Health Inequalities – Early Years

Royal College of Speech and Language Therapists

Speech, language and communication and early years health inequalities – the cycle generation after generation

Speech and language and communication needs (SLCN) are the most common developmental difficulties faced by children. 7% (or two in every classroom) of all children have SLCN – rising to 50% of children from socially disadvantaged communities. Difficulties may be due to brain development problems or other physical or sensory impairments. They may also, however, be due to reduced developmental opportunities in the child’s family and educational environment which limit the child’s learning of language. These reduced developmental opportunities are commonly linked to social disadvantage. The diagram below summarises the cycle of intergenerational SLC disadvantage and its impact on life outcomes including health inequality. (The numbers in the boxes refer to the evidence summarised in the Appendix.)
1. How effective are early year's interventions in addressing health inequalities?

Early years interventions by Speech and Language Therapists (SLTs) have proved to be effective in breaking the cycle described in boxes A-H above. Here are just a few examples of projects in Scotland and England.

England's “Better Communication: An Action Plan to Improve Services for Children and Young People with Speech, Language and Communication Needs” has made a difference. Communications Champion, Jean Gross reported that, in two years, the “Better Communication Action Plan” led to:

- Increased awareness of the centrality of good communication skills to children's learning, wellbeing and life chances. Activity has... provided practical support to those front-line workers and to parents.
- Measurable improvements in the percentage of 5 yr olds achieving age appropriate levels in the ‘Language for Thinking’ early years foundation stage profile
- A reduction from 23% to 18% of parents who were concerned about their child's SLC development reporting that they did not receive any help
- Increasing recognition of communication skills as a priority in local strategic planning leading several local areas to develop a community-wide strategy to promote improved communication skills for all children.
- Some helpful policy developments at government level such as the joint work of the departments of education and health to establish communication and language as a prime area of children’s learning.

Stoke on Trent's SLT led “Stoke Speaks Out” early years campaign reduced the percentage of 3-4 year-olds with language delay from 64% in 2004 to 39% in 2010.

The award winning SLT led “Communication Help and Awareness Team” (CHAT) in Forth Valley involved SLTs working with nursery staff so they could provide enhanced SLC development environments for children from Stirling's socially disadvantaged communities. The project also helped parents develop skills to encourage their child's SLC development. CHAT has been effective in enhancing the language skills of pre-school children and has been shown to be more advantageous than nursery education alone. CHAT funding ceased as of August 2013.

The unique SLT led ‘Before Words’ project in Moray produces accessible parent information (reading age 9) to support SLC development from pre-birth to sentence building stages. Materials emphasise the relationship between attachment and developing communication in children and help parents to use everyday tasks as opportunities to develop communication. ‘Before words’ reaches all parents but particularly targets vulnerable families. The communication accessible information has proved effective for parents and is highly valued by health visitors. The “Before Words” project is subject to short term funding.
In relation to preventative expenditure independent economic evaluation has shown that quality universal, targeted and specialist SLT services (see question 3 below for description of these) can deliver an annual net benefit of at least £58 million to the Scottish economy. Every £1 invested generates £6.40, derived from improved communication leading to improved educational achievement.

2. What are your views on current early year’s policy in Scotland in terms of addressing health inequalities?

The Early Years Framework and Early Years Collaborative (EYC) are welcome initiatives. EYC stretch aims require community planning partners to ensure

- by end-2016 85% of all children reach developmental milestones - including age appropriate communication skills - by time of 27-30 month child health review
- by end-2017 90% of all children reach milestones by the time they start school.
- by 2021 95% of children reach developmental milestones and educational outcomes by the end of Primary 4.

Similarly the Children and Young People’s Bill and associated policies (UN Convention on the Rights of the Child, Getting it Right for Every Child, Curriculum for Excellence) all identify communication capacities of CYP, parents and / or services as key elements of delivery.

RCSLT also welcome the work ongoing to develop the skills generally of the children’s workforce (led by NHS Education Scotland). The NES Children’s workforce development programme leadership includes several SLTs.

