# Dudley Speech, Language and Communication Health Needs Assessment for Children and Young People

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## Executive Summary

This report presents the findings of a health needs assessment conducted by Dudley Council in collaboration with NHS partners to understand speech, language and communication needs (SLCN) in children and young people in Dudley.

Speech, language and communication are a broad category of needs, ranging transient to complex and persistent needs. In some cases, these needs are secondary to another diagnosis, such as autism spectrum disorder.

Because the ability to communicate effectively is a fundamental skill, children with SLCN who do not receive adequate support are at risk of poorer outcomes throughout their life.

Our model estimates that there were 3,571 (4.7%) children aged 0 – 19 years old in Dudley with SLCN in 2023-24, though this is likely an under-estimate of the true need.

Gaps were observed in communication development, emerging as early as 1 – 2 years old. By 2 – 2.5 years, 12.1% of children in Dudley are below the expected level of communication development. Inequalities in communication outcomes by deprivation, ethnicity and geography are all observed as early as 2 – 2.5 years old and continue to persist at 5 years and beyond.

Dudley commissions a range of universal, targeted and specialist services aimed at supporting children with speech, language and communication needs. Many of these services are included in the recently published digital Speech, Language and Communication Home Learning Pathway, and many can be accessed through Family Hubs.

Gap analysis revealed the need for increased early identification and intervention, as well as increased training and support for early years settings, schools and the home environment, to manage demand for speech and language therapy services.

Recommendations are themed around four key areas:

**Key area 1**: Focus on prevention

**Key area 2**: Identifying need and delivering effective support

**Key area 3**: Planning and strategy

**Key area 4**: Developing the workforce

These recommendations include implementing the WellComm toolkit across early years and primary school settings as a screening tool to identify more children with SLCN, improving data collection and sharing and investing in workforce training and development, with an emphasis on early intervention.

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# 1 Introduction

## 1.1 Definition

Any child who is not developing their speech, language or communication skills to a level consistent with their stage of development is considered to have speech, language or communication needs (SLCN) (1). This includes a wide range of difficulties, from minor and temporary, through to long-term and complex (2). The Royal College of Speech and Language Therapists (RCSLT) defines (3):

**Speech** as "saying sounds accurately and in the right places in words". This also refers to "speaking fluently … with expression in a clear voice".

**Language** as "understanding and making sense of what people say" and "using words to build up sentences which are used in longer stretches of spoken language and to build conversations".

**Communication** as "how we interact with others". It includes non-verbal communication and "being able to consider another person's perspective, intentions and the wider context".

The RCSLT provides examples of SLCN experienced by young people as:

- Difficulties sequencing information to tell a story
- Difficulties accessing words for use (also known as 'word finding difficulties')
- Difficulties in understanding and using abstract language (e.g. idioms, metaphors)
- Poor use of grammatical forms
- Difficulties learning and using new vocabulary
- Difficulties staying on topic
- Understanding non-verbal communication
- Understanding and using words to label emotions

Children with SLCN may experience difficulties across one or multiple of these competencies, with varying degrees of difficulty. In some cases, SLCN may be associated with another diagnosis such as autism spectrum disorder, or cerebral palsy.

There are many terms used to describe speech and language problems. In the UK, the term Speech, Language and Communication Needs (SLCN) is recommended, and more specific diagnostic labels are not widely adopted (4). Terms such as specific language impairment (SLI), language disorder (LD) and developmental language disorder (DLD) are used in the literature, and all fall under the umbrella of SLCN.

## 1.2: Aetiology

The aetiology of SLCN is multifactorial, resulting from the interplay of a wide array of biological, developmental and environmental factors. However, in many cases, the cause of SLCN may remain unknown. Despite thorough investigation, no specific underlying cause may be identified. This highlights the complexity of communication development and the interplay of various factors that can contribute to SLCN.

### 1.2.1: Biological factors

**Genetic and neurological factors** can also play a role in SLCN. Conditions such as Down syndrome, Fragile X Syndrome, and cerebral palsy often manifest with communication difficulties due to underlying neurological or genetic abnormalities. Additionally, brain injuries or trauma can disrupt communication pathways and lead to acquired SLCN.

**Sensory impairments**, particularly hearing loss, are known to have a profound impact on language acquisition. Children with hearing loss may experience delays in speech development and struggle with understanding spoken language, necessitating early intervention and support to facilitate communication development.

**Physical conditions** affecting the oral-motor structures can also contribute to SLCN. Cleft lip and palate, for instance, can impact speech production, while structural abnormalities of the mouth or throat can affect both speech and swallowing.

#### 1.2.2: Developmental factors

Developmental conditions such as Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), and Specific Language Impairment (SLI) are commonly associated with SLCN. Children with these conditions may exhibit difficulties with social communication, understanding and using language, and maintaining attention, all of which can significantly impact their communication development.

#### 1.2.3: Environmental factors

Environmental factors such as limited exposure to language (communication-poor environments), or those experiencing adverse childhood experiences, such as exposure to neglect or abuse, can significantly hinder communication development.

In particular, the impact of parental and childhood use of digital technologies, such as smartphones, on SLC development ('digital parenting') is a complex and evolving area of research. There is growing evidence of an association between mobile device screen time and poorer language development among children (5-8). This is of particular concern because smartphone use by young children has become increasingly common in recent years (9). It is thought that mobile device use replaces face-to-face interactions between children and caregivers that are considered crucial to SLC development (10). However, direct cause-and-effect is complex due to the confounding effects of parental style, socio-economic status and the overall communication environment (11).

### 1.3 Why does SLCN matter?

The ability to communicate effectively is a fundamental skill on which many other aspects of personal, academic and social development is dependent. Early SLC development is critical for childhood cognitive, social and educational development (7). Without support, children with SLCN are at risk of poorer outcomes across the life course.

#### 1.3.1 Educational outcomes

Research has linked SLCN to poorer levels of academic attainment and vocational qualifications (3, 12). In particular, children with SLCN tending to have poorer literacy (13). Literacy can be defined as a continuum of proficiency in reading, writing and using numbers (14). Catts et al. estimate that children with language impairments are six times more likely to have a reading disability at the second and fourth grades (Year 3 and Year 5 in the UK) (15). This lower literacy is likely to continue into adulthood (16). Children classified as having severe SLCN get half as many GCSEs A*-C grade as their peers (17). Furthermore, children with SLCN are more likely to be excluded from school (18). Whilst SLC and literacy development are intrinsically linked and mutually supportive, literacy constitutes a distinct domain with its own specific set of skills and is beyond the scope of this health needs assessment.

### 1.3.2 Social, emotional, and mental health outcomes

Children with SLCN are more likely to experience social, emotional, and mental health difficulties. Teachers rank adolescent students with SLCN as more likely to experience emotional, behavioural and peer problems at school, and less likely to engage in prosocial behaviour (19).

Children with SLCN are also more likely to have difficulty establishing and maintaining friendships and other key relationships. They are likely to have fewer and lower-quality friendships (20), more likely to experience bullying (21) and may be more vulnerable to exploitation (22). As such, they are more likely to experience loneliness than their peers (23).

There is strong evidence for a link between SLCN and mental health problems, although the mechanisms are not well-understood. A meta-analysis identified that 80% of children with emotional-behavioural disorders had some degree of SLCN, which in many cases was undiagnosed (24). They are also more likely to experience anxiety (25, 26) and depressive symptoms (27) than their peers.

### 1.3.3 Lifelong impact

SLCN presents a considerable barrier to children and young adults accessing further education and training. As such, young adults with SLCN are more likely to not be in education, employment or training (NEET) after leaving school (28). Those who are successful in securing employment are more likely to be working in lower-skilled roles in the manual, service, and retail sectors than their peers (12, 29).

SLCN is also more prevalent in the offending population than the general population; notably, these are frequently undiagnosed prior to entry to justice system (30, 31). Unrecognised SLCN is a strong predictor of reoffending (30).

Failure to address SLCN may contribute to an intergenerational cycle of communication deprivation, resulting in poor language and communication skills being passed to the children of adults with SLCN, embedding inequalities (32).

## 1.4 Policy and commissioning context

Historically, there have been a range of organisations that independently commissioned speech and language services, including clinical commissioning groups, local authorities, NHS England, school and colleges under a variety of parliamentary Acts.

In 2007, Rt Hon John Bercow MP was commissioned by the government to conduct an independent review of services for children and young people (0 – 19) with SLCN. The Bercow report published 40 recommendations across five key themes:

1. Communication is crucial.
2. Early identification and intervention are essential.
3. A continuum of services designed around the family is needed.
4. Joint working is critical.
5. The current system is characterised by high variability and a lack of equity.

The review called for a joint commissioning framework, developed through 16 pathfinders who worked with the Commissioning Support Programme to identify best practice and provide evidence of effective joined-up commissioning in a range of local contexts. The pathfinder programme was prematurely terminated in August 2010. However, the Commissioning Support Programme has

published a range of SLCN commissioning tools incorporating lessons from the pathfinder programme (34).

In 2018, I CAN and RCLST published the *Bercow: Ten Years On* report following consultation with over 2,500 children, families, professionals, and other stakeholders (35). The report finds that public awareness of the importance of SLCN remains low, many eligible children are not receiving support and that services are often inaccessible and inequitable. This is despite growing evidence regarding which interventions are effective. This is underpinned by the fact that strategic whole-system approaches to SLCN remain uncommon in national and local policies.

The Children and Families Act 2014 (33) and SEND Code of Practice (2015) brings together the different commissioning organisations and requires a joint commissioning strategy. This joint approach between the NHS Integrated Care Boards and Local Authority Education and Health and Social Care is often co-ordinated via the Health and Wellbeing Board. Local commissioners need to co-ordinate integrated commissioning of services for children with SLCN provided by NHS and non-NHS agencies, ensuring services operate seamlessly to provide a continuum of universal to specialist services. This joint commissioning is often articulated through a universal Local Offer for all children and young people, including those with SEN. This local offer will encompass many services across an integrated pathway including midwifery, health visiting, school nursing, speech and language therapy, education and others.

There is also a requirement for schools to publish an outline of the support they provide. Schools may choose to define this as a 'school offer' that reflects the schools level provision as opposed to the Local Offer at Local Authority level.

Some children and young people will have specialist health needs (with or without SEN) where the responsibility for commissioning the specialist services they require will sit with NHS England. This includes specialist commissioning for those with the "most complex communication needs" and including specialised augmentative and alternative communications (AAC) technologies (local AAC offers are still commissioned jointly between NHS England and the Local Authority). In practice, children and young people with specialist health needs are likely to have other needs as part of their overall profile, which may fall within the local offer.

## 1.5 Key insights

Speech, language, and communication needs (SLCN) are a broad group of needs, ranging from transient language delay through to persistent and complex needs.

For many children, SLCN will be their only developmental need, but it can also be associated with other needs, such as autism spectrum disorder.

Because the ability to communicate effectively is a fundamental skill, children with SLCN who do not receive adequate support are at risk of poorer outcomes throughout their life.

# 2 National Prevalence

Prevalence is a measurement of the proportion of people with a particular characteristic in an at-risk population at a specific point in time (point prevalence) or over a defined period (period prevalence) (36). Fair comparison between areas and over time is dependent on a clear and consistent case definition. However, different geographies and organisations may classify SLCN differently, making direct comparison difficult. Furthermore, classifications change over time.

Recorded SLCN prevalence can be calculated by measuring the number of children with identified SLCN (for example, with an identified special educational need at school) and dividing by the total number of children within the defined population. However, there is evidence that many SLCN are unidentified in the population (24). As such, this may under-estimate the true SLCN prevalence in the population.

An alternative approach is to use population-level estimates of true prevalence (recorded prevalence + unrecorded prevalence) from primary research and apply this to the local child population structure to determine the expected number of local cases. Both approaches are presented here.

## National SLCN prevalence

There is considerable variation in prevalence estimates for SLCN in the UK. These estimates range from 3% - 10%. This range reflects differences in definitions, criteria, and assessment processes for SLCN, which makes data comparison between areas and over time challenging. The most widely cited estimate of SLCN prevalence in children is the UK is provided by Norbury et al., who use a cross-sectional teacher-completed survey of 7,267 children aged 4-5 years old in Surrey (37). They estimate the overall prevalence as 9.92% (95%CI 7.38 – 13.20), of which 7.58% (95%CI 5.33 – 10.66) are SLCN of unknown origin and 2.34% (95%CI 1.40 – 3.91) are secondary to another diagnosis.

There is a strong association between gender and SLCN identification. Research evidence estimates that SLCN prevalence may be up to 2.6 times higher in boys than girls (38, 39). There is also strong evidence that SLCN may be more than twice as prevalent in children from socially disadvantaged backgrounds, with between 40% - 56% of children starting school with SLCN (40, 41). Linday and Strand estimate the odds of SLCN being identified in a child with free school meals (FSM) as 1.8 times greater than in a child not entitled to FSM when adjusted for confounders (39).

There is limited research into the relationship between SLCN and ethnicity, but there is evidence that Chinese, Bangladeshi, Black African, Black Caribbean, and Black Other children are overrepresented for SLCN compared with White British children (39, 42).

# 3 Early years (0 – 5 years) data

## 3.1 Good Level of Development Data

Good level of development (GLD) is assessed at 9 – 12 months and 2 – 2.5 years as part of the Healthy Child Programme development review, delivered as part of the universal health visitor service. GLD is also assessed at the end of reception (around age 5) as part of the statutory Early Years Foundation Stage (EYFS) profile.

At 9 – 12 months and 2 – 2.5 years, GLD is defined as achieving the expected level of development across five domains: communication, gross motor, fine motor, problem solving and personal-social. This is assessed using the Ages and Stages Questionnaire version 3 (ASQ-3). At the end of Reception, GLD is defined as achieving the expected level for the 12 early learning goals within the 5 domains of learning relating to: communication and language; personal, social, and emotional development; physical development; literacy; and mathematics (43).

The proportion of children at or above the expected level (cut-off) in all five domains gives an indicator of the proportion of children who are developing as expected, with individual domains helping to gain a clearer picture of levels and inequalities in other areas, including communication skills (44).

### 9 – 12 months

At age 9 – 12 months, nearly all children (98.1%) achieved a good level of communication development according to local health visiting data collected over 2021 – 2024, with 73.6% of children achieving an overall good level of development (figure 1). Notably, there is little variation in communication skills by deprivation, ethnicity, or geography at this age (figure 2).

Identifying communication skills delay at 9 – 12 months is challenging because of the wide range of normal development at this age. Because of the rapid development of communication skills between 12 – 24 months, children who seem slightly behind at 12 months may catch up quickly, making early identification challenging.

### 2 – 2.5 years

At age 2 – 2.5 years, the percentage of children who achieved a good level of communication skills had dropped to 87.9%. This percentage has fallen almost every year since 2018/19 and has been below the national average since 2019/2020 (figure 1). By two years old, the space of language development typically slows, making it more apparent if a child is not developing as expected.

By age 2 – 2.5 years, inequalities have emerged in communication skills by deprivation, ethnicity and geography (figure 2):

**Deprivation:** As deprivation increases, the percentage of children achieving a good level of communication decreases. The percentage of children achieving a good level of communication was 11.6% lower among children in the 10% most deprived areas in Dudley compared to children in the least deprived 10%.

**Ethnicity:** By 2 – 2.5 years, the percentage of children achieving a good level of communication development was lower across all ethnic groups. White children were above the Dudley average[1],

[1] The median difference in percentage of children achieving a good level of communication at 2 – 2.5 years comparted to 9 – 12 months.

with 89.26% achieving a good level of development, while mixed (84.1%), Asian or Asian British (83.1%) and Black or Black British (77.9%) children were below the Dudley average.

**Geography:** Compared to 9 – 12 months, by 2 – 2.5 years levels of communication development was lower across all community forums in Dudley. The percentage of children achieving a good level of communication was above the Dudley average in Stourbridge and Halesowen, and below the average in Brierley Hill, Dudley North and Dudley Central.

It is also important to note that despite health visiting being a universal service, not all children in Dudley receive Health Child Development Program reviews. In 2021 – 2024, 1577 children did not receive a 9 – 12 month check and 1,316 did not receive a 2 – 2.5 year check. Although the percentage of children checked was similar at all levels of deprivation, because more children are born in the most deprived areas, the number missed health visitor assessments was greatest among the most deprived children (figure 3). Thus, figures based on ASQ data are likely to under-estimate the true prevalence on SLCN in young children.

