



DEVELOPMENTAL LANGUAGE DISORDER (DLD) PROVISION IN SHEFFIELD

SHEFFIELD HEALTH AND CARE PARTNERSHIP BOARD

18 APRIL 2023

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Purpose of Paper	
Proposal to implement recommendations outlined in the DLD report with associated funding.	
Key Issues	
<p>DLD is a lifelong condition and unmet need is associated with poorer lifetime outcomes. DLD prevalence is predicted to be 7.6%, Sheffield provision is currently only supporting 0.33% of children so there is significant unmet need in the city.</p> <p>Sheffield City Council (SCC) conducted a review of DLD services in early 2022. A number of recommendations were made for increases in support and provision across the city. A joint commissioning and funding arrangement between the ICB and SCC is necessary in order to fully realise the potential benefits.</p>	
Is your report for Approval/Consideration/Noting	
For approval	
Recommendations/Action Required by the Sheffield Health and Care Partnership Board	
Sheffield Health and Care Partnership Board is asked to support a request to fund recommendations 1 and 2 from the Joint Commissioning budget in recognition of the invest to save evidence and impact on health inequalities and children and young people's long-term outcomes.	
What assurance does this report provide to the Sheffield Health and Care Partnership Board in relations to the ambitions of the Health and Wellbeing Strategy 2019-2024	
	Please ✓
Every child achieves a level of development in their early year for the best start in life	✓
Every child is included in their education and can access their local school	✓
Every child and young person has a successful transition to independence	✓
Everyone has access to a home that supports their health	
Everyone has a fulfilling occupation and the resources to support their needs	
Everyone can safely walk or cycle in their local area regardless of age or ability	
Everyone has equitable access to care and support shaped around them	
Everyone has the level of meaningful social contact that they want	
Everyone lives the end of their life with dignity in the place of their choice	
Are there any Resource Implications (including Financial, Staffing etc)?	
In order to address the current short-fall in provision for DLD the total amount to be requested from the joint commissioning pot (for both the ICB and SCC) is:	



No.	Recommendation	Total request
1.	Double capacity of UCAN centre	£102,662
2.	Increase capacity for Locality model	£172,952
Total		£275,614
Have you carried out an Equality Impact Assessment and is it attached?		
An EQIA has been completed for the SaLT Review overall but not for this specific issue.		
Have you involved patients, carers and the public in the preparation of the report?		
Yes		



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1. Introduction

In January 2022, Sheffield City Council (SCC) completed a review on the support available for children and young people with Developmental Language Disorder (DLD) across Sheffield. The review was co-produced with DLD specialists from Sheffield Children's Foundation Trust (SCFT), Parents of children with DLD, Speech and Language Therapists (SLTs) from across the local authority, staff from Sheffield's Early Years Language Centre (referred to as UCAN centre), the Integrated Care Board (ICB, formerly CCG) and Sheffield's Commissioning Team for Early Help.

The review includes a range of recommendations, two of which have funding requests for joint commissioning between the ICB and SCC and other recommendations were to be picked up within the wider SALT programme.

Given the delay in the report receiving approval, and the current pressures on the SALT service, two recommendations have been highlighted to ensure a holistic approach to DLD provision across Sheffield is achieved.

2. Background

2.1. *What is DLD?*

DLD is a diagnosis given by a speech and language therapist to people who have lifelong difficulties with talking and understanding words. These difficulties create barriers to communication or learning in everyday life and aren't due to another condition. Further detail on what it is like to live with DLD can be found in *Appendix A*.

DLD is known as a 'hidden disability' as children typically do not physically present as different to their peers. The prevalence rate for DLD has been shown to be very high (7.6%) (Norbury et al., 2016). To put the 7.6% prevalence of DLD into context, autism spectrum disorder has a prevalence rate of 1-2% (Parliamentary Office of Science and Technology, 2020).

When comparing the suggested prevalence rates to Sheffield's population, it could potentially mean that there are over 9,500 children with DLD in the city. Figure 1 presents Sheffield Children's NHS Foundation Trust DLD caseload figures, against the predicted prevalence rates in Sheffield. This suggests that as a city, we have only identified 0.33% of our total 0-19 population, with predicted prevalence at 7.6%.

