



Implementing the SEND reforms

Joint commissioning for children
and young people with speech,
language and communication
needs

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About the Communication Council

The Communication Council is a focussed strategic group, made up of representatives from across the speech, language and communication needs (SLCN) sector. It was originally formed as part of the National Year of Communication in 2011.

It's jointly chaired by Directors from The Department for Education and The Department of Health. The secretariat to the Council is provided by The Communication Trust under the contract for SLCN on behalf of the Department for Education.

The Council works to share learning about the needs and approaches to meeting those needs, of children and young people with SLCN at a policy level. It promotes and facilitates joined up working across Governmental departments as well as across the sector as a whole.

For more information about the Communication Council please contact enquiries@thecommunicationtrust.org.uk

Supported by:



Department
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About this document

This document aims to use information shared at a seminar hosted by The Communication Council in February 2014 focussed on joint commissioning for children and young people with speech, language and communication needs (SLCN), to provide readers with practical information regarding commissioning services for SLCN within the context of the special educational needs and disabilities (SEND) reforms.

It has been produced by Better Communication CIC and The Communication Trust on behalf of The Communication Council.

The document is hosted on The Communication Trust's [SEND reforms webpages](#) where you can find further useful resources.

This document should be read alongside the 2014 SEND code of practice 0-25.

Who is this document for?

- Commissioners for health and education services
- Local authority leads for SEND
- Speech and language therapy service leads
- Clinical Commissioning Group and Commissioning Support Unit staff with responsibility for children's services
- NHS England staff with responsibility for specialist commissioning
- Public Health England staff
- Head teachers and those responsible for commissioning services in academies, free schools, maintained schools and clusters
- National Parent Partnership Networks
- Health and Wellbeing Board members
- Children and young people's health outcomes forum members



How to use it

This document is designed to support readers to access the key information about commissioning for SLCN. You can flick through the guide to get to the specific section you're interested in, or read it as a whole.

We've included the references on each page as footnotes so that readers are able to follow up on any further information as they go. We've also included links throughout the body of the document that take readers through to materials such as PowerPoint presentations delivered at the seminar.

In each section there's a summary box outlining what its key messages mean in practice.

Please do share this document with your relevant network of colleagues. You can do this by sharing the link www.thecommunicationtrust.org.uk/slcncommissioningreport

The Communication Trust is committed to making our resources as relevant to practitioners as possible.

If you have any questions about anything in this document, want further information or have any feedback you'd like to share with us about it, please email enquiries@thecommunicationtrust.org.uk

Joint ministerial foreword

Children and young people who are disabled or have special educational needs deserve to have services co-ordinated across education, health and social care with a clear and relentless focus on improving life outcomes.

Our landmark reform of the NHS, and a new statutory framework for joint commissioning of services for children and young people with special educational needs and disabilities, introduced by the Children and Families Act 2014 reflect the Government's ambition to achieve just that. They will help professionals to work together to deliver integrated care and support.

Children with speech, language and communication needs require early support and may need access to support from different agencies, across different sectors (including health and social care). Poor communication and record sharing and disjointed services mean that parents have to repeat their story to many different professionals, face considerable duplication of effort, and the risk that their children fail to get the support they need.

Speech, language and communication needs affect all areas of a child or young person's life. Delays in a child's ability to communicate can have a profound effect on educational attainment, wellbeing at school and their ability to form relationships and play a part in their community. Good joined up and effective universal, targeted and specialist support where needed have far-reaching and positive effects.

This excellent resource from the Communication Council on joint commissioning gives commissioners and providers alike the information they need to make the most effective use of resources to deliver better outcomes for children and young people with speech, language and communication needs and their families and we commend it to you.



Dr. Dan Poulter

Parliamentary Under-Secretary of State for Health



Edward Timpson

Parliamentary Under-Secretary of State for Children and Families



David Carpenter foreword

My name is David Carpenter and I'm the young person representative on the Communication Council. I feel it is vitally important that health and education commissioning should work together, to enable planning of timely provision of services, when required and at the level required, to meet the assessed needs of children and young people.

I have experienced excellent services during my primary education that supported my need for intensive speech and language therapy and supportive I.T. within my day-to-day education.

I have also experienced at secondary level, the difficulty and inflexibility of education to incorporate speech, language and communication and I.T. support into the curriculum to meet my specific needs.

I feel a better understanding of my needs by commissioners would have resulted in sufficient funding for training of myself, staff, and my family to make full use of the technology provided, rather than that technology lying unused because no one knew how to use it.

I think there are three key points everyone should be aware of when reading this report and working to provide services for children and young people with SLCN:

- Make sure children and young people have access to sufficient and high quality speech and language therapy and any other service or support that they need to meet their needs.
- Make sure that the therapy is devised by and where possible delivered by a person experienced in speech and language therapy. Having someone who is confident, skilled and trained in the support they are giving is really important.
- Make sure that the family and the child or young person themselves are involved as much as possible and are seen as part of the team.

Getting the right support, consistently provided to children and young people, plays a vital role in their achievements, confidence, self-esteem and how they are viewed by their peers. Going into adult life, the difference between having received the correct support or not, can impact upon future qualifications, employment prospects, independence skills, relationships and so much more.

I really want these SEND reforms to improve the experiences of children, young people and their families. That they will be able to say their needs were recognised and appropriate support put in place.

Lastly, I really hope these SEND reforms will mean that in future, people like me and my mum will be able to say their SEN journey has been a good one and the words battle, fight and frustration will no longer be applied to getting SEN provision.

David Carpenter



Introduction

The Children and Families Act 2014¹ and SEND code of practice 0-25 years² promise to bring significant change to the way children and young people and their families are supported to achieve the best educational, health and care outcomes. These legislative changes known as the special educational needs and disability (SEND) reforms sit in the context of the earlier changes to the education and health and social care systems encompassed in the Education Act 2011³ and the Health and Social Care Act 2012.⁴

This whole system change has great significance for children and young people with speech, language and communication needs (SLCN) and their families. Children and young people with SLCN represent a significant proportion of children and young people with SEN: 30.6% of pupils with statements or at school action plus in state-funded primary schools in England have had SLCN identified as their primary need.⁵ Research shows that in areas of high social disadvantage, upward of 50% of children enter school with poor speech, language and communication skills.⁶ The dual challenges of both fully identifying the range of

children and young people with SLCN and then ensuring appropriate provision is delivered by the best combination of skilled professionals, have been the subject of a number of research programmes and reviews over more than a decade.⁷ Most recently the Bercow Review and Better Communication Research Programme have explored these issues.^{8,9}

A key factor which has been consistently reported in respect of SLCN, is that the causes, incidence and prevalence, presenting severity of need and the appropriate response, cut across the education, health and care domains. This complexity has challenged policy makers, commissioners and providers of services though has also demonstrated that SLCN provides a good 'test' of emerging policy and legislation – if it works for children and young people with SLCN it may well work for those with a broader range of SEN. This was illustrated during the passage of the Children and Families Act, where case studies from the SLCN sector were regularly used to illustrate areas which required further consideration.

In this context, the Communication Council held a one-day [seminar](#) in February 2014, to consider the implications of the reforms specifically for children and young people with SLCN. The seminar also provided an opportunity to hear about the outputs from the Better Communication Research Programme.



1 <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

2 <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

3 <http://www.legislation.gov.uk/ukpga/2011/21/contents/enacted>

4 <http://www.legislation.gov.uk/ukpga/2012/7/enacted>

5 Department for Education (2013), Special Educational Needs in England: January 2013. See the national tables, table 10A. <https://www.gov.uk/government/publications/special-educational-needs-in-england-january-2013>

6 Locke, E., Ginsborg, J., and Peers, I. (2002) Development and Disadvantage: implications for early years. International Journal of Language &

Communication Disorders. 27 (1) 3 -15.