*Figure 1: Time trend in the percentage of children above the ASQ-3 cut-off score for communication domain at age 2 - 2.5 years in Dudley and England, 2018 – 2023 (OHID Fingertips).*

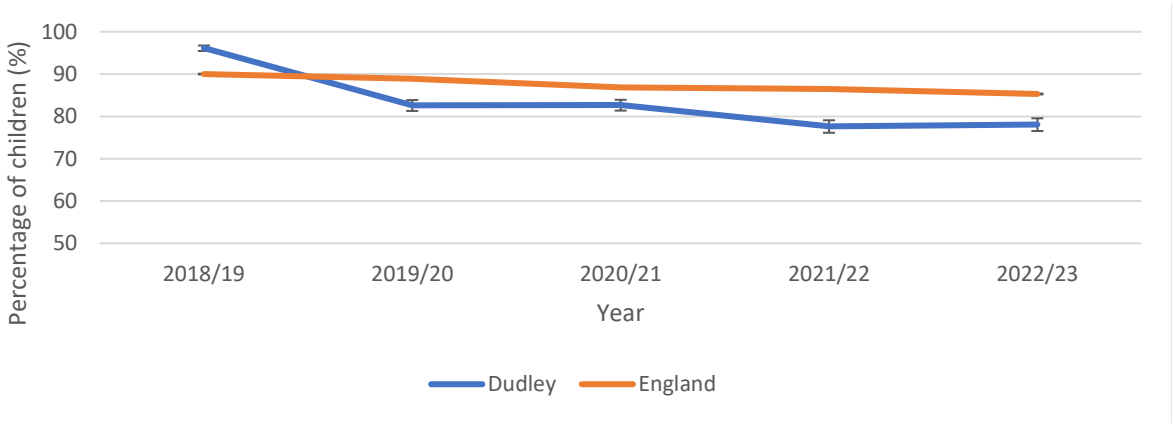


*Figure 2: Percentage of children above the ASQ-3 cut-off for communication domain at age 9 – 12 months and 2 – 2.5 years, 2021 – 2023 by (A) broad ethnic group (B) IDACI decile (C) Dudley community forum (Local health visiting data)*

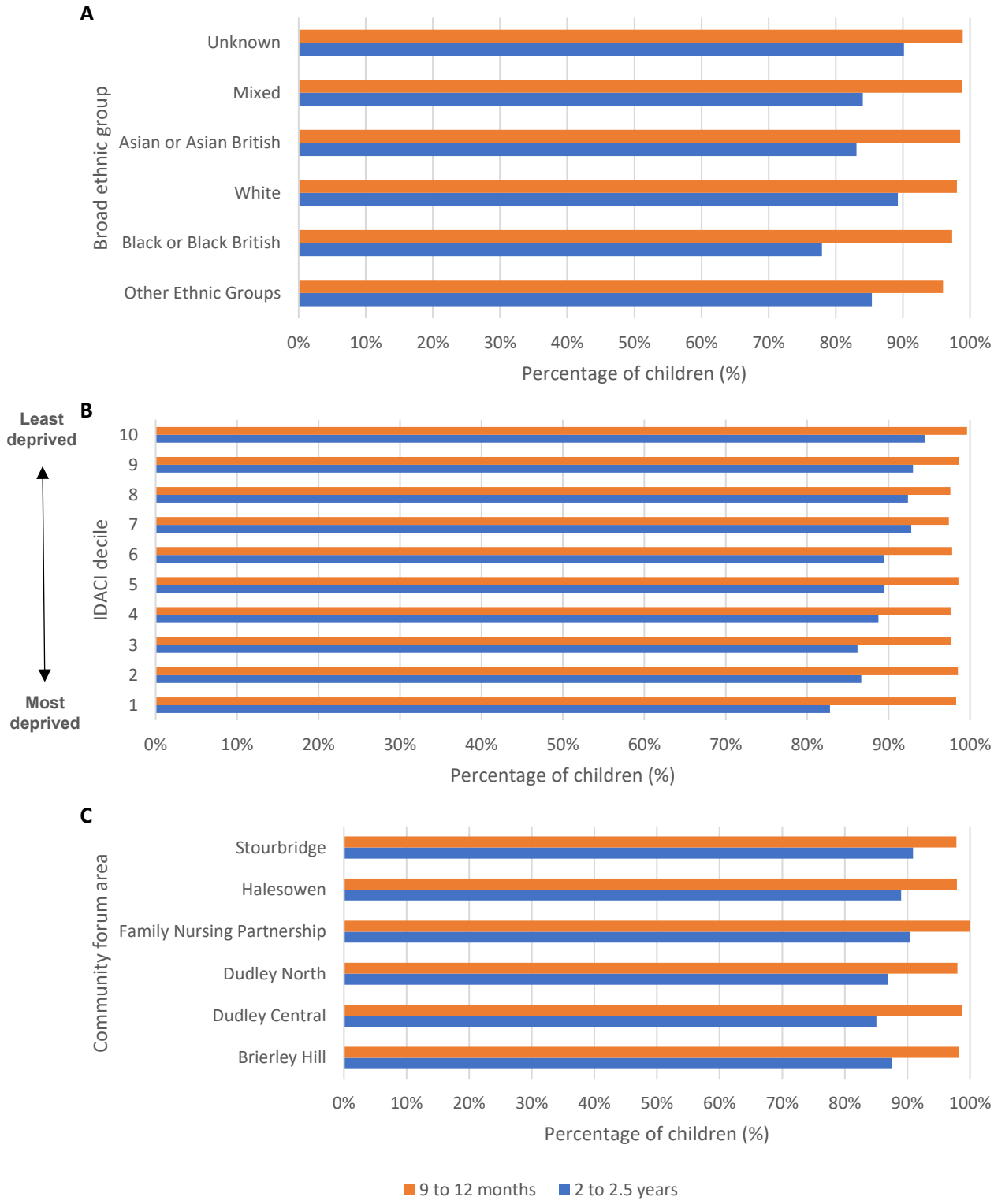
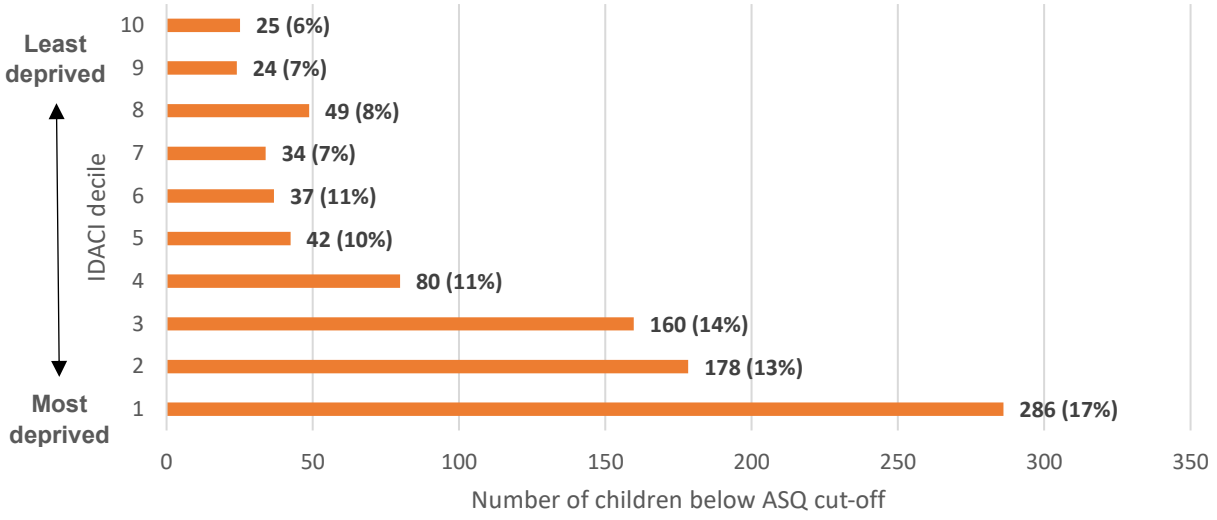


*Figure 3: Number of children (n, %) below ASQ cutoff for communication at 2 – 2.5 years in Dudley by deprivation decile, Q1 2021/22 to Q3 2023/24 (Local health visiting reporting data)*




### 5 years

The percentage of children of children achieving the expected level of communication and language skills by the end of Reception (age 5) was 75.8% in 2022/23. This was below the national average of 79.7% (figure 3). By the end of Reception, many of the same inequalities observed at age 2 – 2.5 persist (figure 5). Where speech and language needs persist beyond 5 years, children may be diagnosed with language disorder; many of these will have some degree of lifelong SLCN (45).

There was variation by ethnicity, with White children continuing to have better levels of development than Asian or Asian British and Black or Black British children. Additionally, children for whom English is their first language had better levels of development than those who had a different first language (66.2% vs. 54%).

There was variation by deprivation, with 54.7% of the most deprived children achieving a good level of communication compared to 77.2% of the least deprived (22.5% difference). Additionally, a lower percentage of children eligible for free school meals achieved a good level of communication (46.6%) than those not eligible for free school meals (68.8%).

Notably, the observed inequalities by deprivation continue to persist throughout childhood according to the DfE data presented in Section 4.8

*Figure 4: Percentage of children above the ASQ-3 cut-off for communication domain at the end of Reception (age 5) in Dudley and England, 2021 – 2023 (DfE Early Years Profile).*

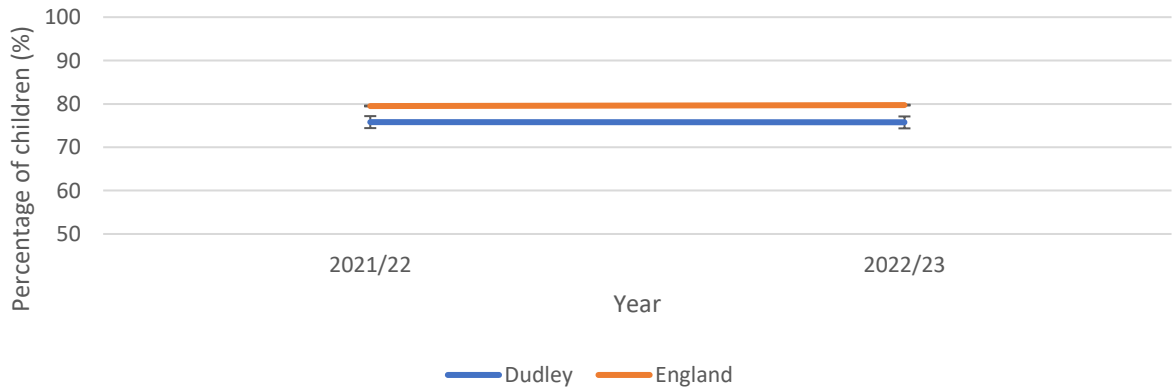
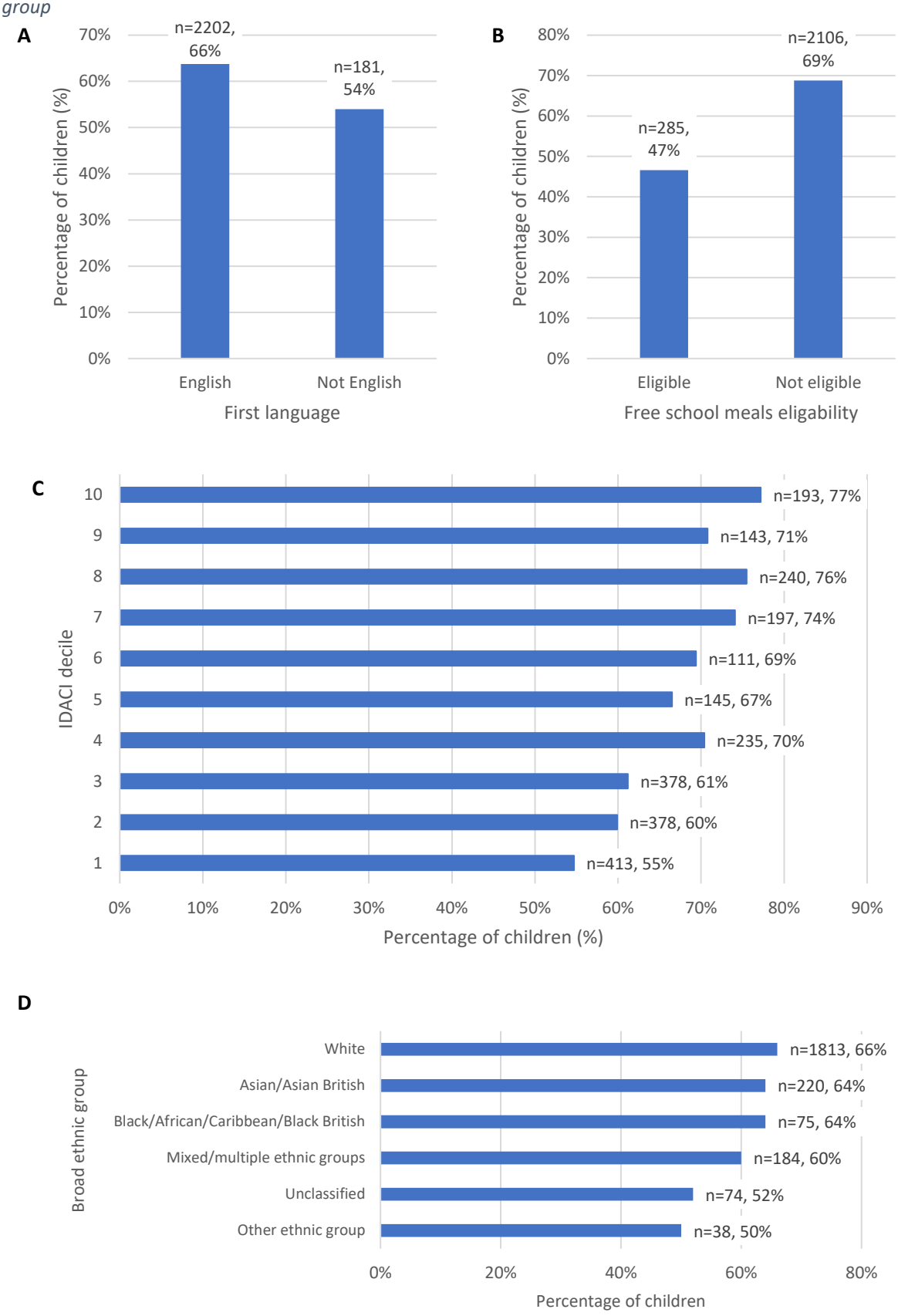


*Figure 5: Percentage of children above the ASQ-3 cut-off for communication, language and literacy domain at end of Reception, 2022 – 2023 by (A) first language (B) free school meals status (C) deprivation (D) broad ethnic group*



## 3.2 WellComm Early Years Toolkit Data

The WellComm Early Years Toolkit is an evidence-based toolkit for identifying and supporting children aged 6 months to 6 years experiencing speech and language delay (46). It is intended for use as a complete toolkit, from screening to intervention across a wide range of early years settings. The purpose is to increase detection of speech and language delay and provide support.

All children should be assessed using WellComm on an annual basis. Assessments typically take 15 – 20 minutes and can be carried out by anyone with or without speech or language expertise. Children are scored on a red/amber/green rating across domains of speech language and communication, grammar, memory, and inference.

Children scoring red should be prioritised for referral to specialist SLT services while those with amber indicators may be initially supported with targeted school-based interventions and re-assessed. The toolkit includes an age-appropriate 'Big Book of Ideas' with targeted activities that can be practised in school or shared with parents for use in the home learning environment.

WellComm was introduced across 28 private, voluntary, and independent settings, 3 childminders and 1 reception class in Dudley in summer 2023. Data has been collected quarterly, with the latest reporting in Spring 2024. Data was collected for 1101 children in Summer 2023 (baseline) and 2198 children in Spring 2024. Children were categorised into cohorts based on planned year of starting primary school (table 1).

Over this time, the percentage of children meeting the expected standard increased from 50% to 60% (figure 6). Improvements in the percentage of children achieving the expected standard were seen across all cohorts (range = 9% to 21% improvement) (table 2). Direct comparison between cohorts is difficult because of small sample sizes in the 2023/24 and 2027/28 cohorts. Furthermore, it is not possible to directly attribute differences from baseline to the introduction of the WellComm toolkit. Further analysis, including analysis of the characteristics of the settings included, is required to understand the effectiveness of the WellComm toolkit across early years settings in Dudley.

