

“You can’t solve the problems in the SEND system without massively increasing support for children with speech and language challenges”

How to help children and young people with speech and language challenges:

This is a realistic, systemwide approach (see Appendix 1) which would deliver far better outcomes for children and for our wider economy and society.

Universal (for all children, in all mainstream early years settings and schools – to promote positive speech, language and communication development):

- **New parents should receive information about speech and language development** alongside information on diet and vaccinations. This will mean they have the information they need to support better outcomes for their children. (See Appendix 6)
- **Children should be taught in communication supportive schools**, which are inclusive of children with speech and language challenges. Government policies should enable inclusion, so they can learn, make friends, and be part of their community (see Appendix 3). Existing tools which support schools to develop this environment should be widely available and extended across the age range, building on the government funded Communication Supporting Classroom Observation tool.¹ Current practices which damage children’s speech and language development such as ‘silent corridors’ or rules prohibiting children from asking questions in classes should be discontinued.
- **Children should be able to attend a school where staff understand what typical language development is and how to support it.** They should put strategies to support typical language development into action every day (see Appendix 2).

Targeted (for some children in all mainstream early years settings and schools, to resolve short-term speech and language challenges and identify those needing more support):

- **Children and young people should have their speech and language challenges identified as early as possible** to prevent further impacts on their learning and wellbeing. Early identification can be at any stage, before they start school and at any phase of their education (see Appendix 4).
- **They should have their own and their families’ views included and listened to** so that their speech and language challenges can be addressed in a way that suits them and their aspirations
- **Have access to evidenced interventions delivered by trained staff** to support them to catch up with their peers where possible or have their ongoing needs more clearly identified as a result (see Appendix 4).

Specialist (for children with lifelong neurodivergence due to speech and language challenges, in either special schools or resource hubs):

- **Children should be seen and have their needs assessed promptly by specialists**, including speech and language therapists in a context which allows their speech and language challenges to be accurately identified and supported (see Appendix 8).

¹ <https://www.gov.uk/government/publications/developing-a-communication-supporting-classrooms-observation-tool>

- **They must have the option to attend mainstream provision with specialist language resource bases**, rather than simply having a choice between mainstream and specialist provision (see Appendix 7).
- **Children with complex speech and language challenges who need more support than is ordinarily available** should have access to multi-disciplinary assessment to identify their needs and planned provision to meet those needs. This may include intensive support from a speech and language therapist, adapted teaching and the involvement of more than one professional. This includes access to specialist provision in school or a special school and access to Augmentative and Alternative Communication (AAC) systems if they need it (see Appendix 7). Children's rights to this level of support should be legally protected.
- **They must have their progress measured via meaningful outcomes** - not just academic but also including outcomes based on participation, well-being and life skills (see Appendix 5).
- Their families must have a way to get an independent, legal review of their education and support given how badly it is possible for the system to fail, with 95%+ of appeals by families succeeding. There needs to be an 'emergency button' for families to press when things go wrong because the consequences for this group of children are so significant.

Background

There are currently at least 1.9 million children with speech and language challenges in the UK, this group is made up of a mix of children, some with potentially preventable challenges and some with lifelong neurodivergent needs such as Developmental Language Disorder (see Appendix 9). Most children with speech and language challenges can do well in mainstream school if they get the right support, but that is not currently available due to a lack of skills among teaching staff and leaders and a lack of awareness and information among families, as well as access to specialist advice and support. Speech and Language UK propose solutions to the SEND crisis for speech and language challenges which would transform children's outcomes and change their contribution to our economy and society.

To achieve these good outcomes for children and to give parents confidence their needs will be met, we need a knowledgeable workforce and aware families with tools and strategies to use to support all children's speech, language and communication development. Teaching staff need to know when extra support for speech and language challenges is needed and have access to a range of evidence based programmes and strategies, and specialist input when required. We call this a graduated approach with **universal** support for all children, **targeted** approaches for some and **specialist** support for the few who really need it. Families need information about supporting speech, language and communication development for all children and strategies to help those who have both short-term challenges and lifelong speech and language challenges.

Early identification of speech and language challenges is key but this does not just mean early years support. Children with speech and language challenges may manage quite well in early years and even primary and only begin to struggle with the increased complexity of spoken language and diversity of demands in secondary. School staff for every year group need knowledge and tools to spot when children and young people are struggling at every age and phase of education. This will enable them to intervene early and prevent later secondary problems from developing.