“Play, Talk, Read” has made a valuable contribution to the field of SLC development. The reach of this programme to those parents in socially disadvantaged communities (who themselves are more likely to have SLC needs) has proved challenging.

Policy which address parent’s needs don’t appear to recognise the role that parent’s own SLC ability plays in both their own and subsequently their child’s mental and physical health. For example, inclusive communication accessible information for parents with low literacy skills (such as in the “Before Words” type initiatives) are the exception rather than the norm.

Although policies offer Scotland the pull and drive to get it right for children with SLCN and Scotland has no national strategy to make sure all children enjoy optimum speech, language and communication development opportunities. This contrasts with “Better Communication Action Plan”, which enjoyed £54 million investment, in England.

At local level Councils and health boards across Scotland pursue quite different approaches to SLC development. For example in some parts of Scotland health and education and other professionals – from pre-natal to
secondary school - work effectively together to optimise on SLC development. In other parts of the country however this evidenced based, partnership approach is less apparent.

Linked to this inconsistent approach, there are significant variations in the levels of shared ownership and investment in SLC development across Scotland. The Health Committee’s own recent survey on SLT provision for example showed local authorities and health boards cutting funding by up to 20% in the last 4 years. See information below on barriers.

There is then a recognition SLC development is important but a lack of joined up, comprehensive, evidence based policy to make sure this development is optimised for all children.

It is hard to see, in the face of severe funding cuts and inconsistent provision how the Early Years stretch aims above will be met across Scotland.

During the recent passage of the CYP Bill the Government did make a commitment to produce guidance on SLC. Although RCSLT very much welcomes this commitment, like cross party MSPs and our partners Barnardo’s Scotland, Children in Scotland, Children 1st, Aberlour Trust and Parenting across Scotland, we believe guidance needs to be backed up by a national speech, language and communication strategy.

RCSLT, Barnardo’s Scotland, Children in Scotland, Children 1st, Aberlour Trust and Parenting across Scotland believe a national SLC strategy would

- establish focus, drive and leadership at national and local partnership level to optimise the SLC development of all children whether they have a speech, language and communication need or not,
- drive consistent, quality assured, evidence based approaches to SLC development and capacity,
- help to secure multi-agency ownership and investment in this fundamental life skill
- offer economies of scale to local providers for example by supporting nationwide sharing of evidence based resources (such as accessible parenting information and support resources)

3. What role can the health service play in addressing health inequalities through interventions in the early years?

SLTs are generally employed by the NHS. A very small number practice privately or work in the 3rd sector. Posts for SLTs working with children in the statutory sector are often at least part funded by Education Authorities. SLTs
fulfil the following roles using a three level approach to address the generational issues illustrated above.

At Universal level (reaching ALL Children’s services)

a) Enabling parents with SLC (including literacy difficulties) to access services generally by making parenting information “communication accessible” to as many parents as possible. E.g. See “Before Words” project above.

b) Training and supporting multi-agency colleagues (e.g. Health Visitors, GPs and other health and community education colleagues) to make their services “communication accessible” for all parents.

c) Through training and advice developing multiagency colleagues
   • understanding of the wellbeing risks associated with SLC difficulties;
   • understanding of normal SLC development;
   • skills in optimising the SLC development of all children;
   • ability to identify SLC needs in children and parents and
   • ability to respond effectively to the SLC needs of children and parents on a day to day basis – including knowing when to refer to an SLT.

d) Contributing to parenting programmes and support services for example showing individual parents how to interact with their child so they can help their child’s communication develop.

At Targeted level: (Targeting children at high risk of developing SLC difficulties)

Universal level provision plus:

a) Supporting Health Visitors and other staff working in early years (e.g. nursery staff, social workers etc.) to provide optimum and “enhanced” speech, language and communication environments for vulnerable children. E.g. Working with Health Visitors to help them make pre-natal classes accessible to mothers with learning difficulties; CHAT programme (see above).

b) Provide speech, language and communication development workshops for parents of children at risk of or with identified SLC needs.