*Table 1: Number of children in each cohort included in WellComm assessment*

| **Cohort†** | **Number of children** | |
|---|---|---|
| | **Summer 2023** | **Spring 2024** |
| 2023/24 | 39 | 78 |
| 2024/25 | 587 | 1171 |
| 2025/26 | 335 | 669 |
| 2026/27 | 119 | 238 |
| 2027/28 | 21 | 42 |
| **Total:** | **1101** | **2198** |

† Cohort is defined by the year they are planned to start reception

*Figure 6: Percentage of children at expected and below expected standard in WellComm assessment in summer 2023 and spring 2024.*

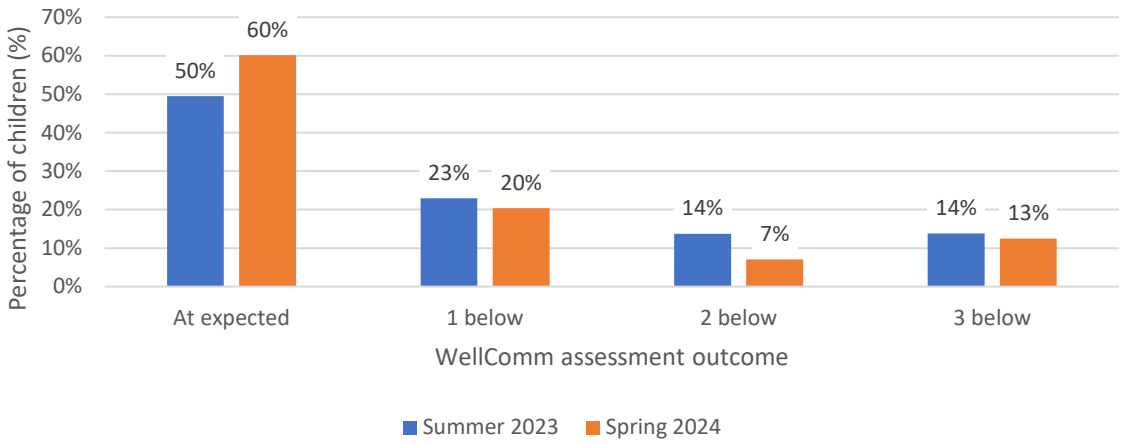



*Table 2: WellComm assessment outcomes at Summer 2023 and Spring 2024, by academic cohort*

| Cohort† | Summer 2023, n (%) | | | | Spring 2024, n (%) | | | |
|---|---|---|---|---|---|---|---|---|
| | At expected | 1 below | 2 below | 3 below | At expected | 1 below | 2 below | 3 below |
| 2023/24 | 10 (26%) | 22 (56%) | 4 (10%) | 3 (8%) | 18 (46%) | 18 (46%) | 0 (0%) | 3 (8%) |
| 2024/25 | 304 (52%) | 113 (19%) | 67 (11%) | 103 (18%) | 363 (62%) | 96 (16%) | 36 (6%) | 88 (15%) |
| 2025/26 | 171 (51%) | 65 (19%) | 57 (17%) | 42 (13%) | 119 (60%) | 67 (20%) | 26 (8%) | 42 (13%) |
| 2026/27 | 55 (46%) | 38 (32%) | 22 (18%) | 4 (3%) | 72 (61%) | 29 (24%) | 14 (12%) | 4 (3%) |
| 2027/28 | 5 (24%) | 15 (71%) | 1 (5%) | 0 (0%) | 7 (33%) | 13 (62%) | 1 (5%) | 0 (0%) |

† Cohort is defined by the year they are planned to start reception

## 3.3 Key Insights

Gaps in communication development begin to emerge as early as one to two years old. By 2 – 2.5 years, 12.1% of children in Dudley are below the expected level of communication development.

Inequalities in communication outcomes by deprivation, ethnicity and geography are all observed as early as 2 – 2.5 years old and continue to persist at 5 years and beyond.

Pilot data from the WellComm toolkit in early years settings suggests that as many as 40 – 50% of children in these settings may be below the expected level of communication. However, because not all settings returned data, it is difficult to determine whether this estimate is accurate.

Together, these data highlight the importance of the early years (0 – 5 years) in shaping speech, language and communication outcomes across Dudley. Efforts to reduce SLCN should have a strong focus on supporting early years settings and the home learning environment. Furthermore, it is crucial to take affirmative action to reduce inequalities in communication that emerge in the first years of life.

# 4. School settings (5 – 16 years) data

## 4.1 Dataset, strengths and limitations

*Special educational needs in England* is an annual publication by the Department for Education that combines information from the school census, school level annual school census and general hospital school census on pupils with special educational needs (47). It includes breakdowns by type of SEN provision, type of need, age, sex, ethnicity, first language status and free school meals eligibility.

This provides a highly complete dataset that covers nearly all children in primary and secondary education. This can be used to provide prevalence estimates for SLCN in school-aged children.

However, there are several limitations of the DfE School Survey data. These limitations mean that this data is likely to under-estimate the true number of children with SLCN in Dudley:

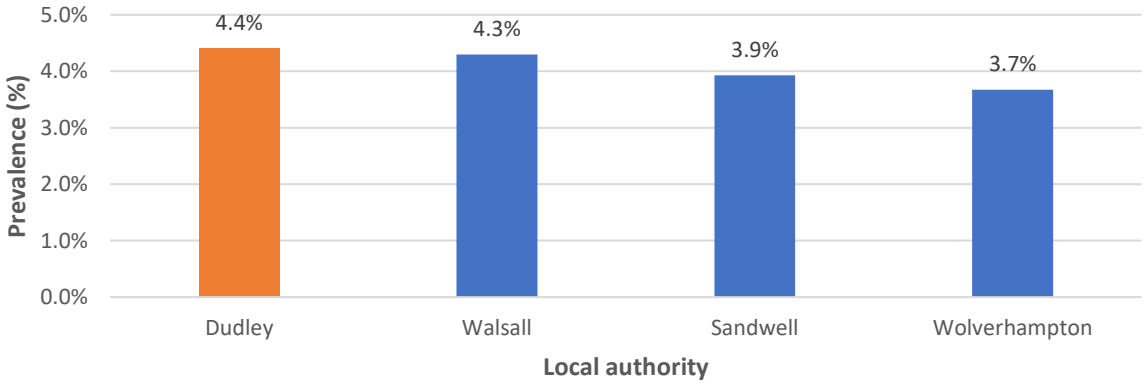
- The DfE definition of SLCN is narrower than the definition in the Bercow Report. For example, it excludes children with autism spectrum disorder, sensory impairments, or primary behaviour difficulties.
- This data only counts children with an identified SEN. There is evidence that many SLCN are undiagnosed (24), as such this data likely only represents a small proportion of all SLCN. For example, it does not include children experiencing SLCN that falls below the threshold for identified SEN.
- There is evidence that many children with undiagnosed SLCN are misclassified as having other needs, such as behavioural, emotional, and social difficulties (BESD) (24).
- This data set does not include independent schools, non-maintained special schools, state-funded AP schools and home-schooled children.

## 4.2 Overall prevalence estimates

This data estimates that in 2023-24 there were 3,369 children and young people aged 0 - 19 in Dudley with SLCN, equating to a recorded percentage prevalence of 4.4%[2]. This is within the expected range, based on the research literature and is similar to Black Country neighbours (figure 7). Of these, 1572 (2%) had another special educational need. Local NHS Speech and Language Therapy services estimate that 400 children (0.5%) would benefit from augmentative and assistive communication (AAC) technologies.

[2] Calculated by dividing the number of children with recorded SLCN by the ONS mid-2023 population estimate for 0 – 19 years (76,789 children)

*Figure 7: Recorded prevalence (%) of SLCN in 0 – 19 year olds in the Black Country, 2023-24*



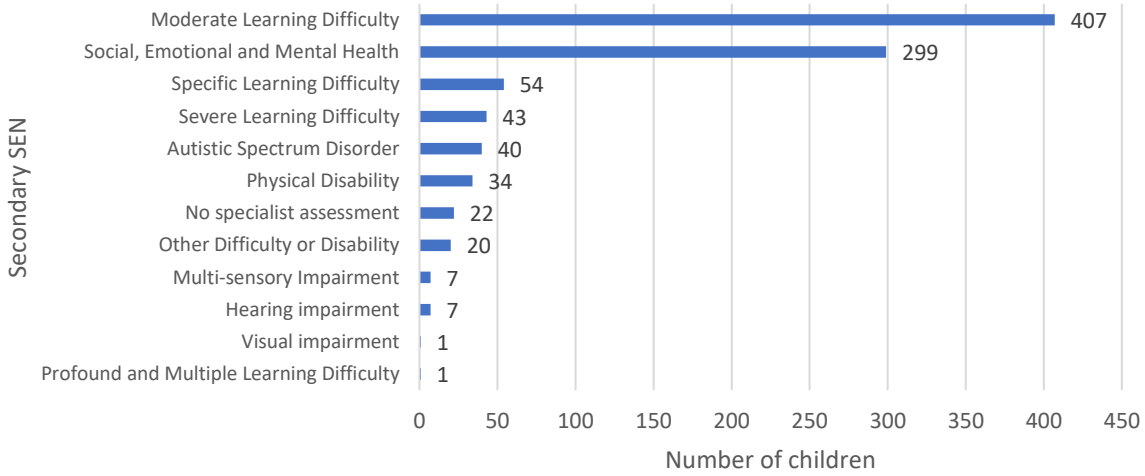

## 4.3 Primary SLCN

The DfE counts the number of children with SLCN in terms of whether it is their primary special educational need (SEN), or a secondary SEN (ie. where they have another primary SEN).

In 2023-24, there were 2,732 children (3.6%) with SLCN identified as their primary special educational need (including children at all levels of SEN support). Of these, 935 (1.2%) had primary SLCN, associated with another secondary special educational need. The most common secondary needs were moderate learning difficulty and social emotional and mental health[3] (figure 8).

Note: The remainder of this analysis refers only to children with a primary SLCN need (data for secondary SLCN not available).

*Figure 8: Number of children with primary SLCN, by secondary special educational need*




[3] The SEND Code of Practice describes a broad range of needs that includes withdrawal and disruptive or challenging behaviour. These may be secondary to a mental health condition or behavioural disorder.

## 4.4 Secondary SLCN

In 2023-24, there were 637 children (0.8%) in Dudley with a different primary SEN, but with SLCN as a secondary SEN. The most common primary needs were moderate learning difficulty, social emotional and mental health, and autistic spectrum disorder (figure 9).

Overall, this estimates the number of children in Dudley with SLCN associated with another developmental disorder as 2.0%, in line with national estimates of 1.8% - 2.78% (48, 49).

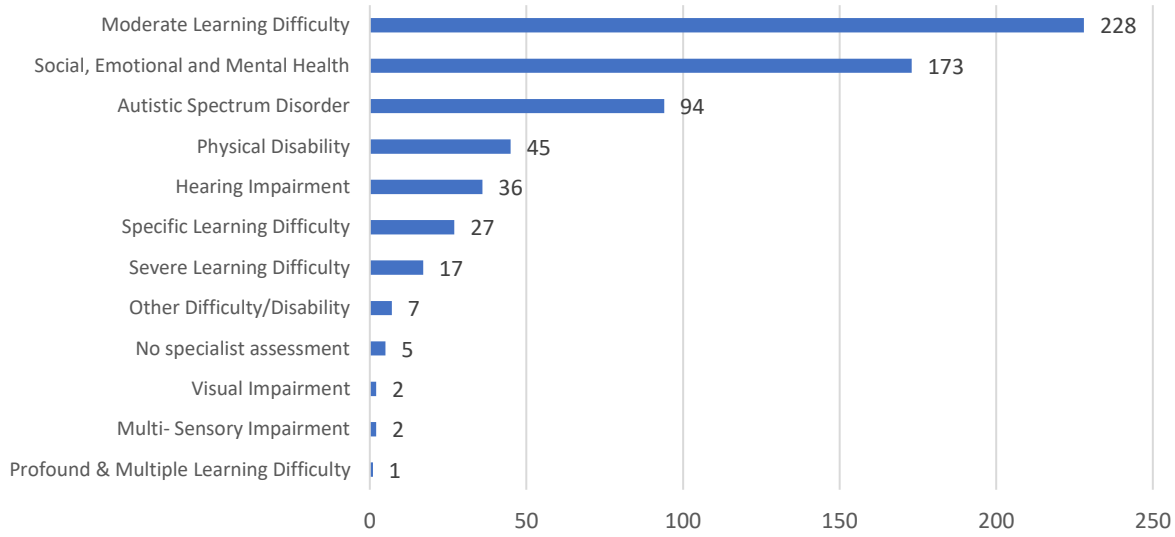
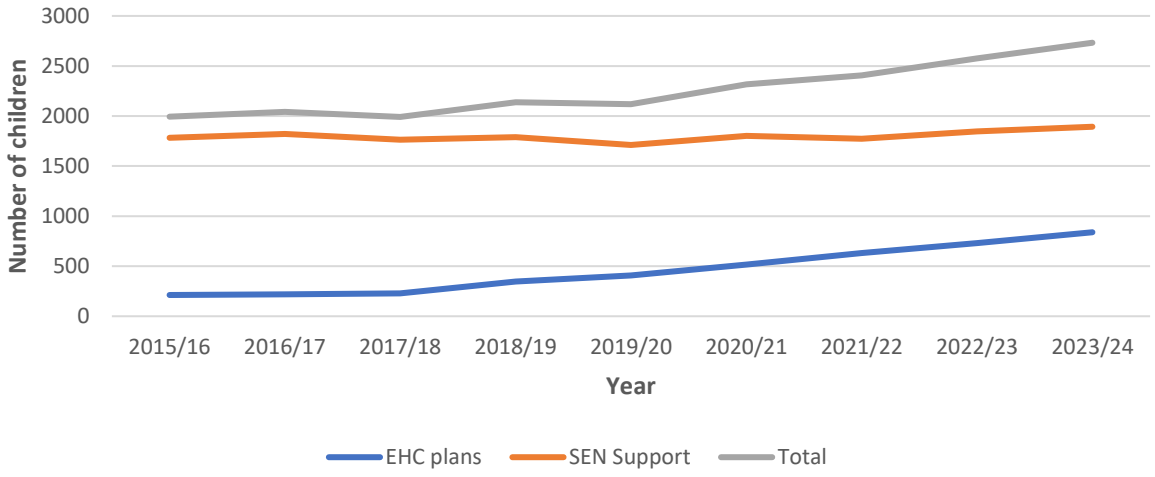



*Figure 9: Children with secondary SLCN, by primary special educational need*

## 4.5 Variation over time

The number of children with SLCN as a primary need as risen steadily over 2015 – 2024 (figure 10). Notably, over this time the number of children receiving SEN Support has remained steady but the number of children with an Education, Health and Care (EHC) plan637 for SLCN has increased by 3

*Figure 10: Time trend in the number of children with SLCN, by type of support received, 2015 - 2024*

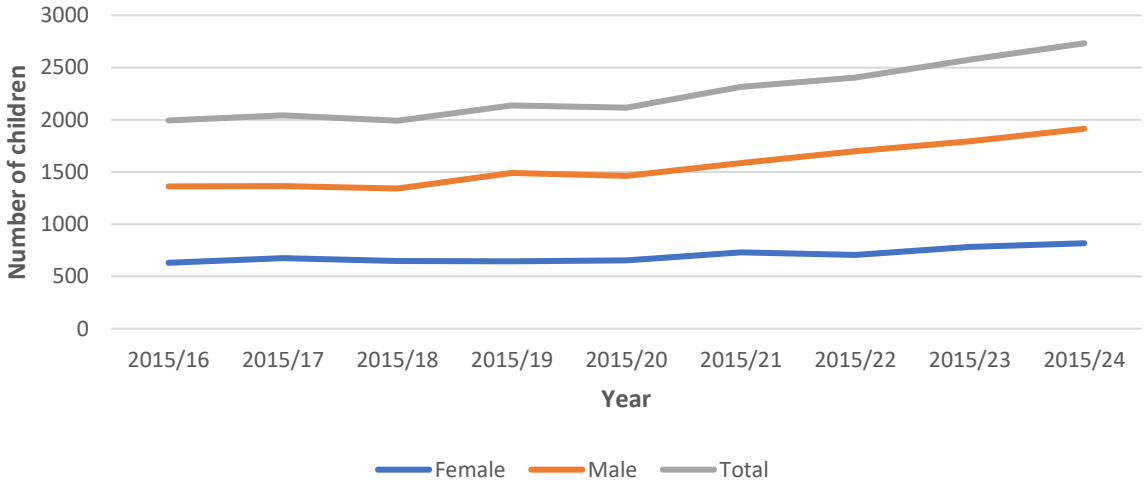



times.

## 4.6 Variation by sex

The number of boys with SLCN is consistently 2 – 2.4 times the number of girls (figure 11). This is consistent with national research data (50).