7 Law J., Lindsay G., Peacey N., Gascoigne M.T., Soloff N., Radford J. and Band S. (2000) "Provision for Children with Speech and Language Needs in England and Wales: Facilitating Communication between Education and Health Services" DfEE research report 239

8 <https://www.thecommunicationtrust.org.uk/media/248542/bercow-report.pdf>

9 <https://www.gov.uk/government/collections/better-communication-research-programme>

This document acts as a synthesis of the key messages from this event together with additional background material around the 2014 statutory guidance.¹⁰ The paper is structured around the whole system as represented in Figure 1. This shows how the legislative and policy context underpins the system, with the views and aspirations of children, young people and their families and the evidence base driving both the commissioning cycle and service provision. Service provision is of course commissioned as a consequence of the commissioning cycle. Particular emphasis will be placed on joint commissioning and how this can be achieved for children and young people with SLCN.

Throughout the document, there are links to useful resources as well as summary boxes bringing together the key practical messages from the seminar. The aim is to provide useful information and guidance around implementing the joint commissioning element of the SEND reforms for children and young people with SLCN.



¹⁰ <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

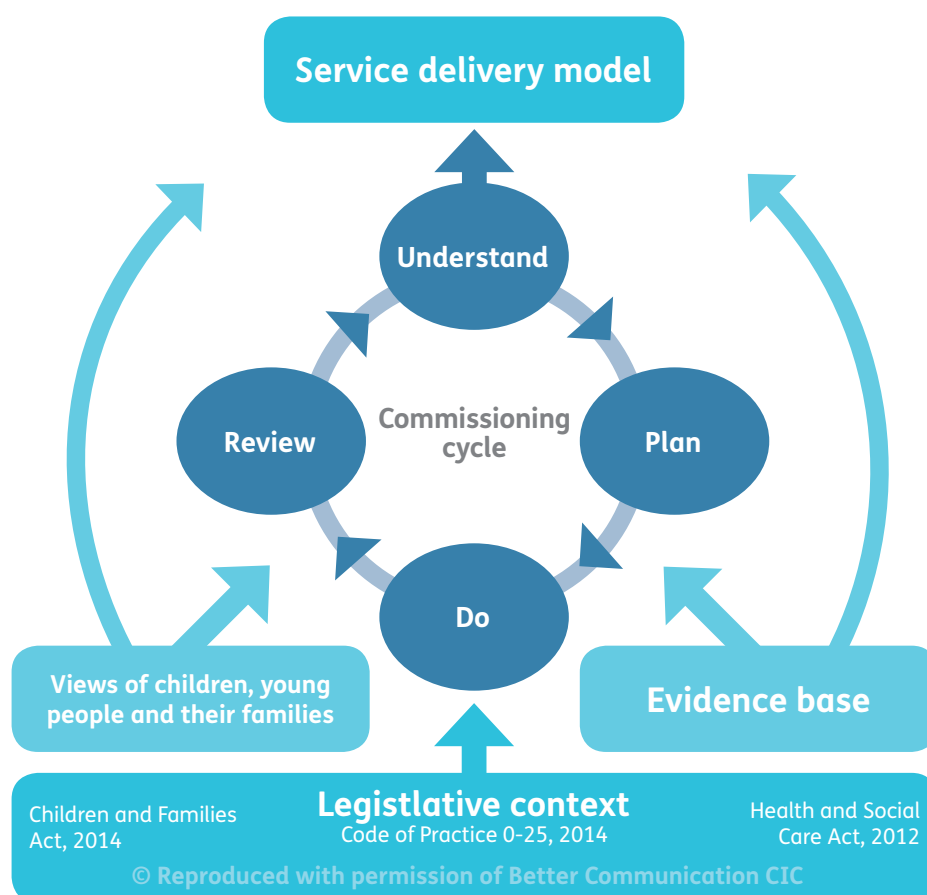


Figure 1: Key elements and how they inter-relate

Legislative context

Children and Families Act 2014

The Children and Families Act received Royal Assent in March 2014. It includes clauses which aim to reform the SEN system, and the SEND code of practice and regulations are statutory guidance alongside the Act, setting out the expectations of how it will be delivered in practice.

These SEND reforms will be implemented from September 2014.¹¹ This section gives detail on the legislative context of the reforms and the other legislation that impacts on the joint commissioning of services for children and young people with SLCN.

Figure 2, below, summarises the wide scope addressed in the Children and Families Act, the interface with the SEND code of practice 0-25 and the common themes reflected in the Health and Social Care Act, 2012.

The legislation and guidance highlight both the need to ensure that the views of children and young people and their families are of primary concern and the need for integration at every level. Key requirements include joint commissioning across education, health and care; integrated service provision at the point of delivery for children and young people; and outcomes-focused planning with the child, young person and their family at the centre of the process.

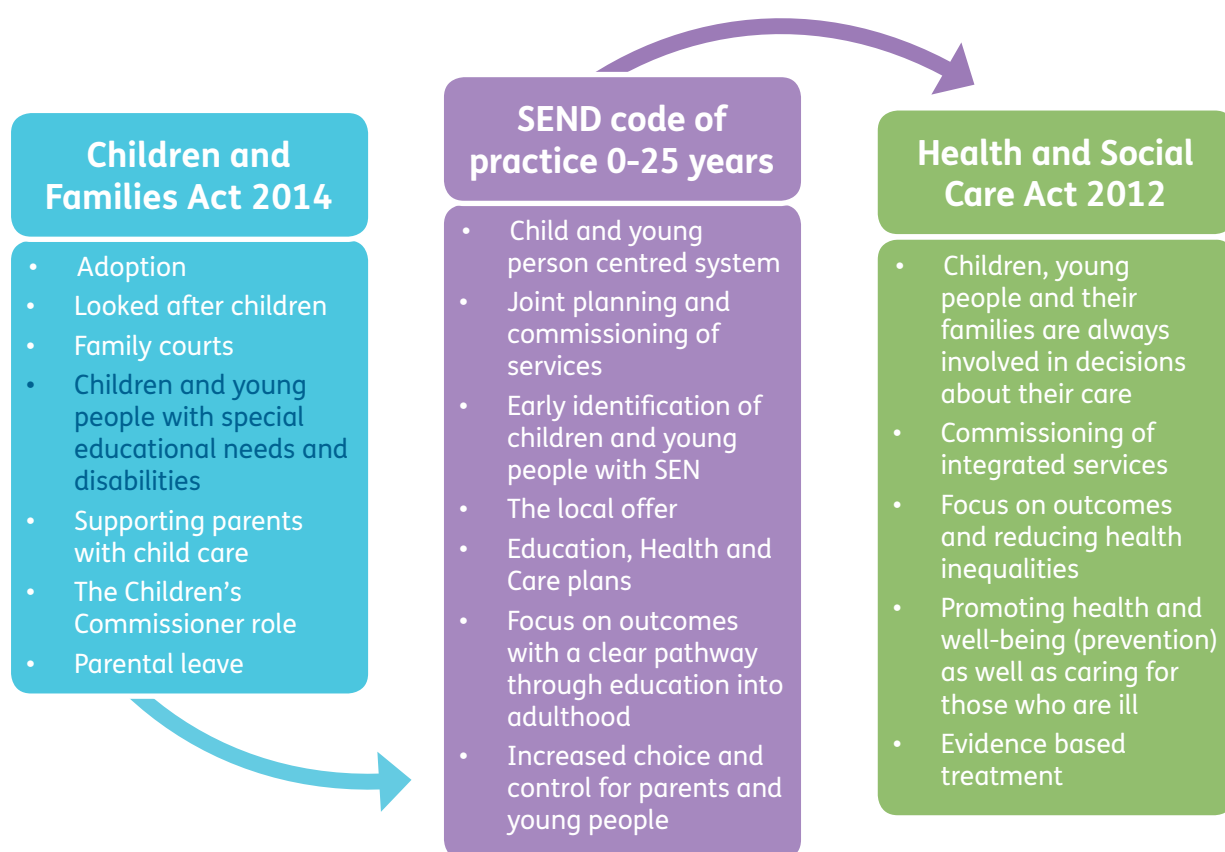


Figure 2: The common strands across education and health legislation

¹¹ See Annex for a timeline for implementation

SEND code of practice 0-25

The SEND code of practice 0-25 sets out the expectations of how the SEND reforms will be delivered in practice. The key changes to how children and young people with SEN will be supported from September 2014 onwards include:

