

Part 3:

Policy and Development

9. WellComm Primary and the educational context

The Bercow Report

The *Bercow review of services for children and young people (0–19) with speech, language and communication needs* was published in July 2008 as the result of an independent cross-government review chaired by John Bercow, MP and RCSLT vice-president (now the Speaker of the House of Commons).

The *Bercow Report* was formed from an extensive consultation process with children’s centres, primary schools, secondary schools, parent groups and educational professionals.

The five key themes identified were:

1. Communication is crucial.
2. Early identification of communication difficulties and intervention are essential to avoid poor social and economic outcomes in later life.
3. A continuum of services, designed around the family, is needed. Crucially, services must be personalised to meet the needs of the individual.
4. Joint working is critical.
5. The current system is characterised by high variability and a lack of equity.

Bercow: Ten Years On

In 2018, I CAN (the *Children’s Communication Charity*) and the RCSLT funded *Bercow: Ten Years On*, which consulted the same key groups as the initial *Bercow Report* to ascertain the impact of the 2008 report and any outstanding calls to action.

The *Bercow: Ten Years On* project highlighted the following five key themes:

1. Awareness of children and young people’s speech, language and communication is not sufficient.
 - WellComm Primary is an easy resource to pick up and use, with limited training needed. Using WellComm Primary in a primary age setting will significantly increase the administrator’s awareness of speech, language and communication.
2. Systemic change is needed – speech, language and communication must form a core part of national and local plans.
 - WellComm Primary can easily be incorporated as part of local education plans across the primary setting.

3. Currently there is far too much variation in the support children and young people receive for their SLCN.
 - WellComm Primary has suggested resources that can be used with all children who have SLCN.
4. Support must make a difference and be evidence-based.
 - WellComm Primary is based on evidence-based practice throughout.
5. Children and young people's needs must be identified early and then supported appropriately.
 - As soon as a concern is identified, a school can use WellComm Primary and start intervention without being dependent on variable referral and waiting times.

Unfortunately, in addition to these negative findings, the *Bercow: Ten Years On* review demonstrated that in the last 10 years there has actually been active *negative* progress in terms of speech and language provision in some areas:

- Speaking and listening is no longer included in the national curriculum.
- There is **no assessment of spoken language after the age of five.**
- There is insufficient public awareness among decision-makers and professionals of the importance of speech, language and communication, particularly beyond the early years of life.

WellComm Primary can fill the gap for assessing speaking and listening after the early years.

Recommendations from *Bercow: Ten Years On*

School leaders should ensure that the importance of spoken language is reflected in their schools' SEN information report, and Ofsted should review the extent to which the teaching and monitoring of spoken language is taken into account in its framework for inspection when next revised in 2019. Results for WellComm Primary will be a convenient and concise way of demonstrating that they are assessing and offering intervention.

Public Health England, when next reviewing the Healthy Child Programme, should provide practitioners with evidence-based red flags that indicate communication and language concerns at each of the statutory review points. WellComm Primary is a ready-made tool kit that can be used to meet this recommendation.

Key facts highlighted by *Bercow: Ten Years On*

Language disorders affect 10% of children, increasing to 50% in low socio-economic areas (Law et al., 2017; Norbury et al., 2016; Locke et al., 2002; Law et al., 2011).

Of the 10%:

- 7.6% have a developmental language disorder (Norbury et al., 2016).
- 2.3% have language disorders associated with another condition, such as autism or hearing impairment (Norbury et al., 2016).

Education

Just 15% of pupils with identified SLCN achieved the expected standard in reading, writing and mathematics at the end of their primary school years, compared with 61% of all pupils.

Only 20.3% of pupils with SLCN gained grade 4/C or above in English and Maths at GCSE, compared with 63.9% of all pupils (DofE, 2017).

Social, emotional and mental health

81% of children with emotional and behavioural disorders have unidentified language difficulties (Hollo, 2014). Young people referred to mental health services are three times more likely to have SLCN than those who have not been referred (Cohen, 2013).

Life chances

Children with poor vocabulary skills are twice as likely to be unemployed when they reach adulthood. 60% of young offenders have language difficulties.

