

We need to talk

Access to speech and language therapy

JUNE 2019



Contents

Contents	1
Introduction from the Children’s Commissioner, Anne Longfield	2
Executive summary	3
Introduction.....	5
Main findings.....	9
Spend data across the period.....	12
Conclusions and recommendations	18
Appendix 1 – Data collection and analysis.....	19

Introduction from the Children’s Commissioner, Anne Longfield



Communication skills are vital for children starting school and throughout life. I often hear from parents and those working with children about how speech and language therapy, when delivered well and at the right time, can make all the difference. It can mean a child is able to start school with confidence, ready to learn and flourish. Children’s worlds can transform as they learn how to communicate their feelings.

But I have also heard how children are waiting months to get this support, if indeed it ever materialises. When children don’t get help we know that they can end up falling behind in education or developing behavioural problems, and research even shows that children with these needs are over-represented in youth custody. I therefore set out to understand how much is being spent on speech and language services across England, and by which agencies. This is the second of my reports – following the *Early Access to Mental Health* report – looking into hidden areas of funding; those areas where there is no publicly available, reliable, information about what is being spent, and there is no single body to hold to account for that spending.

In this report, I found that there is enormous variation in spending around the country on speech and language services, just as there is on lower level mental health services. I am concerned that this means a postcode lottery for children who need this vital help. I am also worried that it is these kinds of early help services, which councils do not have a legal duty to provide and that can help to prevent other issues emerging further down the line, which are most at risk as budgets face increasing pressures. We need to be able to monitor the spending on these services, in order to hold local areas to account for the funding decisions they take, as well as hold national government to account for the constrained circumstances in which those decisions are taken. This report is the first time all the necessary information has been gathered together to reveal the variation in spending, and the lack of joined up work by different agencies.

Government has identified ‘closing the word gap’ as a key priority for improving social mobility and last year the Education Secretary committed to halving, over the next ten years, the number of children struggling with communication and literacy at the end of reception. But in order to come close to achieving these ambitions, government must create a new strategy for speech and language support, to make sure that every area has clear, joined-up plans for identifying and helping children who need it, and to make sure that information on spending is gathered every year so we can keep track of what is happening to these services.

A handwritten signature in black ink that reads "Anne Longfield." Below the signature is a short, horizontal black line.

Anne Longfield OBE
Children’s Commissioner for England

Executive summary

Reported Spending

The total reported spend on speech and language therapy services for the financial year 2018/19 amounted to around £166m, or £10.12 per child¹. This was a very slight increase (of 2% per child) since 2016/17, although overall increases mask large differences between areas. Out of all areas which reported spend, nearly half (46%) have seen a cash-terms increase in total reported spend over the period of 2016/17 to 2018/19; while just under a fifth (19%) have seen a cash-terms reduction. Taking into account inflation and population growth, only 23% of areas saw a real terms increase in spend per child while 57% of areas saw a reduction.

There was large variation between areas on reported spend, with small groups of very high spending areas overshadowing a larger proportion of low spending areas. The top 25% of areas spent at least £16.35 per child, while the bottom 25% of areas spent 58p or less per child. This variation remained even when looking at spending per child with an identified speech and language need, with the top 25% of local authorities spending at least £291.65 per child with these needs, while the bottom 25% spent £30.94. Reported spend also shows substantial variation between different regions of the country, and reveals that urban areas tend to have higher spending than rural ones.

In addition, only 50% of areas reported that health and local authorities were jointly commissioning services, even though they are expected to do so for children with identified special educational needs. Overall, the majority of spending came from health, with CCGs accounting for 69% of the total reported spend and LAs a quarter (25%).

The responses showed that while it is possible to track this spending, it is far from straightforward to do so, and there are many limitations and difficulties with the data we use. It also highlighted the challenge inherent in trying to connect spending on speech and language therapy to any outcome measures – the majority of spending comes from CCGs, yet the data on communication needs of children is mainly at a local authority level.

Recommendations

This research shows that the spending across the country is inconsistent, and that in many areas spending is decreasing over time. Half of all areas are still not jointly commissioning services even though they are expected to do so. It has now been over ten years since the Bercow Review, and it appears that children with speech, language and communication needs are still not being prioritised. The government has laudable ambitions within its Social Mobility Action Plan to reduce the word gap in the early years, but without the appropriate help in place it is not clear how these aims will be achieved. In order to ensure that these children get the right support, and that government avoids the knock-on societal and financial costs of not providing that support, a revived government strategy is needed to ensure the necessary help for children with speech, language and communication needs is in place across the country. This should focus particularly on narrowing the gap between richer and poorer children, and include plans for:

- > Making sure that areas are held to account for the support they provide for children, by collecting expenditure data on an ongoing basis. The Children's Commissioner's Office will seek

¹ Calculated by dividing reported spend in the corresponding areas with their 0-17 population estimate for that year.

to work with other statutory bodies in order to facilitate this. If this is not achieved within the next two years then we will endeavour to repeat this exercise and will also publish the figures for each LA and CCG.

- > Requiring that all areas have a joint strategic plan in place which assesses the level of speech and language need in their area (giving due consideration to disadvantaged groups), outlines the joint commissioning plans to meet that need and details how they will assess the outcomes of that provision. Areas should ensure that speech and language support is a well-funded, integrated part of an area's offer for parents, and is included in broader services, such as parenting classes, as well as in specialist services for children who need it.
- > Enabling and sharing best practice, with accompanying resources, to help areas see what can be achieved with the right resources and strategies in place.

Introduction

Thousands of children in England struggle with speech, language and communication, and these difficulties can have severe long term effects on their education, their emotional well-being and their employment prospects. Eleven percent of two-year olds who receive their development checks are already identified as being below the expected level of communication.² The latest Early Years Foundation Stage Profile results show that 18% of five-year olds, which equates to 114,822 children, are not reaching the expected development levels in communication³. There are 193,971 children in primary schools, about 4% of all primary school children, who are on the SEN register because of identified speech, language and communication needs⁴, although other studies have shown that there are likely to be even more children than this who are having difficulties⁵. Children from more deprived backgrounds are more likely to experience these problems, with 23% of five-year olds eligible for free school meals not meeting the expected levels in speech, language and communication at the end of Reception, compared to 13% of those not eligible for free school meals⁶.

Not being able to communicate easily can make life harder for children in a number of ways. For those children identified as having Speech, Language and Communications Needs as their primary type of Special Educational Need (SEN), only 28% have reached a good level of development at the end of reception compared to 72% of all pupils.⁷ According to latest statistics, only 21% of these pupils achieved grade 4/C or above in English and Maths GCSEs compared to 64% of all pupils⁸. Teachers alone cannot be expected to provide all the specialised help that these children need, and their work within the classroom must be supported by advice from professionals and speech and language therapy for individual children.

But it is not only educational outcomes that are affected - 81% of children with emotional and behavioural disorders are believed to have unidentified language difficulties⁹ and children referred to mental health services are three times more likely than other children to have these needs¹⁰. In addition, children with poor vocabulary skills are twice as likely to be unemployed when they grow up¹¹ and some

² Child development outcomes at 2 to 2 and a half years: 2017 to 2018. Available at: <https://www.gov.uk/government/publications/child-development-outcomes-at-2-to-2-and-a-half-years-metrics-2017-to-2018>

³ Early years foundation stage profile (EYFSP) results: 2017 to 2018. Main Tables, Table 3. Available at: <https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2017-to-2018>

⁴ Department for Education, (2018), *Special Educational Needs in England – January 2018: national tables*, Table 8. Available at <https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2018>

⁵ [Norbury, C. et al, \(2016\)](#), *The impact of nonverbal ability on prevalence and clinical presentation of language disorder: evidence from a population study*, *Journal of Child Psychology and Psychiatry*, 57:11

⁶ Early years foundation stage profile (EYFSP) results: 2017 to 2018. Additional Tables, Table 3. Available at: <https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2017-to-2018>

⁷ Early years foundation stage profile (EYFSP) results: 2017 to 2018 Additional Tables, Table 1. Available at: <https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2017-to-2018>

⁸ Available at: <https://www.gov.uk/government/statistics/key-stage-4-and-multi-academy-trust-performance-2018-revised>

⁹ Hollo A, Wehby J.H, Oliver R.M. (2014) Unidentified Language Deficits in Children with Emotional and Behavioral Disorders: A Meta-Analysis. *Exceptional Children* 80(2): 169-186

¹⁰ Cohen, N. Farnia, F. And Im-Bolter, N. (2013) Higher order language competence and adolescent mental health *Journal of Child Psychology and Psychiatry* 54:7, pp 733–744

¹¹ Law J., Rush R., Schoon I. and Parsons S. (2009) Modelling developmental language difficulties from school entry into adulthood: literacy, mental health, and employment outcomes. *Journal of Speech, Language and Hearing Research*, 52(6): 1401-16

studies have found that over 60% of children who end up in Young Offender Institutions have communication difficulties.¹²

Although there is clearly a high level of need, support for these children – including provision of high-quality speech and language therapy, which is known to be a crucial intervention - is not currently enough of a priority. Professionals say the children they work with are either having to wait too long to get help, or are not getting help at all. Recent research has found that about a third of children have to wait over a year to get speech and language therapy¹³.

In 2008 there was a landmark report commissioned to consider what changes were needed to improve provision for children with speech, language and communication needs in England.¹⁴ The Bercow report highlighted a range of problems with the way services were designed, including a lack of joint working between health and education in delivering these services, and a 'postcode lottery' in the level of support in different areas.

The Social Mobility Action Plan of 2017 identified 'closing the word gap' as a key priority for improving social mobility, although a follow up report to the Bercow review, in 2018, suggested that still not enough was being done to prioritise speech and language.¹⁵ In 2018 the Secretary of State for Education stated an ambition to halve, over the next ten years, the number of children struggling with communication and literacy at the end of reception and announced a number of investments to support this aim.¹⁶ This extra investment is welcome, but is small in comparison to the scale of the ambition and the level of need, and will not all be targeted towards support with children's speech, language and communication needs. And as our analysis shows, the problems around variation in spending, accountability and a lack of joined up services identified over ten years ago are still there, and there is no strategy to address them.