- The requirements for joint commissioning of provision between education, health and social care within a local authority area
- The creation of a jointly commissioned local offer in each local authority area outlining the support available in that area, or expected to be available in that area, as well as provision outside the local area that the Local Authority expects is likely to be used by children and young people for whom they are responsible with SEN with and without an education, health and care (EHC) plan
- Integrated provision as a consequence of joint commissioning which brings both opportunities for building flexible pathways for children and young people, drawing together a wide range of professionals and challenges of co-ordinating the multiple provider organisations that might be part of such processes
- Increased responsibility on schools to provide high quality support and publish detailed information about how they will do this
- The extension of the eligibility for support for SEN to the age of 25 which in turn brings new responsibilities for further education settings
- The increased emphasis on the early years from birth, including the need for health visitors and early years practitioners to collaborate to ensure that needs are identified in the year a child is two
- The introduction of EHC plans which will replace Statements of SEN and must focus on the outcomes and aspirations of the child or young person and their family
- The entitlement to a personal budget for elements of SEN support outlined in the EHC plan

What the code of practice means for SLCN in practice

- The local offer and details published by schools about the SEN support they provide will be key to ensuring the full range of provision is jointly commissioned to meet the full range of SLCN
- Commissioners and providers need to be aware that speech and language therapy is almost always going to be special educational provision. The 2014 SEND code of practice 0-25 is clear that speech and language therapy will be special educational provision where it 'educates or trains' a child. This will be the default position. Cases where speech and language therapy is not special educational provision will be the exception.
- Clinical Commissioning Groups (CCGs) and Local Authorities need to share responsibility for SLCN across the range of provision and across the age range – for example ensuring the appropriate training for early identification as well as delivery of specialist interventions
- Schools need to understand their key role as commissioners of support for SLCN and how this interfaces with the local offer

SEND Reforms and health integration

As shown in Figure 2, the Children and Families Act and the SEND code of practice 0-25, sit alongside the Health and Social Care Act (2012), which has brought wide ranging change to the NHS and how health services are commissioned and provided in England. Common themes across health and education legislation and guidance include:

- Children, young people and their families at the centre
- Joint commissioning
- Focus on outcomes
- Evidenced based interventions
- Early identification and prevention
- Focus on reducing health and education inequalities

The Department of Health have outlined the key drivers for the changes within the health system and the specific example of the SEND reforms for healthcare integration.

Key drivers of the reformed health system

1. The NHS and Public Health Outcomes Frameworks^{12,13}

- Particularly relevant to SLCN are the outcomes relating to school readiness at Reception and the expected level on the phonics test in Year 1, within the cohort as a whole and specifically as a proportion of those entitled to free school meals.
- The association between disadvantage and poor speech, language and communication development is relevant to NHS England and CCGs tasked with health improvement and reducing health inequalities impacting on life chances.

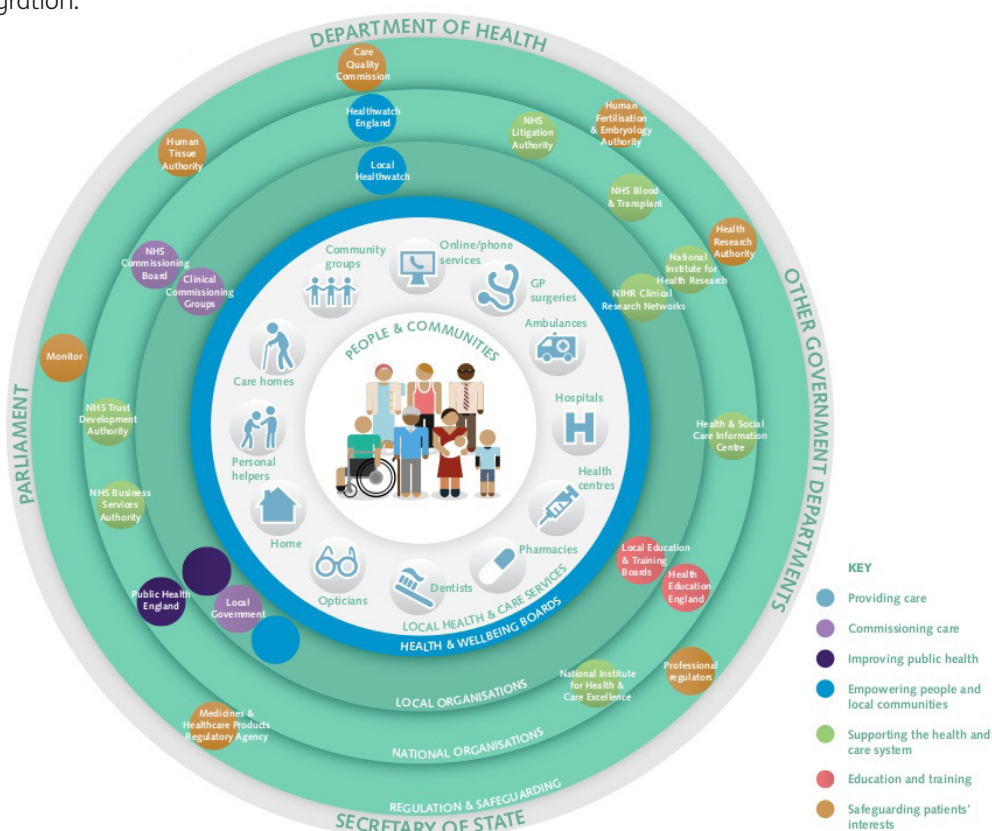


Figure 3: Showing the health and care system following the Health and Social Care Act, 2012

¹² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216159/dh_132362.pdf

¹³ <https://www.gov.uk/government/publications/public-health-outcomes-framework-february-2014-quarterly-data-update>

2. Healthwatch¹⁵

- Healthwatch England links with the local Healthwatch network and has the following strategic priorities:
 - Identifying concerns and risks and challenging others to take action
 - Advancing consumer rights and responsibilities
 - Promoting the design and delivery of services around the needs of a person
 - Developing the potential of the Healthwatch network
- The Council for Disabled Children¹⁵ is represented on the Board of Healthwatch England

3. Health and Well-being Boards

- Key to local joint arrangements
- Lead for the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategies (JHWS)
- Representatives of all key partners in a local authority area
- Ensuring that appropriate provision is in place to meet the needs of children and young people with SLCN in a given area is specifically mentioned in the Department of Health guidance for Health and Wellbeing Boards – Children with special educational and complex needs – Guidance for Health and Wellbeing Boards¹⁶