It is vital to ensure that all children who are suspected to have DLD or who are diagnosed with DLD in Sheffield, receive the earliest identification of their needs so that we can narrow the gap in their academic, emotional and social development in comparison to their peers and offer an appropriate package of support which will improve their outcomes.

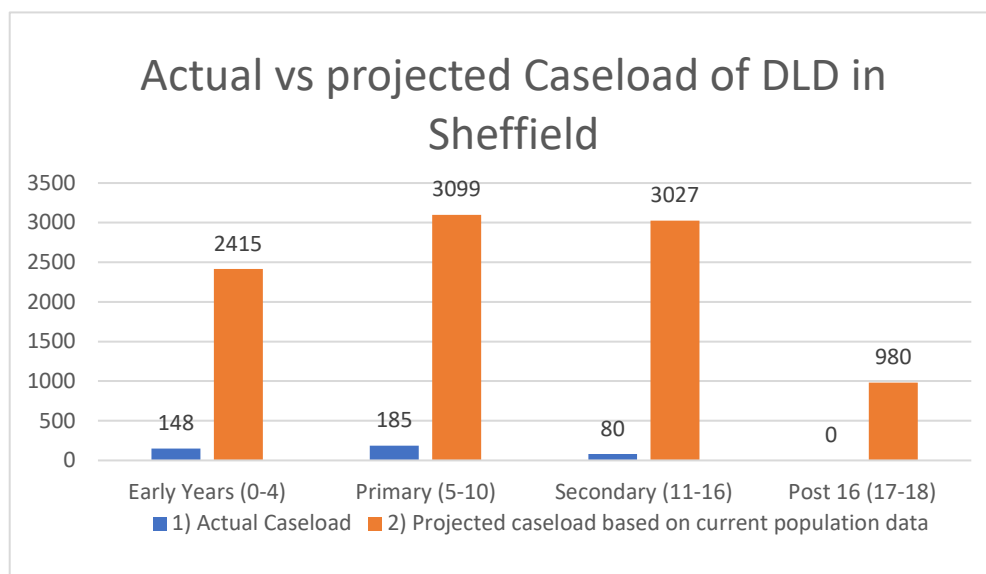


Fig 1: SCFT caseload vs. predicted prevalence.

2.2. What is the impact of DLD?

A large body of research has shown that children and young people who have DLD are likely to experience poor long-term outcomes if they do not receive intervention (Royal College of Speech and language therapists, n.d.), including:

- poor academic achievement
- poor employability,
- poor mental health,
- social exclusion and
- higher incidence of involvement in the criminal justice system
- problems with relationships

