

***Bercow: Ten Years On***  
**Inquiry regarding children and young people with speech, language and communication needs (SLCN)**

***Share your experiences of SLCN support***

**Submit written evidence**

Please tick if you want us to keep your response confidential

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**About you**

Please could you tick the ONE box which best identifies you:

School/college staff (Please state your role)

Early Years setting staff (Please state your role)

Local authority staff (Please state your role)

Speech and language therapist

Health professional/NHS staff (other than speech and language therapist)

Academic/researcher

Commissioner

Employer (business/industry sector)

Professional body

Voluntary organisation

Parent/carer

Young person (19 and under)

Other (please specify)

Charity

### Your experiences

We invite you to answer some or all of the following questions. Please leave blank those questions where you do not have a strong opinion, or that you do not feel are relevant for you.

- How can we help raise awareness of the importance of speech, language and communication at a local and national level?

No response.

- Please provide us with examples of good practice regarding support for children and young people with SLCN. What difference are they making for children and young people? Are there economic benefits?

A specialist network has been established across the North West, commissioned across Cheshire and Merseyside. This ensures there are integrated pathways - both generic and specialist - for deaf children and young people. It allows the NHS Trusts to achieve economies of scale whilst still ensuring that the specialist low-incidence needs of deaf children and young people can be met in a cost-efficient way. This has also allowed the network to look at innovative ways of providing support, such as by offering support through Skype for older deaf young people. This approach has supported their independence and also reduced the numbers that do not attend appointments.

- Please provide us with examples of poor practice regarding support for children and young people with SLCN. What can we learn from them and why?

Many of the parents of deaf children we work with continue to experience difficulties in accessing speech and language therapy and, when they do, from therapists with a good knowledge and understanding of deafness. We would like to see more effective working between Teachers of the Deaf and speech and language therapists – to ensure that therapists can access advice on meeting the needs of deaf children and so that Teachers of the Deaf (who will likely be the main point of contact for most deaf children) can make referrals when specialist input from a speech and language therapist is needed.

Even where referrals have been made, we sometimes hear of families having to wait very long periods to access support. This suggests to us that an audit of the workforce may be needed to establish if there are sufficient numbers of specialists able to meet the needs of deaf children.

We would also like to see greater clarity or minimum standards setting out the support that parents of deaf children can expect to receive from speech and language therapists. The development of quality standards for speech and language therapy support for deaf children could be a step forward in progressing this.

We also occasionally hear from families who do not feel they are engaged in the support that their child is receiving from a therapist. We would also like to see more training for speech and language therapists on parental engagement so that parents can support their child's speech, language and communication needs.

We also continue to hear of instances where a statement/Education, Health and Care plan has identified a need for speech and language therapy but the support is not provided. Where CCGs do not provide this support, we would expect local authorities to commission support from a private provider and to then bill the CCG for this.

- What have been your experiences of the commissioning of SLCN support locally? What does or does not work well?

We find that the specialist needs of deaf children can sometimes be overlooked by commissioners when making decisions about SLCN, or there is a presumption that these needs are being met elsewhere, such as by Teachers of the Deaf.

The National Deaf Children's Society has supported the RCSLT in the production of guidance for commissioners. We believe this has been positively received and has helped raise awareness among commissioners of the needs of deaf children. We would like to see this cascaded more widely.

Where there are gaps in provision, we would expect education and health services to work together and jointly commission services for children with speech, language and communication needs, as required under the Children and Families Act. However, we have little evidence that many local authorities/health bodies have gone down this route. We also unconvinced that Ofsted/CQC local area inspections of SEND are looking sufficiently into this and holding local authorities/health bodies to account for a failure to jointly commission provision, where there are gaps.

- What have been your experiences of support for i) older children and young people and ii) children with low incidence, high need conditions (such as hearing impairment) iii) children without a diagnosis of SLCN? What are the key challenges affecting support for these groups and how can they be addressed?

Deafness is a low incidence need and deaf children are unevenly dispersed through the school population. This means they have a greater reliance on specialists such as Teachers of the Deaf to make sure their needs are not overlooked.

As set out earlier, we would like to see:

- \* Greater collaborative working between Teachers of the Deaf and speech and language therapists
- \* More regional commissioning of specialist speech and language therapy services
- \* Minimum/Quality standards so that parents of deaf children have a clearer idea what support they expect to be available
- \* An audit of the workforce to establish if there are sufficient numbers of specialists who are able to meet the SLCN of deaf children.

- Please provide us with examples of national and local systems that support early identification of SLCN. What have your experiences been of early identification of SLCN? What more can be done to reduce the risk of unmet/unidentified needs?

The newborn hearing screening programme obviously means that children born deaf children are identified at a relatively early age. Close working between speech and language therapists and Teachers of the Deaf should hopefully mean that where deaf children have specific SLCN needs, effective specialist support can be provided by a therapist at the earliest possible point.

- Are there opportunities to improve support for children with SLCN that should be further explored? What are they, and what action needs to be taken to make them work?

We would like to see greater collaboration between the RCSLT and organisations such as the British Association of Teachers of the Deaf to ensure that speech and language therapists and Teachers of the Deaf work effectively together. This may involve revisiting some documents produced in the past around protocols for effective liaison between these two groups.