

Supporting children with speech, language and communication needs: implementing Bercow

This paper will set in context the Bercow Review of Provision for Children and Young People (0-19) with Speech, Language and Communication Needs (Bercow, 2008). The review has been already proved incredibly powerful in highlighting at a political level the needs of children with language and communication difficulties as well as the needs of *all* children to learn to communicate effectively. The Review comes at a time when there are huge opportunities to re-model services that support children with SLCN in order to be more effective and provide better long-term outcomes. The challenges lie in the sheer scale of the change that is needed and the 'whole system' nature of the potential change.

Supporting children with speech, language and communication needs: the context

The past decade has seen Government policy move consistently towards the integration of services around the child and their family. The Every Child Matters agenda (DfES, 2003), has the following aims for every child at its core, that they should be supported to,

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being.

The Every Child Matters programme is a truly 'cross cutting' agenda in that no one public service, health, education or social care, can achieve these five outcomes for children and families on their own. The intentions of the Every Child Matters agenda have been written into law in the Children Bill (2004) which, among other things, requires every Local Authority to appoint a Director of Children's Service, who has to oversee the provision of the Every Child Matters agenda for all children and families in their Local Authority.

Families of children with speech, language and communication needs (SLCN), are only too aware of the challenge of needing support from 'health' services, where traditionally speech and language therapists have been employed, and 'education' services, which are responsible for educating their children taking into account their particular additional needs.

The theoretical concepts which underpin the cross cutting agenda include acknowledging that the child and their family have to be at the centre of planning and service delivery.

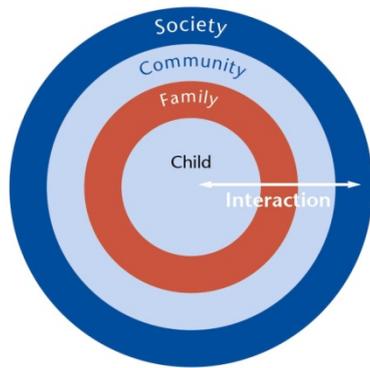


Figure 1 after Bronfenbrenner 1989, cited in Gascoigne 2006

Figure 1 shows the child in context and the interaction between the child, their family, community and society as a whole.

This model recognises that children do not exist in a vacuum and that there is a complex interaction between the 'layers' of family, community and society which the child experiences.

The Every Child Matters guidance introduces the concept of the Children's Trust - an organisation which puts the parent and outcomes for the family at the centre of service planning and requires integrated services, strategy and governance to deliver those outcomes.

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Figure 2: Model for a children's trust (DfES, 2004)

Figure 2, illustrates the 'layers' which must be in place if effective 'joined up' service are to be delivered.

Figures 1 and 2 together, therefore, give us the sense that to achieve good outcomes for children, especially children who are vulnerable in some respect, old structures will need to be challenged and new models of working will be needed.

In response to this, in 2006 the Royal College of Speech and Language Therapists published a position paper making 15 key recommendations about how speech and language therapy services for children with SLCN should be delivered in order to be effective within the new integrated systems (Gascoigne, 2006).

The position paper sets out some core principles which speech and language therapists should consider in planning and delivering services. These include,

- that children should be able to access speech and language therapy in the setting which is most appropriate for their needs - this could be home, nursery, school and sometimes, but not automatically, clinic settings
- that speech and language therapists should always work with others who are involved in a child's care, including parents and other professionals and that this involves building speech and language activities into daily routines and effectively handing over parts of the programme to others.

Figure 3: showing speech and language therapy in partnership with others (Gascoigne, 2006)