Conclusion

To conclude, *Bercow: Ten Years On* publication highlights the vital effect of poor speech, language and communication skills on all areas of learning and well-being throughout childhood and into adulthood. Unfortunately, the publication has identified failings that have occurred over the last 10 years, including: poor knowledge of key professionals; poor use of the evidence base; the devaluation of speaking and listening in the curriculum; and unacceptable variations in services across the UK.

The WellComm Primary screen is a multifaceted tool with the capacity to address many of the areas of concern above. The screen is a simple and easy-to-use toolkit that **trains** and empowers schools to carry out **evidence-based** screens and interventions. The tool can be used for **early identification** – and intervention can be started early on to counteract **service variability** – as well as providing **outcomes** on speaking and listening.

The revised SEND Code of Practice 2014 and the Children and Families Act 2014

The SEND Code of Practice was reformed as part of the Children and Families Act 2014. The reforms are intended to give pupils with SEN and their parents a greater say over the provision and will make teachers and schools more accountable for their progress. Requirements for schools' provision for pupils with SEN include:

- Replacing School Action and School Action Plus with a new system called SEN support, a graduated approach to identifying and meeting SEN.
- Replacing the SEN Statement and Learning Difficulty Assessments with an Education, Health and Care (EHC) Plan for children with complex needs.
- Making teaching more personalised to increase its impact on pupils with SEN.
- Requiring schools to have clear systems for identifying, assessing, monitoring and implementing SEN support.
- Requiring schools to engage with parents to agree the support to be put in place for their child and to review its impact.

The EHC Plan will describe the young person's need, the provision required and the suitable educational placement. It will apply to those in further education and training, and for some up to the age of 25. Young people and parents of children with an EHC Plan will be able to hold a personal budget to buy in the support identified for some elements of the plan, giving them greater control over how the money is spent.

Local authorities will be required to publish a Local Offer, outlining details of the provision available in their area across education, health and social care for children and young people who have SEN or a disability. This should also detail arrangements in place regarding:

- consulting with their parents
- assessing and reviewing their progress
- evaluating the effectiveness of provision
- supporting their emotional, mental and social development, including arrangements for listening to their views, and measures to prevent bullying.

Teachers are responsible for the teaching and learning of all pupils and should be involved in the assessment, planning and implementation of teaching plans for SEN children alongside the SENCo, rather than the SENCo managing such activities. Teachers will be required to meet termly with parents of pupils with SEN. Schools need to ensure that their teaching plans are appropriate to the skills of all pupils by ‘differentiating’ the curriculum and teaching.

There is also emphasis within the code on:

- ensuring that support for pupils is both appropriate and measurable
- demonstrating that teaching is making a difference
- tracking progress to measure the impact of interventions.

The WellComm Primary *Big Book of Ideas* activities promote differentiation in the use of ‘steps up’ (making the activity harder) and ‘steps down’ (making the activity easier), so intervention is suited to the each pupil’s needs.

Social disadvantage

Language and communication skills provide the foundation for a pupil’s learning and educational achievement. Poor communication skills are closely linked with social disadvantage. In areas of high social deprivation in the UK, between 40% and 56% of children start school with language delay (Law, 2011; Locke, Ginsborg and Peers, 2002).

Pupils from disadvantaged backgrounds often have fewer opportunities to develop language because of a variety of factors:

- Home literacy environment (Son and Morrison, 2010; Farah, Betancourt and Shera, 2008; Walker, Chang and Powell, 2006; Storch and Whitehouse, 2001).
- Parental stress and resilience (Laplante et al., 2008; Laplante et al., 2004).
- Negative parenting styles (Magill-Evans, Harrison, Van der Zalm and Holdgrafer, 2002).
- Lower levels of parental educational attainment (Hart, 1995).
- Parental mental health (Sarsour, 2011).
- Deprivation (Windsor, 2011; Nelson et al., 2007).

The subsequent effects of poor language skills will affect:

- educational achievement
- emotional well-being and behaviour
- future employability.

