

CORE20 PLUS 5

How SLTs can support you to reduce health inequalities in children and young people

Core20PLUS5 is an NHS England approach to inform action to reduce healthcare inequalities at both England wide and system level. The approach defines a target population – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement.

Speech and language therapists (SLTs) have a vital role to play in **reducing health inequalities** for children and young people (CYP).

CORE20 PLUS 5

KEY CLINICAL AREAS OF HEALTH INEQUALITIES

1



Asthma

- SLTs carry out **video laryngeal examinations**, which are essential for the **differential diagnosis of upper airway disorders**. Misdiagnosis of upper airway disorders is common as symptoms mimic lower respiratory disease, such as asthma.
- SLTs are **part of the multi-disciplinary team (MDT)** for **severe asthma**, helping to assess any **laryngeal disorders** that may be contributing to symptoms of cough and **breathlessness**.
- Asthma symptoms/medication can cause **destructive vocal behaviours** and **dry out the throat**. SLTs **provide vocal care** and advice to remedy these symptoms.

2



Diabetes

- Diabetes is the second key clinical area for children and young people, however SLTs do not routinely work in this area.

3



Epilepsy

- SLTs **assess individuals' communication skills** and support them to functionally communicate with others.
- SLTs can ensure information and **advice is in an accessible format and provide training to other healthcare professionals**.
- Within the MDT, SLTs carry out **pre- and post-surgery speech, language and communication assessments**.
- Autistic individuals or those with a learning disability (LD) may need **additional specialist support to manage their epilepsy**. As part of the MDT, SLTs can provide this specialist support, empowering individuals and supporting self-advocacy.

4



Oral health

- SLTs are **educated in the anatomy of the oral cavity** and the risks associated with an unclean mouth.
- SLTs offer **practical advice to families on mouth care** for CYP with eating, drinking and swallowing difficulties.

5



Mental health

- SLTs support CYPs' emotional wellbeing by **developing their language and communication skills**, which are strongly associated with social, emotional and behavioural development.
- As part of an MDT, SLTs can train the wider workforce to **identify and respond to communication needs**, supporting more **accurate diagnoses** and effective **access to appropriate services and interventions**.
- SLTs work with families and the MDT **ensuring a supportive communication environment is provided** and that young people understand and are involved in their care.

SPEECH, LANGUAGE AND COMMUNICATION IMPACT ON KEY CLINICAL AREAS

1



Asthma

- The NHS England Service Specification for Severe Asthma identifies **a need for an SLT within the severe asthma MDT.**¹

3



Epilepsy

- Autistic individuals are **more likely to develop epilepsy** than those who are neurotypical.²

1 in 3
people who have a **mild-moderate LD** also have **epilepsy.**³

4



Oral health

- Reduced oral health** can lead to longer hospital stays and increases the risk of hospital acquired infections.⁴

5



Mental health

- Adolescents with developmental language disorder are **more likely to have symptoms of depression and anxiety** than their peers.⁵

81%
of CYP with **emotional and behavioural disorders** have unidentified language difficulties.⁶

SPEECH, LANGUAGE AND COMMUNICATION IMPACT ON CORE20



Core20

The Core20 is the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD).

- Early communication skills are a **crucial component of school readiness**: CYP's vocabulary and ability to talk in two-to-three-word sentences at the age of two is a strong predictor of school readiness at age four.⁷
- Those entitled to free school meals who live in more deprived neighbourhoods are **more than twice as likely to have identified speech, language and communication needs (SLCN).**⁸

In some areas of social disadvantage, around

50%
of CYP **start school with language difficulties.**⁹

SPEECH, LANGUAGE AND COMMUNICATION IMPACT ON PLUS POPULATION



PLUS population groups are identified at a local level as experiencing poorer than average health access, experiences and outcomes.

- SLCN is the most common type of need for **CYP with special educational needs and disability**.¹⁰

66-90%

of young people who have had **contact with the justice system** have **low language skills**.¹¹

Care-experienced CYP are at **increased risk of SLCN**; research consistently suggests approximately

60% have **language difficulties**.¹²

- SLTs **support care-experienced CYP** by providing **training and advice to the MDT** and individualised support to CYP that need specialist intervention.
- SLTs **work with individuals with a LD** and their families **to support communication for greater quality of life** and increased participation.
- SLTs assess the **speech, language, communication and swallowing needs** of individuals with a LD.
- SLTs help individuals with a LD by **advising on the modification of texture and consistency of foods and drinks** and by supporting with correct positioning and safe swallowing techniques.
- SLTs **play a key role in the evaluation and management of autistic individuals** as they provide interventions to help improve communication skills and train others involved in the care and education of autistic people.
- SLTs play a **crucial role in improving outcomes for CYP** with SEND.
- SLTs provide interventions for young people who have **had contact with the justice system by facilitating their understanding and communication** and providing staff with training on how to modify their programmes.

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