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An International Perspective: Supporting Adolescents with Speech, Language and Communication Needs in the UK

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Key Words: Special Educational Needs, Speech, Language and Communication Needs (SLCN), Speech and Language Therapy, International, UK

Learning Outcomes: After reading this article, the learner will be able to:

1. Explain the key components of the education system in the UK
2. Identify similarities and differences in the education system in the UK and the USA
3. Discuss and critically appraise the support available for older children and young people with speech, language and communication needs in the UK.

Abstract

This paper provides an overview of the education system in the UK, with a particular focus on the secondary school context and supporting older children and young people with speech, language and communication needs (SLCN). Despite the pervasive nature of speech, language and communication difficulties, and their long term impact on academic performance, mental health and wellbeing, evidence suggests that there is limited support to older children and young people with SLCN in the UK, relative to what is available in the early years. Focus in secondary schools is predominantly on literacy, with little attention to supporting oral language. The paper provides a synopsis of the working practices of paediatric speech and language therapists working with adolescents in the UK; and the type and level of speech and language therapy support provided for older children and young people with SLCN in secondary and further education. Implications for the nature and type of specialist support to adolescents and adults with SLCN are discussed.

Setting the Context: The Education Setting in the UK

The statutory requirement for children to attend school in the UK is from 4/5 to 16 years, with an option to stay in school until 18 years. The school system is divided into two main parts: Primary (4/5-10/11 years) and Secondary (11/12-15/16 years). Many children also attend Nursery school between the ages of 3 and 4 years. See table 1 for levels of education in England, Wales, Northern Ireland and Scotland.

State (government) schools in England, Wales and Northern Ireland are required to follow a set curriculum which is a fixed framework of subjects and stages, following the Education Reform Act in 1988¹, to ensure the same standards of teaching and learning for all pupils. This curriculum stipulates which subjects should be taught, the knowledge, skills and understanding pupils should achieve in each subject, and how progress should be reported. In England and Wales, this curriculum is known as the National Curriculum, whilst in Northern Ireland it is referred to as the Northern Ireland Curriculum. Scottish education legislation is separate from the rest of the UK and does not have a National Curriculum, with the nearest equivalent being the Curriculum for Excellence.

The National Curriculum (NC) is divided into four Key Stages that span the school life². Statutory attainment tests (SATs) are given nationally for the core national curriculum subjects (English, Maths, and Science) at the end of Key stage 1 (ages 6-7) and Key stage 2 (ages 10-11). The Key Stage 3 set of statutory attainment tests given at ages 13-14 were removed in 2009 and replaced by local school tests. In Key Stage 4, pupils take GCSE (General Certificate of Secondary Education) qualifications and typically prepare for A-levels from 17 years onwards^{3;4}. In English, these statutory attainment tests only assess literacy, with tests in reading, writing and spelling. There are no statutory assessments of oral

language skills across the education curriculum. The omission of any formal national assessment of oral language, sits uneasily with many professionals, working in Education and Speech and Language Therapy, who are concerned that what is not assessed, is not prioritised in the classroom.

Table 1: Structure of the School System in England, Wales, Northern Ireland and Scotland

	England and Wales	Northern Ireland	Scotland
Nursery/pre-school/ Early years (non-compulsory)	3-4 years		
Primary (compulsory)	Key Stage 1 • Reception year (4-5 years) • Year 1 (5-6 years) • Year 2 (6-7 years)	Foundation Stage • Year 1 (4-5 years) • Year 2 (5-6 years)	P1 (Early Level) (4-5 years)
		Key Stage 1 • Year 3 (6-7 years) • Year 4 (7-8 years)	P2 (First Level – 5-6 years) P3 (First Level – 6-7 years) P4 (First Level – 7-8 years)
	Key Stage 2 • Year 3 (7-8 years) • Year 4 (8-9 years)	Key Stage 2 • Year 5 (8-9 years) • Year 6 (9-10 years)	P5 (Second Level – 8-9 years) P6 (Second Level – 9-10 years)