4. The Government's Mandate to NHS England¹⁷

- The NHS Mandate sets out the priorities for the NHS and includes prevention, enhancing quality of life, ensuring a positive experience of care and freeing the NHS to innovate
-

- The freedom to innovate is particularly relevant in the context of designing jointly commissioned provision for children and young people with SLCN as many of the barriers documented in research highlight constraints of structure rather than of individual creativity

5. Clinical Commissioning Group (CCG) statutory duties

- To meet the reasonable health needs of all patients
- To act consistently with the Mandate
- To act with a view to integrate health, health related, and social care services
- To work with local authorities and their partners in identifying local needs. In particular, both NHS England and CCGs must, in the exercise of their functions, have regard to the need to reduce health inequalities, both with respect to access to services and also in outcomes achieved by service provision. This is an important aspect of their role for children and young people with SLCN given the well evidenced association between disadvantage and poor speech, language and communication development.
- To draw on these in developing their commissioning plans
- These responsibilities on CCGs are particularly important in relation to ensuring integrated commissioning with partners to deliver the most effective provision to children and young people with SLCN

¹⁴ <http://www.healthwatch.co.uk>

¹⁵ <http://www.councilfordisabledchildren.org.uk/>

¹⁶ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/357447/DH_HWB_children_s_guidance.pdf

¹⁷ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256406/Mandate_14_15.pdf

What the SEND reforms and health integration mean in practice

- CCGs and local authorities must make joint commissioning arrangements for children and young people with SEN or disabilities, both those with and those without EHC plans
- The SEND code of practice 0-25 provides a statutory framework to set the expectations of joint working
- EHC plans will be developed with the child and family aspirations at the centre supported by multi-professional input
- There will be a focus on outcomes rather than inputs
- CCGs have a duty to secure health services set out in EHC plans (though speech and language therapy in an EHC plan will almost always be special educational provision)

Joint Commissioning for SLCN in the SEND Reforms

The main objective of the Communication Council seminar was to consider these SEND reforms as they will be applied to the support of children and young people with SLCN.

Joint commissioning for SLCN is not new, but the current SEND reform agenda will provide a clear statutory requirement for it to happen consistently.

The Better Communication Action Plan¹⁸ resulted in a number of positive outputs that are directly relevant to the implementation of the SEND reforms. In particular; the publication of a series of Tools for Commissioning for SLCN¹⁹, the interim and final reports of the Communication Champion and the summary paper from the Communication Champion²⁰ and RCSLT joint series of conferences bringing together examples of good practice²¹.

Although these documents pre-date the 2014 SEND reforms, the processes for joint commissioning and learning from case studies remain valid and a useful starting point for those approaching this area for the first time.

Joint commissioning is a core element of the SEND reforms. Delivering the intended outcomes for children and young people will be dependent on getting it right at a local level.

The change outlined by the reforms is a 'whole system' change. Figure 4, shows the relationship between the JSNA and JHWS, co-ordinated via the Health and Wellbeing Board in a local authority area, to the individual EHC plans of children and young people within that area.

The JSNA must be based on a comprehensive understanding of need across the local authority, health and care systems. This analysis must include detail of the deprivation, ethnicity and child poverty indices within a given area. These factors have been shown to be particularly relevant when planning for SLCN.

Joint commissioning processes must underpin the local offer, which includes the joint offer across education, health and social care for all children and young people with SEN both with and without an EHC plan.

Within the local offer tier sits the information published by schools which sets out the support co-ordinated, and possibly commissioned directly, by the school to support pupils with a range of SEN. The term SLCN includes a wide range of needs, meaning many children and young people won't require an EHC plan.

The local offer and SEN support provided in schools will be key to ensuring that the needs of all children and young people, including those who do not have an EHC plan, are appropriately met.

¹⁸ <http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-01062-2008>

¹⁹ <https://www.thecommunicationtrust.org.uk/commissioners/slcn-commissioning-tools.aspx>

²⁰ http://www.thecommunicationtrust.org.uk/media/9683/nwm_final_jean_gross_two_years_on_report.pdf

²¹ http://www.thecommunicationtrust.org.uk/media/17889/better_communication_report_-_rcslt_and_jean_gross.pdf

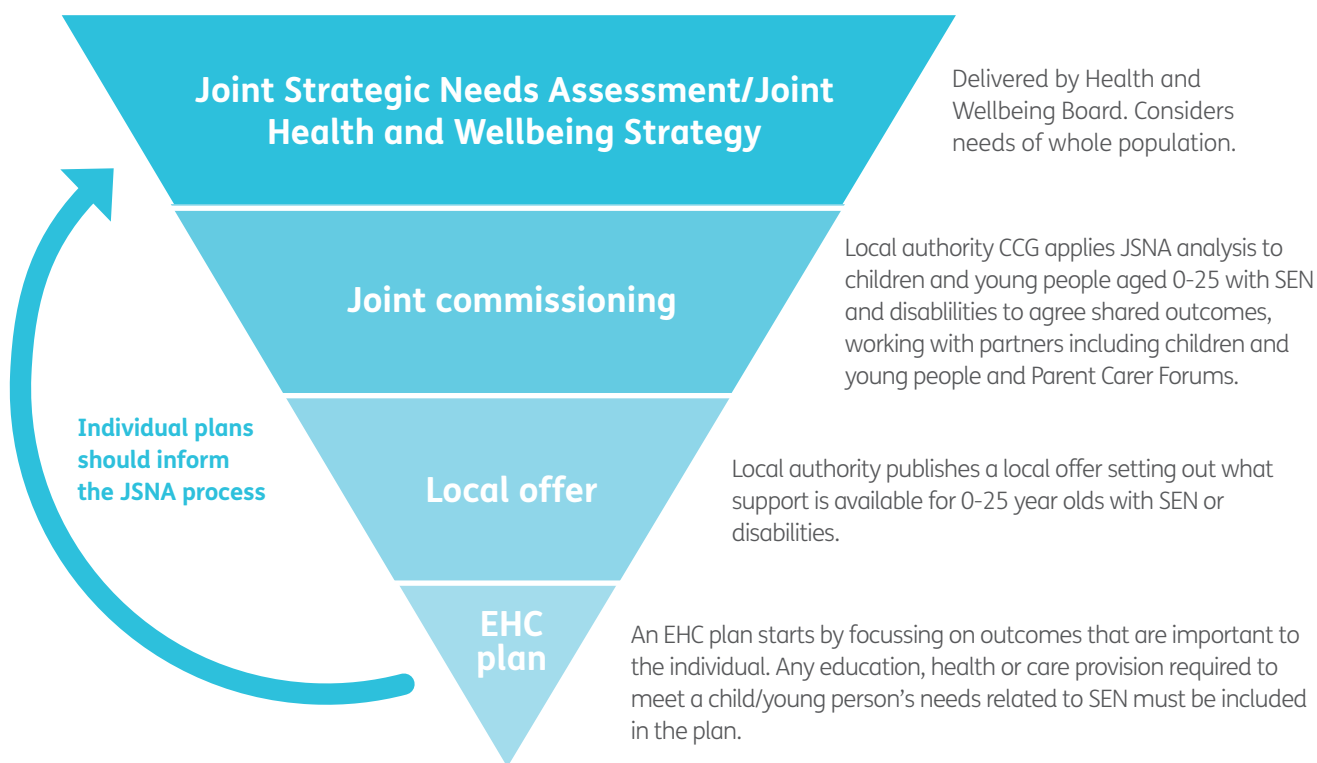


Figure 4: Diagram from Code of Practice for SEN 0-25 showing the relationship between the JSNA and individual needs (Department for Education 2014) ²²

²² <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

The local offer in practice

A programme of SEND Regional Pathfinder Champions²³ has been in place since April 2013 and will continue until March 2015 in order to ensure support and learning is available across the regions during the transition to the new systems. The Regional Pathfinder Champions have tested the implementation of the SEND proposals in practice.