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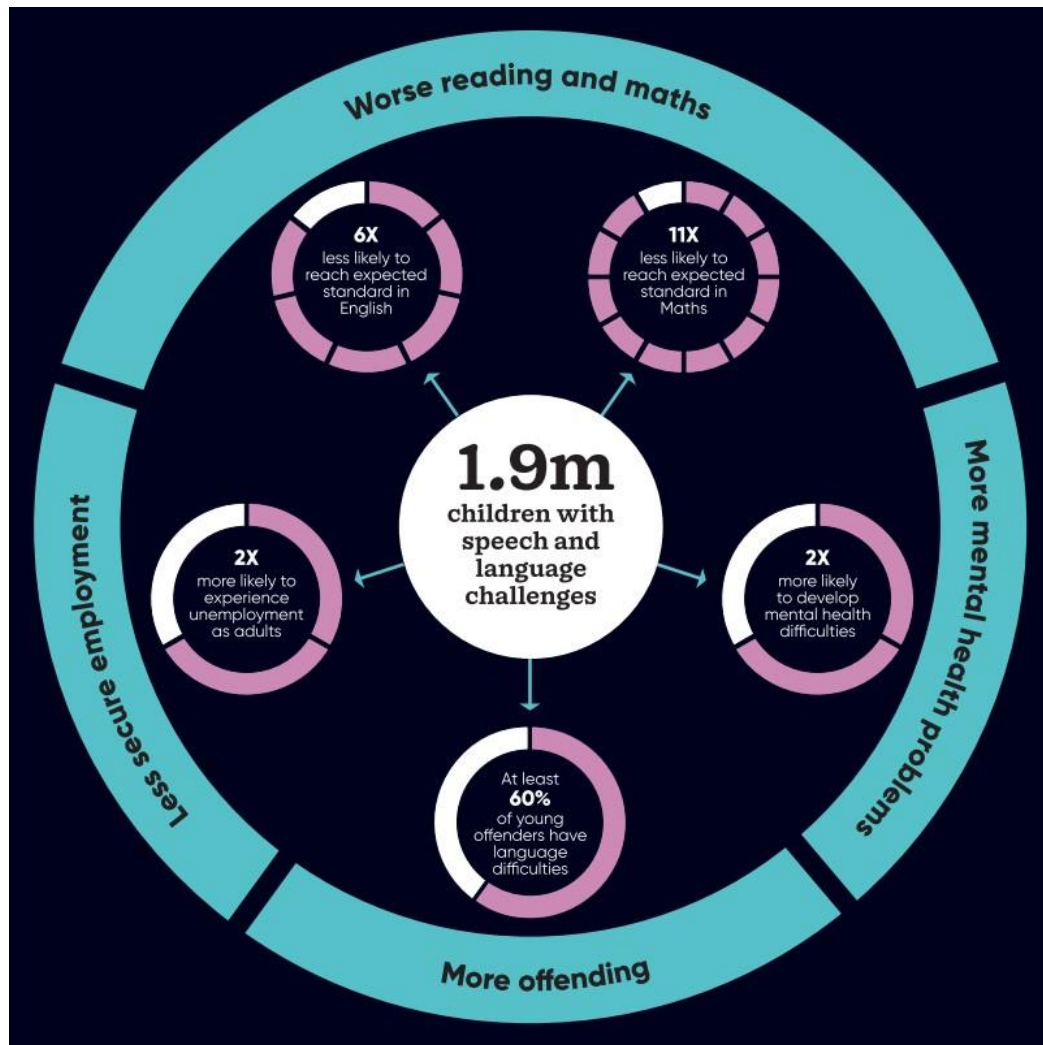
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Specialist support, such as that provided by speech and language therapists should be available at every level to provide further advice to staff, to support the establishment of communication supportive schools and to help identify children who need additional support. To enable speech and language therapists to fulfil this role they should be commissioned by outcomes and embedded in mainstream schools where they can disseminate good practice and where children can be supported in their normal environment rather than in an unfamiliar clinic. Families should be considered part of the team to support a child's outcomes and should get training and support on how to help their children, so that time in the home also contributes to children's educational and social success.