	years) • Year 5 (9-10 years) • Year 6 (10-11 years)	years) • Year 7 (10-11 years)	P7 (Second Level – 10-11 years)
Secondary (compulsory)	Key Stage 3 • Year 7 (11-12 years) • Year 8 (12-13 years) • Year 9 (13-14 years)	Key Stage 3 • Year 8 (11-12 years) • Year 9 (12-13 years) • Year 10 (13-14 years)	S1 (Third/Fourth Level – 11-12 years) S2 (Third/Fourth Level – 12-13 years) S3 (Third/Fourth Level – 13-14 years)
	Key Stage 4 • Year 10 (14-15 years) • Year 11 (15-16 years)	Key Stage 4 • Year 11 (14-15 years) • Year 12 (15-16 years)	S4 (Senior Phase – 14-15 years) S5 (Senior Phase – 15-16 years)
Post Compulsory Secondary (non-compulsory)	Sixth Form • Year 12 (16-17 years) • Year 13 (17-18/19 years)	Post 16 Further Education and Training • Year 13 (16-17 years) • Year 14 (17-18/19 years)	S6 (Senior Phase – 16-17 years)

Changes to the Education System

The past few years have seen major revisions to the education system across the UK with some further changes still imminent. A key driver for these changes is to better prepare pupils for life after school by raising standards through reforming qualifications and the curriculum. Another change from September 2014 is the extension of statutory attendance in education or training until 18 years (previously 16 years). These additional two years can take the form of full time education at school or college, an apprenticeship or traineeship or part-time education or training.

The revisions bring more rigorous assessment, as well as greater flexibility to individual schools and teachers to assess and teach in ways that they have shown to work, and that ensures that all pupils acquire a core of essential knowledge in English, Mathematics and Sciences⁴. Another key aim is to improve literacy standards early so all pupils develop their enjoyment of reading and are able to access the curriculum. In order to accomplish this, the new Primary National Curriculum in England focuses increased attention to teaching and assessing phonics with reading taught using predominantly phonic strategies with fewer requirements for pupils to build up a sight vocabulary⁵. The Phonics Screening Check is a new statutory assessment introduced in England in 2012 to ensure pupils at 6 years of age have learned phonic decoding skills to an appropriate standard⁶. The overall emphasis on speaking and listening (termed Spoken Language in the NC) is relatively small, with a programme of study covering the whole of the primary age range, and with no age-differentiated levels of knowledge or skills, as exists for literacy, making it difficult for teachers to benchmark progression or attainment in oral language, and therefore, to identify those pupils experiencing difficulties in this area. The teaching of spoken language skills in

its current format, albeit small, is in contrast to the initial draft curriculum where spoken language was absent. Its re-introduction comes after a series of consultations which had been conducted to gather views on these revisions⁷. In the Secondary National Curriculum for English, there is a separate section on Spoken Language, although similarly, it is less detailed and differentiated compared with the information provided on reading and writing, and there continues to be no specific assessment for oral language⁸. In addition to concerns raised about the initial absence of spoken language, and the call from respondents for greater emphasis and inclusion of a discrete strand on speaking and listening, the impact of these changes on pupils with special educational needs has also been raised during the consultations, with concern that the achievements of low attaining pupils would not be fully recognised and addressed⁷.

Children and Young People with Special Educational Needs

One in five pupils in England has a Special Educational Need (SEN); and approximately 1.6 million children have learning difficulties or disabilities⁹. According to The Department for Education, a child or young person has special educational needs if they have significantly greater difficulty in learning than the majority of other people of the same age, or have a disability which prevents them from making use of facilities in schools¹⁰ (pp. 15-16). These children are a diverse group, requiring varying levels of multi-agency support across health, social services and education. In the current system, pupils with SEN are classified into three levels of provision of need depending on the complexity and severity of the impairment: 1) School Action, where additional or different support is provided as part of the existing school curriculum; 2) School Action Plus, where school staff receive advice from external specialists

(for example, specialist teacher, educational psychologist, speech and language therapistⁱ); or
3) Statement of Special Educational Needs, where a pupil is given a formal assessment and a document (statement) setting out their needs and additional assistance required⁹.

‘Speech, Language and Communication Needs’ is one of the categories that come under the overarching classification of Special Educational Needs. Other categories include: specific learning difficulty, moderate learning difficulty, severe learning difficulty, profound and multiple learning difficulty; behavioural, emotional and social difficulties, hearing impairment, visual impairment, multi-sensory impairment, physical disability and autistic spectrum disorder⁹.