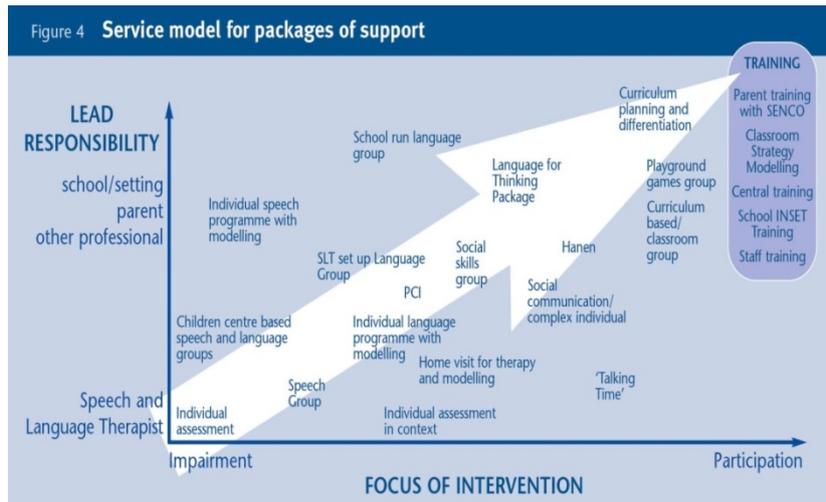


Figure 3 above, illustrates how ‘packages’ of speech and language therapy intervention can be led by the speech and language therapist or a parent or another professional depending on the precise circumstances and that the aim is always for the child to move towards independence.

- that speech and language therapists should not only work on the core speech or language difficulty but also spend time on activities to do with the transferring strategies into everyday activities
- that speech and language therapists have a key role in planning and delivering services across the spectrum of ‘all children’, children who are vulnerable for speech, language and communication difficulties and children with specific additional speech, language and communication needs. The type of things speech and language therapists might do at the different levels will vary, but the importance of having speech and language therapists advising the service development at all levels is crucial.

Figure 4: showing that SLTs have a role across all areas of services

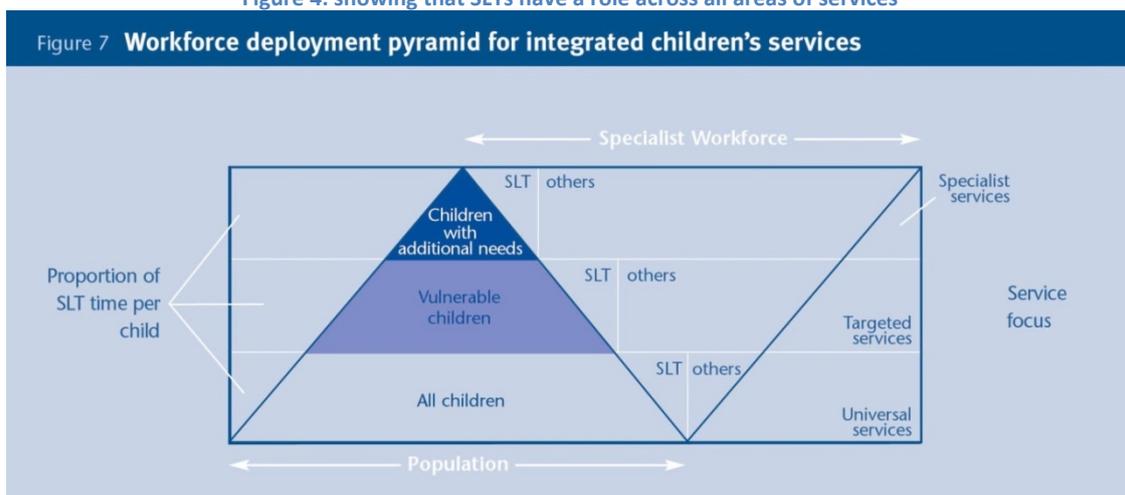
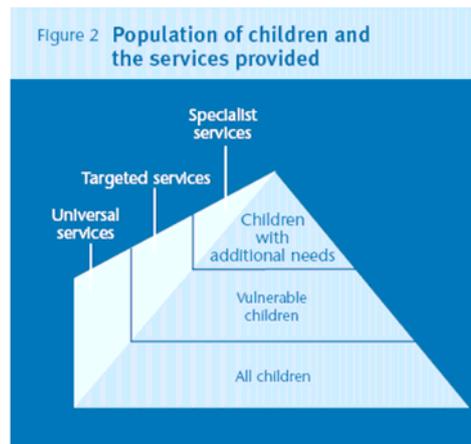
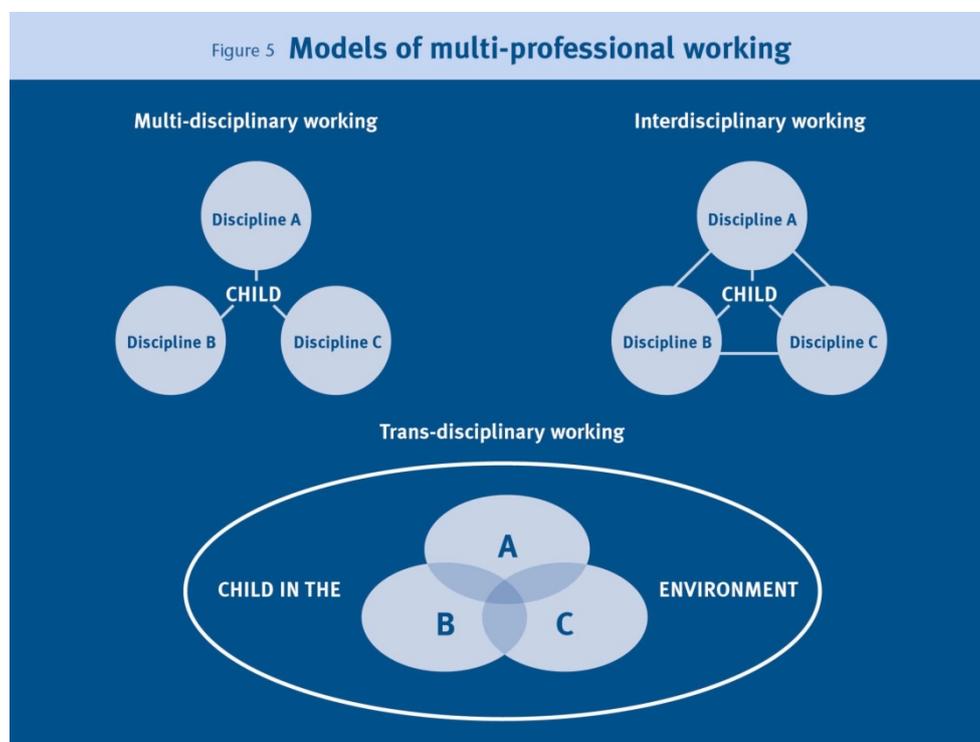