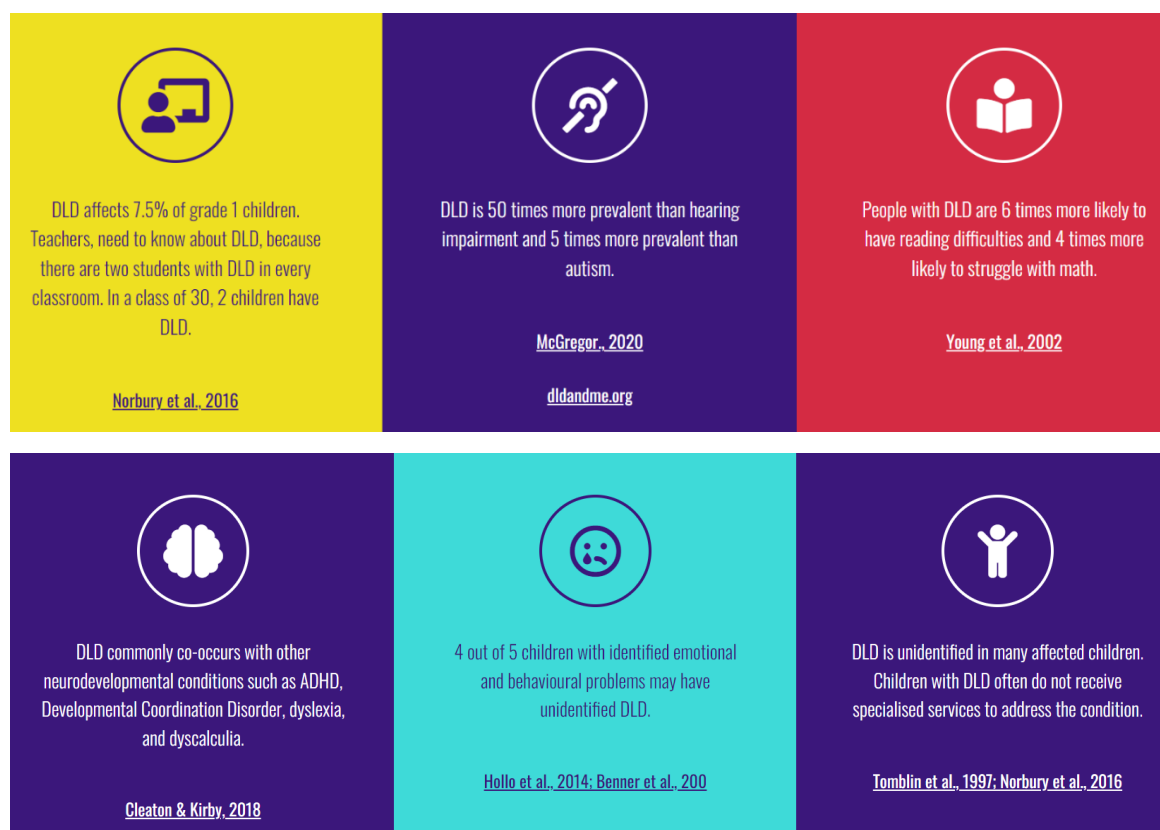
There are clear system wide benefits associated with implementing the recommendations to increase DLD provision across Sheffield, including:

- ✓ Long term cost savings for the system associated with improving the life outcomes of children and young people by identifying and supporting children and young people with DLD given the clear association between DLD, poor life outcomes (employability, relationships, crime) and poor health;
- ✓ Long term cost savings for the system associated with identifying and supporting children with DLD to support the mental health of the child/young person and their family.

Please see *Appendix B* for further evidence of the impact of DLD on children and young people's educational and life experiences.



Fig 2. The DLD project statistics [Developmental Language Disorder | DLD \(thedldproject.com\)](https://thedldproject.com)



3. Proposal

The DLD review produced several recommendations, two of which require investment by both the Local Authority and the ICB to implement and these are detailed below. Implementation of these will improve earlier identification of children with DLD, will increase the capacity of health services to provide earlier interventions and will potentially prevent some referrals eg; to CAMHs. This in turn, will improve their academic achievement, employability, social exclusion, mental health and incidence in the criminal justice system, demonstrating the long-term system benefits to earlier identification and support for individuals with DLD.

These proposals support delivery of the following 2022/23 joint commissioning intentions:

- Develop and implement an improvement plan to deliver enhanced SEND provision in line with the Sheffield Inclusion Strategy;
- Review and develop services that support vulnerable children and young people;
- Develop and roll out a model of integrated locality health services for children, young people and families.

It is anticipated that these proposals are likely to require recurrent funding, providing they deliver the anticipated impacts. Given that the funding requested is non recurrent, the exit strategy for each proposal is included below.

It should be noted that the increase in earlier identification will lead to increased demand for Speech and Language Therapy. The costs of this have not been included within this paper but will need to be considered by the System as part the wider Speech, Language and Communication Programme and system investment priorities.



3.1. Recommendation 1 – Double the capacity of the current UCAN provision at Primrose Children’s Centre

The UCAN centre provides a range of services, including screening, assessment and support for children, parent groups and outreach. The review found the current UCAN model has limited reach in terms of the number of children within Sheffield who can access UCAN and therefore has limitations regarding the positive impact. Further detail regarding UCAN provision can be found in *Appendix C/D*.

3.1.1. Benefits

Doubling the capacity at UCAN will enable full use of the facilities at the UCAN centre, incorporate the Parent Child Interaction+ (PCI+) model and embed additional outreach as part of their activities (*please see Appendix C/D*). It is recommended that support would be coordinated across two cohorts, including:

- Cohort 1: 4 x sessions for the most severe and profound children with DLD;
- Cohort 2: 3 x sessions for less severe children and allows centre to be used for PCI/PCI+ groups.