The facts:



- From Speech and Language UK's own research we believe there are currently 1.9 million children in the UK struggling with talking and understanding words.² This is a record high.
- In 2024, there were 369941 pupils with Speech, language and communication needs (SLCN) (4.4% of total pupils; 24% of pupils with SEN). This is the most frequent type of SEN. This is a 7.3% increase in the number of pupils with SLCN from the previous year.³
- Speech, language and communication needs (SLCN) is the most common type of need among pupils with Special Educational Needs (SEN) support **without** an Educational Health and Care Plan (EHCP): 291742 pupils or 25.6%; this is an increase of 4.7% on 2022/2023.⁴
- Speech, language and communication needs (SLCN) is the second most common type of need among pupils **with** an Education Health and Care plan (EHCP) after Autism

² Speech and Language UK's '[Unheard Children Report](#)'

³ DfE Data [Age and Gender, by type of SEN provision and type of need - 2016 to 2024](#)

⁴ DfE Data [Age and Gender, by type of SEN provision and type of need - 2016 to 2024](#)

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Spectrum Disorder: 78199 pupils (19.5% of those with an EHCP); this is an increase of 18% on 2022/2023.⁵

- In 2023/2024, Speech, Language and Communication needs (SLCN) form the largest group of children identified with SEN in state-funded primary schools (35%).⁶
- Two thirds of pupils at risk of permanent exclusion from a mainstream secondary school have language difficulties.⁷
- 40,000 children waiting over 12 weeks for speech and language therapy as of June 2024.⁸
- 20% Vacancy rate in children's NHS speech and language services.⁹

Children and young people with speech and language challenges form the largest group of children with SEND concerns. Despite this, we know that often these challenges are not spotted early enough or are misidentified as education staff know little about this area and are more aware of other conditions such as mental health or autism. Whilst we know that for many pre-school children, early-identified speech and language challenges can be overcome with the right support, research shows that 10% of all children have lifelong speech and language challenges which will have a significant impact on their learning and wellbeing. This 10% includes children who have Developmental Language Disorder (DLD), a lifelong form of neurodivergence affecting nearly 8% of all children, as well as children who have language disorders associated with another condition (such as Autism or hearing impairment). Given the numbers involved, there needs to be a whole system change to help these children. We need a graduated approach to ensure that children with speech and language challenges are identified earlier, and the right support is put in place sooner.

⁵ DfE Data [Age and Gender, by type of SEN provision and type of need - 2016 to 2024](#)

⁶ DfE Data [Year group, by type of SEN provision and type of need - 2016 to 2024](#) from 'Special educational needs in England', [Permanent data table - Explore education statistics - GOV.UK](#)

⁷ [Royal College of Speech and Language Therapists Alternative Provision Fact Sheet](#)

⁸ Public Account Committee Report "[Support for children and young people with special educational needs](#)"

⁹ [Royal College of Speech and Language Figures on Vacancy Rates](#)

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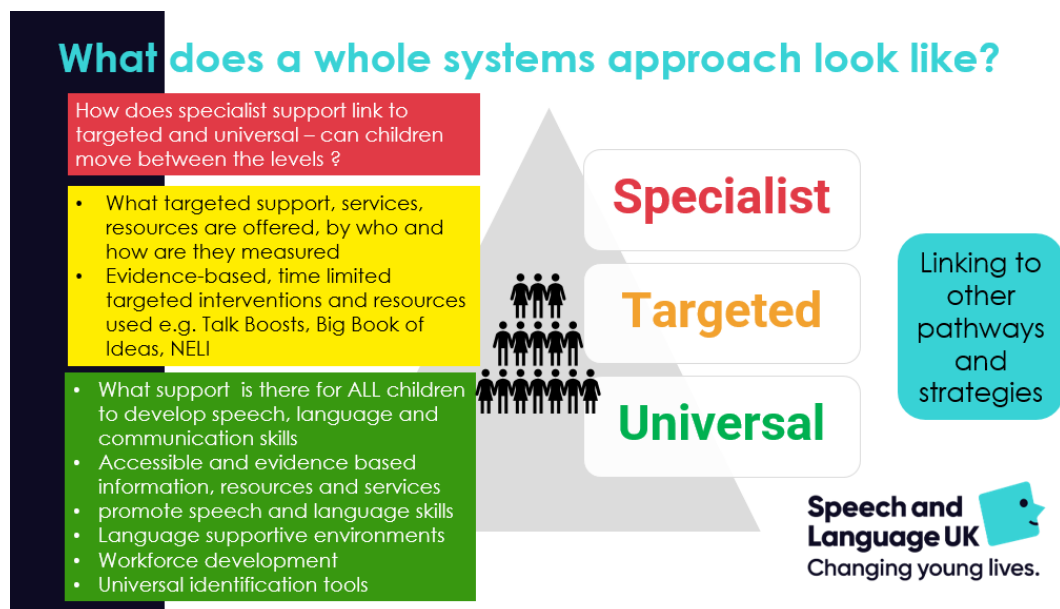
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Appendix 1: Whole System Approach