Holding government to account for speech and language spending, is challenging because it is split between different services, with nobody responsible for assessing overall spending at the local level. Because of this, until this report, there has been very limited information available on the current levels of speech and language support (including speech and language therapy), or information about who is providing it. It is known that there are around 17,000 practising Speech and Language Therapists in the UK, which includes both those working with adults and those working with children in places such as schools, children's centres and outpatient clinics¹⁷. Approximately 85,000–90,000 children between the ages of 2 and 6 are referred to speech and language therapists each year (although this is based on 2003/4 data)¹⁸, but there is no detailed data about spending or services. Without this information it is hard to identify where children might be falling through the gaps in support, and to hold agencies to

¹² Bryan et al. (2015). Language difficulties and criminal justice: the need for earlier identification. *International journal of language and communication disorders*, 50 (6), 763-775.

¹³ I CAN and The Royal College of Speech and Language Therapists, (2018), *Bercow: Ten Years On*

¹⁴ Bercow Review of Services for Children and Young People (0-19) with Speech, Language and Communication Needs. Available at: https://dera.ioe.ac.uk/8405/7/7771-dcsf-bercow_Redacted.pdf

¹⁵ I CAN and The Royal College of Speech and Language Therapists, (2018), *Bercow: Ten Years On*. Available at <https://www.bercow10yearson.com/wp-content/uploads/2018/03/337644-ICAN-Bercow-Report-WEB.pdf>

¹⁶ <https://www.gov.uk/government/news/multi-million-investment-to-support-childrens-early-communication-skills>

¹⁷ Cited from: <https://www.rcslt.org/speech-and-language-therapy>

¹⁸ Broomfield, J., and Dodd, B. (2004). Children with speech and language disability: caseload characteristics. *International Journal of Language and Communication Disorders*, 39 (3), pp. 303-24. Cited in Law et al. (2017) Language as a child wellbeing indicator. Available at: <https://www.eif.org.uk/report/language-as-a-child-wellbeing-indicator>

account for the services they provide. To address this, on 1st August 2018 the Children’s Commissioner wrote to every Clinical Commissioning Group Accountable Officer, Local Authority Director of Children’s Services and Director of Public Health in England to request data on spending on speech and language therapy over the past three years¹⁹.

Our analysis of their responses shows that far from speech and language being seen as equally important in all areas, there is still a ‘postcode lottery’ in place, with huge variation in spending on children. Additionally, only half of areas are jointly commissioning their services, despite the fact that the Children and Families Act 2014 introduced an expectation that they would do so for children with SEN. This means that children may be falling through the gaps between different providers of services in their area. Without consistent provision of speech and language interventions across the country, children are at risk of losing out on the vital support they need to fully participate and succeed in society.

¹⁹ At the same time, the Children’s Commissioner also requested data in relation to early access to mental health services. This report was published separately and is available here: <https://www.childrenscommissioner.gov.uk/publication/early-access-to-mental-health-support/>

A note on the data

A full description of the methodology in collecting this data is set out in Appendix 1, but it is important to note some limitations with this data.

Data requests were sent to all Directors of Children's Services and all Directors of Public Health in Local Authorities and all Clinical Commissioning Group Accountable Officers. 181 CCGs (out of 195) and 144 upper tier Local authorities (out of 152) sent responses, although 63 gave joint responses (a single response might, for example, have covered three CCGs and one LA), meaning the total number of responses was 218. The figures in this report are therefore not the total picture of spend on speech and language therapy services in all areas of England across all agencies and are therefore referred to as 'reported spend'.

The data request asked only for spending that was specifically for speech and language services rather than, for example, general spending on teachers who often deliver a great deal of speech and language support as part of their jobs. It would however include spending on resources, training and support on speech and language for these professionals, or speech and language support workers. As some schools directly fund speech and language therapy themselves, not through the LA or CCG, that spending may not be included here.

The joint reporting also created difficulties, as sometimes there were multiple responses for the same area; whilst every effort was made to avoid double-counting inaccuracies may remain. Other limitations of the data are that services are often commissioned as part of 'block contracts', where a provider is paid to deliver a broad range of services, so the specific spend on speech and language therapy can't be identified. Some responses showed unapportionable and 'hidden' funding from other agencies and inconsistent definitions of services and different budget delineations, which meant they were not able to give an accurate and complete picture of spend.

As CCGs and LAs do not cover the same area, and only 63 areas provided matched data, caution must be used when looking at total spend per area. For some areas there is no single overall figure for the combined LA and CCG expenditure, often because their boundaries do not match. The variation in total expenditure could look very different if it were possible to combine this data consistently. This was also a problem when looking at regional variation: LAs fit exactly into Government Office Regions, but CCGs only fit into NHS regions, and these two types of regions are quite different. As a result, LA spend can only be analysed at the GOR level, and CCG spend at the NHS region level, and it is not possible to assess regional variation in total spend.

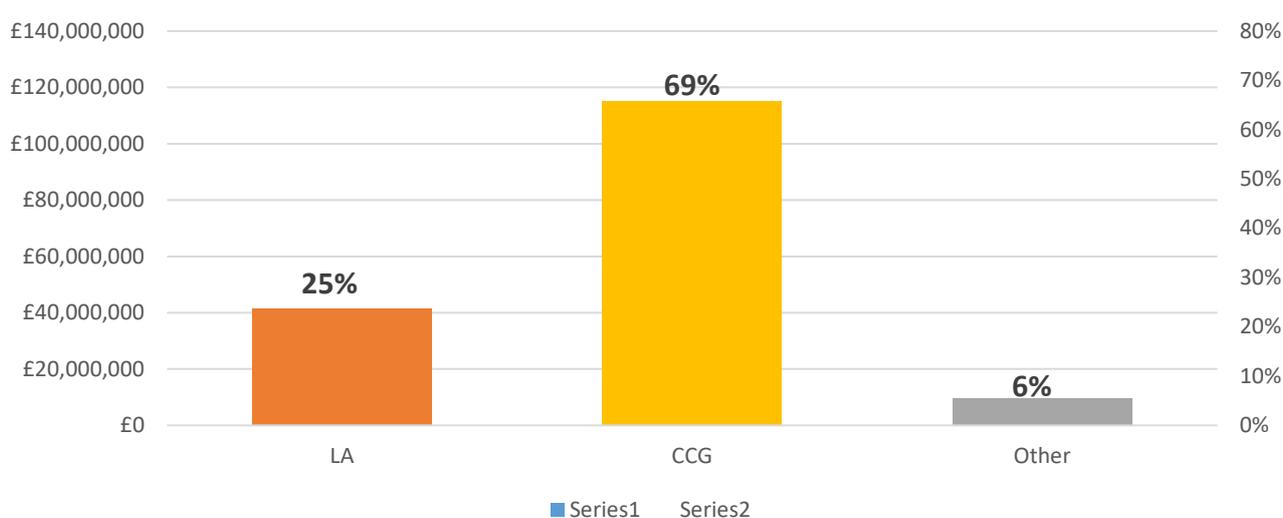
Main findings

Current spend on speech and language therapy

In the 2018/19 financial year total reported spend on speech and language therapy in England was over **£166 million**. It should be noted that this is likely to be an underestimate of actual national spend given that not all areas and agencies responded or reported spend data.

Figure 1 breaks down the proportion of total reported spend for Local Authorities and Clinical Commissioning Groups, as well as reported spend by 'other' agencies.²⁰ It shows that 69% of all reported spend in 2018/19 came from Clinical Commissioning Groups. A quarter (25%) came from LAs with 24% coming from children's services and just 1% from public health. Reported spend from 'other' agencies was 6%.

Figure 1 – 2018/19 agencies' reported spend as a proportion of total reported spend



Looking at spend in 2018/19 in more detail, Table 1 shows the total reported CCG spend for 2018/19 is over **£115 million**. Total reported LA spend of just under **£42 million** is made up of **£40 million** reported CS spend and **£1.5 million** reported PH spend. Spend from 'other' agencies makes up just under **£9 million**.

These totals were divided by the latest ONS population projections for under 18s in each area²¹, showing that the per child spend was **£10.12** for this financial year 2018/19. Across the LAs with any reported spend, LA spend per child was **£3.03**, while CCG spend per child stood at **£13.96**.

Table 1. Reported cash terms spend for each category in the current financial year 2018/19						
	LA (CS + PH)	CS	PH	CCG	'other'	Total
total spend	£41,643,154	£40,153,286	£1,489,868	£115,108,359	£9,610,403	£166,361,916

²⁰ This included, for example, particular school spend or spend for health visitor programmes on speech and language therapy or grants. See Data Analysis section for more information.

²¹ While the SEND reforms mean that Education, Health and Care Plans can run to age 25, 0-17 was chosen because of its focus in the Berrow Review (2008) and see Berrow Ten Years On Review (2018) as well as evidence from Talking about a Generation Available at: <http://www.thecommunicationtrust.org.uk/resources/resources/resources-for-practitioners/talking-about-a-generation/>) that SLT is rarely commissioned to provide for the 18-25 year olds. Using 0-25 population estimates would have artificially lowered spend per child calculations.