Doubling UCAN capacity will:

- ✓ Meet the needs of more children and young people and their families by providing support for more children with the most severe/profound DLD needs (48 per year), with 18 children and parents accessing PCI groups;
- ✓ Increase regular input for the EY DLD team for children with severe/profound needs;
- ✓ Improve early outcomes and school readiness;
- ✓ Support children post UCAN and into school transition releasing more capacity for the Primary DLD team;
- ✓ Upskill educational settings to widen the scope of the UCAN centre and provide additional resource within the identified funding;
- ✓ Cost savings of approx. £8230 per child if they can be supported at UCAN instead of needing a place within an Integrated Resource.

3.1.2. Costs

Doubling capacity would require joint commissioning from the ICB and SCC to provide:

- Additional 0.5 B6 SALT
- Additional 1 WTE Specialist Teacher and 1 WTE Specialist Teaching Assistant
- Additional resources to support the expansion

No.	Recommendation	Additional resource	Cost
1.	Double capacity of UCAN centre	0.5 WTE B6	£23,355* (mid-point B6 @ £46,710)
		0.6 WTE Specialist Teacher	£40,262**
		1 WTE Specialist Teaching Assistant	£34,045**
2.	Additional resources	Material resources	£1,000
		IT Resource	£4,000
Total			£102,662

*ICB cost quoted in 22/23 so may be subject to uplifts in 23/24

**SCC cost quoted in 21/22 report so may be subject to uplifts in 22/23 and 23/24



3.1.3 Exit strategy

- Plan to reduce capacity in UCAN centre back to original capacity for the end of the financial year at the start of the contract;
- Ensure ongoing evaluation of the impact on children's outcomes due to the additional capacity in the UCAN centre, to support priority setting discussion for next financial year.

3.2. Recommendation 2 – development of Locality Multi-Disciplinary Team (MDT)

A Locality MDT model is being rolled out across Sheffield which involves professionals attending Locality Special Educational Needs and Disability (SEND) stage 1 panel meetings to provide senior clinical input and decision making, to undertake the associated actions and activity resulting from the discussion and working with the leads in the localities to strengthen the implementation of the locality model.

The approach has had a significant impact on the quality of information available for discussion and a holistic approach to planning next steps. Community Paediatricians are/will regularly work with 4 of the Localities within 2022/23 and SCFT has committed to expanding this to all Localities during 2023/24. As the model expands into other localities across the city, it is recommended that funding is sourced for:

- 1 WTE B7 SALT*
- 0.5 WTE Senior Educational Psychologist
- 2 WTE Specialist Teaching Assistants

These posts will support and develop the work in a multidisciplinary team model and work with educational settings to enhance the identification and provision of service to the children with neurodisabilities and speech and language needs in schools. The specialist teaching assistants will provide specific focus and expertise for DLD and will require liaison with the B7 SALT staff and Educational Psychologist to ensure a holistic approach is taken to supporting children with DLD.

*B7 SALT staff member is required to have general speech and language knowledge to enable them to identify a range of speech and language therapy needs, including DLD.

3.2.1. Benefits

Some of the summary outcomes/benefits include:

- Develop and deliver training to settings (including EY's/PVI's) on DLD across the city;
- Deliver interventions to children and young people and support setting staff in the delivery of these;
- Develop and deliver training for children and young people to support them through their diagnosis;
- Support curriculum development to ensure quality first teaching is maximised within settings.
- Implement elements of parent/school training to allow increased co-production;
- Allow settings to be trained in universal language screening tools, effective interventions prior to diagnosis and referrals where necessary;
- Liaise with staff at the SCH FT to provide as a liaison for parents of children on their case load and provide support and guidance for families and professionals whilst waiting for assessment.