This diagram illustrates what we think a whole system approach would look like. The specialists being referred to are speech and language therapists, though they should also play a role in delivering targeted and universal support. They should do this by sharing expertise with mainstream settings to help them create communication rich environments, and giving information to parents about language development, among other things.



School Case Study

This case study exemplifies good practice in supporting children with speech and language challenges through its multi-faceted approach. The school serves a diverse student population, with a high proportion of students from disadvantaged backgrounds and English as an Additional Language (EAL) learners. Recognising the importance of communication and language development, the school partnered with the Stockton-on-Tees Talks¹⁰ program to prioritise support in this area. Through participation in the program, the staff received training, resources, and support to implement evidence-based interventions, including Speech and Language UK's Early Talk, Tots Talking, and Early Talk Boost .

The school also obtained Early Talk Accreditation. Early Talk Accreditation is a recognition awarded to early years settings that demonstrate effective support for children's speech and language development by meeting 25 standards across four key areas: staff knowledge and development, support for communication and language, working with families, and measuring and evidencing impact. The accreditation process involves compiling a portfolio of evidence and undergoing an assessment by a Speech and Language UK advisor, which not only validates the setting's practices but also empowers practitioners and enhances outcomes for children's communication skills.

The school's commitment to ongoing staff training and development ensures that practitioners have the knowledge and skills to effectively support children's communication needs. By utilising evidence-based interventions and creating a communication-friendly environment, the

¹⁰ <https://www.stockton.gov.uk/stockton-on-tees-talks>

school has successfully improved outcomes for its students, as evidenced by increased parental engagement, improved confidence and vocabulary in children, and a reduction in referrals for specialist support. Furthermore, the school's focus on fostering positive relationships with families and embedding speech and language support throughout the school demonstrates a comprehensive and sustainable approach to addressing speech and language challenges.

Appendix 2: Training

Settings and schools need to be proactively prepared for children with speech and language challenges. Teaching staff need to be trained to identify speech and language challenges and put adaptive strategies in place. This requires ongoing professional development at an appropriate level, for all staff, from mid-day assistants to SENDCos. However, currently 45% of teachers say that they lack sufficient training on speech and language¹¹.

To achieve this, Government should scale up the current Early Years Professional Development Programme, which covers language and communication as one of the three modules. It has had a huge effect on workforce retention, with 93% of participants saying they feel more motivated to continue to work in the sector. We are surprised that given the Government's prioritisation of early years that this programme has not immediately been recommissioned. The Government should also set out minimum expectations for content on speech, language, and communication in Initial Teacher Training, the Early Careers Framework and ongoing Professional Development. Currently the most time devoted to this topic in Initial Teacher Training that we are aware of is 2 hours, to cover both typical speech and language development and how to adapt teaching to children with challenges in this area. This is clearly insufficient. ITT content should cover at a minimum:

- typical speech, language, and communication development
- how to adapt teaching methods for children and young people with lifelong speech and language challenges;
- how to work alongside Speech and Language Therapists and integrate their advice with educational strategies

Without this understanding, there is a huge risk that leaders do not prioritise children's speech and language development or support those with ongoing. Government should reform National Qualifications for leaders so that these cover how to influence staff to promote good speech and language development and to adapt their teaching practice for children with lifelong speech and language challenges such as DLD. Government should consider including coaching and mentoring from special school leaders for those leaders taking National Qualifications so that they can get ongoing advice in their roles. This would require resourcing in order to free up capacity in special schools, but could be a very useful way of ensuring that the knowledge held within the special school workforce is shared with mainstream leaders. Teaching assistants are often missed from training programmes. We support the recommendation in the recent LGA/ISOS report¹² that an INSET day each year should be dedicated to SEND training. This should have a focus on speech and language as the most significant area of need for this group of children. Training for this group could most cost-effectively be provided through a national body so that this is free at the point of use for schools and so that training can be provided in rarer speech and language conditions for example verbal apraxia, which it is not cost effective for local areas to develop or for schools to access on a commercial basis.