Studies show that life chances for children and young people with SEN in the UK are disproportionately poor¹¹. The majority of these children and young people have SEN which are pervasive and long term and impact adversely on many aspects of daily life: educational, vocational, social and emotional¹¹. To date, the educational, health and social care systems have reportedly been organised largely in silos with little integration^{11;12; 13; 14}. The current system is viewed as complicated, inefficient and not always fit for purpose in meeting the needs of service users^{12; 13; 14}. In response to this, the Department for Education published the Green Paper, in 2011, proposing a radical change to the provision of health, education and social care in England¹¹. These substantial changes, known as the Special Educational Needs and Disability (SEND) reforms are to be implemented from September 2014, and include new ways of working collaboratively between the health, education and social care settings, a single assessment process across all sectors, increased input from service users and greater choice for them, extension of care from 18 to 25 years and joint commissioning of services¹⁰. The SEN classification system for levels of provision of need are also changing with the

ⁱ A Speech and Language Therapist is the term used in the UK for a Speech and Language Pathologist.

introduction of an Education Health and Care plan (EHC plan), for the most severe and complex difficulties, which replaces the Statement of Special Educational Needs. A single stage of provision, the 'additional SEN provision' for mild and moderate difficulties, will replace both School Action and School Action Plus levels of support. Children and young people with speech, language and communication needs may be eligible for an EHC plan or an additional SEN provision, depending on the nature and degree of their impairment.

Speech Language and Communication Needs as a Special Educational Needs Category

The term speech, language and communication needs (SLCN) has been adopted by the Department for Education as the term used to describe children and young people with primary difficulties in speech, language and communication¹⁵. This term covers speech, language and communication difficulties that occur in the absence of any identified neuro-developmental, physical or social cause, i.e., a primary speech, language and communication difficulty. It does not include speech, language and communication difficulties that are secondary to other impairments, for example, hearing or vision. The use of the term SLCN can be problematic in that it is used in different ways by different groups of people, and has been shown to be ambiguous and confusing to different professional groups^{16; 17} and to parents¹⁸. It is not a term that has been used widely clinically or in research within the UK, and neither is it used internationally. Speech, Language and Communication Needs can arguably apply to all children and young people with difficulties in these areas, including those presenting with additional impairments. Clinically, and for research purposes, the term Specific Language Impairment, Specific Speech and Language Difficulties or Primary Language Impairment has been used more frequently to refer to children with primary SLCN^{19; 20}, although their use is also not without controversy^{21; 22; 23}.

A lack of a common terminology to guide decision-making with regards to service provision for children with SLCN was identified as a barrier by speech and language therapy managers when asked about service delivery and educational provision for children with language disorders¹⁹. A recommendation from the Better Communication Research Programme, commissioned by the government, as a response to the Bercow review of the provision of services for children and young people with SLCN, was to review the SLCN category “as it is problematic in terms of reliably identifying groups of pupils with language learning needs and establishing their profile of difficulties” (p.4)¹⁷.

SLCN in the secondary school context

Long term nature of SLCN

A robust and consistent literature has shown the wide ranging, long term and pervasive effects of early speech, language and communication difficulties on adolescence and adulthood impacting on education, health and socio-emotional functioning^{20; 24; 25; 26; 27}.

Longitudinal studies of preschool children with SLCN show their long-term impact on literacy^{28; 29; 30}, academic attainment^{31; 32}, socio-emotional functioning and behaviour^{25; 33}.

Some children may not show any difficulties in language and communication in primary school and only begin to display their language and academic weaknesses in secondary school once faced with the more challenging secondary school context and the increased linguistic complexity that it demands³⁴. These costs of SLCN are not only felt at the individual level, but impact on family life, and the community, and carry significant cost to the nation; hence, they are being increasingly seen as a public health issue³⁵.

Prevalence of SLCN

There is limited research and less consensus on the prevalence rates of speech, language and communication difficulties in older children and young people than there is for younger children. Prevalence rates for speech, language and communication difficulties in pre-and primary school children range from 5% to 13%, depending on the exclusion criteria used^{36; 37}. However, less is known about the prevalence, nature and type of speech, language and communication difficulties in older children and young people. Nippold estimated that at least 10% of adolescents have language difficulties that impair their ability to express themselves³⁸. Consistent with this figure is a recent government report in 2013 from the Department for Education which found that a total of 10% of pupils in secondary mainstream schools in England have SLCN that require specialist support³⁹. This is in contrast to the figure of 30.6% which was reported for mainstream primary school children. Whilst SLCN is the most frequently reported SEN in primary schools, the pattern changes markedly in secondary school with Specific Learning Difficulty, Moderate Learning Difficulty and Behaviour, Emotional and Social Difficulties (BESD) occurring more frequently³⁹ (see figure 1).