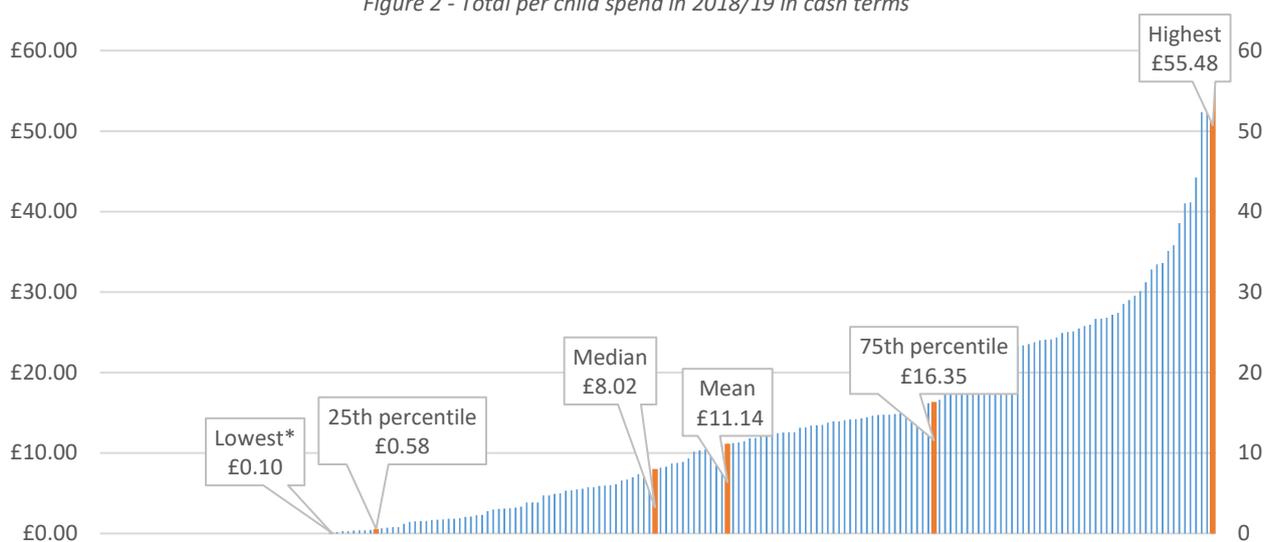
mean spend	£247,876	£343,190	£10,205	£1,139,687	£310,013	£831,810
75th percentile	£255,000	£389,800	£0	£1,461,658	£406,809	£1,348,078
median spend	£69,665	£184,217	£0	£1,009,188	£66,667	£528,384
25th percentile	£0	£42,000	£0	£551,412	£13,395	£40,539
spend per child	£3.03	£4.10	£0.13	£13.96	£3.82	£10.12
n	168	117	146	101	31	200

For illustrative purposes, the table also presents LA spend for the LAs where CS and/or PH spend was reported

Table 1 also shows a large amount of variation in spend across all agencies. As shown by the 75th percentile, the top 25% of areas reported spending over £1.3 million or more, whereas the areas in the bottom 25% of areas, as shown by the 25th percentile, reported total spend of around £40,000 or less. Total mean reported spend stood at just over £800,000 and was almost 60% higher than median reported spend at over £500,000.²² The high discrepancy between the mean and the median across agencies, particularly for LA and 'other' agency spend, underlines that a number of very high spending areas are pushing up the mean.

To illustrate this and compare areas, Figure 2 plots the total reported spend per child for each area in 2018/19 in cash terms.²³ The highest reported spend per child stands at £55.48 while the lowest spend (above zero) is £0.10 per child. The difference between the median (£7.75) and the mean (£11.03) is caused by a number of very high spending areas masking a larger proportion of areas with low spending per child. This illustrates the substantial variation in spend across areas, with the top 25% of areas spending £16.35 or more per child, illustrated by the 75th percentile, and the bottom 25% of areas spending £0.58 or less per child, illustrated by the 25th percentile.

Figure 2 - Total per child spend in 2018/19 in cash terms

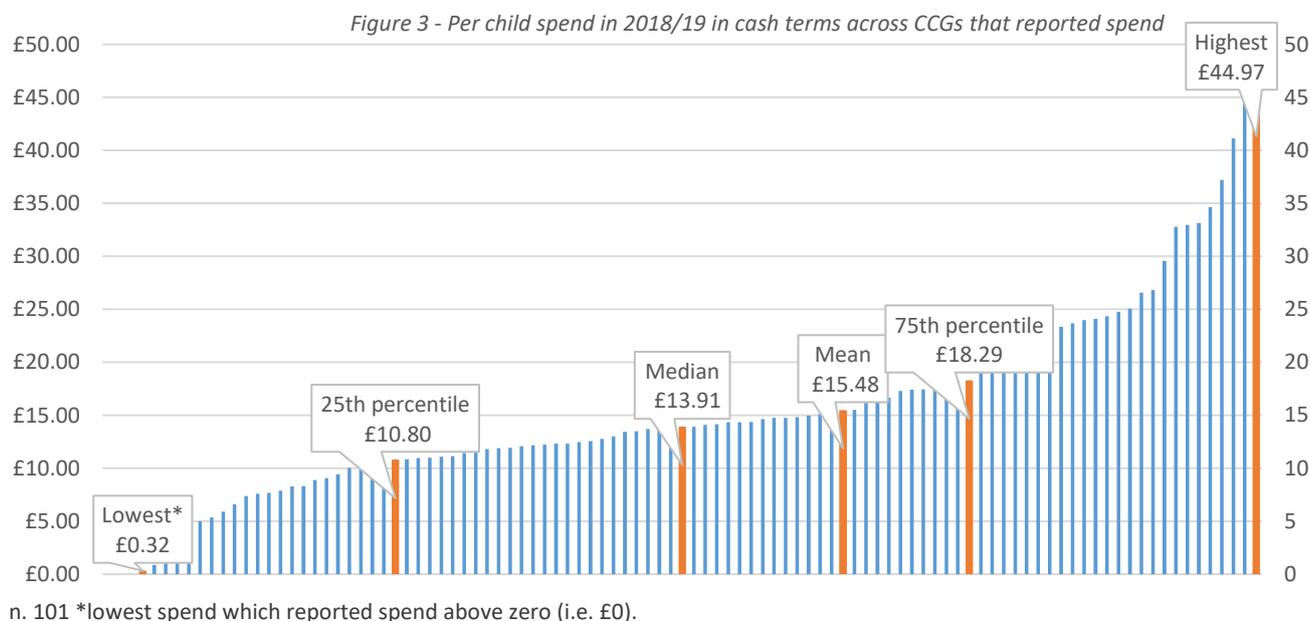


n. 200 *lowest spend which reported spend above zero (i.e. £0).

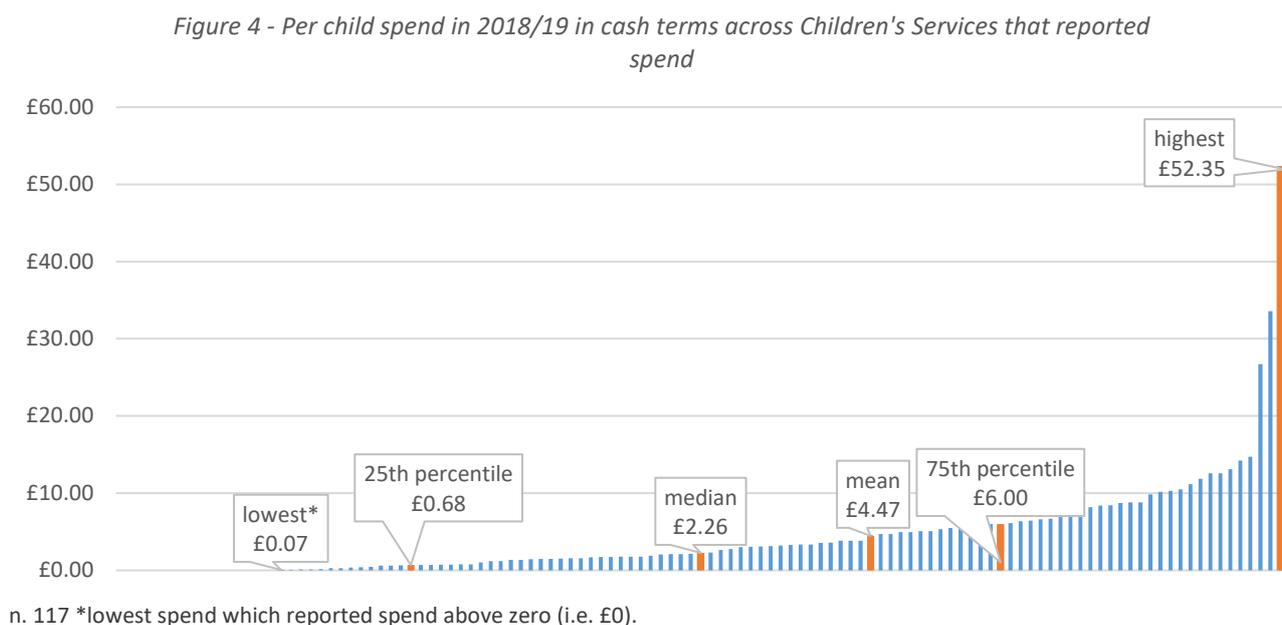
²² For PH, whereas the mean was £10,205 the median is 0 due to more than half of respondents reporting that PH does not fund speech and language therapy services.

²³ It should be noted that not all LA and CCG spend data were combined for all areas meaning that some points on the figure will cover overlapping geographical areas. This is particularly the case where LA and CCG boundaries do not match up.

Because CCGs and LAs do not always have the same geographical boundaries, not all areas could provide a joint response for total expenditure by CCGs and LAs. This means that one loosely defined area could have two plots on the graph above – one for the CCG and one for the LA. Analysis below therefore separates out spend for these agencies. Figure 3 plots reported CCG spend per child in 2018/19. Contrary to Figure 2, Figure 3 shows that CCG spend per child is more evenly distributed, with the difference between the median (£13.92) and the mean (£15.50) being smaller.