Wider benefits of the locality model include:

- ✓ Increase in school attendance rates and reduction in time missed from school either due to medical needs and/or medical appointments;



- ✓ Children, young people and families report feeling happier and more confident to attend school/for their child to attend school;
- ✓ School staff report feeling more supported and confident in managing identified needs in an education setting;
- ✓ Reduction in number of referrals going into services such as neurodisability, speech and language therapy and CAMHS and subsequent reduction on waiting times;
Reduction in follow up appointments in secondary care as children can be discharged back to the community services more quickly.

3.2.2. Joint funding request

Recommendation	Additional resource	WTE cost
B7 SaLT WTE for Locality model	1 B7	£56,440*
*0.5 WTE Senior Educational Psychologist (EP)	0.5	£48,422**
*2 WTE Specialist Teaching Assistants	2 WTE	£68,090***
Total		£172,952

*ICB cost quoted in 22/23 so may be subject to uplifts in 23/24

**Educational Psychologists have not yet had a pay award agreed for 22/23 or 23/24 and may be subject to uplifts

**SCC cost quoted in 21/22 report so may be subject to uplifts in 22/23.

3.2.3 Exit strategy

Ongoing evaluation of the role of SALT in supporting the DLD specialist teaching assistant roles to support future priority setting discussions regarding funding for the wider roll out of the locality model.

4. Summary of costs

No.	Recommendation	Request	Total SCC cost	Total ICB cost	Total
1.	Double the capacity of the UCAN centre	0.6 WTE Specialist Teacher	£40,262***		£102,662
		1 WTE Specialist Teaching Assistant	£34,045***		
		0.5 B6 SALT Resources	£2,500	£23,355*	
			£2,500	£2,500	
2.	Increase capacity to support the Locality model	2 WTE Specialist Teaching Assistants	£68,090***		£172,952
		0.5 Senior Educational Psychologist	£48,422**		
		1 WTE band 7 SALT		£56,440*	
Total			£193,319	£82,295	£275,614

*ICB cost quoted in 22/23 so may be subject to uplifts in 23/24

**Educational Psychologists have not yet had a pay award agreed for 22/23 or 23/24 and may be subject to uplifts.

**SCC cost quoted in 21/22 report so may be subject to uplifts in 22/23



5. Recommendations

Sheffield Health and Care Partnership Board is asked to:

- Support a request to fund recommendations 1 and 2 from the Joint Commissioning budget in recognition of the invest to save evidence and impact on health inequalities and children and young people's long-term outcomes.

Paper prepared by:
Harriet Myers (ICB) and Emily Ward (SCC)

On behalf of: Sandie Buchan and Joe Horobin
February 2023



Appendices

APPENDIX A

Please watch the 2 short videos below for further detail on what DLD is:

https://www.youtube.com/watch?v=kl6tiib_XFQ

https://speechandlanguage.org.uk/dld/?utm_source=All+Subscribers&utm_campaign=0e90f9d2eb-DLD+Awareness+Day13%2F10%2F22+4%3A44+PM&utm_medium=email&utm_term=0_aaf225d5ad-0e90f9d2eb-118466666