¹¹ Speech and Language UK's '[Unheard Children Report](#)'

¹² <https://www.local.gov.uk/publications/towards-effective-and-financially-sustainable-approach-send-england>

Appendix 3: Inclusive Policies

Leaders should ensure that there is explicit reference to speech, language and communication in school development plans given how many children in each school experience challenges in this area. Senior leaders need to understand the resources that may be required to create communication-supportive environments. This include the physical environment, adult communication, and how to find evidence-based resources and strategies. They also need to set targets through the schools development plans. There needs to be a better understanding of how generic policies (for example on behaviour or attendance) can drive inequalities for children with speech and language challenges. For example 44% of families say that their child has been unfairly punished at school because of their speech and language challenges. The Department for Education should also ensure that reasonable adjustments for children with SEND are mentioned and practical and clear examples given in all pieces of guidance to schools, for example the national behaviour guidance.

Additionally, children and young people require support during transitions between schools, year groups, and key stages through early preparation, communication, information sharing, and co-production of meaningful pupil profiles. There should be a requirement for early years settings and schools to ensure that they include planned support for transition for children with speech and language challenges. This includes preparing and sharing information such as communication passports, an example of which can be found in this free service in North Wales: <https://www.tgpcymru.org.uk/what-we-do/north-wales-communication-passport-service/#:~:text=Communication%20Passports%20provide%20essential%20information,care%2C%20or%20go%20to%20hospital.>

Appendix 4: Tools and Programmes

Every setting should also have a freely available tool to track children's speech language and communication development in the same way as teachers have ongoing measures of children's literacy and numeracy. Currently schools have to pay to be able to use this kind of tool, creating a huge disincentive particularly for schools in disadvantaged areas. The Welsh Government has invested in the development of a free screening tool for early years settings. The UK Government should use a similar commissioning process for a tracking tool. This would also support data collection on a local and national basis to track needs and measure progress.

The expansion of nursery places should include deliberate planning for early language interventions from an earlier age rather than restricting the £5m of Government investment in this area to Reception. Schools should also be given more choice, as they are for phonics programmes, of which interventions they use from Reception onwards.

Government should provide funding for and guidance on language interventions throughout primary and secondary school in recognition of the fact that children of all ages can need these interventions, particularly as language becomes more complex in secondary teaching.

Appendix 5: Accountability

Alongside training, leaders need to be motivated by the curriculum. The revised curriculum should have a focus on speech and language as cross-curriculum skills which are essential in teaching any curriculum subject and that communication is a core component of a modern 21st Century curriculum.

Accountability mechanisms should consider the experiences of children with SEND. The Ofsted Pupil and Parent View surveys do not currently distinguish between the experiences of those families who deal the SEND system and those who don't. It should be easy for schools to give different surveys to families of children with EHCPs or on SEN support. That way we can capture the specific experience of children and families in the SEND system. Over time, these results would provide a useful benchmark for schools about what is achievable for children with SEND in the schools with the most inclusive approaches. Ofsted should consult pupils and parents to develop questions that measure inclusivity specifically as well as looking at existing questions (eg ability to participate in extra-curricular activities) by SEND status.

Accountability also needs to include measures of academic success that differentiate for SEND so that there is no disincentive for schools to off-roll students who are less likely to be academically successful. While we understand that there were downsides to the Progress-8 measure, we are concerned that without this there are no measures of progress or distance travelled and instead only raw academic outcomes, without any sense of where children started from. Government should invest in more research to determine the best ways to judge success for children with different categories of SEND.

Ofsted specifically need to change their framework for Early Years Inspection so that support for speech and language is a requirement for settings to achieve 'good' rather than 'outstanding' Any review of the Ofsted framework must ensure support for speech, language and communication is an integral part of teaching and learning.

Appendix 6: Families

Every family should understand the basics of how babies and children start to develop speech and language skills and what they can do to boost development. Government should invest a small amount of resource in a national campaign to get simple messages to families, particularly in areas of deprivation, where children are more at risk of speech and language challenges. Current Family Hub guidance needs to be amended to allow funding to be used for language interventions from age 2, instead of age 3. The Department for Education has recently helpfully provided us funding to establish what key messages are most important to convey to these families – we now need a dissemination vehicle to complement the BBC's Tiny Happy People campaign. We work with a number of local authorities on localised campaigns to improve families' knowledge and skills, but we do not believe this is the most efficient way for these messages to be delivered as there is a huge risk of fragmentation as each local area develops its own set of messages and resources, leading to a reduction in effectiveness and an increase in cost.