Figure 5: showing the links between the level of service and the population served



- that training parents, support staff and other professionals is a core part of the role of a speech and language therapist
- that speech and language therapists working within teams with other professionals such as teachers, physiotherapists, psychologists etc., should work with the team to plan a single 'joined up' programme for the child and their family (trans-disciplinary working) and that, if appropriate, different team members will lead on the direct support with the child at a particular time.

Figure 6: showing the different models for professionals working together



Supporting children with speech, language and communication needs: the Bercow Review

This major review of provision across England, was led by John Bercow MP, and supported by a team of specialist advisors including the Chief Executive Officers of Afasic, the Royal College of Speech and Language Therapists and ICAN. The review, over some eight months, involved wide consultation and visits to services in all areas of the country. The views of parents were specifically sought, both during the visits and through the on-line consultation, but also through a number of specific focus groups which were independently facilitated to ensure that parents felt able to be frank about their experience of services.

Whilst some services evidenced excellent practice which was going a long way to provide something like the range of provision described below, the pattern was highly variable and the phrase 'post-code lottery' has been used.

The key themes which the review identified and around which its recommendations are based are as follows:

- Communication is crucial;
- Early identification and intervention are essential;
- A continuum of services designed around the family is needed;
- Joint working is critical; and
- The current system is characterised by high variability and a lack of equity

The final review report, gives some forty recommendations around these five themes (Bercow, 2008). These include both recommendations about the services that should be available to children and their families, but also recommendations about some of the mechanisms which could make a difference by ensuring that change happens, that the gap between policy at Government level and practice at local level is both recognised and addressed. This will be returned to in the final section of this paper: implementing Bercow.

Supporting children with speech, language and communication needs: the balanced system

The changes in the wider context around speech, language and communication needs reflect an increased awareness of the importance of language and communication as key life skills for *all* children. This is fundamentally a good thing as it raises the profile of communication by placing it in the 'mainstream' both in terms of health promotion and educational attainment. This should in turn result in an improvement in the support for language development throughout all provision for children and young people. However, for parents of children with more complex speech, language and communication needs, there may be anxiety that resources will be diverted *from* their children to take on this wider remit. This is clearly not the intention, however the increased demand will inevitably require increased resource and it remains to be seen how this will be commissioned.