APPENDIX B

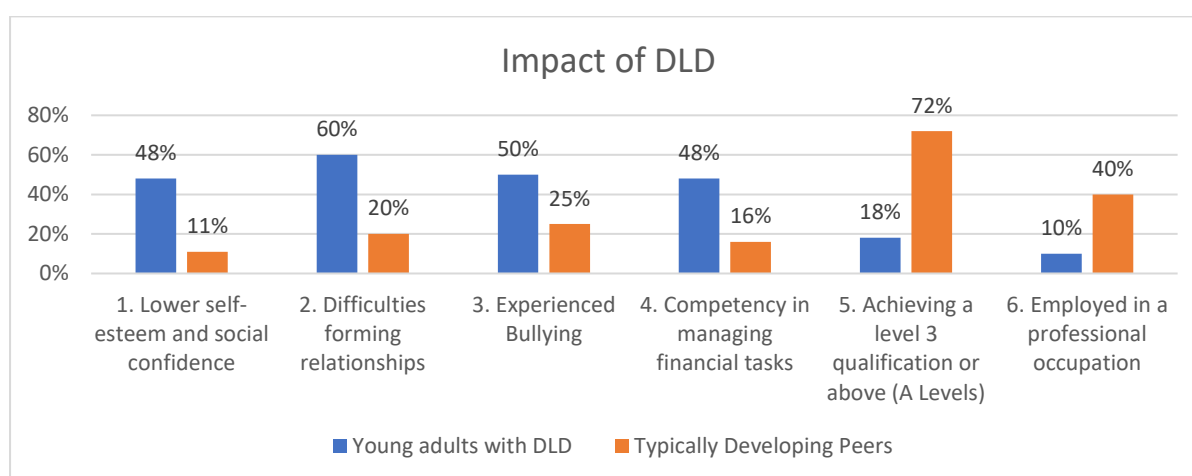
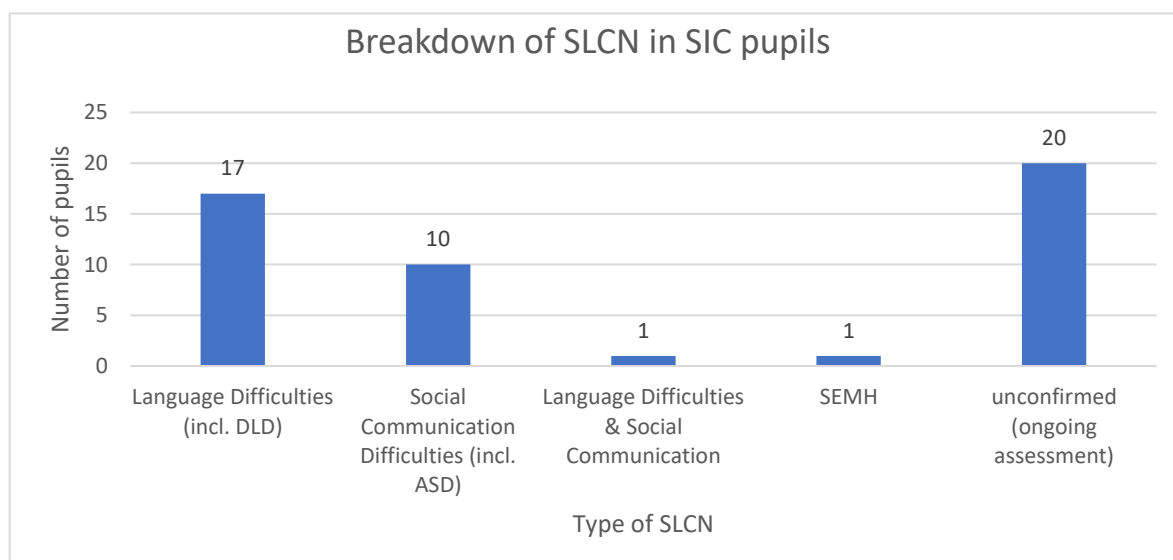


Figure 2 (Source 1. Wadman et al 2008, 2. Wadman et al 2008, 3. RADLD 2019., 4. Conti-Ramsden et al, 2018, 5. Winstanley et al, 2018 6. Winstanley et al, 2018)

Sheffield Inclusion Centre (SIC)

In July 2019, The Sheffield Children’s NHS foundation trust completed research into the resource which SaLT provides to the Sheffield Inclusion Centre (SIC), specifically, the number of pupils who were known to SaLT prior to their permanent exclusion. The total percentage of the SIC pupils identified with SLCN was 45% (35% currently or previously known to SALT plus 10% who’s SLCN were previously unidentified).





Children in Care

Clegg et al, published a Sheffield specific DLD study in 2021 regarding young people leaving care in England and profiling the language, literacy and communication abilities of these young people transitioning from care to independence. 44 young people aged between 16 and 26 years were assessed using standardised measures. 90% of the care leavers language abilities were found to be below average and 61.3% met the criteria for DLD but none of these 27 participants had ever received a label of DLD or a diagnosis which indicated SLCN. This research has a similar prevalence of DLD to young people in the criminal justice system.

Young offenders

Winstanley et al (2020) published their study of a sample of 145 first time young offenders with a mean age of 15 years, 60% met criteria for DLD and language difficulties were identified as a key predictor of their recidivism. Compared to non-offenders equalling non- social disadvantage, verbal intelligence and years of education, 52 young offenders with a mean age of 16 years had a higher incidence of DLD.

