

## Bercow: Ten years On Recommendations

### Communication is crucial

1.1 Public Health England should develop clear messages and information for parents and carers regarding speech, language and communication and promote these directly to public services, through guidance to and leadership of relevant health and care professionals and through integrated working at local level.

1.2 The Department for Education should strengthen the place of communication and language in its strategy to improve social mobility by:

1.2.1 supporting opportunity areas to develop plans to improve communication and language skills across the age range, not just in the early years;

1.2.2 promoting use of best practice for addressing delayed language through the use of evidence-based intervention and training programmes;

1.2.3 identifying communication and language as a focus for the next round of annual Pupil Premium Awards for schools;

1.2.4 ensuring that any new initiatives to work with families, such as the plan to identify and spread evidence-based home learning environment programmes, involve experts in early years practice and speech, language and communication, as well as parents and carers in their development and implementation;

1.2.5 including high-level provider expertise and outcomes in speech, language and communication in the criteria for evaluating tenders for the planned Centre of Excellence for Literacy Teaching and associated English Hubs in disadvantaged areas; and

1.2.6 funding a national programme of roadshows on how to teach language for Reception and Key Stage 1 teachers, similar to the previous phonics roadshows.

1.3 Local authorities should ensure that the evidence from this report is included in their contribution to tackling health inequalities: in their published Joint Health & Wellbeing Strategy and in their contribution to Integrated Care Systems. In their inspections, regulators should check to see that this evidence is reflected.

1.4 The Department for Education should ensure that communication skills, specifically those identified as needed for the workplace, are appropriately recognised in the criteria for the Functional Skills qualifications.

1.5 The Education and Skills Funding Agency should revise their apprenticeship funding rules for training providers and employers, to include training for communication skills development in the list of items that can be funded.

### A strategy for system change

2.1 The Department for Education and the Department of Health should use the findings and recommendations of this review as the driver to develop a new cross-governmental strategy for children, in consultation with arms-length bodies, key voluntary agencies, professional bodies and independent

experts, as well as children, young people and families. This should include a joint statement about the importance of children's speech, language and communication.

2.2 Ofsted should review the extent to which the teaching and monitoring of spoken language is taken into account in its framework for inspection when next revised in 2019.

2.3 Government should commission Ofsted and the Care Quality Commission to continue their inspections of local areas and SEND beyond the current initial five-year cycle.

2.4 The Department for Education and the Department of Health should strengthen the place of speech, language and communication in its proposals to transform children and young people's mental health provision by ensuring that:

2.4.1 the training for both the Designated Senior Leads for Mental Health and Mental Health Support Teams includes information on the link between SLCN and mental health, and how to recognise and respond appropriately to SLCN;

2.4.2 Children and Young People's Mental Health Services and, where appropriate, Mental Health Support Teams, include embedded speech and language therapists with the appropriate level of specialism, able to provide the appropriate level of service;

2.4.3 trailblazer areas include speech and language therapists with the appropriate level of specialism able to provide the appropriate level of service so that:

- Children and Young People's Mental Health Services and the Mental Health Support Teams have the support they need to fulfil their responsibilities to children and young people with SLCN and mental health needs; and
- children and young people with SLCN and mental health needs receive the support they need to access and engage with referrals, assessments, and interventions;

2.4.4 the special interest group convened by Public Health England to identify key prevention evidence and its relevance to practice, and to highlight gaps and make recommendations for these to be addressed through further research, should include an expert in speech, language and communication and the links with mental health; and

2.4.5 funding is available for further research and evaluation of the impact of speech and language therapy interventions in children and young people with mental health needs and SLCN.

2.5 Government should establish a system leadership group to drive forward the recommendations of the report and the tangible actions arising. The group's membership should include the Department for Education, Department of Health, NHS England, NHS Improvement and Public Health England.

2.6 Government should ensure that existing and future leadership boards include parents and carers and an expert in speech, language and communication and SLCN to inform strategic decisions. This should include the national leadership board for children and young people with high needs.

2.7 School leaders should ensure that the importance of spoken language is reflected in their schools' special educational needs information report, ensuring there is clarity about how schools support the

speech, language and communication of all children and also how they support those with additional needs.

2.8 NHS England, NHS Improvement, Public Health England and Health Education England should make use of the evidence from this review regarding the impact of effective leadership on improving service commissioning and provision, to demonstrably inform their work developing leadership in the allied health professions.

### **An accessible and equitable service for all families**

3.1 Public Health England should use its Fingertips tool to provide local areas with data on estimated incidence of SLCN in their local population and the known prevalence of SLCN.

3.2 Public Health England should work with the Department for Education to investigate the addition of data from the Early Years Foundation Stage Profile at five years of age.

3.3 Local area SEND reviews should take account of the evidence from this review for effective joint commissioning of support for SLCN, and Ofsted and the Care Quality Commission should train all inspectors to challenge local areas on the extent to which they:

- use data collected at age two, age four, age five, as well as national prevalence data and any locally collected data such as WellComm, to inform Joint Strategic Needs Assessments, health and wellbeing plans and joint commissioning;
- produce Local Offers which include clear statements about who is responsible for funding and providing support for SLCN for children with and without education, health and care plans from 0-25;
- commission support for children and young people's SLCN on the basis of outcomes not outputs; and
- ensure agencies work together to support needs, with speech and language therapists as core members of multi-disciplinary teams.

The Care Quality Commission and Ofsted should also automatically require a written statement of action (WSOA) where joint commissioning arrangements for SLCN and related needs, such as social, emotional and mental health, are inadequate.