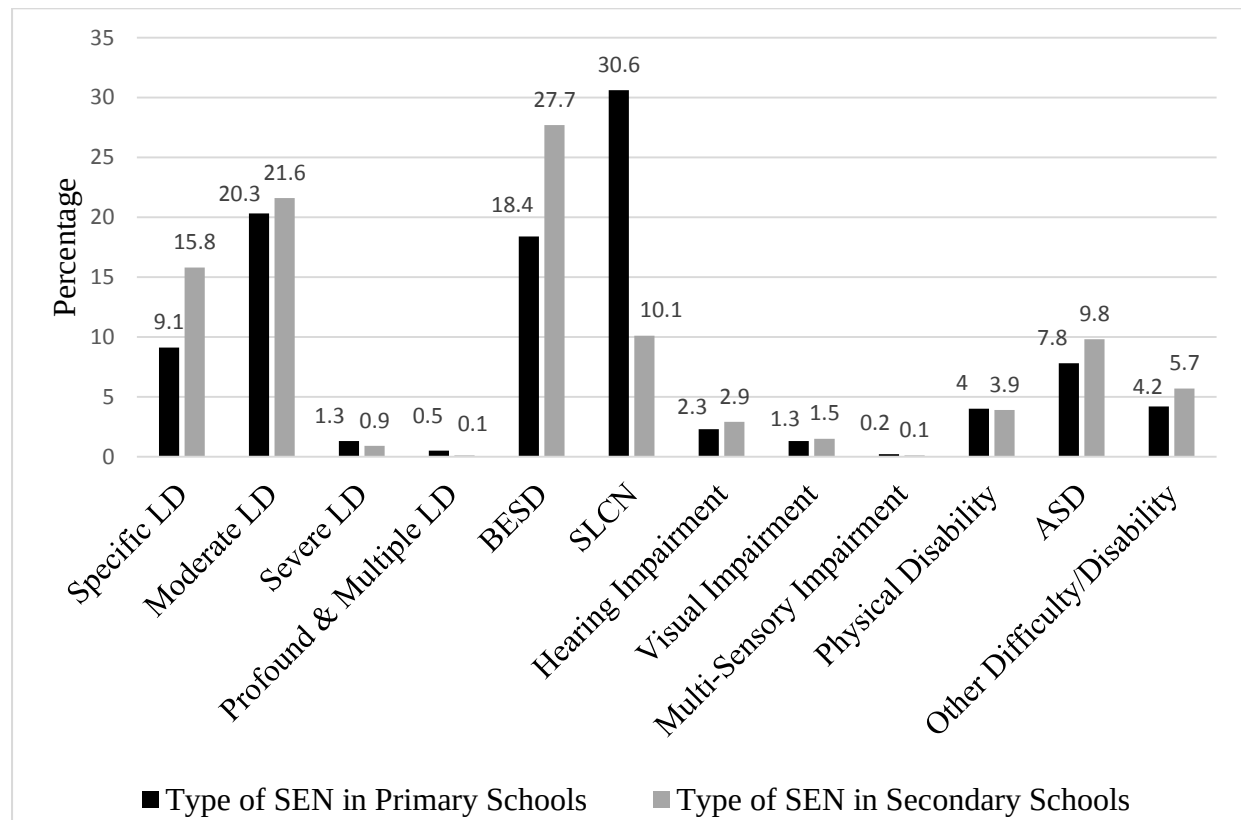
The reported occurrence of SLCN in secondary schools may be an underestimate given the limited awareness of and reduced specialist support for SLCN in the secondary school context which has been widely reported in the UK^{13; 40; 41} and abroad^{42; 43}. An example of this under-identification comes from a study conducted in the UK looking at the language profiles of secondary school pupils who were academically underperforming in mainstream schools. Three hundred and fifty seven pupils, who were referred by teachers as underperforming in the classroom, were identified with SLCN. At this point of referral, none of the pupils were reported to be receiving speech and language therapy support and less than 20% of them had been identified previously as having SLCN. Despite this, the group showed

significant difficulties in areas of language including expressive grammar, syntax, semantics, vocabulary and inferential understanding⁴⁴.