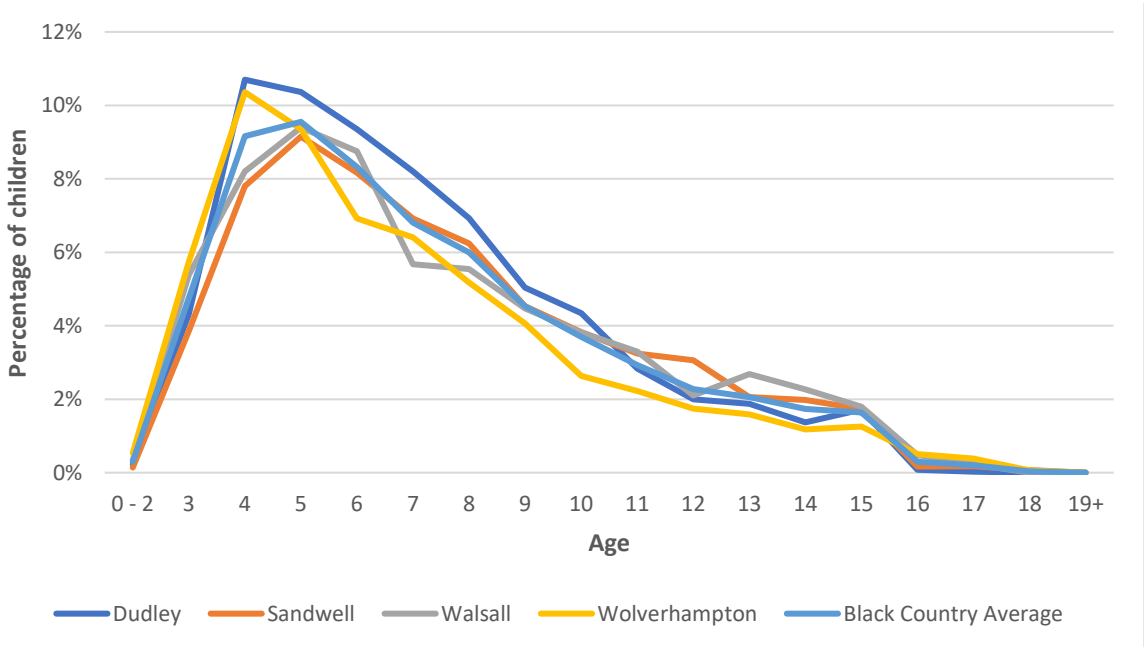
*Figure 11: Time trend in the number of boys and girls with SLCN in Dudley, 2015 – 2024.*




## 4.7 Variation by age

The percentage of children with SLCN varies by age with similar patterns across the Black Country (figure 12). The percentage rises sharply to a peak at age 5 and drops significantly by age 11. Notably, Dudley has the highest percentage of children with primary SLCN between 4 – 10 years old. Over this time, Dudley is between 0.5 – 1.5% above the Black Country average.

*Figure 12: Percentage prevalence of primary SLCN by age across the Black Country, 2023-24*




This pattern is also consistent since 2015, suggesting that a significant proportion of the SLCN in children aged 5 – 6 years resolves by the time they start secondary school (ie. these needs are transitory). Alternatively, these needs may continue to exist but are either no longer recorded or are classified as a different SEN need (for example, as behavioural, emotional, and social difficulties). This

may explain the reductions in recorded prevalence at ages of transition between school types (ages 4, 11 and 16).

Together, this data highlights that much of the burden of SLCN need is in primary school-aged children. It suggests that there is a need to provide support to primary schools in managing this need, and the need for intervention in the early years (0 – 5 years) to reduce this burden in the future.

For children in secondary school, there are two important considerations. Firstly, more work must be done to understand the support provided to children in secondary school; where the percentage of children with SLCN is lower (around 2%) there is risk of reduced awareness and fewer resources for manging these needs. It is also important to acknowledge that children whose SLCN persists into secondary school are likely to represent those with more persistent and complex needs. It is likely that there is considerable overlap with the 2% of children who had SLCN associated with another SEN (figures 8 and 9). Secondly, the very low recorded prevalence of SLCN among children aged 16 and above (0%) may indicate that many children with persistent SLCN are not continuing in formal education beyond 16 years of age. This may highlight inadequate support for children with SLCN aged 16 and above.

Percentages should be interpreted with caution below age 5 and above age 15. Because a smaller proportion of children are in the school system during these ages, these figures are likely to be less accurate.

## 4.8 Variation by ethnicity and first language

There is little variation in the percentage of children with primary SLCN by broad ethnic groups (figure 13). There is a 0.7% difference between the ethnic group with the highest percentage (Asian, 5.9%) and the group with the lowest percentage (Black, 5.2%).

There is also little variation in the percentage of children with primary SLCN by first language, with 5.6% of children with English as a first language and 5.8% of children with a different first language reported as having primary SLCN (figure 14).

**Note**: These percentages are calculated as a percentage of pupils included in the DfE School Survey (n=48,306), not as a percentage of all children in Dudley (n=76,493).

*Figure 13: Percentage of children with primary SLCN by ethnicity, 2023-24*

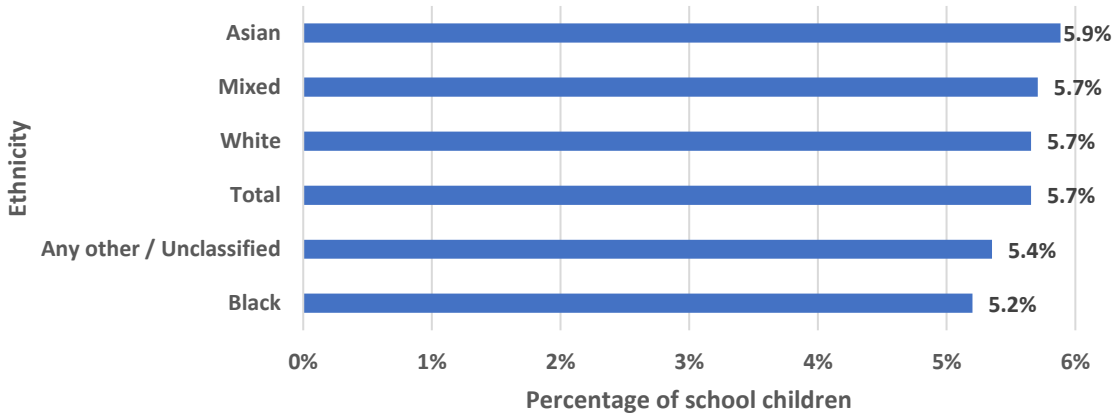
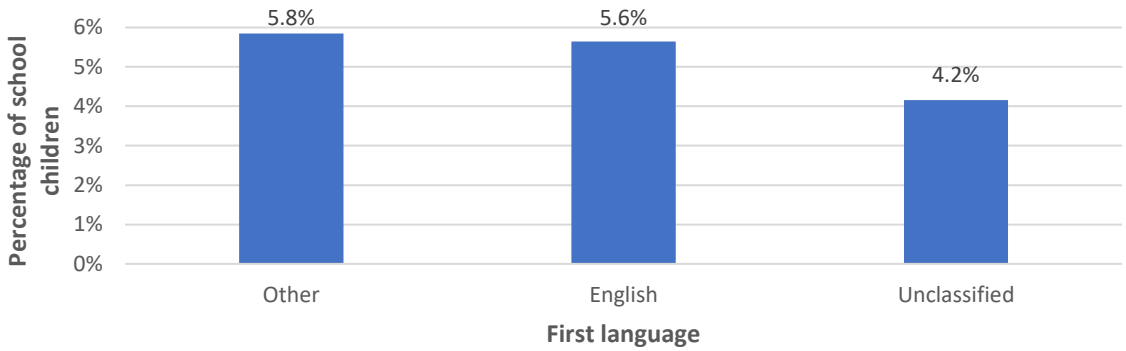


*Figure 14: Percentage of children with primary SLCN by first language, 2023-24*

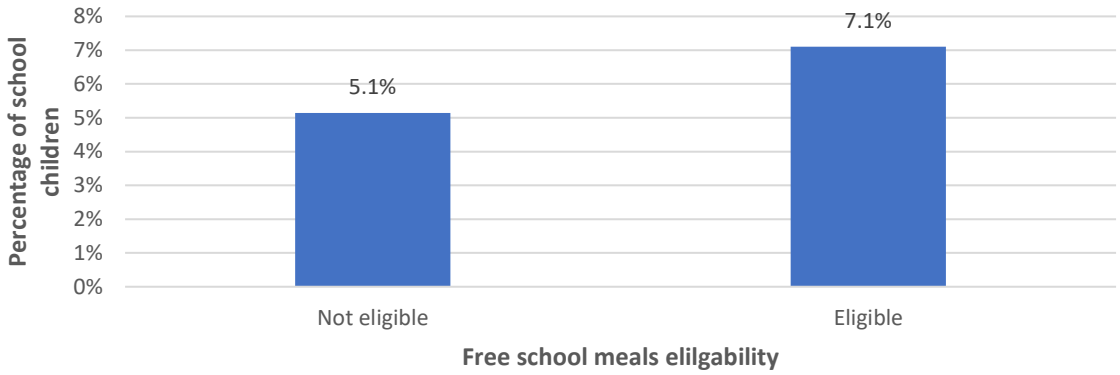



## 4.9 Variation by free school meal eligibility status

In Dudley in 2023-24, the percentage of children with primary SLCN is 2% higher among children who are eligible for free school meals (n=12,561; 7.1%) as it is among children who are not (n=35,751; 5.1%) (figure 15).

Because free school meal status is used as a marker of socio-economic disadvantage among schoolchildren, this data suggests that socio-economically disadvantaged children in Dudley are more likely to have primary SLCN. This is consistent with the research literature (24).

*Figure 15: Percentage of children with primary SLCN by free school meals status, 2023-24*




## 4.10 Key insights

We estimate that there were 3,369 (4.4%) children in Dudley with SLCN in 2023-24, based on data from the DfE school survey. Of these, 1572 (2%) had an additional special educational need. These figures are similar to Black Country neighbours.

National research suggests that between 3 – 10% of all children have SLCN. This suggests that there may be up to 4,280 children (5.6%) in Dudley with unidentified SLCN.

The number of children with SLCN has risen considerably since 2019/20 (18% increase), largely driven by an increase in children with an EHC plan for SLCN over this time. As these children typically require a higher level of support, this suggests an increase in the complexity of the case mix, and the intensity of support required.

The percentage of children with identified SLCN varies by age. The rates of SLCN are highest among 4 year-olds (11%), with rates steadily declining to 3% among 11 year-old. Rates continue to decline throughout secondary school. This highlights that the burden of need is highest among younger

children, and that many of these needs can be met through early intervention. The high rates of SLCN among 4 to 5 year-olds suggests that there may be a high prevalence during the early years (0 – 5 years). However, this data set does not provide accurate counts of the numbers of children with SLCN before starting primary school.

In line with national data, rates of SLCN in Dudley are higher among boys and children eligible for free school meals.

It is difficult to obtain accurate estimates of the number of children with SLCN. These estimates are likely to be an under-estimation because many cases are undiagnosed, because of differences in definitions and criteria for identifying SLCN, and because not all schools and settings are included within these counts.

## 5. Dudley Prevalence Model

A model was created to estimate the overall prevalence and age-specific prevalence rates of SLCN in Dudley (figure 16). This model was combines the ASQ and *Special educational needs in England* data (table 3). This model estimates that there are 3,571 children aged 0-19 years with SLCN in Dudley. This equates to a percentage prevalence of 4.7%.

*Figure 16: Modelled age-specific percentage prevalence of SLCN in Dudley*

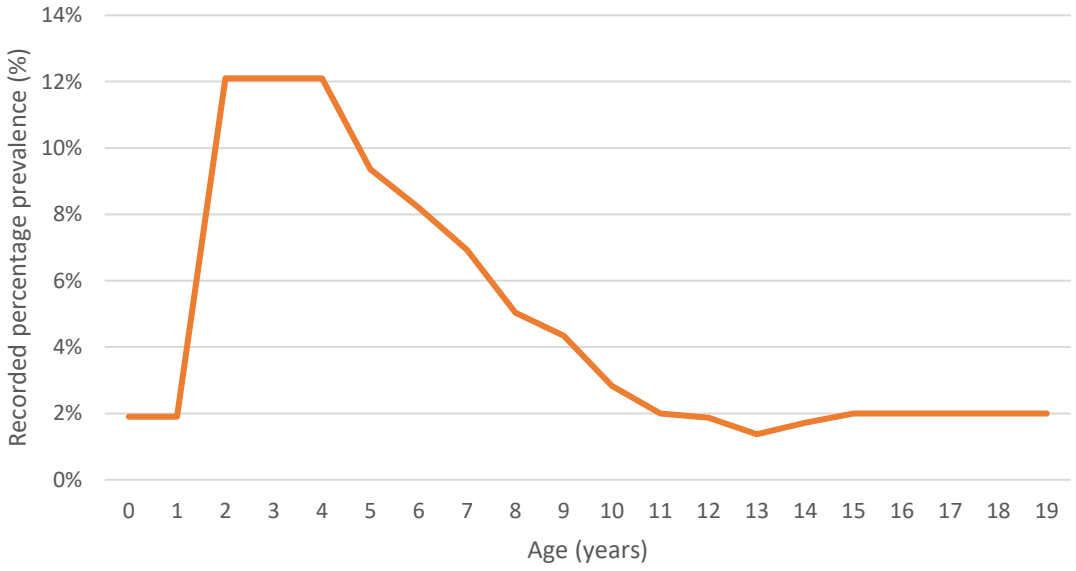



*Table 3: Data sources for modelled age-specific prevalence*

| Age range (years) | Prevalence (%) | Source |
|---|---|---|
| 0 – 2 | 1.9% | ASQ-3, Communication domain, 9 – 12 months |
| 2 – 4 | 12.1% | ASQ-3, Communication domain, 2 – 2.5 years |
| 5 - 15 | Variable | *Age and Gender, by type of SEN provision and type of need* |
| 16 – 19 | 2% | Age-specific percentage prevalence at age 15 years, *Age and Gender, by type of SEN provision and type of need* |

UK Census estimates that in mid-2023 there were 76,789 children aged 0 – 19 in Dudley (51). Applying prevalence ranges from the research literature of 3% - 10% would estimate between 2,304 – 7,679 children and young people with SLCN in Dudley. The modelled estimate (3,571) is consistent with these estimates.

However, it also suggests that there may be up to an additional 4,069 children (5.3%) in Dudley with unidentified SLCN. It is unclear how these undetected cases are likely to be demographically distributed. The WellComm data suggests there many unidentified cases across the early years. However, research published by Law, McBean and Rush (40) estimates the prevalence of severe SLC difficulties in children aged 5 – 12 years at 10%. This is significantly higher than the prevalence in school-aged children estimated using the DfE data.

# 6 Speech and Language Therapy Service Data

The following data were provided by Black Country Healthcare NHS Foundation Trust, who provide Speech and Language Therapy (SaLT) for children and young people in Dudley.

The Speech and Language Therapy service has an open referral system. This means that anyone (including parents) can refer a child by contacting the Speech and Language Therapy department, if a child has an identified Speech, Language, and Communication need or Eating, Drinking, and Swallowing need.

## 6.1 Key service indicators

**Caseload:** The caseload captures patients who are referred to the service (awaiting first appointment) and those under active management. As of July 2024, there were 3,295 referrals under the SaLT team, with an additional 42 patients under both the SaLT and Dysphagia teams. Notably, this is very close to the number of children with an identified SLCN special educational need in Dudley on the DfE School Survey in 2023-24 (3,369 children).

In most years since 2017, the caseload (number of unique patients) was around 3,300 – 3,500 patients (figure 17). There was a notable increase in the caseload from 2021-2023, during which time the number of patients was around 3900. It is likely that these represent delayed presentations from during the COVID-19 pandemic.

**Number of referrals and discharges:** Numbers of patients referred and discharged are recorded monthly. Table 4 presents this data for the CYPF SaLT team, summarised by year. Over 2017 – 2024, the number of referrals and discharges were balanced. However, in any one year there was a high degree of variation.

**Source of referrals:** The most common source of referrals was the education service (25%) followed by internal referrals (21%). Historically, most internal referrals were from the health visiting services but from 2024 these were categorised as 'external referrals' as the 0 – 19 public health nursing contract moved to Shropshire Community Health NHS Trust. Self-referrals and secondary care referrals each accounted for 6% of referrals, with primary and community care accounting for 4% collectively (figure 18).

