

## Recommendations for commissioning highly specialist speech and language therapy services for children and young people who are deaf

### 1. Introduction

- a. This briefing is to support CCGs in their commissioning of speech and language therapy services for children and young people with a hearing loss.
- b. Speech, language and communication underpin a child's social, emotional and education development. Having a hearing loss presents immense and complex challenges to children in developing their speech, language and communication skills. SLTs can make a critical contribution in helping deaf children overcome these challenges.
- c. Around 370 children are born with permanent severe to profound deafness in England each year. By three years old, about one in every 1,000 children is severely or profoundly deaf. This rises to 2 in every 1000 children aged 9 to 16 years<sup>1</sup>.

These children have the potential to develop high level language and communication skills if they receive the right support, at the right time<sup>2</sup>. But too many fail to achieve the early years foundation stage goal in communication and language. 81% of all children achieve this goal. The proportion of deaf children achieving this goal is much lower:

- 19% of profoundly deaf children without cochlear implants
  - 36% of profoundly deaf children with cochlear implants
  - 31% of severely deaf children<sup>3</sup>
- d. This document aims to support the commissioning of highly specialist speech and language therapy services, to ensure these children receive **the right support, at the right time**.

### 2. What are the risks of not providing a service?

- e. Deaf children and young people are at higher risk of poor educational attainment, abuse and mental health difficulties:
  - Only 41.3% of deaf children left secondary education school having achieved 5 A\*-C GCSE grades including English and Maths in 2016, compared to 63.9% of children without an SEN<sup>4</sup>.
  - Deaf children with permanent hearing loss are twice as likely to experience abuse as hearing children<sup>5</sup>.
  - More than 40% of deaf children experience mental health difficulties in childhood or early adulthood, compared to 25% of the general population<sup>6</sup>.
- f. So, although deafness has a relatively low incidence, it is a long-term, high need condition.

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### 3. How speech and language therapy can help

- g. The role of the specialist speech and language therapist (SLT) is to optimise the child's speech, language and communication abilities to their maximum potential, as part of the core multi-disciplinary team.
- h. They do this by:
  - Assessing speech, language and communication skills, including taking into account the multifactorial influences on expected outcomes
  - Contributing to differential diagnoses, to distinguish between deafness and other conditions such as autism, auditory neuropathy disorder, developmental language disorder and auditory processing disorder
  - Identifying and implementing the most appropriate intervention for an individual child, taking into account their profile
  - Ensuring that hearing technology is enabling the child to hear speech intelligibly and functionally; to liaise with the audiological team where the SLT suspects the hearing technology is not functioning optimally
  - Supporting parents, teachers and others within the child's environment to communicate and develop language (spoken or signed) as effectively as possible
  - Liaise and work effectively with other specialists, particularly Teachers of the Deaf and audiologists, to ensure a consistent and complementary approach to meeting a child's needs.
- i. Because deafness is a low incidence, high need condition, the skills and expertise required are best provided by a specialist SLT.

### 4. Commissioning context

- j. Currently speech and language support for deaf children and young people is commissioned through different pathways, with little consistency as to whether the provision is generic or specialist.
- k. For deaf children and young people in England, NHS England is working to ensure that health, education, social care and voluntary agencies work together more effectively.
- l. This includes forming 'integrated networks' to meet the needs of deaf children; specialist speech and language therapy is an essential part of this joined-up approach.

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### 6. Recommended care pathway and commissioning approach

- m. An integrated care pathway where specialist speech and language therapy is an integral part of the current health and education commissioned provision would help to achieve quality and consistency for this population.
- n. The aim of the pathway is to be preventative with intervention provided before speech, language and communication difficulties have become established. This should include:
  - Referral as soon as identification of deafness is made to maximise outcomes
  - Local multi-agency protocols for responding to referrals within national standards
- o. The pathway should also include a multi-disciplinary approach to:
  - Assessment – to include differential diagnosis and inter-agency communication
  - Intervention – setting goals, review of progress and outcomes
  - Accountability – ensuring productivity, supervision, discharge and complaints processes
- p. This integrated pathway often requires CCGs to work together and develop a regional commissioning approach.

### 7. What does good practice commissioning look like? A case study

- q. Speech and language therapy services for deaf children in Cheshire and Merseyside have been successfully provided on a regional footprint since 2003
- r. The Cheshire & Merseyside Speech & Language Therapy Hearing Impairment Network was established in 2002/3 as a result of an evidence based needs assessment carried out by the North West Specialised Commissioning Team.
- s. The Network is a regional, specialist, community provider of speech and language therapy for deaf children, young people and adults in Cheshire and Merseyside; this is a mixed urban/rural area with a population of 2.8 million.
- t. It is hosted by Alder Hey Children's NHS Foundation Trust and commissioned by the regional CCGs. There is a financial arrangement between the Trust and CCGs to cover full service costs including salary, travel, resources and training.
- u. Each specialist SLT has a flexible job description allowing them to work across Trust boundaries to meet changing needs.

### 8. Useful resources

- v. For more information about commissioning highly specialist speech and language therapy services for children and young people who are deaf, please visit [our website](#) for resources:
  - A detailed description of the commissioning and service model in Cheshire and Merseyside.
  - A specification of the additional knowledge, skills and attributes required from a specialist SLT for deaf children and young people.

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### Defining terms

**Speech** refers to saying sounds accurately and in the right places in words. It also relates to speaking fluently, without hesitating, prolonging and repeating words or sounds. It also means speaking with expression in a clear voice, using pitch, volume and intonation to add meaning.

**Language** refers to understanding and making sense of what people say. It also includes using words to build up sentences which are used in longer stretches of spoken language and to build conversations. This skill involves putting information in the right order to make sense

**Communication** refers to how we interact with others; being able to talk to people and take turns as well as change language to suit the situation. It includes non-verbal communication, for example eye contact, gestures and facial expressions. In addition, communication relates to being able to consider another person's perspective, intentions and the wider context.

Taken from: RCSLT (2017), [Justice Evidence Base](#)

### References

1. NICE (2009). Cochlear implants for children and adults with severe to profound deafness
2. Yoshinaga-Itano C, Sedey AL, Coulter DK, Mehl A L. Language of early and later-identified children with hearing loss. *Pediatrics* 1998; 102, 1161–1171.
3. National Sensory Impairment Partnership (2017) [Outcomes Benchmarking report for 2015/16](#)
4. DfE (2017) [Revised GCSE and equivalent results in England: 2015 to 2016](#)
5. National Deaf Children's Society (2010). [Deaf children at risk: A National Deaf Children's Society \(NDCS\) briefing paper](#)
6. Hindley P, Hill PD, McGuigan S, Kitson N. Psychiatric disorder in deaf and hearing impaired children and young people: A prevalence study. *Journal of Psychiatry and Psychology* 1994; 35, 917–934.