SLCN and Behaviour, Emotional and Social Difficulties

Whilst SLCN is the most frequently reported SEN in primary school, it is Behaviour, Emotional and Social Difficulties (BESD) which occurs most frequently in secondary school, with a 27.7% occurrence, compared to a figure of 18.4% in the primary setting³⁹. This mirroring of occurrence of SLCN and BESD in primary and secondary school might raise the question about whether some older children with SLCN in secondary schools are getting incorrectly identified as having BESD. Support for this comes from the comorbidity that has been reported between SLCN and BESD^{25; 26; 33; 44; 45}. Interestingly, this hypothesis is not supported by research from the Better Communication Research Programme which explored the trajectories of children with SLCN over time⁴⁶. This piece of research drew on national data sets, and explores the proportion of children identified with SLCN over time and across age, looking at the changes in profiles of strengths and areas of need. Results indicated that there were changes to SEN categories over time, with approximately a quarter of pupils who started in secondary school with SLCN, moving into a non-SEN category, around one fifth remaining in the SLCN category, and another fifth moving from the SLCN category into another type of SEN category of need⁴⁶. However, the most common categories for pupils to move into from the SLCN classification were the categories of Moderate Learning Difficulty or Specific Learning Difficulty rather than the category of behavioural, emotional and social difficulties⁴⁶. It is important to note, however, that the data on which this research was based, was taken from SEN categories provided by the schools and no formal diagnostic testing was conducted to check the accuracy of these categories. Hence, the under-identification of SLCN

in secondary school may still have a part to play in the contrasting prevalence of SLCN and BESD in primary and secondary school settings.



Key: LD: Learning Difficulty; BESD: Behaviour, Emotional and Social Difficulties; SLCN: Speech, Language and Communication Needs; ASD: Autistic Spectrum Disorder

Figure 1: Type and Percentage of Special Educational Need in Mainstream Primary and Secondary Schools in England (Department of Education, 2013)

SLCN and inclusion

The overall percentage of SLCN in pupils in special schools, both primary and secondary, is far less than in mainstream, at 5.3%, with the three most frequent types of primary need being

Severe Learning Difficulty (24.7%), Autistic Spectrum Disorder (21.5%) and Moderate Learning Difficulty (17.8%)³⁹. This is somewhat expected taking into account the strong move for inclusion in the UK, which began with publication of the Warnock Report⁴⁷, commissioned by Margaret Thatcher, signposting the development of a policy of integrating increasing numbers of children with SEN into mainstream schools. Whilst inclusion is a major policy initiative internationally, there is limited evidence for its relative benefits, especially for children with SLCN⁴⁸. The impact of this policy can be seen with pupils with SLCN, with the majority of them being educated in mainstream provision^{49;15}, and with at least two pupils with SLCN in every mainstream classroom⁵⁰. Despite this, teaching and support staff receive little support or advice on how to meet the needs of pupils with SLCN in mainstream classrooms and there is limited awareness by education staff of the needs of adolescents with SLCN in the classroom^{51; 52}. Interestingly, a survey undertaken with 135 speech and language therapy managers in England and Wales, exploring the service provision for children and young people with SLCN, reported that whilst most provision in educational settings was made to mainstream schools, the speech and language therapy time per pupil was significantly higher in specialist resources and schools⁴⁰.

SLCN and social disadvantage

There is a strong relationship between SLCN and social disadvantage, with children and young people who are socially disadvantaged much more likely to be identified as having SLCN¹⁷. The Department for Education reports that pupils in England in 2013 with special educational needs were more than twice as likely to have low socio-economic status than those without special educational needs (30.1 per cent compared to 14.1 per cent), and similarly, secondary school pupils with special educational needs were more than twice as

likely to be socially deprived (27.4%) compared to those with no SEN (12.3 %) ³⁹. This data supports a strong research literature linking social deprivation with SLCN ^{53; 54; 55}.

The needs of pupils with SLCN in secondary schools are complex, dynamic and multi-faceted, and the support made available to them needs to take this variability and the all-encompassing nature of SLCN into account.