**Waiting times:** Over 2017 – 2024, the average waiting time from referral to first appointment was 96 days (13 weeks).

*Figure 17: Time trend of annual number of unique SaLT referrals, 2017 – 2024.*

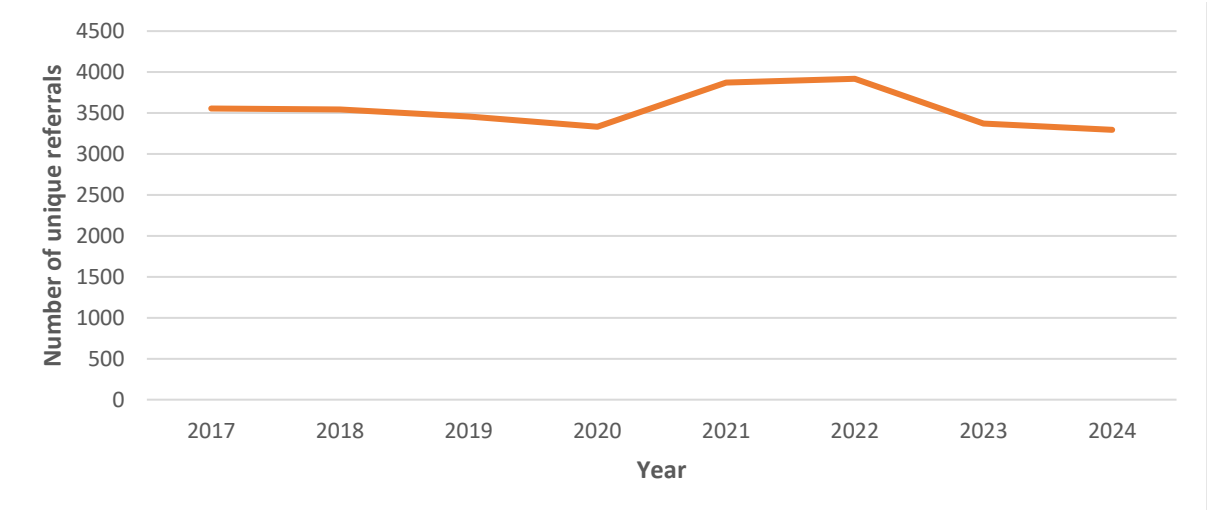
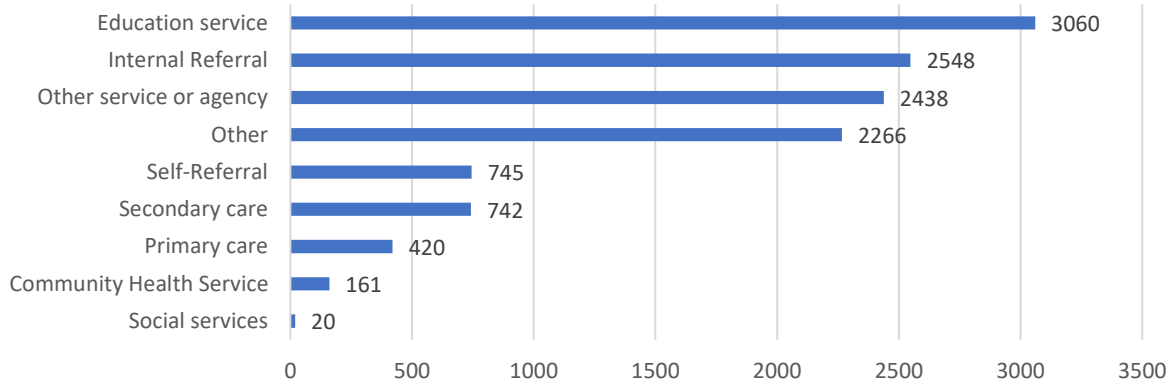


*Table 4: Number of referrals and discharged by year , 2017 - 2024*

| Year | Referrals | Discharges | Net referral |
|---|---|---|---|
| 2017-18 | 1708 | 1399 | 309 |
| 2018-19 | 1655 | 1668 | -13 |
| 2019-20 | 1763 | 2025 | -262 |
| 2020-21 | 1401 | 1056 | 345 |
| 2021-22 | 1744 | 1377 | 367 |
| 2022-23 | 1239 | 1912 | -673 |
| 2023-24 | 1284 | 1397 | -113 |
| **Total:** | **10794** | **10834** | **-40** |

*Figure 18: Number of referrals to NHS SaLT Service by referral source, 2017 - 2024*

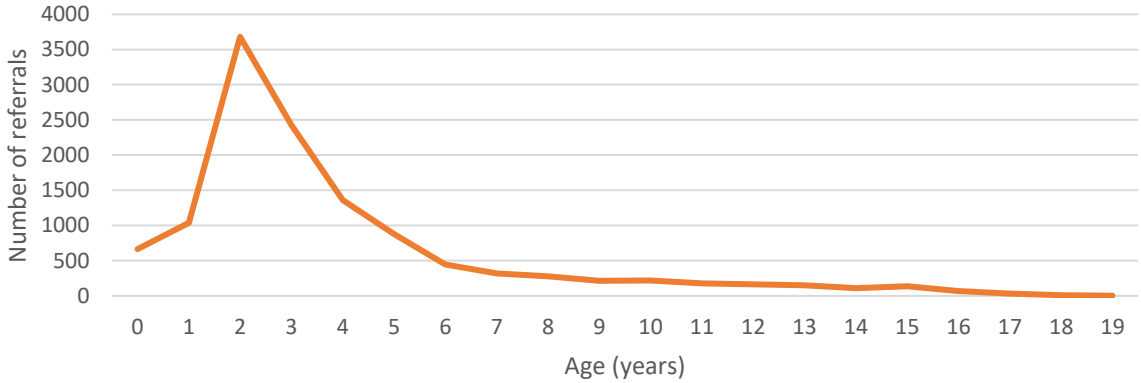



## 6.2 Age at referral

The number of referrals to NHS SaLT Service in Dudley rises to a peak at age 3, then declines rapidly to age 6 (figure 19). This mirrors the age-specific prevalence of SLCN estimated using the DfE School Survey Data (figure 12).

Nearly a third of all referrals (30%) were regarding two year-olds, with the early years (0 – 5 years old) accounting for 81% of all referrals.This data is based on the total number of referrals over 2017 – 2024.

*Figure 19: Number of referrals to NHS SaLT Service by age at referral, 2017 – 2024*



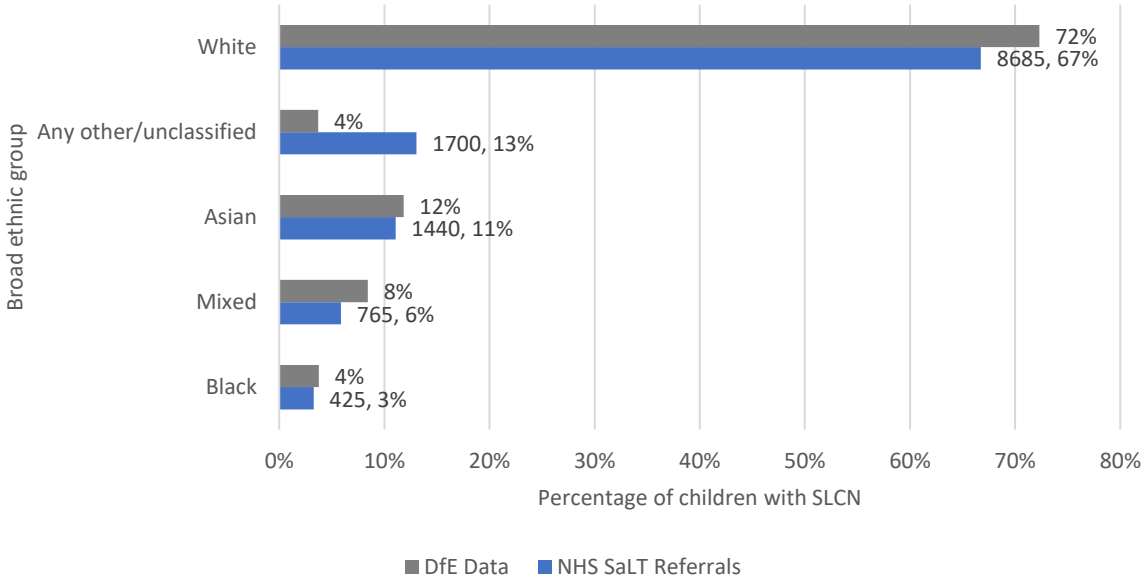
## 6.3 Referral by ethnicity

Figure 20 shows the case-mix of SaLT referrals by ethnicity over April 2017 – July 2024, where referrals for each ethnicity are expressed as a percentage of total SaLT referrals (blue). There were compared to DfE data (grey) which expressed the number of children and young people with SLCN for each ethnicity as a percentage of total SLCN in Dudley.

This shows that most referrals were for patients of white ethnicity (67%), with fewer referrals from Asian (11%), Mixed (6%) and Black (3%) ethnicity. The percentage of total referrals by ethnicity is similar to the percentage of total cases by ethnicity for all ethnicities except the Other/Unclassified category.

Combining the ethnicity and age data showed that for all ethnicities, most referrals were made between ages 0 – 6, in keeping with the trends in the age-specific prevalence (figure 12) and SaLT caseload (figure 18). The only exception was the Other/Unclassified category, for which referrals were more evenly distributed across all ages 0 – 19 years.

*Figure 20: NHS SaLT referrals by ethnicity, as a percentage of total referrals (n,%)*



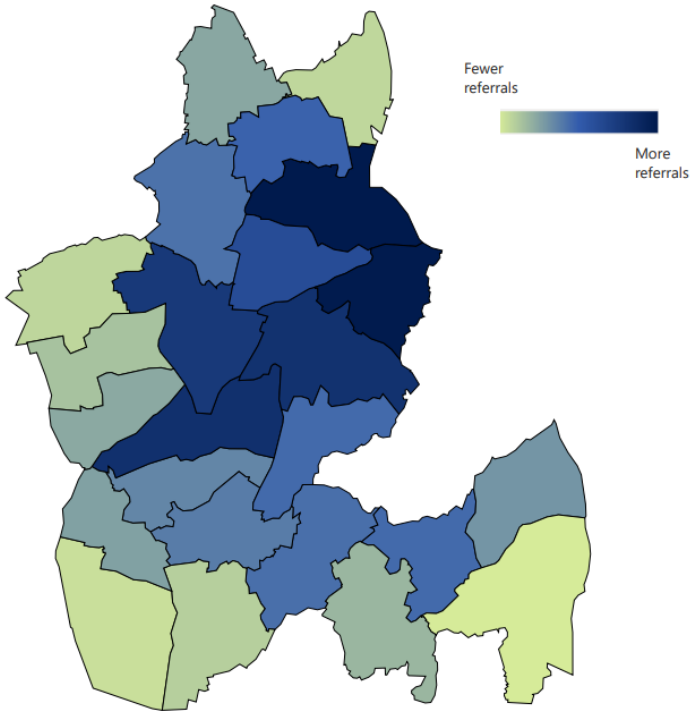
## 6.4 Referral by geographical area

Figure 21 presents the total number of SaLT referrals in each Dudley ward over 2017 - 2024. These should be interpreted with reference to figure 22, which shows the level of childhood deprivation (IDACI score) in each of these wards.

The highest number of referrals were from Castle Priory (290), St. Thomas's (289) and Brierley Hill (261), Netherton, Woodside and St Andrews (259) and Brockmoor and Pensnett (250). These are among the wards with the highest levels of childhood deprivation. The least referrals came from Coseley East (129), Norton (124) and Halesowen South (117), which have considerably lower childhood deprivation scores.

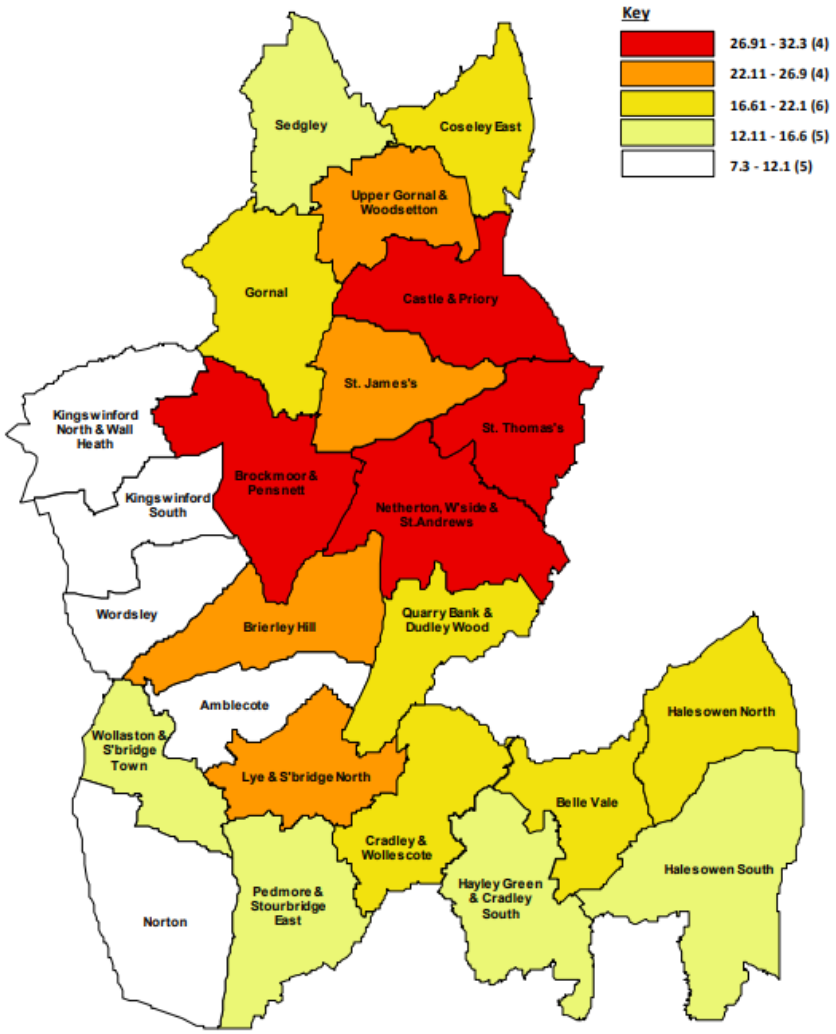
Figures must be interpreted with caution, as these present the crude number of referrals, not adjusted for the size of the 0 – 19 population. Further analysis is required to determine referral rates by ward. Whilst it is encouraging that there are more referrals to specialist services from areas of greater need, further analysis is needed to determine whether the number of referrals is proportionate to need.

*Figure 21: SaLT referrals by Dudley ward, 2017 - 2024*




| Ward | Number of referrals |
|---|---|
| Castle and Priory | 290 |
| St Thomas's | 289 |
| Brierley Hill | 261 |
| Netherton, Woodside and St Andrews | 259 |
| Brockmoor and Pensnett | 250 |
| St James's | 224 |
| Upper Gornal and Woodsetton | 200 |
| Belle Vale | 195 |
| Quarry Bank and Dudley Wood | 195 |
| Cradley and Wollescote | 192 |
| Gornal | 190 |
| Lye and Stourbridge North | 184 |
| Amblecote | 178 |
| Halesowen North | 169 |
| Wollaston and Stourbridge Town | 162 |
| Sedgley | 158 |
| Wordsley | 157 |
| Hayley Green and Cradley South | 149 |
| Kingswinford South | 142 |
| Pedmore and Stourbridge East | 134 |
| Kingswinford North and Wall Heath | 130 |
| Coseley East | 129 |
| Norton | 124 |
| Halesowen South | 117 |
| **Total** | **4478** |

*Figure 22: Childhood deprivation in by Dudley ward, IDACI 2019*



## 6.5 Key insights

As of July 2024, there were 3,295 patients under the care of the Speech and Language Therapy Team at Black Country Healthcare NHS Foundation Trust. This is close to the number of children in Dudley identified as having a SLCN in the DfE School Survey (3,369 children).

There is significant variation in the number of referrals received and discharges made monthly, but the overall caseload has remained steady at around 3,300 – 3,500 patients since 2017. Most of these referrals were from the education service or internal referrals, and the average waiting time for a first appointment was 13 weeks.

Most referrals were for children aged 0 – 5 years, with a peak at age 2 years. This again emphasises the importance of supporting speech and language development in the early years.

# 7 Current provision

The purpose of this section is to capture a full picture of the current SLCN provision in Dudley. This will allow the identification and sharing of good practice and identifying gaps in the current system. This can be used to begin to shape the service specification required to meet local SLC needs.

## 7.1: Maturity assessment

In 2018, Dudley used the Early Intervention Foundation 'Speech, Language & Communications in Early Years' mapping tool to benchmark local whole-system maturity. This mapping was undertaken as part of the Black Country Early Outcomes Project (funded by DfE), which focused on a system-wide approach to tackling early years SLC needs. This maturity assessment was repeated in 2022 as part of the Early Years Needs Assessment (figure 25) and provides some historical context to how the SLCN system has evolved since 2018.