It may be helpful to describe the children who need to access services at different levels and what do they need of universal, targeted and specialist provision? The following is based on a strategy developed for a local authority by the author and therefore describes where services should be heading. It is recognised that many areas do not have the full range of provision in place and this will be dealt with in the final section of this paper.

The provision described sits within a framework of a balanced system as shown in Figure 7 below (Gascoigne, 2008). This shows how **provision**, across **universal, targeted and specialist** levels, must be delivered by the **appropriate workforce** – both **specialist** and the **wider workforce**, who are **commissioned or funded** appropriately in the numbers that are needed and who are **well trained and supported** in their work.

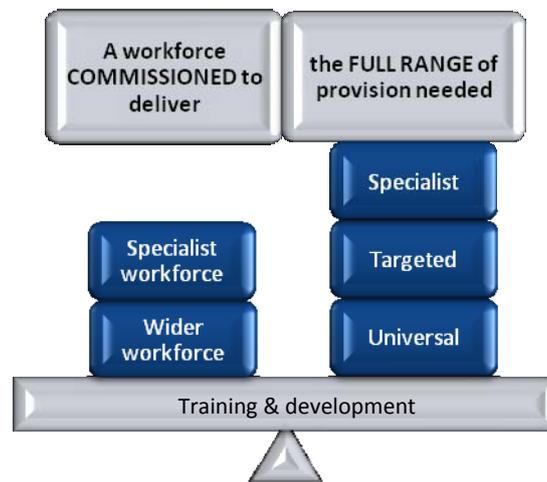


Figure 7: The Balanced System (Gascoigne, 2008)

All children at a universal level need:

- Parents and carers who are supported with information and resources to encourage their role as primary communicative partners for their children
- Places where they spend time to be communication friendly environments (including community based settings that children access with their parents - libraries, leisure facilities etc) Schools and settings where staff are confident in their role as facilitators of communication
- Children's centres that are able to meet the core offer in terms SLC including the involvement of a SLT for at least part of the week
- Children's centres recognised as having a particular role in providing locally based *additional* support for language and communication development

In addition, many children need targeted support. These include children with delayed language and communication skills who can be expected to respond to intervention through to early identification of children who may go on to have more persistent need and potentially require specialist services. This group should by definition be a mobile group and children may go back to the universal level or move to the specialist level.

They need,

- Their parents to receive specific additional support in order to ensure their confidence in their role as a key communication partner for their child
- Early identification where they are not making expected developmental gains in terms of speech, language and communication

- Practitioners in settings and schools who have received training that raises awareness of the differing levels of need amongst children and increases practitioners' understanding of their influence in interactions within the setting
- Access to a programme of targeted speech, language and communication interventions with the support of a speech and language therapist delivered in the most appropriate context for the child (typically early years setting, children's centre, school, home) by the most appropriate person

In addition, a smaller but significant number of children will need additional specialist support. These are children identified as having specialist needs over and above those that can be met via universal and targeted provision (although some elements of the child's overall need may be met by the offer at these levels and children should access these in addition to specialist services). In terms of SLCN these children will have ongoing persistent difficulties in this area. The range will include children who are cognitively able and have specific speech, language and communication difficulties as well as children with profound and multiple learning needs of which language and communication are a part.

These children will need, (in addition to the universal and targeted services),

- Specific specialist support for parents in order to ensure their confidence in their role as a key communication partner for their child and to increase their understanding of the specific communication challenges associated with their child's needs
- Joined up, multi-disciplinary support building on existing good practice such as the Early Support Programme and team around the child
- To be able to access a range of settings and schools in which appropriate support and learning opportunities can be provided for their child
- Settings and schools where the infrastructure has been developed to support children with additional or complex needs through adaptations, training and support with advice from specialist practitioners
- Access to a range of specialist interventions for children with additional or complex speech, language and communication needs under the guidance of a speech and language therapist

Supporting children with speech, language and communication needs: implementing Bercow

So, what of the way forward? The Bercow review comes at a critical time for children with SLCN. Policy has long been in place which theoretically allows for a 'big picture' approach to providing for children with SLCN – getting away from the arguments between health and education systems over responsibility for specific elements of need. However, as the review team found, very few services at the point of service delivery have managed to translate policy into more effective practice. Some notable exceptions cited in the report, including the Integrated Speech and Language Therapy Service in Hackney, which is jointly commissioned, funded and managed between the Learning Trust (which is responsible for education in Hackney) and City & Hackney PCT, are far and few between.