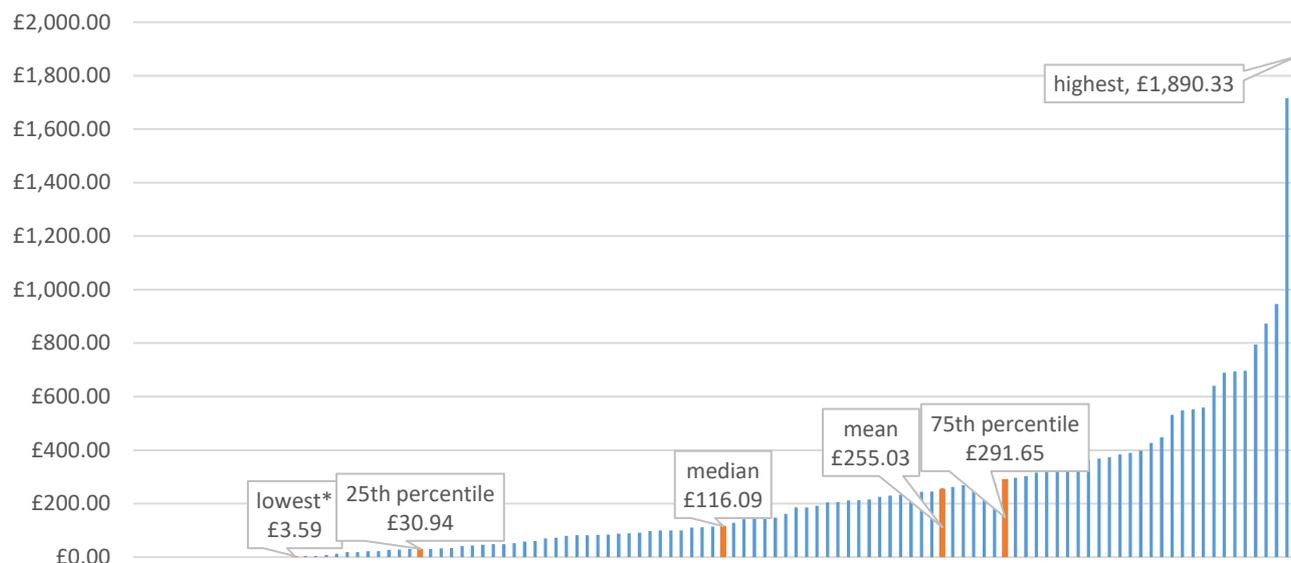
A starker pattern can be seen in Figure 4 which plots reported children’s services spend per child in 2018/19. PH spend is not included because so many Directors of Public Health reported zero spend, so adding their figures skewed the analysis. The highest reported spend per child stands is £52.35 while the lowest spend (above zero) is £0.07 per child.



Spending per child with Speech, Language and Communication Needs

This section examines whether spending in each area varies according to the local level of identified needs, by dividing the total children's services spend by the number of school children in each local authority whose primary type of Special Educational Need is in Speech, Language and Communication. Once again, as Figure 5 shows, there is huge variation between areas. This suggests that it is not the case that some areas are spending less simply because there is a lower level of need, but that children with the same level of needs are indeed likely to be facing a postcode lottery of funding²⁴.

Figure 5 spend per child with SLCN as a primary SEN need in 2018/19 in cash terms



n. 112 *lowest spend which reported spend above zero (i.e. £0).

Further analysis is available in Appendix 2 about the distribution of spending by each agency.

Spend data across the period

This section provides an analysis of spending over the three years, for those local areas which reported spend in every year (i.e. for 2016/17, 2017/18 and 2018/19) to ensure it is comparable. Annex 2 gives more in-depth findings on total reported spending in each year²⁵.

Total reported spend across the period

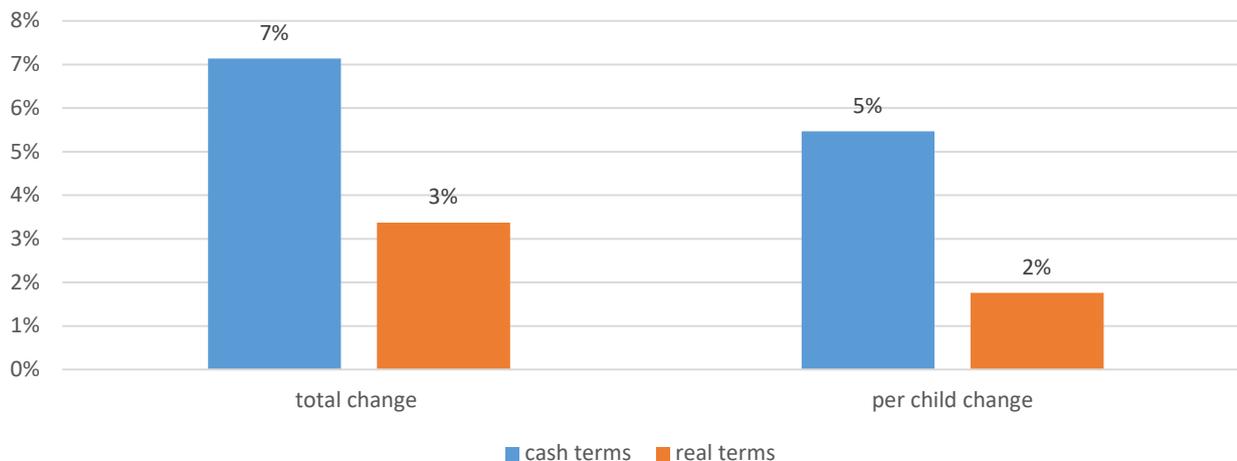
Figure 6 shows the percentage change in total reported spend in cash and real terms over the period from 2016/17 to 2018/19. Over this period total reported spend rose by just over £10 million or 7% in

²⁴ While it will not only be children with identified SLCN as a SEN who need speech and language support (children with other learning difficulties, autism or hearing impairment will also need help), this figure is used as an indicator of local need.

²⁵ Per child spend was calculated by dividing total reported spend by the total 0-17 population across those local areas for which the spend was reported. Real terms changes were calculated to take account of inflation by looking at spend in the most current year, 2018/19, using 2016/17 prices. To get a better understanding of change in reported spend we also show how many areas reported an increase, decrease or stagnation in spend over the period 2016/17 to 2018/19.

cash terms. Spend per child rose by £0.53 or 5% in cash terms. In real terms, the percentage increases were 3% overall and 2% per child.

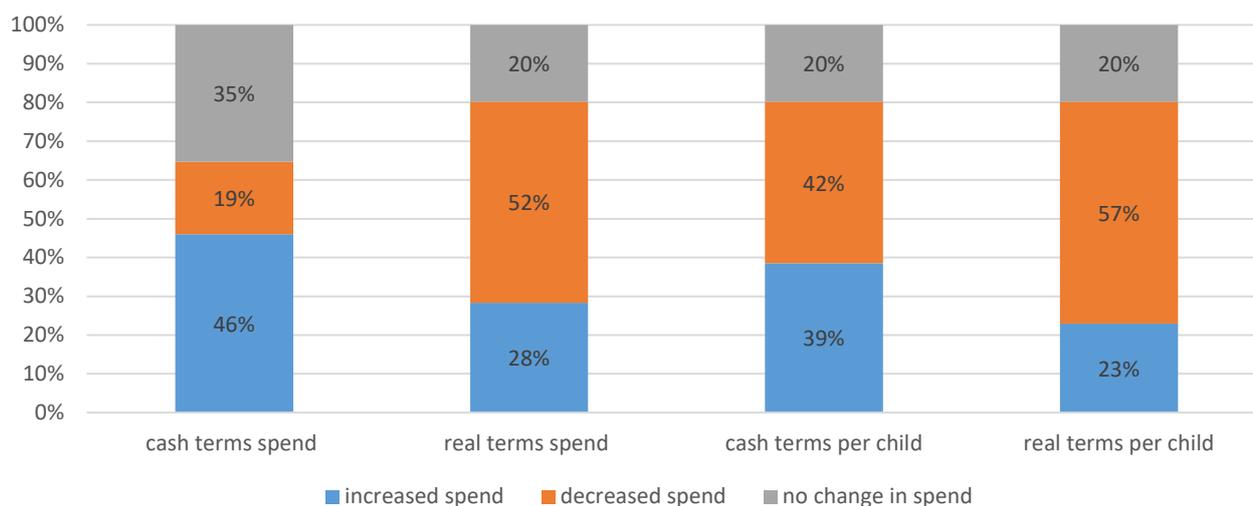
Figure 6 – change in total reported spend between 2016/17 and 2018/19



The analysis below looks at what is driving the changes in spend, and shows that just looking at the overall increased expenditure masks the fact that more than half of areas actually saw per child cuts to these budgets in real terms. Figure 7 and Table A in Annex 2 shows total reported spend across the period (i.e. comparing 2016/17 data to 2018/19) in cash terms (first bar) and real terms (second bar) as well as per child spend in cash terms (third bar) and per child spend in real terms (fourth bar).

Almost half (46%) of areas experienced an increase in cash terms spend while only a fifth (19%) of areas saw a decrease in reported spend in cash terms. However, only 23% of areas saw an increase in real terms spend per child (averaging £5.92 per child), while 57% of areas saw a decrease (averaging £2.28).

Figure 7 – Proportion of areas reporting change in total spend over the period



Local Authority reported spend across the period

This section considers Local Authority spending (by children’s services departments)²⁶ over the three-year period. Figure 8 shows an increase in total LA spend over the period; 8% in cash terms equalling £2.5 million and 4% in real terms. Spend per child increased by 6% in cash terms (equivalent to £0.22 per child) and by 2% in real terms. Detailed spend figures can be found in Annex 2.