*Figure 23: Dudley SLC maturity assessment scores 2018 and 2022*

| Key Elements | 2018 Maturity Scores | 2022 Maturity Scores | Direction |
|---|---|---|---|
| 1. Strategy | 2 | 3 | ↑ |
| 2.Commissioning | 2 | 1 | ↓ |
| 3. Workforce planning | 1 | 2 | ↑ |
| 4. Partnership | 1 | 2 | ↑ |
| 5. Leadership | 2 | 3 | ↑ |
| 6.Community ownership | 1 | 1 | ↔ |
| 7.Services & interventions | 2 | 2 | ↔ |
| 8. Information & data | 2 | 1 | ↓ |
| 9. Outcomes | 2 | 1 | ↓ |
| 10. Using & generating evidence | 2 | 2 | ↔ |
| **Total score** | **17** | **18** | |

| Key: Maturity rating | |
|---|---|
| Basic level | 1 |
| Early Progress | 2 |
| Substantial Progress | 3 |
| Mature | 4 |

## 7.2 Digital Pathway

In Dudley, services for 0 – 5 years are organised using a digital Speech, Language, Communication and Home Learning Pathway, hosted on the DMBC website and launched on 12th March 2024: https://www.dudley.gov.uk/speechandlanguage

This pathway organises services into four categories:

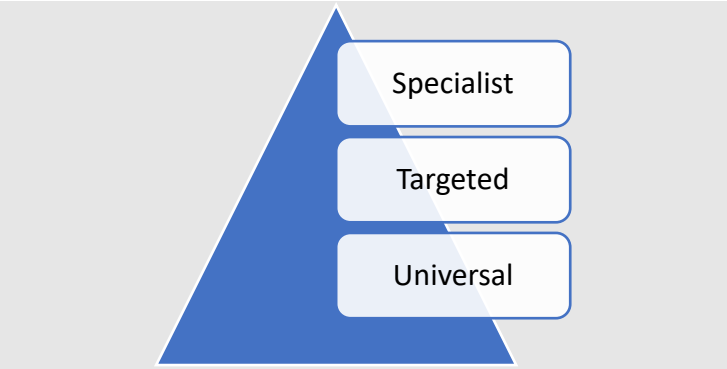
- Home Learning Environment
- Setting Environment (Nursery, Playgroup)
- Community

Each of these headings directs the user to a new webpage with relevant guidance and information, including details of activities, groups, and other services. Additionally, the digital pathway provides information about the WellComm tool and links to further information from Speech and Language UK.

## 7.3 Service mapping

The Bercow Report (52) recommends that a continuum of universal, targeted and specialist SLC support needs to be commissioned (figure 23):

*Figure 24: Continuum of SLC services*




**Universal support** are services available all children, often with a focus on prevention. These include access to resources such as schools and libraries, education on SLCN, and ensuring that public services are communication-friendly environments.

**Targeted support** are services available to children with a particular need, or who may be vulnerable to SLCN. This may include targeted home visiting programmes and providing parents with strategies to support their child's language development. In areas of high deprivation, targeted support may be available to all, in addition to the universal support offer.

**Specialist support** are services available to children whose needs cannot be met with universal and targeted services alone. They may include specialist speech and language therapy services and adaptations to existing settings such as extra facilities in school.

The Commissioning Support Programme recommend the universal-targeted-specialist framework for structuring mapping of local provision (34). Service mapping was completed through a series of multi-agency stakeholder workshops. The results of these mapping exercises are included in **appendices 1 and 2**.

## 7.4 Gap analysis

Gap analysis was conducted at a series of multi-agency stakeholder workshops with representation from Dudley Council's Public Health team, Children's Services, Dudley Integrated Health and Care NHS Trust and Black Country Healthcare NHS Trust. The following themes emerged through these workshops and discussions with wider system partners. Gap analysis is presented separately in **appendix 2**.

### What is working?

- Prioritisation of speech, language and communication needs and a commitment to strengthen the SLCN system in Dudley.
- A progressive shift towards a strength-based approach with an inclusive philosophy and an emphasis on a strong universal offer through Family Hubs.
- Family Hubs offering a graduated model of universal and targeted services and activities to support healthy SLC development.
- A joined-up approach across Early Years, SEND and Public Health teams in Dudley Council, and effective partnership working with external stakeholders, including NHS providers.
- Successful rollout of WellComm Early Years toolkit across early years settings.
- The Education Outreach Team (ECHO) are supporting settings to become communication-friendly environments.

### What isn't working?

- Not all Early Years' settings returning WellComm data
- No standardised screening tool for SLCN across settings and schools for early years and school-aged children
- Fragmented data flows, with no clear place for planners and providers to access services to access up-to-date data.
- Children with SLCN are experiencing difficulty transitioning from Key Stage 1 to Key Stage 2
- Inconsistent levels of competency and training across the non-specialist SLCN workforce, with no agreed framework for assessing and accrediting SLCN competencies.
- An increase in complexity of SLCN within schools, including an increase the numbers of non-verbal children.
- SLCN consistently cited as an area in which schools and settings require more support.
- Insufficient resourcing and no clear pathway for alternative communications (AAC) technologies.
- Continued pressure on targeted and specialist services compromises the capacity to provide a strong universal offer.
- Unclear whether universal services are being offered at sufficient scale to drive significant improvements in SLCN outcomes.

### What needs to be done?

- Increase early identification of SLCN by adopting annual WellComm screening for all children in the early years.
- Mange increases in demand for Speech and Language therapy services as WellComm is rolled out across early years settings and primary schools, by strengthening the training and support, with a focus on developing communication-friendly environments at home, school and other settings and reviewing models of specialist care.
- Develop a single system-wide SLC data dashboard that is accessible by all system partners to for ongoing monitoring and to inform service planning and delivery.

# 8 Workforce

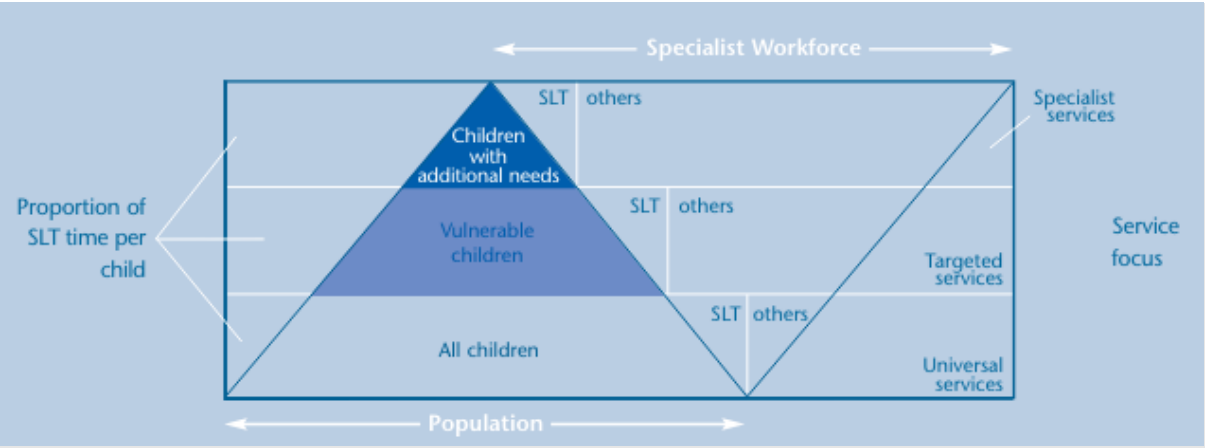
The SLCN workforce includes both specialist SLCN staff and non-specialist staff working in a wide variety of roles, requiring varying levels of SLCN competencies. Speech and Language Therapists (SaLTs) are the professional group with specialist expertise for supporting SLCN. However, the delivery of a continuum of universal, targeted and specialist services requires support from the wider, non-specialist workforce. These non-specialist roles may include health visitors, teachers, teaching assistants and SEND co-ordinators. There is no consensus on the appropriate skill mix across settings, as this will likely depend on the local context (53). For example, a school with a SENCO with enhanced speech and language competencies may be able to support children with targeted needs with minimal SaLT oversight. However, a school without this provision may only be able to deliver support at the universal level.

## 8.1 RCSLT Workforce Model

The Royal College of Speech and Language Therapists proposes a framework for workforce deployment across the whole system (figure 24), including the specialist and non-specialist workforce. This framework emphasises:

- SaLTs have an equal role to play at all levels of the pyramid, from universal to specialist.
- As complexity increases at higher tiers of the pyramid, the number of hours of SaLT time spent per child increases. The number of other specialist resources, such as educational psychologists or SEND practitioners also increases.

Figure 25: Workforce deployment pyramid, reproduced from RCSLT (54)



## 8.2 Specialist workforce

The specialist workforce comprises speech and language therapists (SaLT). There are also independent providers of SaLT working with children and families and supporting schools and settings.

There are currently 29.36 whole-time equivalent (WTE) qualified SaLT and 4.20 WTE SaLT assistants working in Black Country Healthcare NHS Foundation Trust (table 5). This equates to:

**8.7** WTE SaLT per 1,000 children and young people with identified SLCN

**3.8** WTE SaLT per 1,000 children and young people with predicted SLCN

Note: There is no national benchmarking for SaLT data. The 29.36 WTE figure includes one vacant post (band 5/6) and does not include SaLT assistant roles.

*Table 5: SaLT workforce numbers (WTE) by role*

| Role | Band | WTE |
|---|---|---|
| SaLT Assistant | 4 | 4.20 |
| SaLT Therapist | 5 | 7.81 (+1.0 vacant) |
| Specialised SaLT Therapist | 6 | 5.20 |
| Highly Specialist SaLT Therapist | 7 | 13.35 |
| Manager and Dysphagia Principal Therapist | 8 | 2.00 |
| **TOTAL:** | | 33.56 |

## 8.3 Non-specialist workforce

### 8.3.1 Speech Language and Communication Framework

The speech, language, and communication framework (SLCF) is a free online professional development tool developed by the Communication Trust (55). It sets out the key skills and knowledge needed by the children and young people's workforce to support SLCN and allows individuals to self-assess their competencies against these criteria. The SLCF has four levels (table 6)

*Table 6: Speech, language, and communication framework level descriptors*

| | |
|---|---|
| **Foundation** | Comes in to contact with children and young people during the course of their work but children and young people are not the primary focus of their work<br>Would like to have an increased awareness of the importance of SLC and the impact of SLCN |
| **Universal** | Already meet the Foundation level competencies<br>Work directly with children and young people<br>Need a general awareness of typical SLC development for their role<br>Would benefit from an awareness of how to identify features of SLCN |
| **Enhanced** | Already meet 80% or more of the competencies at the Universal level<br>Support typical SLC development as part of your role<br>Are likely to be involved in identifying children with SLCN and/or work with children with SLCN |
| **Specialist** | Already meet at least 80% competencies at the Enhanced Level<br>Spend a significant amount of your working life supporting children and young people with SLCN<br>Play a significant role in identifying and assessing children and young people's SLCN<br>Are likely to support other practitioners in working with children and young people with SLCN |

### 8.3.2 Universal training offer

A summary of the Dudley SLCN training offer is provided in **appendix 3.** This describes training provides to schools and early years settings.

### 8.3.3 Education setting needs survey

In February 2024, a survey was sent by e-mail to preschool and school age settings. The purpose of this survey was to determine who was providing SLC support in these settings, what training they have received and how confident they are in providing SLC support.

The survey received 46 responses in total, predominantly from SENCOs (n=23). Responses were returned from 7 childminders and 28 primary schools, 12 of which had an attached nursery.

Most respondents had received some form of SLCN training (n=37, 80%). Dudley NHS services (n=22, 59%) and Local Authority (n=21, 57%) were the main training providers. A range of training had been used, including: WellComm, Speech, Colourful Semantics, Blank Levels, SCERTs, Verbal Reasoning, Creating a Communication Friendly Environment and Supporting children with additional needs.

WellComm was the most frequently used tool to support SLCN. Other tools included: Class-based strategies document, a dedicated teaching assistant, external SaLT and individual- and group-based interventions.

There was a wide range of strategies for assessing staff SLC competence, with many settings not having a clear strategy in place. Few respondents (n=3, 7%) had used the speech, language, and

communication framework (SLCF), others used the ECHO team audit, questionnaires and peer observation.

Some settings fed back that supporting the Assess, Plan, Do, Review (ADPR) SEN support process was challenging due to a lack of sufficient training:

> *"… with difficulty. Due to not being qualified, it's extremely difficult to know where to start…"*

> *"This is very difficult to do when a child presents with a difficulty that you are not trained to understand and therefore require the assessment of a specialist…"*

Some settings fed back that they wanted more training using tools such as Class-Based Strategies, Total Communication, Colourful Semantics and Supporting Children with Complex Needs. Some also requested further training on the screening and referral process. Other settings fed back that the primary need is therapist services in schools:

> *"Training is straightforward to access. We need therapist to be in schools to carry out assessments based on the expertise."*

> *"I just need Dudley NHS SLT to come in and review children's out of date targets. I need a therapist to come and work with our children!!"*

Independent or private SaLT services were used by six settings (13%), across the continuum of universal (n=5), targeted (n=6) and specialist (n=3) services.

**A follow-up survey is currently under development to understand what types and levels of support are currently being offered in school settings, through internal and external providers. The intention is to identify gaps in the current schools offer and to identify and share areas of good practice.** This is being prepared for dissemination in September 2024 and results will be included in an addendum to this report in due course.

# 9 Case studies of good practice

## Early Talk for York

| **Background** |
|---|
| City of York Council introduced a strategy in 2019 to improve outcomes for disadvantaged children with a focus on speech, language, and communication. The Early Talk for York approach aims to improve outcomes for communication and language skills for children aged birth – five. |
| **Intervention** |
| The Early Talk for York approach adopts three key strands of focus:<br>1. **Strategy and commissioning:** Uniting the early years sector around a common outcome to develop better partnerships, strategic decision making and commissioning arrangements.<br>2. **Workforce development:** Ensuring those working with children and their families have the knowledge, skills, and tools to provide the right level of support at the right time.<br>3. **Communication and community:** Sharing Early Talk for York with parents and carers so they could support the aims of the approach in the home learning environment.<br><br>Six 'active ingredients' were identified:<br>1. A relentless focus on speech, language and communication as a top priority that impacts on whole life outcomes.<br>2. Investment in high quality training that is sustained and quality assured.<br>3. Supported cascading of training to influence the development of whole teams.<br>4. Universal screening of children's needs using a standardised tool.<br>5. Ongoing support of specialists who are proactive in responding to emerging needs.<br>6. Peer and social support and accountability on delivering the elements above, including working with partnership with parents/carers.<br><br>A 3-step approach was created and embedded in early years settings. Settings that complete all steps are awarded 'Communication Friendly Status':<br><br>**Step 1:**<br>Screen all children annually using the WellComm Toolkit, sharing this data with the local authority.<br>Regularly attend network meetings with a focus on improving children's speech, language and communication skills.<br>Work in partnership with parents and carers to support the wider development of children's speech, language and communication skills.<br><br>**Step 2:** As for step 1, plus<br>Providing resources and information for parents and carers to support their children's development.<br>The majority of your team to complete a comprehensive training package from the Speech and Language Hub or to have at least 1 practitioner with a Level 3 or higher qualification in early speech, communication and language.<br><br>**Step 3:** As for step 2, plus:<br>At least 10% of practitioners with a Level 3 or higher qualification in early speech, language and communication.<br>Accredited whole team training in speech, language and communication that spans at least 2 terms. Whole setting practice validated by an independent audit process. |

| |
|---|
| Ongoing direct engagement (at least termly) with specialist speech and language professionals.<br>A relentless focus on speech, language and communication as a top priority that impacts on whole of life outcomes. Peer and social support and accountability on delivering the above. |
| **Evaluation** |
| A pilot was initiated in 2019 with a targeted cohort of 458 children from 3 schools, 5 early years settings and 3 childminders in an area of West York with high numbers of families experiencing socio-economic deprivation. Evaluation was conducted in partnership with a local research school and university. |
| **Outcomes** |
| The pilot project demonstrated significantly improved speech and communication skills at five years, compared to children who did not receive the same programme of support.<br>The gap between non disadvantaged children nationally and in the ETFY area has reduced from 34.5 percent to 2.5 percent (2022) and remains small at 4.5 percent in 2023. |

**Further information:**

https://www.york.gov.uk/downloads/file/7890/early-talk-for-york-executive-report

https://www.local.gov.uk/case-studies/city-york-council-early-talk-york

## Meeting speech, language and communication needs: a whole-systems, population-based approach

Gascoigne M. Meeting speech, language and communication needs: a whole-systems, population-based approach. Paediatrics and Child Health. 2024 Apr 23. (49)

The paper emphasizes the importance of a population-based approach to addressing SLCN. Gascoigne argues that the current system, which often relies on a deficit model and struggles with inconsistent classifications and identification, especially in early childhood, needs to shift towards a more inclusive, anticipatory, and whole-system response.