Wider economic impact

DLD has also been found to have a wide economic and financial impact on society as well as the individuals' families (Royal College of Speech and Language Therapists, 2011). These effects can be mitigated if early identification takes place and children's needs are appropriately supported. For every £1 invested in enhanced speech and language therapy, this generates £6.43 through increased lifetime earnings (ibid.)

APPENDIX C

What is UCAN?

The UCAN model is currently staffed by 1.0 WTE specialist teacher, 1.0 WTE specialist TA and 0.5 WTE NHS SaLT and comprises 3 key strands:

1. Attendance at the UCAN centre which provides:
 - Support for 24 children per year;
 - An assessment for the child to make a diagnosis, develop a profile and individualised targets;
 - A nurturing environment to supports additional communication strategies;
 - A range of informal screening to measure abilities in early verb vocabulary, syllables and phonology through monitoring natural language samples during play and language activities.
2. Parent Groups
 - Parent groups/meetings are provided to support parents through a lifelong diagnosis for their child;
 - The Parent Child Interaction (PCI) Group is offered to parents of children who have significant needs and involves a cohort of 6 children and parents attending one session per week for four weeks during term time. The PCI group provides a more intensive package of parent support.
3. Outreach and workforce development in settings
 - Outreach to child's setting, this covers a variety of delivery approaches such as visits to early years settings, language groups and modelling strategies.



APPENDIX D

Netherthorpe has been lucky enough to have a child attend the UCAN centre in the spring term of 2022. The staff at the centre have been fantastic. We have had at least 4 visits to the centre allowing all of our EYFS team to spend time at the centre to observe good practise. Louise from the centre has visited Netherthorpe to support the child and staff and also to complete an audit of language support at the beginning of the term. As a result we worked together to ensure as much language support was available for all our children at Netherthorpe. This included language mats in all continuous provision areas inside and outside, provided by the centre, sequence strips, story maps, language mats and communication books.

As an Early Years staff we spent one of our staff training meetings at the centre. This allowed 11 staff including the senior leadership team and SENCO to receive language strategy training based around books and fully immerse themselves in the centre.

As a school we have since decided to redesign our nursery curriculum basing it on the principles of UCAN. We use the same topics as UCAN and base them around books and stories for talking. We leave all our story boxes out in provision and have already seen children returning to books and using language they didn't know before.

We have also adopted structured snack times in small groups every day. Using language mats. We have seen an increase in functional language and social skills in just 2 weeks!

We have at least 4 children in nursery who have suspected DLD who would be candidates for UCAN and a further 2 in FS2.

On entry our children are working at significantly below expected levels in communication and language and as a result school have invested additional time and resources to ensure we offer the best provision for children. This includes sending all language resources home and running weekly language parent groups for our most vulnerable children. Again, based on the principles of UCAN. We have also purchased the books we are learning in nursery to send home in various languages for our families.

REFERENCES

1. Norbury, C., Gooch, D., Wray, C., Baird, G., Charman, T., Simonoff, E., Vamvakas, G. and Pickles, A., 2016. The impact of nonverbal ability on prevalence and clinical presentation of language disorder: evidence from a population study. *Journal of Child Psychology and Psychiatry*, [online] 57(11), pp.1247-1257. Available at: <<https://acamh.onlinelibrary.wiley.com/doi/epdf/10.1111/jcpp.12573>> [Accessed 27 February 2021].
2. Parliamentary Office of Science and Technology, 2020. *Autism*. [online] researchbriefings.files.parliament.uk. Available at: <<https://researchbriefings.files.parliament.uk/documents/POST-PN-0612/POST-PN-0612.pdf>> [Accessed 8 March 2021].
3. Royal College of Speech and Language Therapists, n.d. *Giving voice to people with developmental language disorder*. [ebook] RCSLT. Available at: <<https://www.rcslt.org/wp-content/uploads/media/Project/RCSLT/rcslt-dld-factsheet.pdf?la=en&hash=B557351F158E3158C06022CE87FCFC39C91ECEE0>> [Accessed 26 February 2021].