

## Bercow Summary Statements

### Survey for Commissioners

Three surveys were developed: one for health commissioners, one for commissioners in schools and one for local authority commissioners.

We had the following number of responses\*

- Health Commissioners: 5 responses
- Local Authority Commissioners: 11 responses
- Commissioners in schools: 20 responses

\*These are the number of people who started the survey. Not everyone completed it.

**The results from these surveys are based on very small sample sizes (only 2 responses in some case).  
Therefore this evidence cannot be used to represent the wider population.**

### Health Commissioners

- None of the health commissioners know how many children with speech, language and communication needs (SLCN) are in their area.
- None of the health commissioners have SLCN in their sustainability and transformation plan. One has it in their Joint Strategic Needs Assessments and one in their Health and Wellbeing Strategy.
- Both the commissioners who answered the question on having a local strategy for identifying and supporting children with SLCN aged two and under and children aged 3 to 19 years answered positively. Only one has a strategy for identifying and supporting young people aged 19 to 25.
- Both commissioners have process and activity targets re: speech, language and communication but only one has targets for improved communication and targets for impact.
- Neither commissioner feels spending has decreased on SLCN compared to five years ago (one feels it is the same and the other that it has increased).
- Both commissioners commission speech and language therapists, training and equipment e.g. for alternative and augmentative communication. Neither selected programmes, other services e.g. CAHMS or other staff.
- Both commissioners identified expenditure on children from disadvantaged communities as low priority.
- Parental involvement in planning and support for children's speech, language and communication was identified as good (n=1) or satisfactory (n=1). Children and young people's role in the planning of support for speech, language and communication was identified as good (n=1) or satisfactory (n=1).
- Joint commissioning across health, education and other services to provide support for children and young people's SLCN happens all or most of the time (n=1) or rarely (n=1). For one participant

the local authority lead on joint commissioning and for the other health take the lead. One participant has a joint commissioning unit in their area and the other does not.

## Local Authority Commissioners

- Seven of the local authority commissioners know how many children with SLCN are in their area, four do not.
- Five of the local authority commissioners have SLCN in their Children and Young People's Plan, two in their sustainability and transformation plan. Four have it in their Joint Strategic needs Assessments and three in their Health and Wellbeing Strategy. Three do not know if it is in their Health and Wellbeing Strategy.
- All of the commissioners who answered the question have a local strategy for identifying and supporting children with SLCN aged two and under and children aged 3 to 19 years. One does not have a strategy for identifying and supporting young people aged 19 to 25.
- All of the commissioners who answered the question have process and impact targets re speech, language and communication. Five out of six have targets for improved communication and targets for activity e.g. training/groups in place.
- When it came to spending there was an even split in responses with two feeling it has decreased, two saying it has stayed the same and two feeling it has increased.
- All the commissioners commission speech and language therapists and training and five said they commission equipment e.g. for augmentative and alternative communication. Only two selected programmes and three commission other staff.
- None of the commissioners feel resources for children and young people's speech, language and communication should be prioritised for 19 to 25 year olds.
- All six commissioners identified expenditure on children with no education, health and care plans as low priority. Five said spending for children in alternative provision is low priority and five selected 'indirect support such as training and advice'. One person said preventative work should be high priority but four selected low.
- Parents involvement in planning and support for children's speech, language and communication was identified as excellent or good (n=3) or satisfactory (n=5). Children and young people are seen as having a role in the planning of support for speech, language and communication sometimes (n=3), all of the time (n=1) and rarely (n=2).
- Joint commissioning across health, education and other services to provide support for children and young people's SLCN happened all or most of the time in three cases. One selected never and two said sometimes. For half the participants (n=3) the local authority leads on joint commissioning; for two health are the lead and for one a representative from the Clinical Commissioning Group. Three participants have a joint commissioning unit in their area, two do not and one does not know.

## Commissioners in School

- Sixteen of the commissioners in schools who answered this question know how many children with SLCN are in their area, four do not.
- Fifteen (out of 18) commissioners have SLCN in their provision's strategic plan. Ten have it in their school development plan and three in their Multi Academy Trust or group of schools plan.
- Sixteen commissioners who answered this question have a local strategy for identifying and supporting children aged 3 to 5 years and fourteen have one for children aged 6 to 11 years. Only one has a strategy for children aged 2 and under, 12 to 18 and 19 to 25 (though this may depend on the nature of their setting and the age of children they support).
- Of those who answered, fifteen have targets for improved speech, language and communication, fourteen have process targets, thirteen have activity targets and eleven have impact targets.
- When it came to spending 10 commissioners feel it had increased over the last five years, four said it had stayed the same and three feel it has decreased.
- Fifteen (out of eighteen) of commissioners commissioned speech and language therapists and training. Only two selected other staff and three said equipment such as communication aids.
- None of the commissioners feel resources for children and young people's speech, language and communication should be prioritised for 19 to 25 year olds. Ten selected two and under as one of their answers, fourteen selected three to five year olds and seven said 6 to 11 year olds. Two feel there should be equal priority for all ages.
- Thirteen commissioners identified expenditure on children with an education, health and care plans (EHCP) as high priority and twelve feel expenditure on children without an EHCP should be high priority.
- Parental involvement in planning and support for children and young people's speech, language and communication was identified as excellent or good (n=9) or satisfactory (n=7). No one said it happened rarely. Children and young people in the setting were seen as having a role in the planning of support for speech, language and communication sometimes (n=9, all of the time (n=2), or rarely (n=4).
- Joint commissioning across health, education and other services to provide support for children's SLCN happens sometimes or rarely for most participants (n=14). One selected never and one said all the time. Most of the participants (n=10) do not know who leads on joint commissioning or if they had a joint commissioning unit in their area (n=14).