6

- Law J, Van der Gaag A, Hardcastle B, Beck J, MacGregor A and Plunkett C (2007) *Review of the literature related to communication support need*. Research Findings no.34. Edinburgh: Scottish Executive www.scotland.gov.uk/Resource/Doc/179475/0051019.pdf

- Johnson C J (2007) 'Prevalence of speech and language disorders in children' in *Encyclopedia of Language and Literacy Development* (pp. 1-10). London. Canadian Language and Literacy Research Network

- McLeod S and McKinnon D H (2007) 'Prevalence of communication disorders compared with other learning needs in 14,500 primary and secondary school students' in *International Journal of Language & Communication Disorders* 42(1) pp37-59

- Archibald L M D and Gathercole S E (2006) 'Prevalence of SLI in Language Resource Units' in *Journal of Research in Special Educational Needs* 6(1) pp3-10

- Baird G et al (2006) 'Prevalence of disorders of the autism spectrum in a population cohort of children in South Thames: the Special Needs and Autism Project (SNAP)' in *The Lancet*, 368 (9531), pp210-215

- Williams J G, Higgins J P T and Brayne C E G (2006). 'Systematic review of prevalence studies of autism spectrum disorders' in *Archives of Disease in Childhood*, 91(1), pp8-15

- Broomfield J and Dodd B (2004) 'Children with speech and language disability: caseload characteristics' in *International Journal of Language & Communication Disorders* 39(3) pp303-324

- Bryan K (2004) 'Preliminary study of the prevalence of speech and language difficulties in young offenders' in *International Journal of Language & Communication Disorders* 39(3) pp391-400

- Benner G J, Nelson J R and Epstein M H (2002) 'Language skills of children with EBD: A literature review' in *Journal of Emotional and Behavioral Disorders* 10(1) pp 43-59

- Keating D, Turrell G and Ozanne A (2001) 'Childhood speech disorders: Reported prevalence, comorbidity and socioeconomic profile' in *Journal of Paediatrics and Child Health* 37(5) pp431-436

- Law J, Boyle J, Harris F, Harkness A and Nye C (2000). 'The relationship between the natural history and prevalence of primary speech and language delays: Findings from a systematic review of the literature' in *International Journal of Language and Communication Disorders*. 35(2) pp165-188.

- Law J, Boyle J, Harris F, Harkness A and Nye C (1998) 'Screening for speech and language delay: a systematic review of the literature' in *Health Technology Assessment* 2(9)