North Yorkshire County Council is amongst the Pathfinders and their work was **presented** at the seminar with particular reference to the progress made around support for SLCN within the overall SEND Pathfinder objectives. North Yorkshire County Council's interactive local offer map provides an excellent example of a complex system made accessible for both a general audience²⁴ and young people with SEND²⁵. This demonstrates the strategic approach to planning and commissioning across the area which has been evident in their initiatives to support SLCN.

North Yorkshire County Council has been taking a strategic approach to SLCN for a number of years as evidenced by specific initiatives such as the Whitby Communication Project, Communication Ambassadors²⁶ and indeed the creation of the consultant post for SLCN in 2009 to provide strategic focus and develop a strategy to improve speech, language and communication skills of all children and young people. Joint commissioning for SLCN between the County Council and the five CCGs within North Yorkshire is not yet in place. However, an ambitious joint commissioning project bringing together the County Council, the City of York and five CCGs is under discussion.

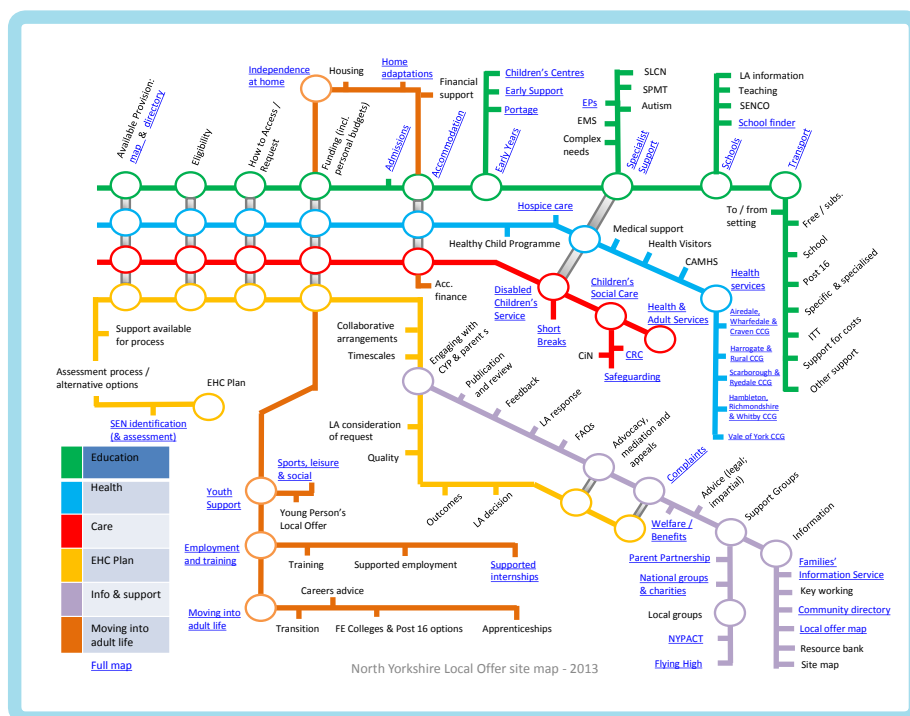


Figure 5: North Yorkshire County Council local offer Map

²³ <http://www.sendpathfinder.co.uk>

²⁴ http://www.northyorks.gov.uk/media/26040/Local-offer-map/pdf/Local_Offer_site_map_final_v8.pdf

²⁵ <http://www.nyss.org/26820>

²⁶ <https://www.thecommunicationtrust.org.uk/about-the-trust/previous-projects/communication-ambassadors/>

Strategic joint commissioning and the local offer in practice

- Strategic leadership is key in order to ensure that there is a local vision and driver to bring commissioning partners together
- The process of mapping the offer can, in itself, facilitate joint working which will in turn make joint commissioning more easily achievable
- However, mapping a local offer is only the beginning – then follows the process of identifying the elements of provision which require joint commissioning and embarking on a joint commissioning cycle for the given area of need – producing a local offer does not guarantee that effective joint commissioning is in place
- Engagement of stakeholders, including young people and their families, is essential to achieving an accessible and meaningful local offer
- Schools need to be able to identify where the information they publish setting out the SEN support they offer sits in relation to the local offer.
- The local offer is for all children and young people who have SEN or disabilities, not just those with EHC plans
- The local offer must be regularly reviewed, ensuring that children, young people and their parents/carers are facilitated to be part of the review process

Views of children, young people and their families at the centre

The SEND reforms are focussed strongly on ensuring that children, young people and their families are central to decision making. Specifically, the statutory guidance requires “the participation of children and their parents/ carers and young people”. For some services and local authorities, doing this meaningfully may require a shift in both culture and practice. From the SLCN perspective specifically, we know that the Better Communication Research Programme key findings (discussed in detail later in this document) highlight the essential importance of including the perspectives of children, young people and their families in setting outcomes and making decisions about their needs and support. This sort of interaction is essential to effective commissioning practice. The seminar heard from a young person and his parent about how vital this is to the experiences and outcomes for individuals.

David Carpenter, the young person representative on the Communication Council, spoke about his [experience](#) of support for SLCN and his hopes for a new system for supporting SEN. His mother, Linda, also spoke about [her experience](#) as the parent of a young person with significant SLCN, what had worked effectively and where the system needed to improve.

Key points raised by David and Linda:

- The need for early identification and appropriate specialist support – David had a severe and specific speech and language need, there was a need for intensive specialist speech and language therapy within an educational context
- The need for support to continue across the age range and across transitions. We heard about the negative impact on David's ambitions of not having a similar level of support in secondary education as had been in place in the primary phase
- The need for educators to be solution focused in supporting young people in striving to achieve their aspirations. We heard about the limitations placed on David's academic interests by a lack of flexibility in the curriculum and necessary additional support required to use the available technology to facilitate these goals
- The need for parents/carers to be supported in the statutory process and to have information about the range of provision available and what is most appropriate to meet the needs of their child
- The need for parents/carers to be supported, not only by professionals but also through parental support groups. Linda described how helpful she found the support of the charity Afasic²⁷ and how she was able to establish a local group for parents/carers of children and young people with needs similar to those of her son.

²⁷ <http://www.afasic.org.uk/>

Ensuring the views and aspirations of children, young people and their families are at the centre in practice

- Systems, and the professionals who work in them, will need to focus on really finding out what children, young people and their families aspire to and the support needed to achieve their goals
- Participation of children, young people and family representatives at all levels of service planning and delivery is essential, including as part of the joint commissioning process
- High quality, appropriate and accessible information and guidance needs to be available to children, young people and their families to support their decision making
- Service provision must be commissioned to take account of the full range of needs – from more general support needs through to the need for very specific and intensive support. This will include joint commissioning of universal, targeted and specialist support

“All the staff at the language unit worked with the pupils and parents. This enabled us all to have the same goals and a very clear pathway of how to achieve them.”

Linda Carpenter, parent

“For all the years at primary school, my speech and language therapist was the most important member of staff to me and my parents.”

David Carpenter



Ensuring the evidence base informs the commissioning cycle

Evidence is essential to good commissioning and provision. The seminar included a [presentation](#) summarising the key messages from the Better Communication Research Programme (BCRP) and a workshop considering research methodology and the appropriate tests for levels of evidence when using this information to inform commissioning and provision within SLCN specifically.