Figure 8 – percentage change in children’s services spend over the period (2016/17 to 2018/19)

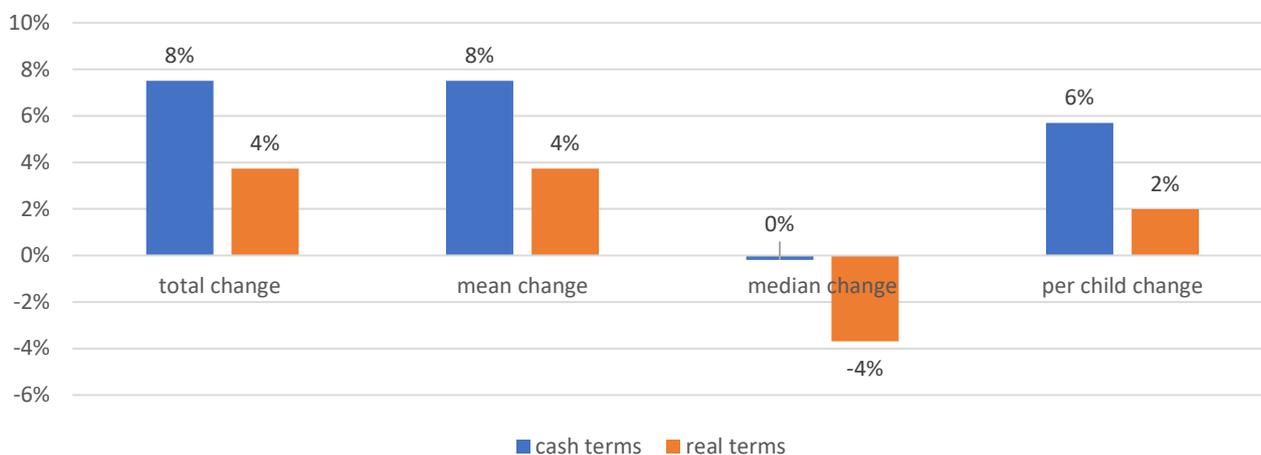
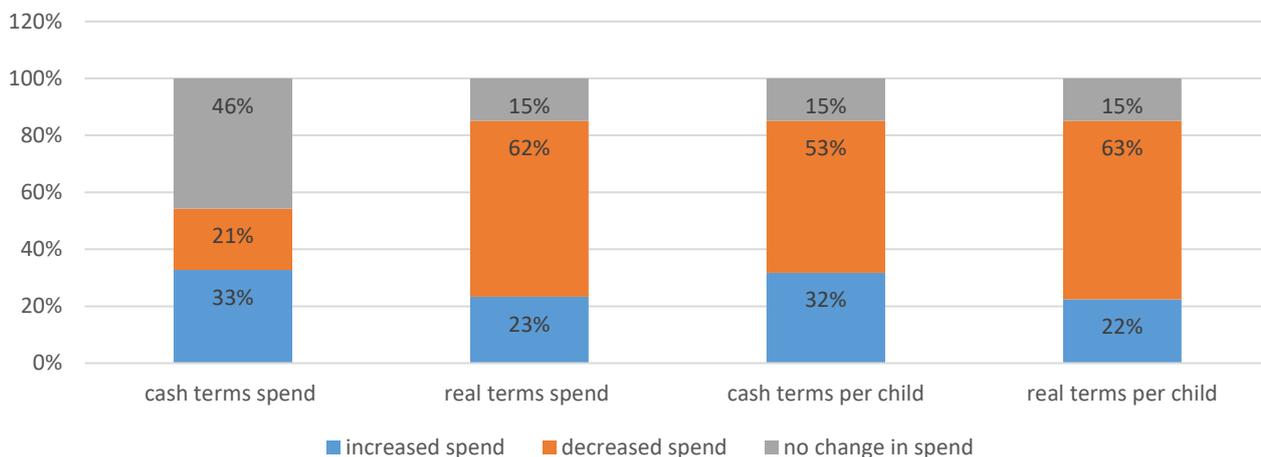


Figure 9 and Table E in Annex 2 explore Local Authorities’ changes in spend (by children’s services departments) over the period, and show a similar pattern to the overall spending – with most areas seeing real terms reductions per child. One third (33%) saw an increase in overall spend in cash terms (far left column), but only a 22% saw a real terms increase in LA spend per child (far right column). In cash terms 21% of local authorities experienced a decline in LA spend (far left column), but a much bigger share, 63% (far right column), experienced a real terms decrease in LA spend per child.

Figure 9 – Proportion Of Areas Reporting Change In Children’s Services Spend Over The Period



n.107

²⁶ This excludes Public Health spending, as a large number of areas reported zero public health spending and in total it made up only 1% of total expenditure, and so distorted the analysis

Clinical Commissioning Group reported spend across the period

Figure 10 and Table H in Annex 2 show that there was a 1% cash terms increase in reported CCG spend totalling £1,157,160, which the analysis shows are spread more evenly across CCGs than the changes in LA spend²⁷. In real terms, this represents a 2% decrease. Per child spend remained flat over the period in cash terms but decreased by 4% in real terms.

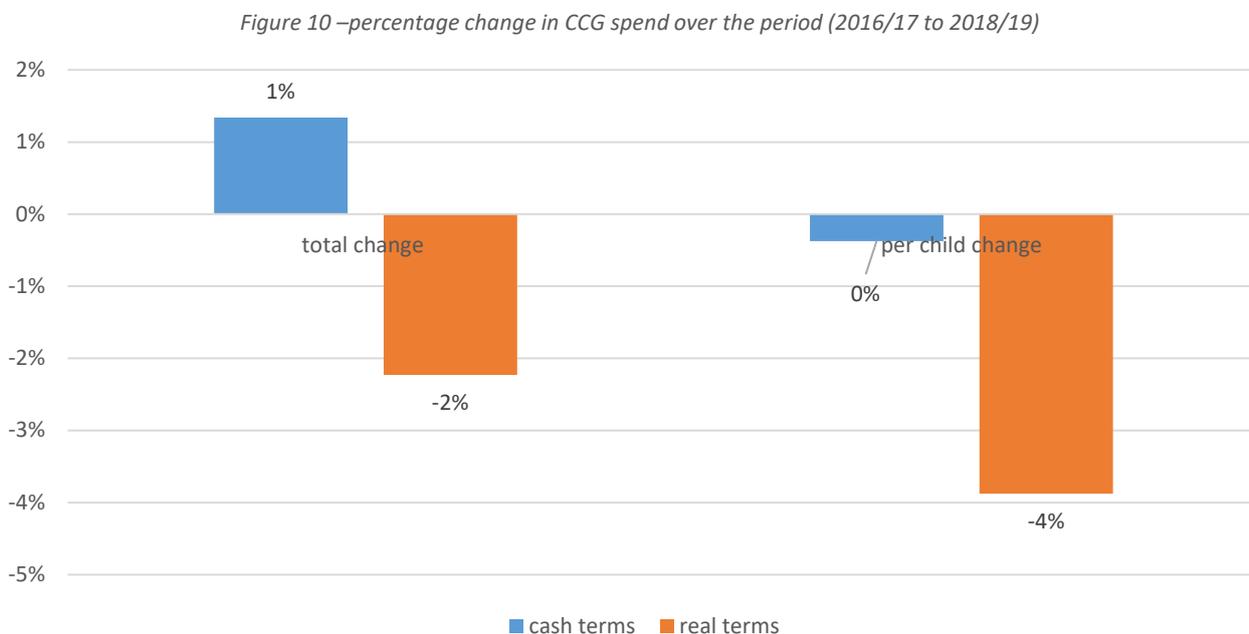
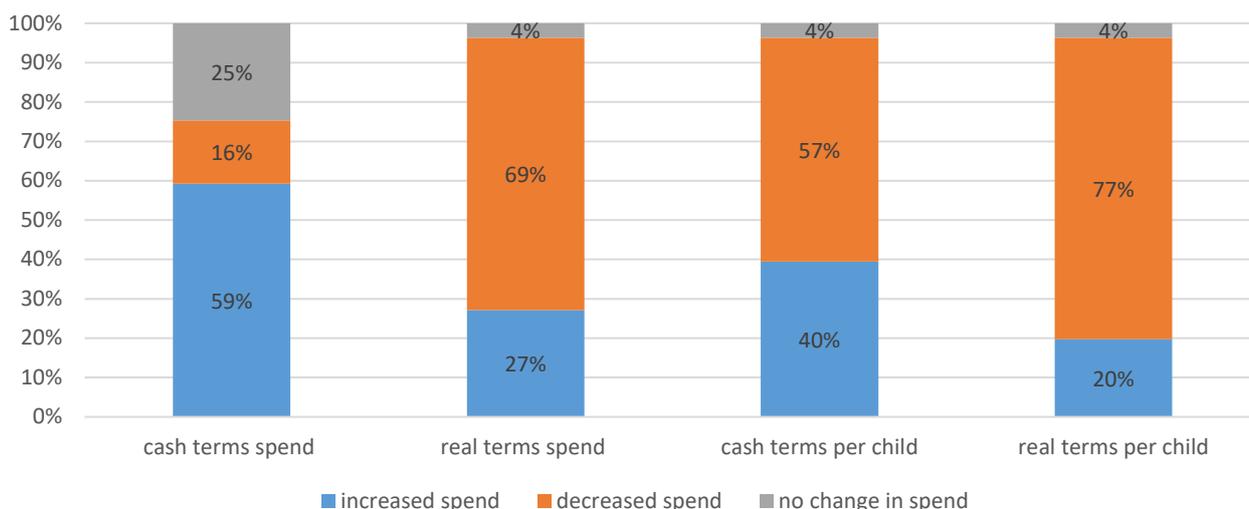


Figure 11 and Table I in Annex 2 show the proportion of CCGs seeing change in spend over the period. The far-left column shows that 59% of CCGs saw a cash-terms increase in spend. However, when looking at real terms spend (second left column), only 27% saw an increase in spend; whereas 69% of CCGs saw a decrease in real terms spend. A much higher proportion of CCGs reported reductions in spend than local authorities.

The spend per child figures (right hand columns) show 57% reduced spending in cash terms while three quarters (77%) reported a real terms reduction. This illustrates that population growth and inflation have resulted in the majority of areas seeing a decrease in real terms per child spend over the period 2016/17 to 2018/19.

²⁷ Table H in Appendix 3 shows that median spend increased by 8% in cash terms and 4% in real terms. This illustrates that rises overall are spread more evenly across CCGs.

Figure 11 – Proportion of areas reporting change in CCG spend over the period



n. 81

Regional variation

Due to differences in regional boundaries used by local government and by health, the regional spend has to be reported on separately for LAs and CCGs²⁸. To look at regional variations the total reported spend for all LAs in each Government Office Region (GOR) in 2018/19 was calculated, as was the total for all CCGs in each NHS-defined region.

Figure 16 shows the average LA spending per child by GOR (red bars) and average CCG spending per child in NHS regions (purple bars) and highlights large regional variations. LA spend per child is highest in London at £7.29, and high in the South East of England (£5.73) and East of England (£4.83). It is lowest in the East Midlands (£0.34), the West Midlands (£0.90) and Yorkshire & Humber (£1.18). However, these figures should be treated with some caution due to low bases in some regions.²⁹

CCG spend per child is substantially higher than LA spend. In particular, the North of England region has the highest CCG spend per child (£17.61) followed by London (£17.14). The lowest CCG spend per child is in the Midlands & East NHS region (£10.20) followed by the South of England (£13.54).