At Specialist level (for Children with identified needs which can’t be met by Universal or targeted levels of service)

Targeted Level provision plus

a) Providing individual assessment and individual or group therapy programmes.

b) Providing parents and families, nursery staff etc. with bespoke communication equipment, guidance and training.
4. What barriers and challenges do early years services face when working to reduce health inequalities?

Barriers to reducing health inequalities related to SLC development and capacity of parents include;

- **Lack of strategic**, comprehensive approach to speech, language and communication development and capacity at national and local levels of government.
- **Lack of consistent implementation** of “communication access” best practice across Scotland.
- **Poor understanding of the role and added value of SLT services** at strategic and local operational levels.
- **Gaps in children’s workforce SLC development and support competences** and no comprehensive plan to develop these.
- **Reducing number of professional experts in SLC development** – specifically qualified to develop and / or deliver universal, targeted and specialist level SLC services. SLT capacity in Scotland has decreased by 2.4% since 2008\textsuperscript{ix}.
- **Funding for all levels of SLC provision** is non-existent, geographically patchy, being severely cut, under threat or being terminated. The Health Committee’s own survey of SLT provision, reported to the committee on 4 / 3 / 14, showed that although referrals to children’s services are growing there has been an overall 8.8% decrease in funding for SLT in Scotland since 2011 – with cuts coming from both health boards (up to 21.1%) and local authorities (up to 20.6%). Since the survey 1 local authority has withdrawn 100% of funding and another will do so in the next 2 years.

5. Are there any specific initiatives or research evidence from Scotland, UK or internationally that you would wish to highlight to the Health and Sport Committee?

RCSLT would recommend the following initiatives and reports to the Health Committee for further examination.


b) Better Communication: An action plan to improve services for children and young people with speech, language and communication needs; Dept. of Health 2008; www.teachernet.gov.uk/publications Search using the ref: DCSF-01062-2008


d) Better Communication Research Programme. RCSLT are supporting international researchers who led this programme to deliver seminars
in Scotland in September 2014. RCSLT would be delighted to arrange a seminar for Health Committee members. See http://www.rcslt.org/members/research_centre/better_communication_research_programme

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Appendix: Some of the evidence supporting inter-generational impact of speech, language and communication disadvantage

1: Communication capacity affects access to services and life outcomes

A study using data from a UK birth cohort of 17,196 children, following them from school entry to adulthood, found that, even after adjustment for a range of other factors, vocabulary difficulties at age 5 are significantly associated with poor literacy, mental health and employment outcomes at age 34\textsuperscript{x}.

A Scottish Government commissioned review of the literature\textsuperscript{xi} showed compared with the general population people with SLC are more likely to
- have difficulty accessing information required in order to utilise services
- live in socially deprived areas.
- experience negative communication within education, healthcare, criminal justice system and other public services
- be unemployed or employed at an inappropriately low level
- be victims of or be convicted crime

Most CYP in crisis have speech, language and communication (SLC) needs
- At Polmont Young Offenders Institute 26\% of young men have clinically significant communication impairment and 70\% have difficulties with literacy and numeracy\textsuperscript{xii}
- A study of young unemployed men found that over 88\% were described as presenting with language impairment, having some degree of difficulty with language\textsuperscript{xiii}.
- A study into young people not in education, employment or training (NEET) showed that 100\% of the individuals who completed the speech and language therapy assessments presented with some degree of SLCN, of which 50\% had severe difficulties i.e. language levels more than 2 years below their chronological age. Over half (54\%) of the young people assessed had a severe communication disability. Only 21\% had previously been referred for speech and language therapy\textsuperscript{xiv}
- 38\% of children referred to child psychiatric services met one or more criteria for previously identified language impairment while 41\% met criterion for unsuspected language impairment. In total 63.6\% of children referred had a language impairment\textsuperscript{xv}

Research indicates that children with language difficulties have an impoverished quality of life in terms of moods and emotions and in terms of social acceptance and bullying\textsuperscript{xvi}.