WellComm Primary provides a tool to identify and plug the language gaps that pupils from disadvantaged backgrounds often present with. *The Big Book of Ideas* is also fully photocopiable, and schools are encouraged to give activities to parents to carry out at home, thus increasing language and one-to-one time at home.

Looked-after children

There were more than 93,000 children in care in the United Kingdom in 2015 (NSPCC).

Many looked-after children have unidentified speech, language and communication needs (SLCN). In one study, 26 out of 30 children in residential placements had some level of SLCN (McCool and Stevens, 2011).

Looked-after children are more likely to come from a deprived background, experiencing conditions of poverty and social disadvantage (Clark and Fitzsimons, 2016). Research shows that these children have poorer educational outcomes and poorer early language skills (Mathers, Hardy, Clancy, Dixon and Harding, 2016). Looked-after children frequently have attachment difficulties or may have experienced abuse, which impacts on social, emotional and communication development (Cross, 2011).

Other risk factors with looked-after children that may impact on language and communication skills are:

- They are more likely to be exposed to domestic violence, which is found to increase the risk of speech and language problems (Refuge, 2005).
- They are more likely to have a mother who abused alcohol or drugs throughout pregnancy, which increases the likelihood of communication problems (Bandstra et al., 2010; Thorne & Coggins, 2008).
- Their biological parents are more likely to suffer with depression, and parental depression may be associated with language delay (Cross, 2011).
- They can have a high frequency of placement moves, sometimes involving moving between different boroughs and local authorities. This will also involve a transfer of schools and support agencies, such as speech and language therapy, medical services and mental health services. The data transfer between these agencies, including waiting lists for services, can result in gaps in appropriate support.

Impact of communication needs for looked-after children:

- Difficulty following conversation in formal situations, for example, social services meetings, where pupils are expected to keep up with discussions and contribute their opinions.
- Pupils may communicate through behaviour, resulting in school exclusion and offending behaviour (Prison Reform Trust, 2016).
- Social difficulties, such as maintaining appropriate friendships and protecting themselves from peer pressure.
- Difficulty with emotional regulation.

The WellComm Primary screen can be used to identify language needs in looked-after children, particularly when a child moves into a new borough and needs to be assessed. It can provide a quick and thorough overview of the pupil's language and communication skills, rather than waiting for information from previous services and schools to be sent through.

The Big Book of Ideas will help schools support their language needs in the classroom and help pupils to develop individual strategies. It is important that schools share ideas and work in collaboration with carers to support the pupils' needs in all environments.

Social, emotional and mental health needs

The area of social, emotional and mental health (SEMH) needs includes:

- social and emotional functioning
- well-being
- the ability to regulate self and behaviour
- mental health difficulties.

Eighty-one per cent of children with SEMH needs have significant language and social skills difficulties (Botting, Durkin, Toseeb, Pickles and Conti-Ramsden, 2016). Their language and social communication difficulties are often unidentified (Hollo et al., 2014) and include: problems understanding and using language; social interaction difficulties; problems developing and maintaining positive relationships; and poor self-awareness.

If communication difficulties are not identified for pupils with SEMH needs:

- Pupils may communicate through behaviour, which can lead to exclusion from school, offending behaviour and involvement in the criminal justice system. In one study, 60% of young people in the youth justice system were found to have SLCN (Bryan, Freer and Furlong, 2007).
- The NICE guidelines state that talking therapies are the most effective form of treatment for mild to moderate mental health difficulties (NICE, 2009). However, pupils for whom SLCN have been a factor in their mental health difficulties will have subsequent difficulties in accessing talking therapy treatments.

- Pupils may experience long-term difficulties with language and communication.

In 2016 the UK's Department for Education recognised that speech and language difficulties may be an underlying cause of disruptive or withdrawn behaviour. The WellComm Primary Screening Tool can be used to identify language difficulties for a pupil with SEMH, which can then be added to the profile of their needs. *The Big Book of Ideas* can then be used to support their language needs, thus preventing the likelihood of mental health difficulties occurring and reducing the possibility of offending.

Youth offending

According to the RCSLT (2012), around 60% of young offenders have some form of SLCN sufficient enough to affect them on a day-to-day basis. There is increasing research evidence that SLCN is a direct risk factor for offending, as shown in Figure 3.