The Balanced System is presented as a potential solution, offering a framework for needs analysis, planning, service transformation, and impact measurement. The framework emphasizes early identification, prevention, and intervention, with a focus on providing support in functional contexts like homes, schools, and communities.

The paper also highlights the importance of a move away from a traditional referral model to one with easy access to expertise. The role of paediatricians is also discussed, suggesting opportunities for them to support families differently and anticipate demand in certain areas.

Overall, this paper calls for a more integrated and proactive approach to addressing SLCN, ensuring that children and young people receive the support they need in the most impactful and accessible way possible.

Note: Balanced System documents have been used and referenced in the preparation of this health needs assessment.

The Balanced System also publishes a series of case studies of SLCN support across the UK:
**URL**: https://www.thebalancedsystem.org/schools/case-studies-and-examples-of-good-practice/

## Speech and Language UK: What Works

*What Works* is a database of evidence-based interventions to improve speech, language and communication that is maintained by Speech and Language UK. It requires users to register for a free account.

*What Works* provides a summary of the evidence for each of the interventions listed. It allows users to filter interventions based on:

**Age Range**: Preschool, Primary or Secondary

**Area of Need**: Speech, Language or Communication

**Delivered by**: Assistant, Specialist, Teacher, Other

**Evidence Rating**: Indicative, Moderate, Strong

**Focus of Intervention**: Tier 1, Tier 2, Tier 3

# 10 Recommendations

## Key area 1: Focus on prevention

### Recommendation 1.1: Raise awareness of the importance of SLC development

Work in partnership with parents and carers to develop a communications strategy raising awareness of the importance of SLC development and how healthy development can be promoted.

Communications should be co-ordinated as part of the wider Ready to Learn, Ready for School initiative.

Communications should have universal and targeted messages for parents, caregivers, early years settings and schools.

### Recommendation 1.2: Embed healthy SLC development into universal health services

Ensure that universal services, including midwifery, health visitors, Family Hubs and primary care are promoting the importance of speech and language development are equipped to provide brief advice and intervention resources.

Continue to support universal programs promoting healthy SLC development, such as Dudley Sing, talk and read together (STaRT) and consider opportunities to expand the offer of universal programs.

### Recommendation 1.3: Review the impact of digital technologies on SLC development

Evidence reviews and local research to develop a detailed understanding of the ways in which digital technologies are impacting SLC development in Dudley.

Support parents and carers to use digital technologies to enhance SLC development, and to avoid the potential negative impact on child communication development by replacing social interaction with these technologies.

### Recommendation 1.4: Create communication-friendly environments

Review the opportunities to create communication-friendly environments in Dudley.

Review models to promote communication-friendly environments in Dudley, including communication-friendly environment accreditation (as in the Early Talk for York model).

## Key area 2: Identifying need and delivering effective support

### Recommendation 2.1: Embed the WellComm toolkit in settings to increase SLCN identification.

Embed WellComm toolkits across all early years' settings to increase the identification of SLCN and allow timely intervention before primary school, with a focus on settings in the most deprived areas.

Work with Shropshire Community Health NHS Trust to explore the utility and feasibility of integrating SLC screening tools into health visitor assessments.

Explore the feasibility of rolling out the WellComm toolkit to screen all children annually in primary school settings.

Explore development of WellComm Secondary toolkit (current in development).

Embed WellComm into the specialist Speech and Language therapy referral pathway to standardise and streamline the referral process from early years and school settings.

Early years and primary school settings using WellComm should screen all children annually and provide at least annual data returns to the local authority.

Options appraisal for alternatives (eg. Soudswell SSLEITHS) in settings where WellComm is not suitable, such as special schools.

**Recommendation 2.2: Support parents and carers to develop the home learning environment.**

Signpost parents, carers and schools to the Dudley SLC Digital Home Learning Pathway

Review the utility of maintaining the Black Country Early Outcomes (BCEO) website in addition to the Dudley SLC Digital Home Learning Pathway. Review the needs of parents and carers, content of the two websites, user experience and costs of maintaining these resources.

**Recommendation 2.3: Strengthen support offer in settings.**

Collaboration between SaLT, Dudley Council, parents and carers and school settings to strengthen and embed SLCN support at all levels of education.

Explore models for strengthening support for children with SLCN transitioning between Key Stages. Explore feasibility of scaling-up the Speech and Language Centre model hosted at Quarry Bank School (Appendix 1).

Schools to ensure that their independent SaLT providers are sharing information, and working with, NHS colleagues in line with RCSLT guidance.

Undertake a literature review to understand which models of care and interventions are effective at supporting children with different levels of SLCN in settings.

**Recommendation 2.4: Develop an augmentative and alternative communications (AAC) pathway**

NHS to lead development of a clear and funded Dudley AAC pathway for children in Dudley (estimated ~400 children)

## Key area 3: Planning and strategy

**Recommendation 3.1: Take affirmative action to reduce inequalities in healthy SLC development.**

Make reducing inequalities in SLC outcomes a core part of SLC service commissioning and service evaluation

Develop tailored communications and resources for minoritised communities, including non-English language and multimedia resources, such as video.

Develop the alternative communications offer, including for non-English language, Makaton and other alternative and augmented communications. Include this offer in the SLC Digital Pathway.

Continue Dudley's commitment to the *Making it REAL* offer, which provides additional targeted support to families where children have existing vulnerabilities, such as low ASQ scores.

**Recommendation 3.2: Improve data capture and data sharing between services.**

Named person in Dudley Council to collect, analyse and disseminate SEND Early Notifications (including SLCN notifications) to ensure data is up-to-date.

Ensure that primary school settings are returning data from WellComm Primary toolkit.

Embed Therapy Outcome Measures (TOMs) in Speech and Language Therapy service and include these in data capture systems.

**Recommendation 3.3: Develop a whole-system SLC dashboard.**

Develop a whole-system SLC dashboard to inform planning and delivery of SLC services and to facilitate clear communication between partner organisations.

SLC dashboard should include measures relevant for universal, targeted and specialist services, and across key settings. At minimum these should include: DfE School Survey Data, ASQ-3 outcomes, WellComm Early Years Toolkit, WellComm Primary Toolkit, SaLT service data. These should also consider workforce data, linked to SLCF (recommendation 4.1).

Establish regular data flows from partner organisations to Dudley Council, including Shropshire Community Health NHS Trust, Black Country Healthcare, Family Hubs, Early years settings.

SLC dashboard should include sufficiently granular data to allow effective targeting of services to reduce inequality, where possible. Possible measures may include geography, ethnicity and deprivation (IDACI decile).

**Recommendation 3.4: Meeting needs of the 'COVID Generation'**

All partners to recognise the impact of COVID-19 lockdowns on child SLC development, for all children born since 2019.

Work with partners to understand unique or additional SLCN needs in this cohort, acknowledging that needs may differ among children who experienced lockdown during the early years (born 2014 – 2020) from those who were in primary or secondary school during 2019 – 2020.

Raise awareness in schools and with parents through communication channels, including newsletters and the SLCN digital pathway.

Monitor for emergent inequalities in SLC needs among the COVID generation.

## Key area 4: Developing the workforce

**Recommendation 4.1: Adopt a standardised workforce competency framework.**

Adopt the speech, language, and communication framework (SLCF) as a standardised framework to map competencies across the non-specialist workforce.

All non-specialist workforce to demonstrate SLCF competency appropriate to their level and role.

**Recommendation 4.2: Strengthen and standardise training offer across settings.**

Adopt the speech, language, and communication framework (SLCF) for continuing professional development for the non-specialist workforce.

Survey settings to understand best channels to cascade SLCN training offer in Early Years, Primary and Secondary school settings.

Ensure updated training offer is cascaded to settings and healthcare professionals through appropriate channels. Leverage existing networks include SaLNet, Family solutions newsletter, Headteacher Forums, SENCO networks and networking events.

Facilitate training providers to have ownership over their offer and to update and advertise this directly.

Develop bespoke communication and training targeted at school behaviour teams to address misdiagnosis of SLCN as BESD, especially in secondary school settings.

**Recommendation 4.3: Ensure adequate workforce capacity.**

Ensure there is sufficient specialist workforce capacity to manage an anticipated increase in SLCN.

Ensure sufficient data analytics capacity to manage increase in WellComm data returns as rollout continues across early years and primary school settings.

**Recommendation 4.4: Examine consistency of thresholds for levels of development**

Further evaluation of the consistency with which the thresholds used to determine levels of development across Early Learning Goals are applied across Dudley, and across the Black Country. This will help to determine whether variations are due to real differences in levels of development, or differential application of development thresholds.

## 11 Abbreviations

BESD – Behavioural, Emotional and Social Difficulties

DfE – Department for Education

EHCP – Education, Health, and Care Plan

HV – Health visitor

IDACI – Income Deprivation Affecting Children Index

RCSLT – Royal College of Speech and Language Therapists

SaLT – Speech and language therapist

SEN – Special educational needs

SENCO – Special educational needs co-ordinator

SLCF – Speech, language, and communication framework

SLCN – Speech, Language and Educational Needs

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# Appendix 1: Mapping of Dudley SLCN provision

## Universal Services

| Service | What happens? | For whom? | Where? | When? | Who delivers? | Outcomes | Funding |
|---|---|---|---|---|---|---|---|
| **0 – 19 Public Health Nursing Service** | Health visiting<br>Family nurse partnership<br>School nursing | 0 - 5 | Homes<br>Family Hubs<br>Schools | N/A | Shropshire Community Health NHS Trust | ASQ-3 | DMBC |
| **Story Time** | 30 mins sessions where children gather to hear enchanting stories that ignite their imaginations and curiosity<br>Separate sessions run for Makaton story time<br>Separate session for Arabic storytime (Halesowen) | 0 - 5 | Libraries | Weekly | Dudley Library | None | DMBC |
| **WellComm Early Years Toolkit** | Screening and intervention toolkit<br>Assessment and intervention to be used as part of SLT referral/advice | 0 - 5 | Childminders<br>Nurseries<br>Reception classes<br>Family hubs | Annually<br>As and when needed | Anyone with WellComm training (including Family Hub practitioners) | WellComm score (RAG) | DMBC- including support from ECHO<br>ICB- SLT support/training |
| **Speech and Language Screening (as part of 'assess plan do review')** | Screening and intervention - reviewed and repeated as needed. SLT service support education settings as needed. | 5 - 10 | Education Settings (should include home educated) | As and when needed | Education staff SLT training as needed | Included in discussions with triage in how to support need | ICB- SLT support/training |
| **Speech and Language Screening (as part of 'assess plan do review')** | Screening and intervention - reviewed and repeated as needed. SLT service support education settings as needed. | 11 - 16 | Education Settings (should include home educated) | As and when needed | Education staff SLT training as needed | Included in discussions with triage in how to support need | ICB- SLT support/training |
| **Stay and Play / Brilliant Babies** | Craft activities, free play, singing and music | 0 - 5 | Family Hubs | At least once weekly (timing depends on location) | - | - | DMBC |
| **Talking Tots** | Meet other parents and children<br>Learn ways to help children with talking<br>Understand more about speech and language | 0 - 5 | Family Hubs | Varies by family hub | Family Hub workers, trained by the SaLT team | - | DMBC |
| **Rattle and Rhyme** | Nursery rhymes, action songs | 0 - 5 | Libraries | Varies by family hub | - | - | DMBC |
| **Family Hub Network** | Hosts range of organisations and services to support families.<br>Includes midwifery, health visiting and speech activities. | 0 - 5<br>5 - 10<br>11 - 16<br>17 - 19<br>19+ | Family Hubs | N/A | 0-5 SaLT Manager (band 8a) for one day a week (0.2 wte) | - | DMBC |

| Service | What happens? | For whom? | Where? | When? | Who delivers? | Outcomes | Funding |
|---|---|---|---|---|---|---|---|
| **Phonics reading club** | Phonics Reading Club. A free, parent led reading group aimed at KS1 children. Just drop in after school for extra reading help. | 5 - 10 | Gornal Library | Monday 15:30 - 16:30 (term time only) | Parents | None | None |
| **Young adult book club** | We read various teen and young adult titles.<br>Meet on fourth Saturday of every month. | 11 - 16<br>17 - 19<br>19+ | Halesowen Library | Monthly | - | None | None |
| **First Words Together** | Just drop in after school for extra reading help. | 0 - 5 | Family Hubs | Weekly | Integrated Early | - | DMBC |
| **Five to thrive** | Five to Thrive provides a simple model for understanding what happens inside us when we connect with people to meet their need for co-regulation.<br>Focuses on five areas: Talk, Play, Relax, Engage and Respond | 0 - 5 | Family hubs | One-off events | DMBC | - | DMBC |
| **SLT Resource and Support Guidance Document** | Schools provided with, NHS produced, electronic document to support interventions | 0 - 5<br>5 - 10<br>11 - 16 | Education Settings | As and when needed | Education staff SLT training as needed | None | ICB |
| **SLT Classroom strategies document** | Schools provided with, NHS produced, electronic document to support interventions | 0 - 5<br>5 - 10<br>11 - 16 | Education Settings | As and when needed | Education staff SLT training as needed | None | ICB |
| **SLT visual support guidance** | Schools provided with, NHS produced, electronic document to support interventions | 0 - 5<br>5 - 10<br>11 - 16 | Education Settings | As and when needed | Education staff SLT training as needed | None | ICB |
| **SLT website** | For families and other professionals to access. Can be used to direct families/professionals to use of website for strategies and information | 0 - 5<br>5 - 10<br>11 - 16 | Online access | As and when needed | Site maintenance support by SLT | None | ICB |
| **SLT training offer** | See training document. Offer of multiple workshops for parents and professionals | 0 - 5<br>5 - 10<br>11 - 16 | Various locations including online | See training document | SaLT and assistants | None | ICB |

## Targeted services

| Service | What happens? | For whom? | Where? | When? (frequency) | Who delivers? | Outcomes? | Who funds? |
|---|---|---|---|---|---|---|---|
| **Early Talk Boost** | Evidence-based activities that cover the foundation skills in speech, language and communication that children need for learning and understanding new words, as well as having conversations. Each session lasts 15 - 20 mins. | 0 - 5 | Education settings | Three sessions per week | Early years practitioner | Early Talk Boost Tracker (before and after, combination of observation and elicited responses) | DMBC |
| **Health visiting** | Health visitors can receive specific SaLT training on SLCN. SLT service have a training package but this is not run regularly | 0 - 5 | Home | N/A | Health visitors | ASQ-3 | DMBC |
| **Educational OutreaCH team (ECHO)** | The Education Outreach Team (ECHO) work with schools and settings to provide universal and targeted support to pupils and class teachers. They strive to help reduce barriers to learning by assessing the impact of speech and language difficulties on access to teaching and learning; access to the environment; engagement with peers and the community and social and emotional development.<br>Complete ECHO Audit - settings create communication friendly environments which support pupils with SLCN. Staff are upskilled and have a knowledge base of resources/ strategies that can be used with pupils who have an SLCN. | 5 - 10<br>11 - 16<br>17 - 19 | Various schools and settings | Ad hoc | ECHO team | ECHO audit | DMBC |
| **Get Talking Programme (devised by SLT service)** | Schools provided Get Talking electronic programme. SLT service provide guidance/advice as and when needed | 0 - 5 | Education settings | Ad-hoc | Education professionals | Education professionals feel upskilled with supporting children with SLCN. Can be used as part of referral/triage request. | ICB |
| **SLT training offer** | See training document. Offer of multiple workshops for parents and professionals | 0 - 5<br>5 - 10<br>11 - 16 | Various locations including online | See training document | SaLT and assistants | None | ICB |
| **Private / Independent SLCN provision** | Assessment and intervention<br>Some schools commissioning private / independent SaLT services.<br>Best practise should include close liaison with NHS service. | - | Various education settings | - | - | - | - |
| **SaLT Paediatric Speech and Language Therapy** | See training off and Universal offer tab e.g. resource guide can be used for both universal and targeted support | 0 - 5<br>5 - 10<br>11 - 16 | Dudley | Ad-hoc | SaLT and assistants<br>Education professionals<br>Parents | Assess, Plan, Do, Review | ICB |
| **Early Years Inclusion Hubs** | The hubs offer personalised, targeted and specialist interventions for children with emerging and additional needs and their families. They are designed to have staffing models that deliver best practice to ensure they are responsive to the individual needs of each child in in localities across the borough and will help children prepare for the future transition into school life. Locations: Netherton Park Nursery School, Wrens Nest Primary School, Caslon Primary School, Elmfield Primary School | 0 - 5 | Primary schools (see description) | - | - | - | DMBC |