Families of children who have identified speech and language challenges should be able to get more specific information about how to support their children. Our advice line receives hundreds of calls from families of two year-olds who are concerned that their children aren't talking. 160,000 families also used our Progress Checker in the last financial year, mostly of 18 months to 3 year olds. We have created video resources so that families who identify concerns through this check know more about the strategies they can use to support their child's development. However, we have not been able to secure funding to create these resources for a wider age group.

Families of children with lifelong neurodivergent conditions, such as Developmental Language Disorder (DLD) which affects 1 million children, need more in-depth information, advice and peer support. Currently there is no information or even a mention of Developmental Language Disorder on www.nhs.uk. The government should ensure that this content is developed and that more in-depth support is provided nationally and regionally, using a similar model to the NHSE-funded Autism Central resource. These families need trusted information and peer support and there is currently no national publicly-funded provision to achieve this.

Appendix 7: Specialist provision, including resource bases and special schools

The number of 'language units' attached to mainstream provision (now referred to as 'resource bases') has declined over the past decade, just at the point when speech and language challenges have increased substantially and therefore such units are most needed. These units were ideally placed to provide additional support to children to allow them to remain in mainstream settings and access the full curriculum, which is not always possible in special schools. Given the huge numbers of children with lifelong speech and language conditions like Developmental Language Disorder, we need to see a significant increase in these resource bases. The new capital funding announced by Government to support neurodivergence in schools should be partly used to increase the number of resource bases, particularly in areas of disadvantage where speech and language challenges are more common.

An accreditation programme for language units would ensure they were cost effective and ensured positive outcomes for children with speech and language challenges. The government previously sponsored the creation of an Autism Accreditation scheme which specialist provisions can voluntarily apply for. The government should fund a similar Speech, Language and Communication accreditation and require all specialist provisions to have some form of expert accreditation. The government should also commission guidance on the best model for these units including the skills required for staff, the ideal staffing mix, the services to be offered within the setting and to families.

There is an enormous level of expertise held by teaching staff and therapists working in special schools that specialise in supporting children with speech and language challenges. We run two special schools which are both outstanding and both receive huge numbers of requests from mainstream schools to support them with advice and conduct consultancy in relation to specific children or overall school provision. Such requests rarely currently come with funding attached, meaning it is difficult for us to free up capacity to serve these schools in all but a handful of cases. The government should design and test a model for special schools to provide paid-for consultancy to nearby mainstream schools so that the expertise held within the special sector can be used to benefit more children.

There are also options for special schools to use digital technology to capture more of their practices. At our school in Meath, we have used voluntary funding to capture how we improve children's phonological awareness and therefore increase the success of phonics programmes and improve their reading ability. We have involved a number of mainstream school leaders in the development of these resources and have found there is enormous enthusiasm for them. There is no Government funding currently available for special schools to identify good practice and disseminate this either locally or nationally. The government should consider how it could fund this, for example through a grants programme specific to special schools, similar to the Voluntary Sector Grants programme run by DfE.

Both mainstream and special schools should have access to funding for Alternative and Augmentative Communication aids. We haven't come close to harnessing the potential of technology to transform the communication of children with lifelong speech and language challenges. The capital funding agreed for Special Educational Needs and Disabilities should specifically include allocations for this equipment.

More broadly, the Government should ensure that children with lifelong neurodivergent conditions related to speech and language (for example Developmental Language Disorder and verbal apraxia) are included within wider neurodiversity initiatives. Government has included at least one project related to lifelong speech and language challenges within the Partnerships in Neurodiversity in Schools project. However, it has inexplicably not included any

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organisations representing the 1 million children with Developmental Language Disorder within its new neurodiversity taskforce, while including 3 organisations representing the 140,000 children on the autism spectrum. We hope that this can be quickly remedied.