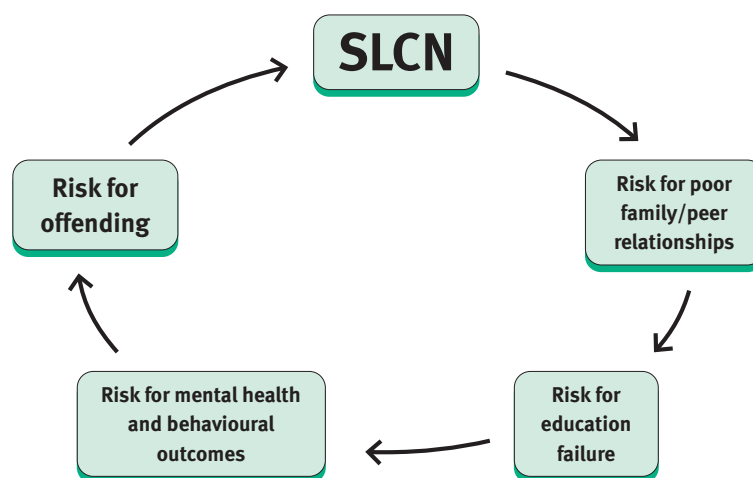


Figure 3: Compounding risk model (Bryan, 2014)

It is important that school staff and professionals work collaboratively to break the cycle. The WellComm Primary Screening Tool will alert school staff to underlying language and communication needs often masked by behaviour. Long term, this will ensure the pupil gains appropriate support and this may prevent future offending.

10. Research and development

Origins of WellComm Primary

The WellComm Primary screen has been developed to follow on from the national success of the original WellComm. The WellComm Early Years screen is currently used in nurseries, children's centres and schools and is designed for use with children aged six months to six years old. The WellComm Primary Screening Tool uses a traffic light system (red, amber and green) which pinpoints any difficulties with a pupil's speech, language and communication skills. The WellComm pack includes *The Big Book of Ideas*, a resource containing easy-to-read interventions split into nine sections. These ready-made activities can be used by settings to provide immediate intervention according to the pupil's needs. The WellComm Primary Screening Tool can also be used as a guide for when to refer on to speech and language therapy.

The term 'developmental language disorder' has recently been agreed as a diagnostic term used for children who are not developing the language that would be expected for their age. This new terminology has helped to increase awareness of 'The most common childhood condition you've never heard of' (*The Guardian*, 2018). An article published in *TES* highlighted that the symptoms of language difficulties are more difficult to spot than those of many other special educational needs and disabilities, such as dyslexia, as they can be interpreted as behaviour or attention issues (*TES.com*, 2018). This supports the need to provide more accessible tools that can be used by primary educational settings to identify pupils with these difficulties.

Phase 1: Development of the screening tool

The WellComm Primary Screening Tool was developed by a team of Speech and Language Therapists with a wide range of experience. Every item in it is derived from the current evidence base.

Using the team's clinical knowledge and common categories used within the current evidence base, it was decided that the screen should be divided into five specific areas: understanding of language; grammar; vocabulary; narrative; and social skills.

To follow the Early Years WellComm format, the sections were split into ages. The difficulty with this, however, is that the evidence base for the development of communication skills in early years is very thorough, with specific details, enabling the Early Years WellComm to be split into sections of six months. When looking at the evidence base for six- to eleven-year-olds, the evidence is generally that skills are split into much broader age ranges due to the nature of development in this age bracket. For this reason, the WellComm Primary screen is split into larger age sections than the Early Years WellComm – four age sections: 6 years to 6 years, 11 months; 7 years to 7 years, 11 months; 8 years to 8 years, 11 months; and 9 years to 11 years, 11 months.

The illustrations and stories are based on everyday experiences to allow all pupils to relate to them, regardless of social background. The pictures were made bright and colourful to engage the pupil.