²⁸ More detail on the differences between Government Office Regions and NHS regions can be found in Appendix 1

²⁹ The lowest being a 50% of LAs in East Midlands giving spend data and the highest being Yorkshire and The Humber at 93% of LAs.

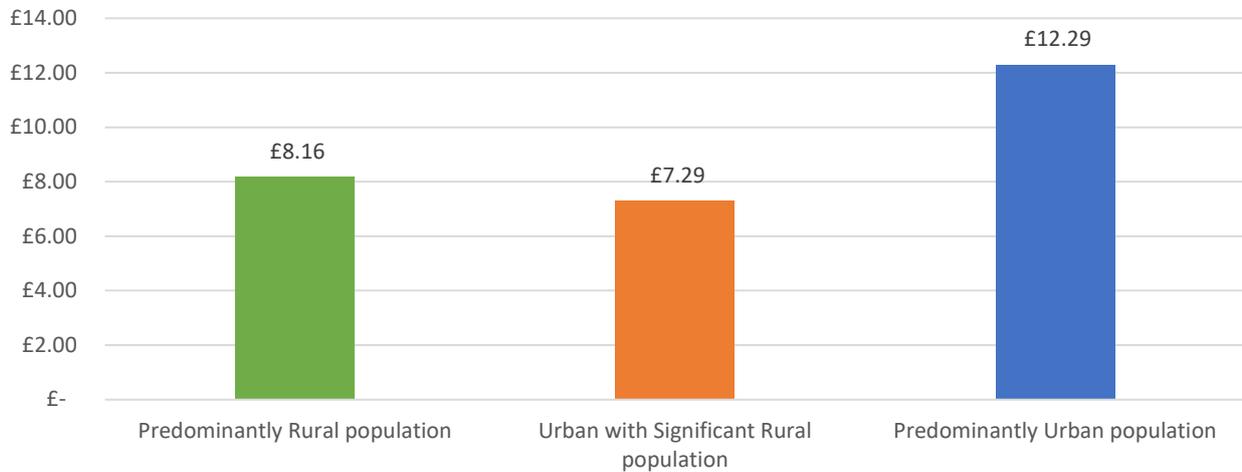
Figure 16 - LA spend per child (orange bars) and CCG spend per child (yellow bars) in 2018/19



Urban-rural variation

The variation in spending by the level of rurality was also analysed, using the ONS classifications of urban and rural areas³⁰. Figure 17 plots per child spend in the 2018/19 for areas by level of rurality, and shows that spend per child was highest in predominantly urban areas.

Figure 17 - Spend per child by rurality status in 2018/19



³⁰ For this, both local authorities and CCGs areas had the same classifications allowing for total overall reported spend to be analysed per area

Conclusions and recommendations

There is clearly a high level of need for effective speech and language therapy to help children to thrive socially, emotionally and in their education. But as there is little data available about the level of expenditure on speech and language services, it can be difficult to hold government and local areas to account. This report sought to find that data in order to address this gap in knowledge. While it was possible to gather this data, it was not straightforward, meaning that monitoring it in the future may well continue to be a challenge.

The research showed that there is in effect a 'postcode lottery' in place, with large variations in spend from one area to another. For example, in 2018/19 the top 25% of areas spent £16.45 or more per child whereas the bottom 25% of areas spent £0.42 or less per child. Additionally, while overall spending has increased (albeit by only 2% per child), it has fallen in many areas. More than half of areas experienced a real terms decline in spending per child. Almost two-thirds (63%) of areas saw local authority spend per child decline in real terms while over three quarters (77%) of areas experienced a decline in CCG spend per child in real terms.

Only half of areas reported that health and local authorities were jointly commissioning services for children with these needs, even though all areas are required to do so by law. This is concerning, as it means that local areas are not joining up all the different information that they hold and ensuring that they are providing services for all children in the area who need them, and that none are falling through the gaps. Making sure that areas are identifying all the children who need additional help, from a young age, and targeting support to them is something the Children's Commissioner's Office will explore further in upcoming research on early years provision.

In order to ensure that all children get the help they need, when they need it, there should be a renewed government strategy on addressing speech, language and communication needs, with the appropriate funding to support it. This strategy should include:

- > Making sure that areas are held to account for the support they provide for children, by collecting expenditure data on an ongoing basis. The Children's Commissioner's Office will seek to work with other statutory bodies in order to facilitate this. If this is not achieved within the next two years then we will endeavour to repeat this exercise and will also publish the figures for each LA and CCG.
- > Requiring that all areas have a joint strategic plan in place which assesses the level of speech, language and communication need in their area (giving due consideration to disadvantaged groups), outlines the joint commissioning plans to meet that need and details how they will assess the outcomes of that provision. Areas should ensure that speech and language support is a well-funded, integrated part of an area's joint communication offer for parents, and is included in broader services, such as parenting classes, as well as in specialist services for children who need it.
- > Enabling and sharing best practice, with accompanying resources, to help areas see what can be achieved with the right resources and strategies in place.

Appendix 1 – Data collection and analysis

This section sets out definitions used in the report, how the data collection was scoped and piloted as well as how the statutory request was conducted. It also details how the data was analysed and limitations with the data collected.

Definitions used in the report

Children – children and aged 0-17.

Children's Services (CS) – the local authority department and associated budget for which the local authority's Director of Children's Services is responsible.

Public Health (PH) – the local authority department and associated budget for which the local authority's Director of Public Health is responsible.

Clinical Commissioning Group (CCG) – the Clinically-led statutory NHS body responsible for the planning and commissioning of health care services for the local area.

Speech and language therapy (SLT) – Healthcare, provided by specialist professionals, for people with communication problems. Although these services also help children who have problems with eating, drinking or swallowing, our focus here is on therapy for communication needs.

Within this the data request asked only for funding specifically for speech and language therapy. However, many areas have moved away from these categories and models of service provision which places a limitation on the data's accuracy. As a result, we were prescriptive in terms of the data that was requested.

With regard to the universal services in particular, general spending on the salaries of school nurses, health visitors, GPs (i.e. staff costs of professionals who only provide speech and language support as a part of a broader role) was not requested. However, any dedicated funding for training, resources, etc. that supports speech and language support provided by these professionals was requested (i.e. dedicated funding for speech and language support work of these professionals) and staff costs for any professionals whose central role is to provide speech and language support - for example the salary of a speech and language support worker.

Scoping and piloting

Following a scoping period where work was undertaken with relevant experts as well as professionals in partner LAs and CCGs, an initial data request form was developed. The form was piloted through SmartSurvey in 11 areas resulting in 13 responses (including responses from multiple agencies within the same local area).

For six (out of 11) areas we were able to calculate overall spend in the area for the 2018/19 financial year. Spend per child in the local population ranged from £7.44 to £46.17. For five areas, we had all three years of spend data from 2016/17 to 2018/19, from which we found that inequality in amount of funding per child persists across the period with the majority of funding coming from CCGs. For one of the six areas with an overall funding figure, no breakdown was provided because funding was provided within a block contract.

Issues that arose from the pilot mainly centred on apportioning spend on SLT support due to block contracts with other services, difficulty in estimating spend on ad hoc packages of care in relation to SLT, issues in determining whether spending was for children or adults, assigning extra spending (for examples from hospitals, schools, children's centres) as well as where CCGs/LAs were not coterminous. These results were fed back to an expert advisory group, following which the data collection questionnaire was streamlined and improved.

Mainstage data collection

Following the pilot, advisory group and further internal testing, on 1 August 2018, the Children's Commissioner sent a statutory information request under Section 2F of the Children's Act 2004 (as amended) to:

- > All 152 Directors of Children's Services as well as several corresponding Children's Trusts;
- > All 152 Directors of Public Health; and
- > All 195 Clinical Commissioning Group Accountable Officers.

We asked for information on:

- > Which departments/organisations fund children and young people's speech and language therapy services in the local area;
- > Whether they could report relevant spending on children's speech and language therapy services;
 - If so, how much funding was allocated to these services in 2016/17, 2017/18 and 2018/19 by the organisation(s) on whose behalf they were responding;
- > Which settings the services funded by their organisation(s) are delivered within, and whether they funded services delivered by the voluntary sector

This data request was sent out alongside a request for the same information regarding low-level mental health services. This is covered in a separate report published by the Children's Commissioner.

We sent three periodic reminders with a deadline of 14 September 2018. Most responses were received within that time but we continued to chase and clarify throughout the data cleaning process from September to March 2019.

Sample and response rates

After cleaning returns, which included clarifying with respondents issues of missing or possibly incorrect data and combining entries due to multiple responses, we ended up with returns for:

- > 181 CCGs (out of 195)
- > 144 upper tier Local authorities (out of 152). These were returns which included either a DCS or DPH response or both.

As a result our final dataset contains 218 data points which includes combined entries either from:

- > Local authorities (CS and/or PH) and CCGs
- > Multiple CCGs or combined local authorities.

From the 218 data points, 1% (n.3) have no data on spend for any years. However, it should be noted that this set of 215 includes data points that have, for example:

- > Data for only one agency (i.e. CCG, PH or CS);
- > Data for only one year (2016/17, 2017/18, or 2018/19)

Of the 215 data points that gave spend data, 29% (n.63) are combined responses for the local authority and CCG. These entries have mostly been combined through the data cleaning process and they do not necessary have spend data for all agencies.

Data limitations

Due to the nature of the data, there are a number of major limitations that should be noted.

- > **Joint agency and/or area responses** caused repetition and inconsistent responses with more than one response for the same agency sometimes being reported. A substantial amount of time was taken to clarify which data was the most accurate, yet there may still be a degree of double-counting or inconsistency within the data.
- > **Block contracts**³¹ which combined children's speech and language therapy with a range of other services were reported by some respondents. Although only 6% (n.28) stated it as a reason for being unable to report spend on children's speech and language therapy services, a much higher proportion noted it in the comments or gave it as a reason why they could only provide an estimate rather than accounting data. This will have affected the reported spend given.
- > **Unapportionable funding** was a common issue as respondents noted that speech and language therapy services are additionally provided by other services (for example schools or general GP work) but this could not be split out from the general health or education budgets. This could again have affected the reported spend, possibly causing both under and/or over spend estimations.
- > **Different definitions** of what should be included in SLT services and their budgets across agencies was common due to the nature of the sector and the funding procedures in place. This caused inconsistencies in services and budgets provided. Agencies struggled to separate services for children with communication problems from other services for children who have problems with eating, drinking or swallowing offered by the same specialist professionals.
- > **Hidden funding** was an issue as many respondent comment sections included extremely important information about the funding that was provided (or not provided), but this information was often difficult to interpret. A substantial amount of time was spent clarifying open text comments from respondents but even with this, there could be a large number of inaccuracies potentially causing under and over estimations of spend.
- > **Allocated budgets** were asked for, rather than *actual* budgets, due to the fact that we had requested 2018/19 data and the 2018/19 financial year had not ended at the time of the data request. Therefore, spend reported will not be actual spend, which could be different, again possibility causing under and over estimations of spend.