BCRP presentation

The BCRP was a three-year research collaboration, which culminated in a series of four thematic, and ten technical reports published in December 2012²⁸. It was the largest and most significant research programme specifically exploring SLCN ever conducted in the UK. The conclusions from each of the linked studies provide a rich evidence base to guide both clinical practice for SLCN and joint commissioning practice. A digest of the BCRP specifically for commissioners will be available from The Communication Trust in autumn 2014.

A summary of the key six messages from the programme was presented:

Department for Education guidance on the use of the category 'speech, language and communication needs' in the School Census should be reviewed.

Why is this important in practice?

The term SLCN has taken on different meanings in different contexts. The definition in terms of the School Census is very specific to children and young people whose primary need is specifically SLCN. The term is used more broadly by practitioners and commissioners who take an inclusive view of the term as being relevant to any level of need on a continuum, for example as used in the Bercow Report.²⁹

The implications of this confusion for commissioning and provision are especially evident in the needs assessment as part of the understand phase of the commissioning cycle, where there will be children and young people with SLCN who will have their needs classified by the school census under many headings including SLCN, autistic spectrum disorder, hearing impairment, moderate learning difficulties and so on. Similarly for providers, if flexible and responsive services are to be available they must not be constrained by labels which might 'silo' children and young people.



²⁸ <https://www.gov.uk/government/collections/better-communication-research-programme>

²⁹ <https://www.thecommunicationtrust.org.uk/media/248542/bercow-report.pdf>

Support for developing children's speech, language and communication should be conceptualised at three levels:

- Universal provision for all children
- Targeted provision for children requiring additional support within mainstream settings, guided by specialists (e.g. speech and language therapists: SLTs)
- Specialist support within mainstream or special settings with a high level of direct intervention or frequent and sustained consultation by specialists with non-specialist staff (e.g. teachers, teaching assistants).

Why is this important in practice?

This approach was first introduced in 2006 in the RCSLT Position Paper "Supporting children with SLCN within Integrated Children's Services (Gascoigne, 2006)³⁰ and reinforced in the Bercow Report in 2008. The BCRP found this to be an effective way of conceptualising support for the full spectrum of SLCN amongst children and young people. The importance of this in practice is to make explicit that there should be a range of provision to meet a range of needs and that those children and young people with the most specialist needs will also benefit from a universal and targeted offer.



Services and schools should systematically collect evidence of children's and young people's outcomes that include the perspectives of children, young people and their parents, and provide evidence that changes in children and young people's speech, language and communication are increasing their independence and inclusion.

Why is this important in practice?

Part of the BCRP explored the outcomes desired by children, young people and their parents/carers and found that independence and inclusion were consistently rated as highly important, often more so than academic attainment. The need to acknowledge and develop appropriate measures to evidence the change in children and young people towards their goals is a priority for the sector going forward.

A programme of initial and post qualification training is required for teachers in order to meet the varied needs of children and young people with SLCN and to develop the joint planning and implementation of evidence based provision and intervention which is necessary.

Why is this important in practice?

The SEND reforms place strong emphasis on quality first teaching and the ability of all class teachers to support children and young people with a range of needs within the classroom. Practitioners need to be supported in developing and maintaining the necessary skills to educate an increasingly diverse population. As part of the BCRP, a 'Developing communication supportive classroom' tool was developed to support practitioners.³¹

³⁰ http://www.rcslt.org/members/publications/publications2/supporting_children_within_integrated_services

³¹ <http://www.thecommunicationtrust.org.uk/resources/resources/resources-for-practitioners/communication-supporting-classroom-observation-tool>

Those responsible for commissioning services for children and young people with SLCN should ensure that the most appropriate model of support is available for every child with SLCN. This requires commissioning from education and health services and ensuring a continuum of services designed around the family, which collaborate effectively.

Why is this important in practice?

Variability in the offer available to support children and young people with SLCN is an on-going challenge. A lack of consistency was first identified in the Bercow Report and confirmed still to be an issue in the interviews with parents and young people as part of the BCRP. Needs led joint commissioning has the potential to address these variations along with identification and dissemination of effective models of support.

Research has had an essential role in understanding the needs of pupils with SLCN, the effectiveness of intervention and the pupils' developmental trajectories. There is now a need to consider the ways in which research can be integrated to further the development of effective practice.

Why is this important in practice?

There remain gaps in knowledge, not just about specific areas of SLCN such as supporting social and emotional needs of children and young people but also about the systems that deliver support, including the effective use of resources and the embedding of positive practice in schools and settings. It is important to continually emphasise the need to develop and maintain the links between policy, practice and evidence.



Evidence in practice

In addition to hearing about the headline messages from the BCRP, the seminar included a [workshop](#) which explored key features around how evidence underpinning interventions for children and young people with SLCN has been used and the way in which evidence for practice and policy interact with one another. In particular, participants were invited to consider the range of evidence levels and to appreciate that the Randomised Controlled Trial (RCT) may not always be the most effective approach to evaluate the effectiveness of interventions.

A useful illustration was provided by considering the [What Works](#) database³². *What Works* is a searchable web-based database of evidenced interventions for SLCN, hosted by The Communication Trust and developed from one of the reports of the BCRP.³³ The database allows practitioners and commissioners to look at the best evidence for themselves, weighing up the approaches and making informed decisions. It is updated at regular intervals and services are encouraged to work towards collecting the necessary data to have their own interventions included. *What Works* therefore provides both a summary of criteria-tested evidence and examples of the types of research practitioners need to engage with in order to enhance and develop the evidence base.

What using the research and evidence base means in practice

- Evidence to underpin practice is crucial, it is important to recognise that there are different levels and types of evidence which satisfy different purposes. A RCT is not the only acceptable level of evidence - rather the type and level of evidence should meet the needs of the context
- What is most important is the ability to evaluate the evidence available. In the case of the evidence relevant to supporting SLCN, case study and professional consensus evidence have an important role to play
- The development of innovative systems such as *What Works* support practitioners to access a developing evidence base and encourage an evaluative culture within professional practice
- In using evidence to underpin commissioning there is a need to ensure that the level of evidence required is reasonable for the context

³² <https://www.gov.uk/government/publications/what-works-interventions-for-children-and-young-people-with-speech-language-and-communication-needs>

³³ <http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eOrderingDownload/Bercow-Summary.pdf>

The joint commissioning cycle applied to SLCN

As has already been highlighted, joint commissioning is not a new concept in Children's Services or more specifically for children and young people with SLCN. However the requirements of the SEND reforms provide both legislation and statutory guidance to ensure that joint commissioning is delivered in practice. This is important as within the area of SLCN there remain barriers to achieving jointly commissioned service provision including:

- Establishing joint outcomes and outcome measures
- Agreeing relative financial contributions within a joint commissioning envelope
- Reaching a shared understanding of the provision required, both in terms of the profile of personnel delivering the provision and the nature of the activities undertaken. For example, joint commissioning may take place effectively to commission a single element of service provision or commissioning partners may be seeking to commission integrated provision around a particular group of children and young people – both are valid in different contexts

Figure 6 is the representation of the joint commissioning cycle in the 2014 SEND code of practice 0-25. This simple representation of the commissioning cycle is helpful in that it focuses on the joint activity required at each stage and moves away from historical commissioning cycles which emphasised the difference in processes across health, education and social care partners.

This section focuses on the commissioning cycle and draws on the contribution of two workshops delivered at the seminar.