Support for children and young people with SLCN in adolescence

Despite the long term nature of SLCN and its prevalence of at least 10% in secondary schools, there is reduced specialist support and limited awareness of SLCN in secondary schools in the UK ^{13; 40; 41}. Entry into secondary school brings with it new and more complex challenges which pupils are required to navigate, including larger classes, multiple teaching styles, an increasingly complex education curriculum, abstract reasoning and idiomatic understanding, heavy reliance on literacy as the medium of learning, and a greater need for independent working and self-reflection. Whilst these are challenging for all young people, for those with SLCN, they can prove insurmountable without appropriate support. Yet, the provision of support to this group does not appear to reflect this ongoing need. Neither does the relative size of the speech and language therapy workforce, with 70% of the 10 000 SLTs working in the UK being paediatric therapists ⁵⁶.

In 2008, the Bercow Report, the first comprehensive review of provision of paediatric services for children and young people with SLCN in England was published. The review incorporated a range of consultations of key stakeholders across England. A key conclusion of the review was that "...services tended to 'disappear' over time, especially...on transfer to secondary school. Indeed we found minimal evidence of services for young people at secondary school and beyond"(p. 37) ¹³. In support of this finding is the report from the

speech and language therapy manager survey undertaken by Lindsay et al.. In this survey, the highest caseloads for paediatric speech and language therapists were reported to be with the 5-10 year old age group and the lowest with secondary age pupils⁴⁰.

These figures have stayed remarkably stagnant over time despite the growing awareness of the needs of older children with SLCN, with a more recent survey of 576 speech and language therapists, undertaken as part of the Better Communication Research Programme, reporting that the most common age range for 75% of therapists was within the 2-7 year range. Only 7.1% of speech and language therapists worked most frequently in secondary schools with pupils between the ages of 11-14 years, and only 1.3% reported to work with adolescents above 15 years⁵⁷. In the same study, the majority of speech and language therapists reported to work with children and young people with SLCN (55.4%), with only 5.8% working in the area of specific learning difficulty, including dyslexia⁵⁷. Thirty six percent of these therapists work predominantly in mainstream schools, with 20% working in a specialist resource or special school.

In the most recent unpublished census of speech and language therapists and their practice in the UK (2013-2014), undertaken by the Royal College of Speech and Language Therapists (RCSLT), the professional body for speech and language therapists in the UK, 19.1% of the 4582 members who responded (approximately 22% of the membership), reported working for a proportion of their time with secondary school pupils, compared to 22.3% working with pre-schoolers and 25.3% working with primary school children (personal communication, 2014). Of the 2210 paediatric speech and language therapists who responded, only 5.6% worked exclusively with secondary school pupils, whereas 13.4% worked only with primary school pupils and 10.3% with preschool pupils (personal communication, 2014).

A similar finding was reported in an online survey, conducted with 516 paediatric speech and language therapists, working in the UK, with a greater number of therapists working with older children and young people. In this survey, a total of 54.8% of respondents reported to work with secondary school pupils (11-18 years) as one of their client groups, with only 14 therapists (2.7%) working only in secondary provision⁵⁸. The areas with which these 14 therapists work in secondary school most frequently include SLCN, learning difficulties and autism. Thus while the majority of paediatric speech and language therapists may not work exclusively with secondary school pupils with SLCN, a substantial percentage of them are involved to some degree in supporting this client group. Whilst there continues to be less speech and language therapists working with older children and young people with SLCN than with younger children, there are a growing number of therapists working with this client group.

Evidence suggests that a large proportion of therapy that is conducted in mainstream schools is indirect, with speech and language therapists working as consultants and training teaching and support staff to deliver the interventions. In Lindsay et al.'s (2005) survey of provision for children and young people with SLCN, a high level of direct intervention by speech and language therapists was reported to take place in specialist language provisions⁴⁸. In contrast to this, in mainstream settings, which is where the majority of pupils with SLCN attend, a different approach was identified with speech and language therapists in mainstream schools acting as consultants to teachers, and advising on assessments and interventions^{19; 59; 60}. In Dockrell et al's study, the speech and language therapy managers they surveyed favoured this approach as a means of increasing provision, but unsurprisingly, in contrast, parents favoured more direct one-to-one provision¹⁹. Training of others is a growing trend within the speech

and language therapy profession and guidance about this has recently been provided by the RCSLT⁶¹.