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Appendix 8: Local Authorities

Every Local Authority should take an integrated systems approach, with all services working together to support children's speech and language development from the earliest point. They need to gather and analyse data about children in their area to understand the local need for support and provide effective planning. Collaboration is necessary to assess existing provision and identify what else might be needed across universal, targeted, and specialist levels. A workforce development plan should ensure that everyone who comes into contact with children and young people understands and promotes speech and language development. Additionally, Local Authorities need to map need and provision to ensure the right mix of mainstream and specialist provision, commission Speech and Language Therapy services and other specialist support based on clearly defined outcomes, and ensure that Education and Health Care Plans (ECHPs) for children and young people with speech and language challenges include assessment and recommendations from speech and language specialists and that children, young people, and their families are supported to engage with the process in a meaningful way.

There is a huge disparity between the number of children being assessed for autism and those presenting to be assessed for Developmental Language Disorder (a neurodivergent condition specifically related to language), despite academic research suggesting that there are seven times more children with DLD than autism. It would be far more effective to establish generic neurodevelopmental pathways that schools can refer to rather than non-specialists within schools making judgements about which pathway a child should be put on or which service a child should be referred to (eg autism, ADHD or speech and language therapy). If a generic pathway were established, this would allow specialists working within the pathway to make accurate judgements about which children needed autism assessments (which require a wider range of professionals to be involved) and which purely had a speech and language related condition (such as DLD), which a Speech and Language Therapist alone can diagnose. We are currently potentially wasting huge amounts of public funds on single autism diagnostic pathways when a generic pathway would be far more likely to assess cost-effectively and speedily. Teaching staff are simply not trained sufficiently to understand subtle differences between how different types of neurodivergence present and they should not be expected to make decisions about which specific pathway is needed for any particular child. Mechanisms should be created so that there is a clear connection between elected Mayors' work on skills and SEND policy so that children with SEND can be skilled up in areas that are relevant to local workforce needs.

Appendix 9: The NHS

Delivering on this agenda is reliant on systems outside the SEND system, in particular the NHS and bodies responsible for the skills agenda. We recommend the following also needs to take place in order to solve the SEND crisis. Health visitors should be equipped with the tools necessary to identify speech and language challenges early on. The current ASQ questionnaire misses one third of children with speech and language challenges. The previous Government funded the development of the Early Language Identification Measure but the roll-out of this to health visitors was significantly disrupted by the Covid-19 pandemic. Government needs to commission a further training programme so that this publicly-funded tool is used to best effect. It is essential to also address the workload issues in health visiting and improve the consistency in the service across the country.

Integrated Care Boards should work closely with Directors of Children's Services to ensure a joined-up approach to auditing need in their area and ensure that everyone who cares for or works with children and young people is represented in the development of a joint strategy to identify and meet the needs of children and young people with speech and language challenges, including parents and young people with lived experience of speech and language challenges. Speech, language, and communication development must be tracked and monitored at key points, with data from different agencies collected and shared. Pooled funds should be available for joint commissioning of services, including speech and language therapy, to deliver the services outlined in the joint strategy. Commissioning should be based on achieving agreed outcomes, not measured by activity. Government targets for community services such as speech and language therapy should enable commissioning by results and pooled budgets.

There are no national clinical guidelines for Developmental Language Disorder, despite 1 million children being diagnosable with this condition and it being well-established in the Diagnostic and Statistical Manual of Mental Disorders V (DSM-V). The Department for Health and Social Care should ask the National Institute for Health and Care Excellence to create these guidelines. Having clarity about what support the NHS should provide for this large group of children will help schools to identify what additional support they need to put in place. The workforce is a huge challenge, particularly among Allied Health Professionals such as Speech and Language Therapists and Occupational Therapists, as well as Educational Psychologists. Speech and Language Therapists in particular have a pivotal role in the successful identification and support of children with speech and language challenges. There are more Speech and Language Therapists than ever in the UK¹³, but many have moved into private practice, which reinforces inequalities for children with speech and language challenges. DfE and DHSC should conduct research with those professionals who have left roles within the education sector and the NHS to understand more about what has driven their decisions. Without this data, it will be difficult to improve retention. Additionally, DHSC should bring back bursaries for speech and language therapists' training and ensure qualification through the apprenticeships route is more widely available.

¹³ Kessler, I., & Boaz, A. (2024). *The Demand and Supply of Therapists for Children and Young People with Special Educational Needs and Disabilities: A Scoping Study*. NIHR Policy Research Unit in Health and Social Care Workforce, The Policy Institute, King's College London. <https://doi.org/10.18742/pub01-181>