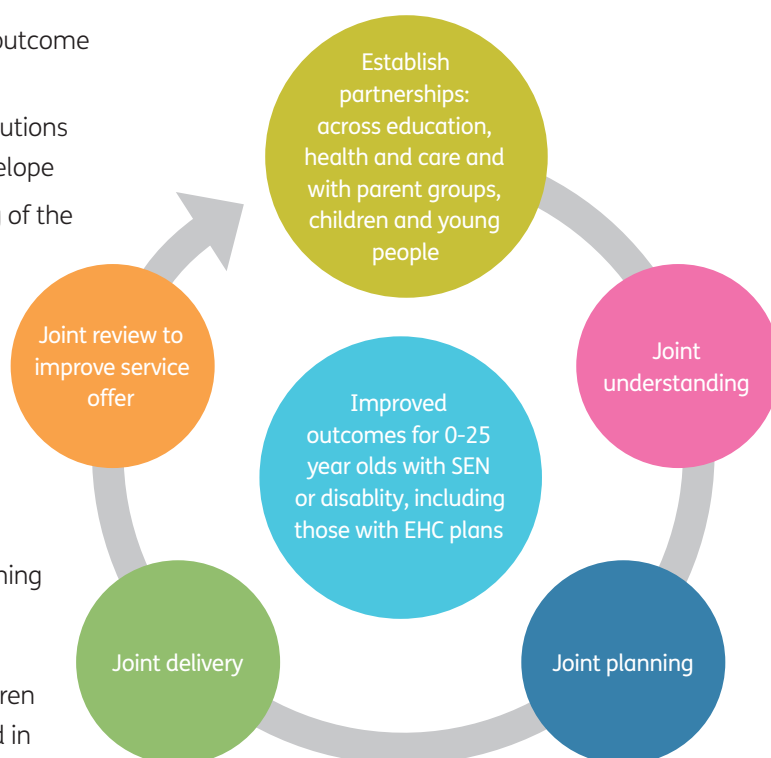


Figure 6: Diagram showing joint commissioning process from SEND code of practice 0-25³⁴ (Department for Education, 2014)

³⁴ <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

Joint understanding and joint planning

The understand and plan phases of the commissioning cycle are about needs assessment and whole system mapping of current provision in order to inform the planning stage that follows.

The tools for commissioners³⁵ produced as part of the Better Communication Action Plan continue to be relevant in providing guidance about the information that will be specifically relevant to the ‘understand’ phase as it applies to SLCN.

In order to reach a joint understanding of the SLCN issues within an area, a range of data sets will be helpful:

- Population and demographic data
- Prevalence and incidence data
- SEN data relating to SLCN
- Data from current providers of support

One [workshop](#) outlined the current work of the Child and Maternal Health Intelligence Network (CHIMIN)³⁶ and more specifically the data becoming available through the Maternity and Children’s Dataset (MCDS)³⁷. The interactive maps allow a commissioner or provider to access information across a wide range of parameters for their local population and to see this in the context of national and regional benchmarking. Though not all of the indicators are directly relevant to SLCN, a number are helpful in the understand part of the cycle including indices of deprivation and child poverty which will be relevant in the context of the well evidenced links between disadvantage and early language delay, as well as those relating to development at the end of reception year. A PDF outlining specific resources to improve commissioning for speech, language and communication available through CHIMIN was produced specifically for the workshop.³⁸

³⁵ <http://www.thecommunicationtrust.org.uk/commissioners/slcn-commissioning-tools.aspx>

³⁶ www.chimat.org.uk

³⁷ <http://www.hscic.gov.uk/maternityandchildren>

Needs analysis and whole system mapping tools developed as part of the Balanced System®³⁹ were outlined in both workshops. The Balanced System® is an outcomes based framework and suite of tools and templates that can be used to improve the commissioning and delivery of services which benefit from an integrated delivery model. In the context of the understand phase of the cycle, the needs assessment template gathers the most salient information from across health and education data sets, as well as provider information relating to the known SLCN within an area. The whole-system mapping tool allows a qualitative map of provision to be generated, with the emphasis on mapping what support is available across universal, targeted and specialist levels rather than the professional within the workforce who delivers this.

The joint planning phase of the cycle is where a joint specification for the provision required to meet the identified need is generated. The second [workshop](#) described the work in Buckinghamshire to develop a joint specification for a new service model to meet need across universal, targeted and specialist levels using the Balanced System®⁴⁰ core specification.



³⁸ <http://atlas.chimat.org.uk/IAS/dataviews/earlyyearsprofile>

³⁹ <http://www.bettercommunication.org.uk/the-balanced-system/>

⁴⁰ <http://tinyurl.com/tbs0013>

Buckinghamshire- a case study

The Buckinghamshire case study presented in the seminar workshop described a whole systems approach to joint commissioning for all elements of SLCN. Buckinghamshire has had a joint commissioner since 2007 and this has facilitated a strategic approach to commissioning of key services such as speech and language therapy and other therapies.

The drivers for change in Buckinghamshire included:

- disjointed commissioning across health and local authority,
- no service for school aged children unless they had a Statement of SEN
- inequitable provision across the county
- long waits
- input and activity focused
- limited focus on early intervention/prevention

A contract for the new model of service delivery was tendered and awarded. The involvement of young people in the procurement process was highlighted. Young people with SLCN were facilitated to participate in all stages of the process including the interview stage for shortlisted organisations. This reflects Buckinghamshire County Council's well-developed strategy for ensuring the participation of service users at all levels of decision making about services which they access.

Outcomes achieved in Buckinghamshire since the implementation of the specification include,

- Increased access to speech and language therapy with waiting times reducing from 40 weeks to 18 weeks (with 60% waiting only 10 weeks and further gains expected)
- Increased reach of the service by moving from clinics to schools as the default setting for school age children
- Move towards impact measures as a means of monitoring the contract with the requirement on the provider to introduce self-selected goals within the young peoples' SLT service

Joint delivery and joint review

Joint delivery in the context of these reforms presents an opportunity. Typically, joint commissioning, where it has been in place, has been about securing a single service, albeit with a requirement that the service (for example speech and language therapy) work in an integrated way with colleagues from across the children's workforce. However, going forward, there is an opportunity for commissioners to seek to commission joint delivery contractually, although this may remain challenging to achieve where a service pathway encompasses a range of professionals across provider organisations.

At the seminar, three services presented examples of joint delivery across agencies. These three initiatives addressed specific elements of need in a multi-agency way.

Local practice examples

Every Sheffield Child Articulate and Literate (ESCAL)

ESCAL is an award winning City Wide Literacy Strategy ensuring that 'Every Sheffield Child is Articulate and Literate'.

ESCAL acts as an umbrella for a range of services, projects, initiatives and strategies already being delivered to parents and young children across the city. Through a partnership approach the strategy aims to further embed literacy across services to families, children and young people and ensure there is a cohesive approach to meeting children's and young people's needs. ESCAL works within the framework of a 3 wave model, offering interventions across universal, targeted and specialist tiers.

Find out more about ESCAL [here](#) and on the [website](#)



Stoke Speaks Out

Stoke Speaks Out is an initiative which was set up in 2004 to tackle the high incidence of language delay identified in children in Stoke-on-Trent. It involves everyone in Stoke-on-Trent who links with children.

Stoke Speaks Out was set up to train and support parents, carers, practitioners and anyone in contact with families to make communication 'everybody's business'.

It has created a 'buzz' about early speech, language and communication development through creating a city-wide strategy for children's communication development. The project offers training and support for all practitioners in the workforce working with children under 7 years and their families. Stoke Speaks Out also supports 'communication ambassadors' who are people living in local communities who have an interest in children's development and are willing to spread the word.