3.4 Ofsted should consider children and young people's SLCN in their future research on SEND, through looking at provision and joint commissioning of specialist therapies, and support.

3.5 NHS England and the Department for Education should provide a clear definition of joint commissioning and fund a programme of training for local joint commissioners on commissioning for SLCN, to include a new self-evaluation tool for commissioners and practical guidance on seeking the views of service users and their families and co-production of service design.

3.6 Sustainability and Transformation Partnerships and Integrated Care Systems will provide joined-up commissioning between local government and the NHS. The provision of integrated commissioning for SLCN should be:

- included in these arrangements as one of the tests in any accreditation regime;

- supported through any national development work; and prioritised as a means for reducing health inequalities.

As the assessment of Clinical Commissioning Group (CCG) capacity and capability develops to cover Accountable Care and Sustainability and Transformation Partnerships/Integrated Care Systems, SLCN indicators must be included within the CCG Improvement and Assurance Framework and are an excellent candidate for meaningful measures of joint working.

As the provision of services becomes more joined up, the regulation of providers by CQC and where appropriate OFSTED should include an assessment of the delivery of SLCN to national standards.

### **Support that makes an impact**

4.1 The Education Endowment Foundation should make a 5-10 year commitment to work closely with language experts to design and fund a school-based SLCN evaluation programme, in order to develop and evaluate innovative models, and to mobilise the evidence already available.

4.2 In their next review and update of inspector training, Ofsted should ensure a focus on SLCN by including:

- evidence of the importance of speech, language and communication to learning, social and emotional development;
- and specific advice on the questions needed to explore how schools assess and monitor progress in spoken language – in both early years and school inspections.

4.3 NHS England and commissioners should work closely with their provider organisations and patients to identify what needs to be measured as an indicator of success and to support providers in being able to collect and benchmark this information.

4.4 Ofsted and Care Quality Commission should train all inspectors to challenge local areas on the extent to which they commission support for children and young people's SLCN on the basis of outcomes not outputs.

4.5 NHS England should support NHS providers to collect data on the quality and the outcomes of intervention by:

- recommending the inclusion of outcome measures in the Community Services Dataset;
- and expanding the Model Hospital dashboard to include quality metrics.

4.6 The Department of Health and the Department for Education should work together on guidance to support a consistent approach to the development of evidence-based integrated care pathways for children and young people with SLCN.

This work should be supported by the National Institute for Health and Care Excellence (NICE), NHS England, NHS Improvement, NHS Right Care and Public Health England.

4.7 The Department for Education should continue to fund the sharing of evidence through tools such as What Works.

## Early identification and intervention are essential

5.1 The Department for Education should make speech, language and communication and identification of SLCN a core requirement of Level 2 qualifications for the early years assistant.

5.2 In implementing their plans to strengthen Qualified Teacher Status (QTS), the Department for Education should ensure that the core, structured early career content framework for newly qualified teachers includes knowledge and understanding of how to support speech, language and communication, and (in the field of special educational needs and disability (SEND)) speech, language and communication needs.

5.3 Local Area SEND inspections should evaluate how effectively local areas use the data collected at age two (Ages and Stages Questionnaire), age four (baseline assessment) and age five (early years foundation stage profile) to monitor children identified as in need of support.

5.4 Public Health England should strengthen the commissioning guidance and support for the Healthy Child Programme to reinforce the speech, language and communication elements, and assist local authorities to enable children identified with SLCN at two years, or at other times, to be given appropriate support.

5.5 Public Health England when next reviewing the Healthy Child Programme should provide practitioners with evidence-based red flags that indicate communication and language concerns at each of the statutory review points.

5.6 Public Health England should support the development of national health visitor training on identifying and supporting SLCN.

5.7 The Department for Education should fund a national programme of training for education staff working with children and young people with SLCN, similar to that previously funded for autism.

5.8 Providers of health services should:

- replace 'did not attend' (DNA) with the term 'was not brought' (WNB); and
- ensure that there is a process so that when a child is not brought to an appointment, both the referrer and family are notified, and there is a follow-up by the team around the child.

5.9 Commissioners should ensure that speech and language therapy service specifications:

- require that speech and language therapy services have a clear pathway for when a child WNB, including for children who are known to be at higher risk of poorer outcomes or safeguarding issues;
- ensure and appropriately resource speech and language therapy services to provide support in settings that are accessible and appropriate to meet the needs of the child or young person and their parent or carer; and
- monitor and report on the number of children who are discharged because they WNB.

5.10 Government departments should ensure that practitioners who work with children and young people in settings with a known high prevalence of SLCN must be trained in recognising and responding appropriately to communication needs.

When a speech and language therapy assessment or specialist advice and support is required, they should have access to specially commissioned speech and language therapy services.

The Department for Education should implement this recommendation within their:

- plans to transform alternative provision;
- and pilots of mental health assessments for looked-after children.

5.11 The Youth Justice Board and other relevant agencies should ensure that all practitioners who work in the youth justice system are trained in recognising and responding appropriately to communication needs, and develop a clear referral pathway for speech and language therapy.

The Youth Justice Board should:

- introduce mandatory communication skills training for all justice professionals as part of their initial training;
- monitor the effectiveness of the AssetPlus SLCN screening tool;
- develop a consistent pathway for justice professionals to refer a young person to speech and language therapy; and
- develop guidance for youth offending teams on how to best meet the needs of young people with SLCN.

The Department of Health should:

- review the effectiveness of the Comprehensive Health Assessment Tool (CHAT) in identifying SLCN.

5.12 The third sector should provide independent information and advice to parents about children's language development across the age range, together with practical guidance for ensuring early identification and intervention.