2: Communication capacity underpins the good parenting, care and corporate parenting

The research literature provides considerable evidence for the view that the way parents talk to children and the way they give children opportunities to talk influences children’s early language development - the richer the
opportunities provided the faster language develops - and that the levels of stimulation tend to be lower in more disadvantaged families.

Parents’ own SLC competence directly affects their ability to interact positively and establish good relationships with their child\textsuperscript{xvii} (or establish strong attachment); access and benefit from parenting support and other services and is a risk factor for social and economic disadvantage\textsuperscript{xviii} and to “model” language and communication for their child to learn from.

Learning from the English SLC strategy “Better Communication Action Plan\textsuperscript{xxix}, (reported by Jean Gross, England’s Communication Champion (2012)) showed 82% of 3,000 parents believed that more information on how children develop speech, language and communication would be helpful.

**Speech, language and communication development is associated with social disadvantage**

Evidence from USA indicates children from deprived communities entering school have been exposed to 30 million less words of interaction than their non disadvantaged peers\textsuperscript{xx}.

Epidemiological data on children aged about 5 years indicate that around 7% have SLCN. There is strong evidence, however, that the prevalence of SLCN is much higher in socially disadvantaged areas. Small scale studies in very socially disadvantaged areas have suggested that around half of the children in these areas may have significant language delays\textsuperscript{xxi}.

Pupils entitled to free school meals and living in a more deprived neighbourhood are 2.3 times more likely to be identified as having SLCN than those not so socially disadvantaged\textsuperscript{xxii}.

4: SLC and school readiness: Marmot review of health inequalities (England) recommends reducing inequalities through action on the social determinants of health. Marmot points out that reducing social and health inequalities requires a focus on improving educational outcomes. He also identifies communication skills as being necessary for ‘school readiness’. Improving the communication development of socially disadvantaged children would therefore have an important wider benefit in terms of promoting social equity\textsuperscript{xxiii}.

5: SLC needs affect ability across all other domains of development: Language scales used in Early Years Foundation Stage Profiles (in England) correlated very strongly with all the other scales, “suggesting that language is a fundamental ability associated with progress in all other domains of development\textsuperscript{xxiv}.

\textsuperscript{i} All Party Parliamentary Group on Speech and Language Difficulties (Westminster): The Links Between speech, language and communication and social disadvantage (Feb. 2013): http://www.rcslt.org/governments/docs/appg_report_feb_2013
Better Communication: An action plan to improve services for children and young people with speech, language and communication needs; Dept. of Health 2008; www.teachernet.gov.uk/publications Search using the ref: DCSF-01062-2008


See Two Years On: final report of the Communication Champion for children Jean Gross, Communication Champion, December 2011, pg 23

See Partnership working between allied health professionals and education in Scotland - examples of leadership in NHS Forth Valley - Communication Help and Awareness Team (CHAT); http://www.scotland.gov.uk/Resource/Doc/920/0100715.pdf

Forth Valley Health Board: Communication Help and Awareness Team CHAT (July 2007 – March 2008)

See http://www.before-words.co.uk/before-words-in-practice.html


Information Services Division (ISD) AHP Workforce Statistics 2011 at 30 September 2011 : Overall Trend 2008 to 2011

See SPS statistics reported to Scottish Parliament in answer to PQ 2003


Lanz, R. (2009). Speech and language therapy within the Milton Keynes Youth O'ending Team: A four month pilot project


See “Scotland – the best place to bring up children”, A collection of essays o Parenting; Parenting across Scotland (2012); 40-44; http://www.parentingacrossscotland.org/media/253972/pas-the-best-place.pdf


Better Communication: An action plan to improve services for children and young people with speech, language and communication needs; Dept. of Health 2008; www.teachernet.gov.uk/publications Search using the ref: DCSF-01062-2008