It provides a practitioner network to discuss and develop support for speech, language and communication needs and also offers accreditation to schools and settings with a quality mark 'communication friendly' award.

Find out more about Stoke Speaks Out [here](#) and on the [website](#)

London Borough of Barking and Dagenham- Speech and Language Therapy and Portage, Early Support and Inclusion

Portage, early support and inclusion is an education service for pre-school children with additional needs, run by the Children's Services department and NHS Barking and Dagenham. Services for young deaf children including family support are also based with Portage, Early Support and Inclusion.

Barking and Dagenham Portage, Early Support and Inclusion works with very young children who have additional needs and their families.

There is a strong emphasis on co-operation and partnership with parents and carers and also between any other professionals and services involved with the family. This includes an active relationship with the speech and language therapy (SLT) service who provide an agreed amount of SLT input for portage families. This time is planned jointly with the portage, early support and inclusion team.

Find out more about Barking and Dagenham's multi agency approach [here](#) and on the [website](#)

Central to the do and review phase of the commissioning cycle in the 2014 SEND reforms is setting joint outcomes, for example in the context of an EHC plan or a service specification. This is another area that requires development in the SLCN sector as the SEND reforms are implemented. In the ‘do and review’ workshop, participants were invited to consider a range of outcomes in terms of which they would prioritise as measures. The [activity](#) highlighted the range of perspectives amongst the group – with functional outcomes and goals generated by young people being chosen less by participants than more direct attainment outcomes.

This activity was informative on a number of levels:

- The discussion which was prompted between participants coming from health or local authority, practitioner or commissioner perspectives. The activity was felt to be valuable in itself in reaching a better understanding of different perspectives
- The discussion which was prompted in relation to the outcome / impact measures that were derived from the BCRP findings about young peoples’ priorities for their own outcomes versus those selected from more traditional data sets. The increased awareness and understanding of the young person view in contrast with the professional priorities was also felt to be valuable by participants.



Joint commissioning cycle in practice

Understand and plan

- Rich sources of data exist to support the ‘understand’ phase of the commissioning cycle. However data are only helpful in the context of the right questions and a clear framework for analysis
- Commissioners and providers need to access data from both health and local authority systems in order to achieve a comprehensive understanding of need
- Qualitative and descriptive data are valuable in understanding the profile of provision already in place
- Joint specification requires shared understanding of priorities and service delivery model

Do and review

- Joint commissioning benefits from a strategic, whole systems approach
- The language and priorities of different partners remain a potential challenge and therefore a shared framework is helpful to setting joint outcomes and outcome measures
- A whole systems approach must be seen as just that, a ‘whole’ and not a ‘pick and mix’ of elements if the outcomes are to be achieved. As has been shown here, each element of the commissioning cycle and indeed of service provision, is integral to the others.



Summary

The provision of flexible, responsive, needs led and effective support for children and young people with SLCN at all levels of severity and at all levels of impact has long been a source of contention and debate. The ability to communicate is central to so much: friend-making and social inclusion; learning and academic attainment; safety and well-being.

The SEND reforms provide opportunity for genuine systemic change in how provision for children and young people with SLCN is commissioned and delivered, as well as how they and their families are meaningfully involved in this process.

The statutory requirement for joint commissioning arrangements, which will enable children and young people with SLCN to be able to better participate and work towards their goals, is a significant step forward.

However, successful implementation to improve outcomes for children, young people and their families is in the hands of all who commission, plan and deliver services.

It is for us to seize opportunities and overcome barriers to ensure that young people and families reflecting on their journey through the system in years to come are able to report a positive experience of support and evidence the impact on their lives and aspirations.



Timeline: transition to a new system

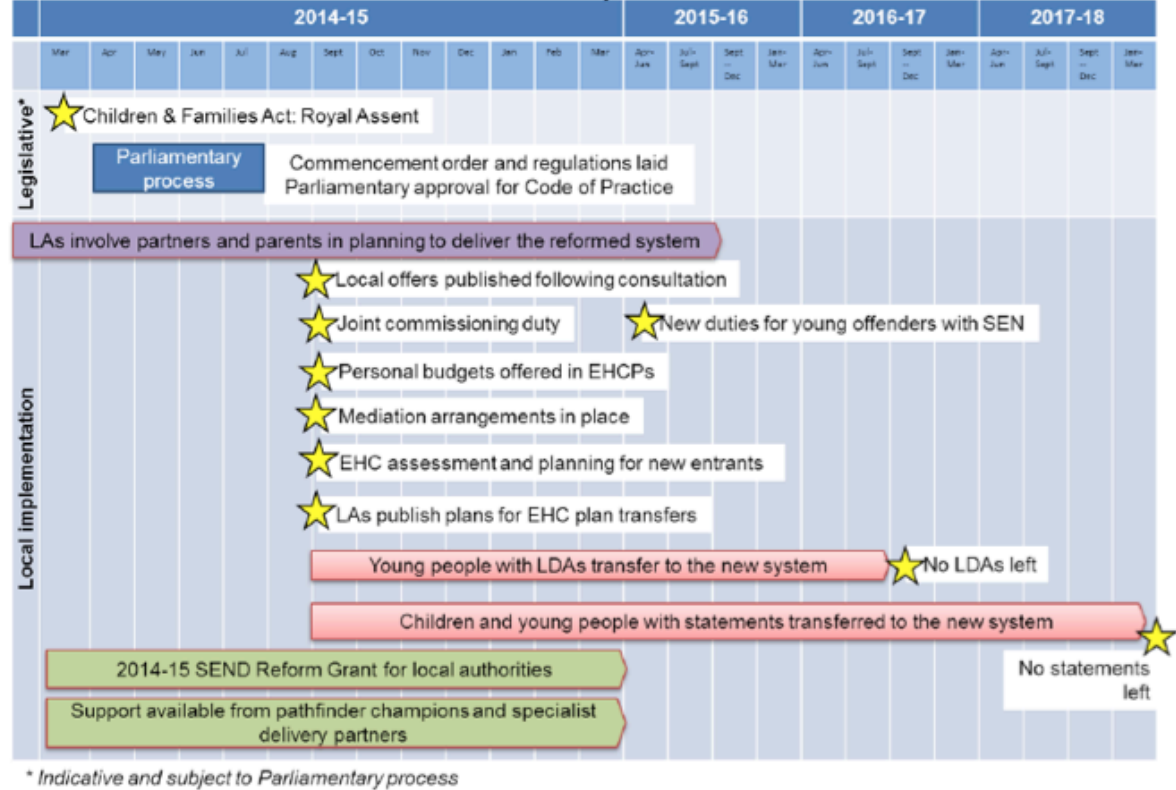


Figure 7: Timeline from the implementation guidance to Local Authorities and Partners (Department for Education, 2014)

Supported by:



Department
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This document was written by Marie Gascoigne, Better Communication CIC – a not-for-profit organisation which support change for children and young people with SLCN. www.bettercommunication.org.uk

It was produced by The Communication Trust on behalf of The Communication Council.

The Communication Trust is a coalition of nearly 50 voluntary and community organisations with expertise in speech, language and communication. We harness our collective expertise to support the children's workforce and commissioners to support all children and young people's communication skills, particularly those with speech, language and communication needs (SLCN).

We do this by raising awareness, providing information and workforce development opportunities, influencing policy, promoting best practice among the children's workforce and commissioning work from our members.

The Trust was founded in 2007 by children's charities Afasic and I CAN together with BT and the Council for Disabled Children. www.thecommunicationtrust.org.uk



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