³¹ A block contract is a payment made to a provider to deliver a specific, usually broadly-defined, service. Block contracts are paid in advance of the service being undertaken and the value of the contract is independent of the actual number of patients treated or the amount of activity undertaken. Payments are made on a regular, usually annual, basis. How the value of a block contract is calculated varies widely. It can be set through a measure of patient need or it may be simply based on the historical expenditure on a particular service. Source: BMA, <https://www.bma.org.uk/collective-voice/policy-and-research/nhs-structure-and-delivery/nhs-structures-and-integration/models-for-paying-providers/block-contracts>

- > It was sometimes difficult to ascertain whether an agency did not fund speech and language therapy, or whether they did but were unable to provide a spend figure. Respondents often gave a “-” response for certain years or only for certain agencies, making it difficult to know whether this should be recorded as no spending or as missing data.

Substantial time was taken to clarify and clean the data. However, we are aware that there could still be inconsistencies across different local areas in how funding is reported and in the direction of any estimation bias. This is a particular issue where agencies gave no further information in the comments, which made it difficult to ascertain if they had problems such as those stated above and whether they completely understood what data was needed.

Therefore, we refer to the spend data in this report as ‘reported spend’, given that it is only a reflection of the spend data which was reported by CS, PH or CCGs in the information request or subsequently devised following clarification with the agency or cleaning to aggregate the area level spend. It therefore does not include spend which was ‘unreportable’ due to the issues raised above.

As a result of these limitations we would advise a large amount of caution is taken when using and interpreting the data presented below.

Data analysis

After cleaning the data, a number of analyses were carried out to calculate reported spend in cash terms for the financial years 2016/17, 2017/18 and 2018/19 for the three agencies (CS, PH and CCGs). The data request also asked each agency for data on what was spent on speech and language therapy by ‘other’ agencies. Not all agencies provided this data and it appeared that some respondents were not always clear on what should be included within this category. As a result, interpretation of reported spend on this ‘other’ category should be treated with caution. However, we believe it is an important element in understanding total spend on speech and language therapy services. It is included throughout the report as a separate category and included in the total spend calculations.

Given that both children’s services and public health sit within local authorities (LAs), and the fact that PH spend made up a very small share of the spend on SLT, throughout the report we show reported LA spend. This was calculated by adding together CS and PH responses where data was given for both CS and PH or using reported spend data from CS or PH where the LA only reported spend from one but not the other. Where CS and PH data could be combined it was, so that we have one data point for every LA.

The data request asked for allocated budget spend figures in the 2016/17, 2017/18 and 2018/19 financial years, and we report this data as is – which will be in cash terms. When looking at changes over time, however, we have also taken into account inflation in order to report the changes in spend between 2016/17 and 2018/19 in real terms.³²

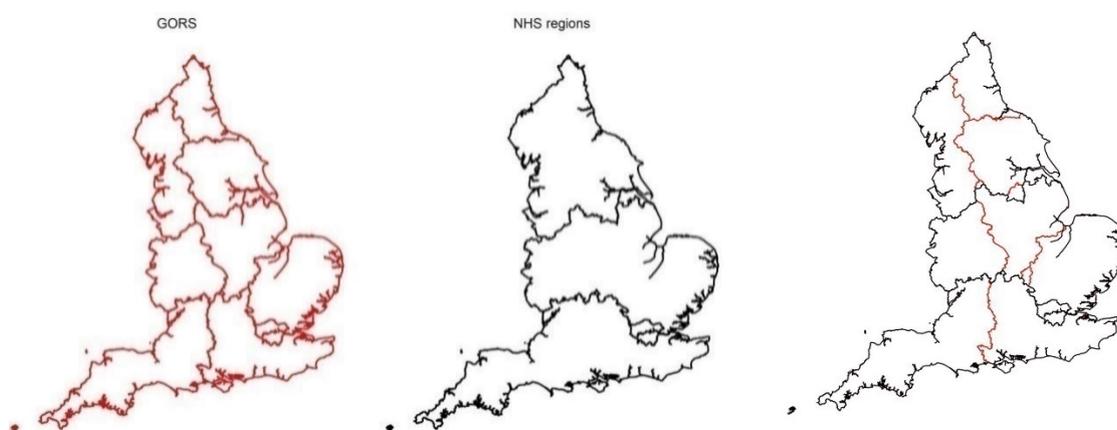
In order to be able to compare different areas and understand the generosity of spend, we have also calculated reported spend per child aged 0-17. Given the lack of area-level data on children’s usage of, or need for, speech and language therapy, we have instead used 0-17 population estimates as the most

³² We used the GDP deflators taking 2016/17 spend as the baseline and calculating inflation for 2018/19. We used GDP deflators at market prices, and money GDP December 2018 (Quarterly National Accounts) as the most up-to-date. Published 8 January 2019 Available at: <https://www.gov.uk/government/statistics/gdp-deflators-at-market-prices-and-money-gdp-march-2018-quarterly-national-accounts>

appropriate metric. For 2016/17, we used the most up-to-date 2017 ONS population estimates spend of the 0-17 population in each LA and CCG.³³ For 2017/18 and 2018/19, we used ONS 0-17 population projections for 2018 and 2019 as the best current estimate for LAs³⁴ and CCGs³⁵.

In order to look at any regional variation in reported spend we attempted to map English regions to reported spend. Unfortunately, our data as a whole do not fit neatly within region boundaries. The LAs in our data fit inside Government Office Regions (GORs), but CCGs do not. Instead, CCGs are grouped to fit inside NHS regions – which are generally larger and fewer in number. As Figure A illustrates, GORs and NHS regions do not match each other; there is no region-level geography that allows all of the data to be analysed in such a way. As a result, we can only analyse LA spend at the GOR level, and can only analyse CCG spend at the NHS region level. We were unable to look at regional variation in total spend or include spend by ‘other’ agencies.

Figure A - GORs and NHS regional boundaries



To look at variation by rurality we used ONS classifications broken down into: predominantly rural, urban with significant rural and predominantly urban.³⁶ For this, both local authorities and CCGs areas had the same classifications allowing for total overall reported spend to be analysed per area.

³³ Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/clinicalcommissioninggroupmidyearpopulationestimates>

³⁴ Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>

³⁵ Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/clinicalcommissioninggroupsinenglandz2>

³⁶ LA: <https://www.gov.uk/government/statistics/2011-rural-urban-classification-of-local-authority-and-other-higher-level-geographies-for-statistical-purposes> ; CCG: <https://data.gov.uk/dataset/59883a8e-2e3d-4432-b8bc-5c2346831be0/rural-urban-classification-2011-of-ccgs-including-population-in-england>

Appendix 2

Spend in 2016/17 on speech and language therapy services

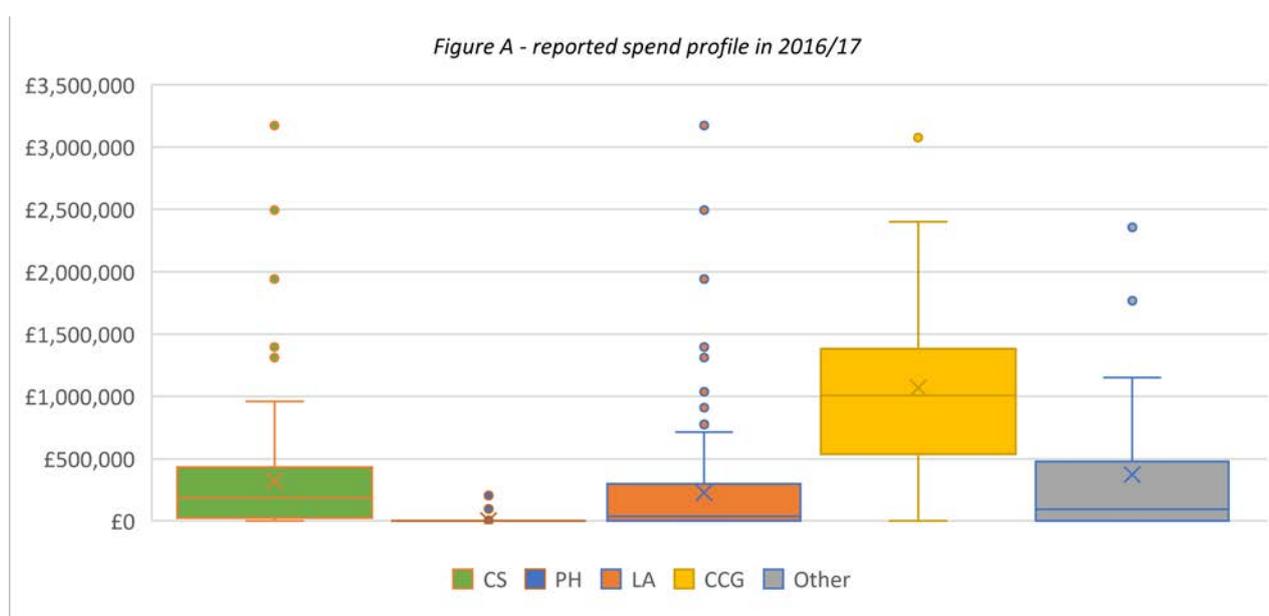
Total reported spend in 2016/17 was £143,354,102.³⁷ This included £98,228,384 from CCGs and £37,198,136 from LAs – the latter comprised of £36,571,579 reported CS spend and £626,557 reported PH spend.