## Specialist Services

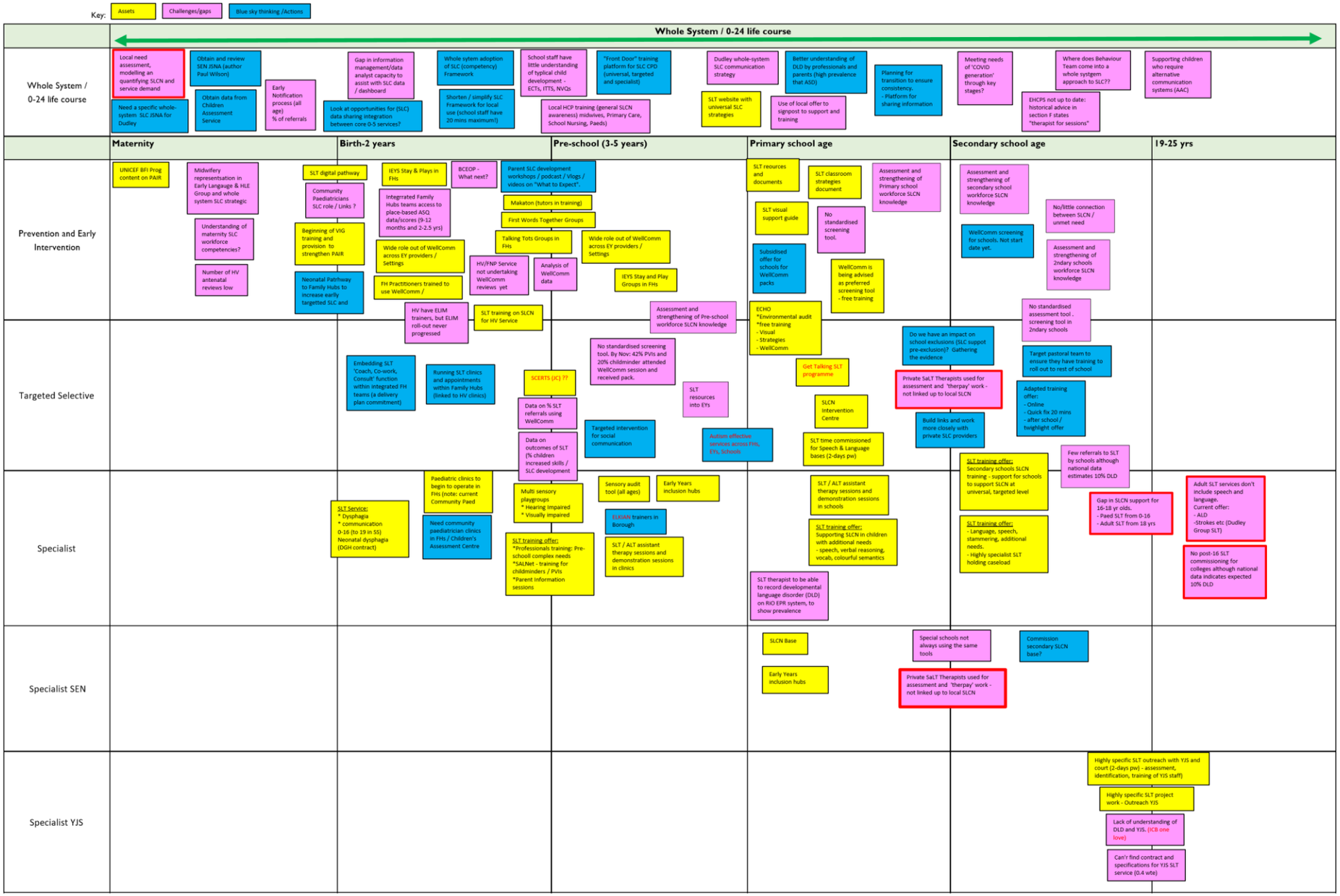
| Service | What happens? | For whom? | Where? | When? (frequency) | Who delivers? | Outcomes? | Who funds? |
|---|---|---|---|---|---|---|---|
| **SLT Service** | Dysphagia (including neonatal dysphagia)<br>Communication- Specialities include (but not limited to): Cleft Palate, Stammering, Voice, Hearing Impairment, Developmental Language Disorder (DLD), Speech Sound Disorder, Alternative and Augmentative Communication (AAC), Selective Mutism, ASD<br>Assessment, Diagnosis, Intervention, Training at Specialist level | 0 - 5<br>5 - 10<br>11 - 16 | Where needed | As required | SaLT - from Black Country Healthcare CYPF SLT service | Target outcomes- following review | ICB |
| **Speech and Language Therapy Service- assessment** | SaLT complete assessment sessions. To include highly specialist assessment and differential diagnosis in more severe and complex cases from the above outline clinical specialities. | 0 - 5<br>5 - 10<br>11 - 16 | Where needed | As required | SaLT - from Black Country Healthcare CYPF SLT service | Provide appropriate targets/recommendations. | ICB |
| **Speech and Language Therapy Service- interventions** | SaLT / SaLT assistant therapy sessions and demonstration sessions in clinics and schools | 0 - 5<br>5 - 10<br>11 - 16 | Where needed | As required | SaLT and assistants- from Black Country Healthcare CYPF SLT Service | Target outcomes- following review | ICB |
| **SLT training offer** | See training document. Offer of multiple workshops for parents and professionals | 0 - 5<br>5 - 10<br>11 - 16 | Various locations including online | See training document | SaLT and assistants- from Black Country Healthcare CYPF SLT Service | None | ICB |
| **Early Years inclusion hubs** | The hubs offer personalised, targeted and specialist interventions for children with emerging and additional needs and their families. They are designed to have staffing models that deliver best practice to ensure they are responsive to the individual needs of each child in in localities across the borough and will help children prepare for the future transition into school life. | 0 - 5 | 5 localities | Term time - pre school | Inclusion Hub team supported by IEYS | - | - |
| **SLCN base - Hob Green** | Full-time provision for 24 pupils with an EHCP who have a primary need of SLCN (Yr 1- 6) | 5 - 10 | Hob Green | Full time | Education | - | DMBC |
| **Youth Justice System Outreach** | Highly specific SaLT outreach with the youth justice system and courts (11-17yrs)<br>Assessment and identification and SLCN<br>Training of youth justice staff<br>Project work | 11 - 16 | Dudley borough residents | 2 days per week | Black Country Healthcare- CYPF SLT Service | Reduced reoffending and support within the justice system | DMBC? |
| **Child and Adolescent Mental Health Service (CAMHS) SaLT** | “Part-time member of staff who supports as a part of the MDT around Autism assessment in over 5s in Dudley. Their time is entirely taken with supporting complex presentations where ruling in or out ASC is more challenging because of SLCN is part of the presentation” | 5 - 10<br>11 - 16<br>17 - 19 | - | - | Black Country Healthcare- Dudley CAMHS | - | ICB |
| **Children's Autism Assessment Service (CAAS) SaLT** | “Part-time member of staff who supports as a part of the MDT around Autism assessment in under 5s in Dudley. SLT provides assessment and differential diagnosis, as part of the MDT, when ruling in or out ASD” | 0 - 5 | - | 0.5 days per week | Black Country Healthcare- CYPF SLT Service | - | ICB |

| Service | What happens? | For whom? | Where? | When? (frequency) | Who delivers? | Outcomes? | Who funds? |
|---|---|---|---|---|---|---|---|
| **Neonatal dysphagia SaLT** | Highly specialist SLT provides assessment and recommendations for children on the Neonatal ward | 0 - 5 | Russell's Hall Hospital- Neonatal ward | 3.5 days per week | The Dudley Group NHS Trust | - | ICB |
| **Independent Special Schools (Primary / Secondary)** | Education settings outside the local area that provide education for the area's children and young people with EHC plans | 5 - 10<br>11 - 16<br>17 - 19 | Education settings outside local area | Full time | Various providers | - | DMBC |
| **Post-16 Education Provision** | Education settings outside the local area that provide education for the area's children and young people with EHC plans | 17 - 19 | Education settings outside local area | Full time | Various providers | - | DMBC |
| **Speech and Language Centre** | The Speech and Language Centre provides a specialist part-time provision for pupils from Reception and Key Stage One who present with severe and complex speech and expressive language needs. The two-day placement serves as a specialised intervention, providing pupils with an intensive immersion in speech and language therapy along with a highly differentiated curriculum in a communication friendly environment. | 5 - 10 | Quarry Bank Primary School | 2 days per week | SaLT (1 day per group), Specialist teachers, Specialist teaching assistants. | Pupils to be able to access their mainstream primary classroom without the need for intensive intervention | DMBC |
| **Adult Community Speech and Language Therapy (CSALT)** | Community SALT for individuals aged over 16 years registered with a Dudley GP. Clients are supported to effectively manage their difficulties, improve function, and reduce the impact of impairment on their quality of life for conditions including:<br>• Dysphasia (affecting language function)<br>• Dyspraxia (affecting motor speech function)<br>• Dysarthria (affecting the ability to articulate)<br>• Dysphagia (affecting eating, drinking and swallowing)<br>• Dysfluency (stammering) | 17 – 19<br>19+ | Russel's Hall Hospital | - | The Dudley Group NHS Trust | Response times<br>Service user experience<br>Clinical outcome measurement (TOMS and EKOS) | ICB |

## Self-directed resources

| Name | Organisation | Description | Link |
|---|---|---|---|
| Words for Life | National Literacy Trust | Series of videos "designed to pout the fun back into reading" | https://wordsforlife.org.uk/activities/make-reading-fun-with-chase-bank/ |
| Learning to Talk | NHS | NHS resource<br>Separate tools for 1 - 2 years, 2 - 3 years and 3 - 5 years<br>Tips, videos and activities | https://www.nhs.uk/start-for-life/toddler/learning-to-talk/learning-to-talk-1-to-2-years/ |
| Black Country Early Outcomes | Black Country Early Outcomes | Book of activities for children <3 years and 3 - 5 years<br>Series of resource packs | http://blackcountryearlyoutcomes.co.uk/parents-carers/activities-for-under-5s.html |
| Tiny Happy People | BBC | General tips and advice for parents, video resources, activities<br>Specific resources available for speech and development - FAQ, information for parents, tips, tools and activities | https://www.bbc.co.uk/tiny-happy-people/language-advice |
| Sing, Talk and Read Together (STaRT) | DMBC | Activities | https://www.dudley.gov.uk/media/r4qbswtj/hle-a5-8pp-leaflet.pdf |
| Little Moments Together | NHS Start for Life | Tips and ideas for integrating more chat, play and reading into each day for children of different ages. | https://www.nhs.uk/start-for-life/early-learning-development/ |
| Bookstart | Book Trust | Provides packs including interactive storybooks and games, themed booklists, a book finder to give you inspiration, activities to make and do at home.<br>All children entitled to a free Bookstart pack before 12 months old. | https://www.booktrust.org.uk/what-we-do/programmes-and-campaigns/bookstart/families/ |
| Speech and Language UK: Help for Families | Speech and Language UK | Child progress tracker<br>Resource library for families<br>Talking with your toddler webinars<br>"How to" videos for parents of toddlers<br>Advice telephone line | https://speechandlanguage.org.uk/help-for-families/ |

## Appendix 2: Mapping of Dudley service provision and gap analysis



## Appendix 3: Dudley SLCN Training Offer

| Training name | Content summary | Delivered by | Delivered to | Frequency of offer | Level of SLCF | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | Foundation | Universal | Enhanced | Specialist |
| Supporting SLCN in preschool children with additional needs | Targeted at professionals working in preschool settings with children with additional needs.<br>Total communication approach.<br>Communication pyramid and strategies to support identified needs. | SALT | Preschool professionals | Once a term | · | · | ✓ | · |
| SALnet (Speech and Language Network) | Topic based agenda (can include requested topics and/or SALT chosen information) | SALT | Early years providers | Once a term | · | ✓ | ✓ | · |
| Supporting SLCN in children with additional needs. | Total communication approach.<br>Communication pyramid and strategies to support identified needs. | SALT | School staff | Once a term | · | · | ✓ | · |
| Speech - including new Preschool Speech session | Targeted/Specialist work on speech | SALT | School staff | Twice a year | · | ✓ | ✓ | ✓ |
| Verbal Reasoning | A workshop focussing on the developmental stages of verbal reasoning, including practical tasks. | SALT | School staff | Twice a year | · | · | ✓ | · |
| Colourful Semantics | A workshop introducing the Colourful Semantics approach to support language skills from early to complex sentences. | SALT | School staff | Twice a year | · | · | ✓ | · |
| Vocabulary Development | A workshop for supporting children with vocabulary and/or word finding difficulties | SALT | School staff | Twice a year | · | · | ✓ | · |
| SALTA/SALT demonstrations therapy sessions | A needs-led approach to upskilling families and the wider workforce in using a specific strategy and/or therapeutic approach. | SALT/SALTA | Needs led basis for individual children and young people | Needs-led basis | · | · | ✓ | ✓ |
| Creating a Communication Friendly Environment | This training outlines what a communication friendly environment should look like. It highlights the importance of making communication as easy, effective, and enjoyable for all. It will focus on the language learning environment, looking at the importance of space, light, layout, visual support, and the consistency of rules and routines. In addition, it will also explore the language learning interactions and opportunities within your setting. | ECHO Team | School staff | Termly / needs-led based on audit | · | ✓ | · | · |
| An Introduction to WellComm | This training helps to develop an understanding of the WellComm Toolkit. It offers support in completing a WellComm screen and outlines how it can be used within your setting, developing staff knowledge so that they are able to carry out a WellComm screen with confidence. | ECHO Team | School staff | Termly † | · | ✓ | · | · |
| Beyond the Big Book - Embedding WellComm into the Environment | This training looks at what WellComm can look like in the environment; it provides practical strategies and ideas for how to create a WellComm friendly classroom. | ECHO Team | School staff | Termly † | · | ✓ | · | · |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Supporting Writing through Colourful Semantics | This training is suitable for staff working in Reception, right through to those in upper Key Stage 2. It outlines what Colourful Semantics is and it gives practical support, showing how Colourful Semantics can be used within the wider classroom, to support low attainers, SEND or those who present with an SLCN. | ECHO Team | School staff | Termly † | · | ✓ | · | · |
| Supporting Children's Narrative through Colour Coding | This training is suitable for Nursery and early Reception staff; it helps to support young children's narrative skills by looking at the individual components of a story. It outlines how to use a simple colour coding system to reinforce and support the components, 'who', 'where', 'when' and 'what happened'. It also offers opportunities to explore how we can support children's general comprehension of stories within the classroom environment. | ECHO Team | School staff | Termly † | · | ✓ | · | · |
| Teaching Vocabulary across the day, across the Curriculum | This training looks at how you can effectively teach vocabulary across the day. It looks at the reasons behind why it is important to have a good vocabulary knowledge and the impact of this if a child or young person doesn't. | ECHO Team | School staff | Termly † | · | ✓ | · | · |
| Welcome to WellComm | New to Wellcomm | IEYS | PVI staff | Termly † | · | ✓ | · | · |
| A WellComming Environment | Embedding Wellcomm into environment | IEYS | PVI staff | Termly † | · | ✓ | · | · |
| Playful Interactions | | IEYS | PVI staff | Termly † | · | ✓ | · | · |
| Wellcomm Networks | | IEYS | | | · | · | · | · |
| Early talk | https://speechandlanguage.org.uk/educators-and-professionals/programmes-for-nurseries-and-schools/early-talk/ | IEYS | PVI staff / nursery staff | Termly † | · | ✓ | · | · |
| Brilliant babies | Training run by 0-3 officers , includes sectio on developmet of language | IEYS | | Termly † | · | ✓ | · | · |
| Communicating with Babies | | IEYS | PVI staff / nursery staff | Termly † | · | ✓ | · | · |
| First Words Together | This universal programme builds parents' and carers' awareness and confidence in supporting early communication leading up to babies' first words. | IEYS | parents /practitioners PVI/ Family Hubs | Termly † | · | ✓ | · | · |
| Makaton | 3 new trainers currently accessing license - due to deliver Autumn 2024 | IEYS /SALT | parents /practitioners PVI/ Family Hubs | termly | · | ✓ | · | · |
| Making it REAL | Making it REAL (Raising Early Achievement in Literacy) is an evidence based programme that helps practitioners to build parents' knowledge and confidence so that they can help their children's early language and literacy development and create a positive early home learning environment | IEYS /Family Hub | parents /practitioners PVI/ Family Hubs | Twice a year | · | ✓ | · | · |
| Visually supported communication | Using visuals to support children's communication development | IEYS | PVI staff / nursery staff | Termly † | · | ✓ | · | · |

† Termly, or as and when requested for individual settings