Chapter 12
Further Thoughts from Yvonne Wren

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The rights of children with speech, language and communication needs (SLCN) in early childhood education and care (ECEC) in the United Kingdom (UK) are driven by the international legislation and guidance described so clearly by Cronin and McLeod in the first part of this chapter. The challenges posed in ensuring that the rights of children with SLCN, and the accompanying difficulties that their communication difficulties create, are recognised and upheld and also shared between Australia and the UK. There are nevertheless some differences in the context in which these rights and challenges are being promoted and addressed.

Through a series of government reports in the UK, the importance of strong communication skills in ensuring children are not held back in education or social development has been widely recognised. The Rose Report on the teaching of early reading (Rose, 2006) commented that “far more attention needs to be given, right from the start, to promoting speaking and listening skills to make sure that children build a good stock of words, learn to listen attentively and speak clearly and confidently” (p. 3) as a precursor to the development of literacy skills when children start school. The Tickell Report (Tickell, 2011) identified communication and language as prime areas of learning in the Early Years Foundation Stage Curriculum for children aged 2 to 4 and vital to the development of personal, social and emotional development. The report also highlighted the importance of valuing a child’s home language. The Allen Report (Allen, 2011) made a convincing case for early intervention for all children presenting with needs or neglect, referring to the evidence that children’s brains are 80% developed by age 3 and, therefore, “we need to intervene early to make sure that our children get the best possible start in life” (p. xiii).

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The Bercow Report, published in 2008, presented a review focused specifically on the services for children and young people with SLCN in the UK. While the core messages were consistent with other reports regarding communication as a crucial life skill and the importance of early intervention, a number of specific recommendations were made regarding SLCN. These included a request that the government establish a Communication Council and appoint someone to the post of Communication Champion, to ensure that the recommendations of the report were implemented and to raise awareness of SLCN among key stakeholders and the general public. This led to the National Year of Speech, Language and Communication, a campaign of activities and awareness-raising around the countries of the UK.

The Bercow Report and the Allen Report led to some other changes with regard to the development of the evidence base to support work with children with SLCN: specifically, the development of two What Works centres, one run by the Early Intervention Foundation focusing on the early years and the other run by The Communication Trust and focused on interventions for children with SLCN. Together, they provide easy access to practitioners and clinicians working with children with SLCN and information on evidence-based interventions to use with this population.

A decade on, a second Bercow review has taken place to evaluate progress since the first report, resulting in *Bercow: Ten Years On* (Bercow, 2018). While the report recognises that some changes have been achieved, it concludes that SLCN has not been a priority for national and local strategies and that, as a consequence, children's needs in this area are often unidentified and unsupported.

The capacity for system-wide change is possible, however, and this is demonstrated effectively through changes in care for children born with cleft palate in the UK. In the late 1990s, a review of services and outcomes for children born with cleft lip and palate in the UK was carried out. The subsequent report showed that outcomes for speech in this population were poor relative to other centres in Europe (Sandy et al., 1998; Sell et al., 2001). The decision was made to centralise National Health Service provision in cleft palate from a total of 57 different centres providing care to just 11 across the whole of the UK.

While this radical change in the delivery of care had some negative impacts, such as increased distance to travel for surgery, the change to outcomes in speech was remarkable. Before centralisation, just 19.6% of children were rated as being *normal* with regard to the intelligibility and distinctiveness of their speech; following centralisation, that figure had increased to 56.3% (Sell et al., 2015). The value of specialist clinicians from across the multidisciplinary team in providing care to children born with cleft palate from birth to age 5 had been clearly demonstrated, with many more children achieving a positive outcome and being able to exercise their right to communicate.

Within this population, however, the study following centralisation showed that the picture was not so rosy for children at the other end of the outcome spectrum. Both datasets (Sell et al., 2001, 2015) showed that nearly 20% of children in the cohorts were unintelligible or barely intelligible. Centralisation appeared to have little impact on this group and additional work is needed to identify risk factors for poor outcomes in this population. The Cleft Collective Cohort Studies was set up to provide a dataset for researchers across the globe to address a wide range of research questions of importance to the cleft clinical and patient communities. A nested study within the birth cohort, the Cleft Collective Speech and Language Study, is recruiting a subsample to focus specifically on the speech development of this population with the aim of identifying why 20% of children born with cleft palate continue to have such marked difficulties with making themselves understood (Wren et al., 2017). The intention is to identify information which can help clinicians and parents and carers to reduce the number of children in this situation and, through doing so, increase the opportunity for more children born with cleft palate to access their right to communicate and be heard.

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