Consistent with these findings are the results from the survey undertaken by Pring et al. of paediatric therapists who were asked to indicate how much time they devoted to direct versus indirect therapy (training other professionals or parents)⁵⁸. The time spent in direct intervention was less than one-quarter of working time, with the remainder evenly divided between the other six areas: indirect therapy with parents, indirect therapy with other professionals, assessments, report writing, meetings, and other administration. The amount given to direct therapy was relatively small, and therapists expressed a desire to do more direct therapy with their clients. Nearly half the respondents felt their time could be more effectively used by giving more time to direct therapy and spending less time on administration. They did not, however, want a reduction in indirect therapy, but rather, that it be in addition to their own services, instead of replacing them⁵⁸.

A key component in working in schools is the collaboration between the teacher, teaching assistant, other support staff and the speech and language therapist. Interestingly, speech and language therapists in the UK report to work most with teaching assistants (58%) who typically support the children with SLCN, compared with the teachers (28%). Collaborative work with parents was reported to occur even less frequently (7%)⁵⁷.

The content and focus of intervention with this group has also been shown to be qualitatively different compared to work undertaken with younger children. In the survey completed as part of the Better Communication Research Programme, speech and language therapists reported to focus greater emphasis on the social and functional use of language⁵⁷. Similarly,

the goals targeted for this age group, focused more predominantly on social and communicative outcomes⁵⁷. This focus mirrors more directly what parents report to value including effective communication, increasing independence and inclusion of their children in society⁶³.

Conclusions and Future Implications

There are ongoing significant changes that are taking place in the education of all pupils across the UK, together with major revisions to the special educational needs provision for children with SEN. These changes need to be monitored carefully by teachers, speech and language therapists and other professionals working with children and young people with SEN, as well as parents; and their impact on the learning and development of this group needs to be carefully assessed. Transition points can frequently present as vulnerable areas for breakdown, whether it be the transition between the new and the old system, or between primary and secondary school, secondary school and Further Education College or employment; and it is especially at these more sensitive transition junctions that extra care and attention is required.

Some pupils will continue to experience significant difficulties with language and communication through primary and secondary school and into adulthood, and continued and sustained monitoring and support, for this group, to enhance their language, communication and social skills for everyday life, is essential. Whilst there is a growing awareness of SLCN and presence of speech and language therapy and specialist teaching support in mainstream secondary schools, there is room for further improvement and refinement. Moreover, there is little if any support or attention given to adults with developmental SLCN in the UK, and this requires further investment.

The increasing use of the consultancy model of service delivery, whereby SLTs train other professionals to identify individuals with SLCN, and provide appropriate support for them, in the classroom or work setting, is a positive move which has been shown to be effective and popular with school staff, empowers others to support children and young people with SLCN and ensures capacity building^{63; 64}. It should not, however, replace the more direct model of service delivery, when appropriate, which speech and language therapists are trained to deliver, and which has been shown to be effective for secondary school pupils with SLCN⁶⁵. A combination of a direct and indirect model of service provision, that is driven, first and foremost, by the needs of the individual, their family and setting, is the best way forward. The new Special Educational Needs and Disabilities Code of Practice, to be implemented in September 2014 in England, hopefully provides some opportunities to do this with a focus on increasing parental and service user choice, integration of provision of health, education and social care and the extension of specialist support until 25 years of age¹⁰. Some of these changes are promising, but great attention is needed on how they are executed and whether sufficient support structures are put in place for service providers and service users.

Evidence suggests that the speech and language therapy provision we give to older children and young people with SLCN is different, focusing more on the social and functional use of language. We should continue to explore new and innovative ways of preparing our young people with SLCN for life through the enhancing of language, literacy and communication. The evidence for major reorganization of some parts of the brain during adolescence and into adulthood has exciting implications for learning and teaching with this age group⁶⁶. More focus is needed in secondary school on practising oral language, in addition to literacy, in order to fully prepare pupils for the demands of adult life and the range of exciting opportunities available to them, with effective communication often as the gateway.

SLCN can be long term and pervasive, and create significant barriers to the learning for our young people, however, there is evidence to show, that with the appropriate level and type of support, positive outcomes and good quality of life can be experienced^{67; 68; 69}.

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