Phase 2: Feasibility

Once a draft screen was developed, it was necessary to trial the material to check for elements such as ease of administration, errors in question wording and whether the illustrations were accessible and accurate. Therapists from the Sandwell and West Birmingham Hospitals NHS Trust carried out the screen on six- to eleven-year-olds. In total, responses from four children (boys and girls) in each section were gathered.

From the responses received, the following changes were made to the screening tool:

- Wording/grammar errors were changed.
- Names of characters within the screen were changed, as some unusual names were difficult for children to remember.
- Some pictures were changed, as they were difficult for the children to interpret.

Further prompt rules were added in to the narrative sections, such as: *Give the pupil 30 seconds to look at the pictures before you take them away and ask the pupil to re-tell the story.*

- ‘Acceptable example responses’ terminology was introduced, to broaden the marking criteria, and more examples are now provided.
- Vocabulary categories for younger pupils were changed, as jobs proved difficult across the majority of children screened.
- Some questions within the narrative section were taken out, as the answers were not found in pupils’ natural recall.
- Further questions were included for the grammar section, including comparative questions.
- The social skills section was taken out of the main screen and added as a checklist that can be carried out.

Phase 3: Validity and reliability

Once the final draft of the screening tool was decided, the accuracy of the tool was checked using a validity study.

Content validity

Content validity considers whether a test is fit for purpose. The items of the WellComm Primary Screen were carefully selected to represent the language skills of six- to eleven-year-olds along a developmental continuum. The items were further scrutinised at all stages by a larger team of Speech and Language Therapists in the department.

Concurrent validity

Concurrent validity refers to a measurement of a test’s validity to correlate positively with the constructs of an established test. The Assessment of Comprehension and Expression 6–11 (ACE)

(Adams et al., 2001) was selected as a comparison for the validity study. The ACE is a published, norm-based, standardised assessment regularly used by Speech and Language Therapists for six- to eleven-year-old pupils. The following subtests from the ACE were administered and compared:

- sentence comprehension
- naming
- syntactic formulations
- narrative.

The aim of the study was to ascertain whether pupils' results on ACE and the WellComm Primary were similar enough to be statistically significant. A child who is identified as having SLCN according to the ACE, should also be identified as having needs according to WellComm Primary.

Primary pupils (100 boys and 100 girls) aged between six and eleven years old from schools across Sandwell took part in the study. Random sampling was used to ensure that representative samples of pupils were identified. Pupils were included in the study regardless of their ethnicity, religion, background or any disability. Only monolingual English-speaking pupils were included, however, due to the evidence base suggesting that bilingual pupils have a different pattern of language development to monolingual pupils (Bligh, 2014).

Screenings were carried out in mainstream school settings in Sandwell. Pupils who did not complete the screen or assessment (pupils with poor attention or those who were uncomfortable being assessed by an unfamiliar adult and opted out) were not included in the study.

The ACE and the WellComm Primary Screening Tool were administered by Speech and Language Therapists on the same day, in a quiet isolated room, with a minimum of a one-hour break between assessment and screen.

A Pearson's correlation was calculated to establish a comparison between the standard scores for the ACE 6-11 and the overall mean total of WellComm scores. The correlation revealed a significantly strong association between the total scores of the two tests ($p < 0.01$), with a correlation coefficient of $r = 0.6$. All areas of the WellComm Primary Screening Tool were found to correlate, however the areas with the strongest correlation were the understanding and vocabulary sections.

ACE subtest	WellComm subtest			
	Understanding	Grammar	Vocabulary	Narrative
Sentence comprehension	0.42**	0.11s	0.45**	-0.02s
Naming	0.43**	-0.02s	0.56**	0.12s
Syntactic formation	0.41**	0.07s	0.52**	0.13s
Narrative	0.46**	0.14*s	0.49**	0.31**

It can be concluded that the WellComm Primary Screening Tool is able to accurately identify children who could be regarded as showing significant language difficulties based on their performance on the ACE 6-11 subtests. Similarly, the Wellcomm Primary Screening Tool can accurately identify children who have typical language ability for their chronological age based on their performance on the ACE 6-11.

Furthermore, the above results show that the Wellcomm Primary Screening Tool has strong reliability across each subtest, meaning that it is able to form an accurate picture of a child's overall language construct.