The Bercow review report dedicates a chapter to commissioning, the process by which public funds are apportioned to 'buy' services on behalf of the particular group that is the commissioner's responsibility. There are issues of workforce: not enough suitably trained therapists and others in the wider workforce. There are issues of service organisation: lack of consistent leadership to design

and model services. However, it is the commissioning, the purchase, of the right services from the right providers that is essential if the system is to be 'balanced' as in Figure 7 above.

The Children's Bill (2004) legislated for Children's Trusts – organisations which bring together responsibility for all the relevant services for children under one Director of Children's Services within a local authority area. However, Children's Trusts, as represented by the 'onion' diagram in Figure 2 above, have by and large not materialised as intended. For speech and language therapists, and consequently for children with SLCN and their families, removing the distinction between 'health' and 'education' at the point of commissioning a 'whole' service for a given area, can only be helpful. The creation of Children's Trusts should help with this.

As outlined above, professionals, including speech and language therapists and teachers, have been asked to work in a trans-disciplinary way, where they plan together first and then a single 'package' is prepared for the child taking into account all their needs. The missing link is that commissioners from health, education, social care, individual head teachers with budgets and even families in receipt of direct payments, need to agree a mechanism for 'pooling' resources to provide a single package that sits within the balanced system.

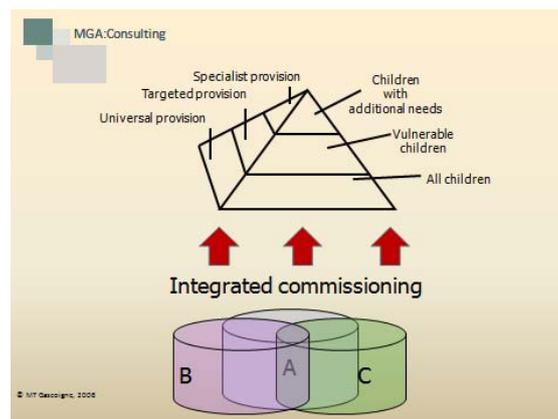
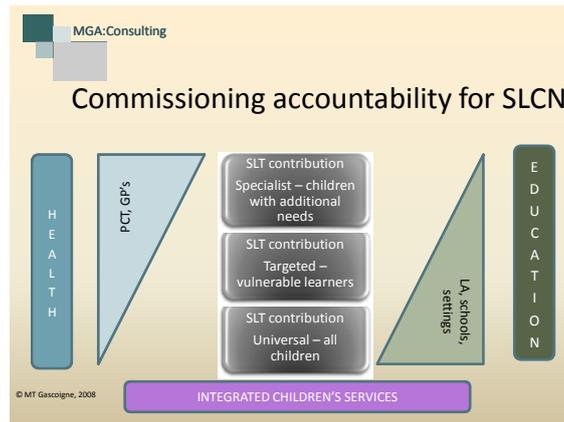


Figure 8: illustrating integrated commissioning

Figure 8 illustrates the potential for budgets and funding decisions being 'pooled' in order to allow the maximum use of the resources available for children with SLCN.

Figure 9 begins to explore whether it might be possible to make some population based commissioning decisions in terms of proportioning the contributions from, for example, 'health' commissioners and 'education' commissioners.

Figure 9: a simple model for exploring commissioning responsibility



These are both models which illustrate a principle. The reality of detail is never as simple. However, one of the most exciting recommendations of the Bercow Review is that there should be a number of 'pathfinder' Local Authorities selected to plan, model and test out some options for jointly commissioning services for children with SLCN.

The full implementation plan is anticipated in December 2008. One thing is clear from the commitment of the review team to both involve Afasic as the voluntary organisation representing parents and families of children with SLCN at the highest level throughout the review, and in the commitment to hearing directly from as many parents and families as possible: parents and families must be involved in shaping the implementation of the review in order to make sure that the final outcomes are effective in practice.

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