The 75th percentile of total spend was £1,244,539 whereas the 25th percentile was just £3,000. Similarly, mean spend was £762,522 whereas median spend stood at £442,612, stressing the huge variation in spend among areas.

Using 2017 ONS population estimates for all the areas that reported spend data, total spend per child was calculated at £9.61. CCG spend per child was higher at £14.29 than LA spend per child at £2.85.

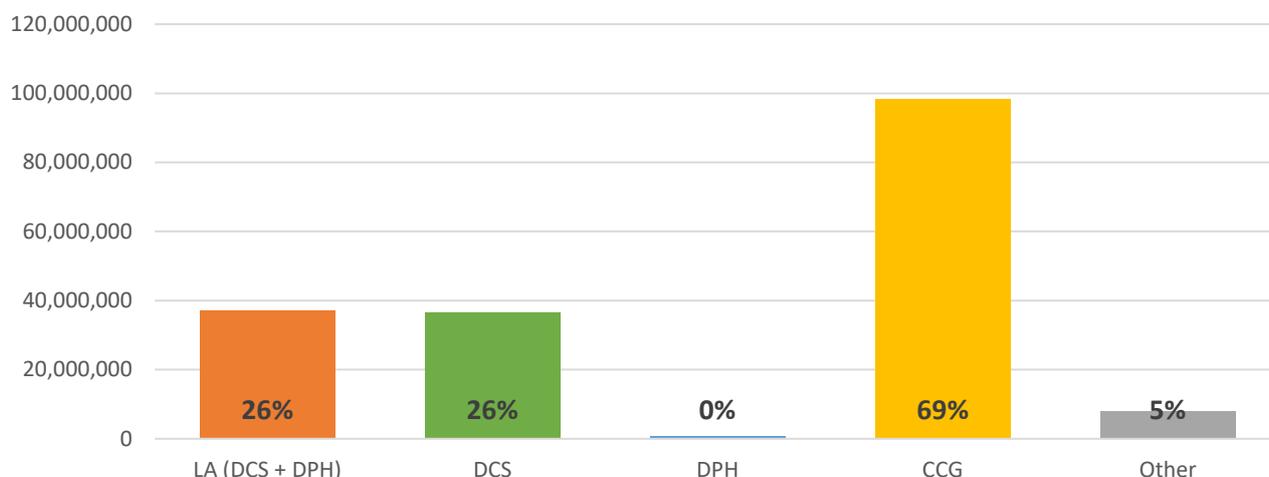
	LA (DCS + DPH)	CS	PH	CCG	other ¹	Total
Total spend	£37,198,136	£36,571,579	£626,557	£98,288,384	£7,867,582	£143,354,102
mean spend	£228,209	£329,474	£4,382	£1,116,913	£357,617	£762,522
75th percentile	£298,631	£435,528	£0	£1,404,350	£402,879	£1,244,539
median spend	£39,774	£190,601	£0	£1,004,582	£80,595	£442,612
25th percentile	£0	£27,538	£0	£576,640	£7,847	£3,000
spend per child	£2.85	£3.95	£0.06	£14.29	£4.73	£9.61
n	163	111	143	88	22	188

¹total spend is all spend information received from all agencies (LA spend is a combination of CS and PH spend). ²spend per child of population is the 0-17 population in the areas which have given spend data. ³this excludes responses that gave spend data that equalled 0 (i.e. £0)



³⁷ All 2016/17 figures and percentages can be found in Annex 1 table A, figure B

Figure B – 2016/17 agencies' reported spend as a proportion of total reported spend



Note: Local Authority (LA) spend is a combination of CS and PH spend and is not included in the calculation for each agency but is shown here as an illustration

Spend in 2017/18 on speech and language therapy services

The reported spend on speech and language therapy services in England in the financial year 2017/18 was calculated to be £163,715,184.³⁸ This included reported CCG spend of £112,632,902 and reported LA spend of £43,033,999 – which is comprised of £41,475,151 reported CS spend and £1,558,848 reported PH spend.

As a proportion of total reported spend, CCGs made up more than half (at 69%). Reported CS spend made up a quarter (25%) and PH spend just 1%. Reported LA spend stood therefore at 26%.

For total reported spend there was a large difference between the 75th percentile of areas and the 25th percentile at £1,111,507 and £168,084 respectively, and between the mean at £910,897 and the median at £486,000. Substantial differences were seen for all agencies, again illustrating number of high spending areas driving up total reported spend.

Using 2016 ONS population estimates for 2018, we estimate that per child spend in 2017/18 stood at £10.35. Reported LA spend per child was £3.18 while CCG spend per child was £14.36 per child.

	LA (DCS + DPH)	CS	PH	CCG	other ¹	Total
Total spend	£43,033,999	£41,475,151	£1,558,848	£112,632,902	£8,048,283	£163,715,184
mean spend	£259,241	£360,653	£10,751	£1,149,315	£349,925	£839,565
75th percentile	£311,177	£405,801	£0	£1,499,308	£403,955	£1,368,000
median spend	£60,058	£192,134	£0	£1,046,657	£118,000	£526,791
25th percentile	£0	£30,925	£0	£582,700	£7,500	£36,334

³⁸ All 2017/18 figures and percentages can be found in Annex 1 table B, figure D

spend per child	£3.18	£4.29	£0.13	£14.36	£4.40	£10.35
n	166	115	145	98	23	195

*total spend is all spend information received from all agencies (LA spend is a combination of CS and PH spend)

**this excludes responses that gave spend data that equalled 0 (i.e. £0)

***spend per child of population is the 0-17 population in the areas which have given spend data (excludes areas with missing data (£-) but includes areas reporting no spend (£0))

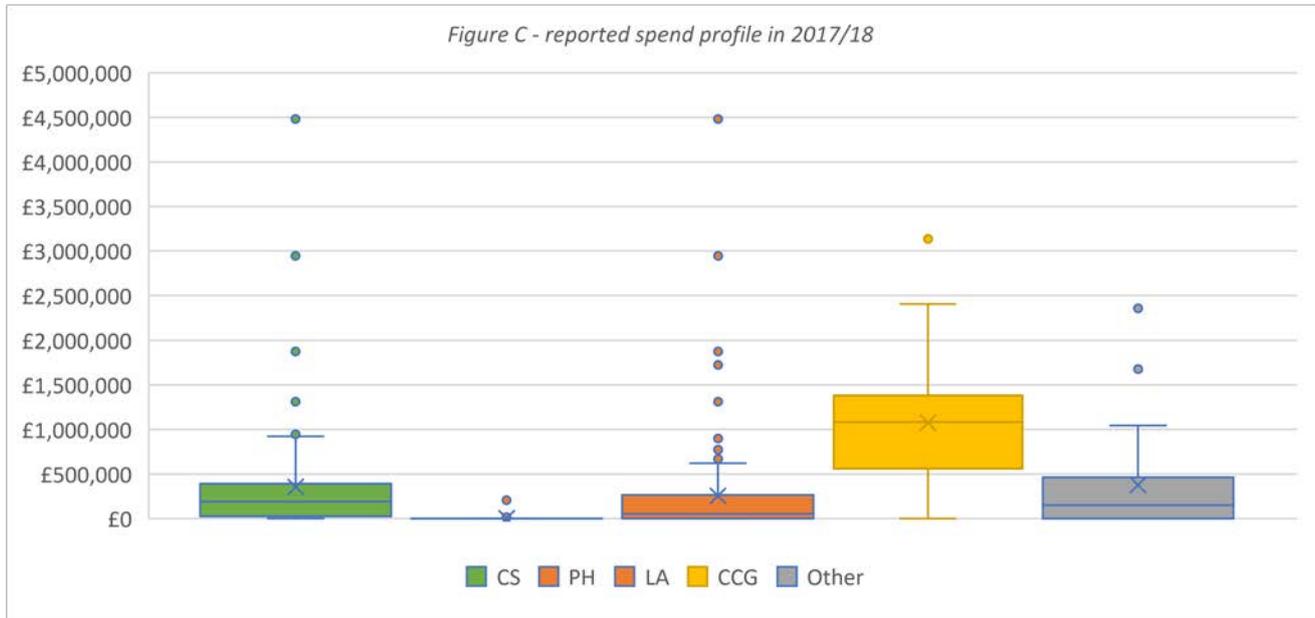
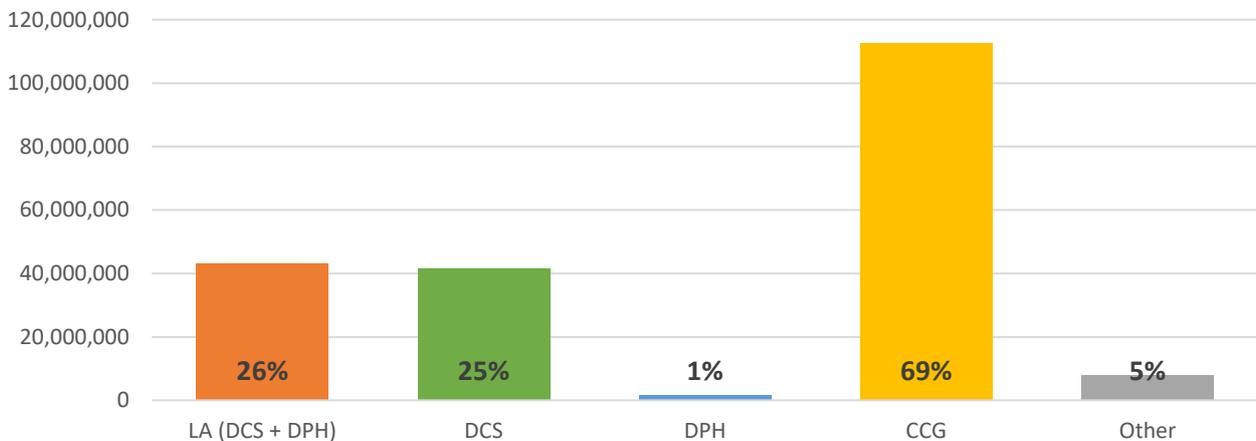


Figure D – 2017/18 agencies' reported spend as a proportion of total reported spend



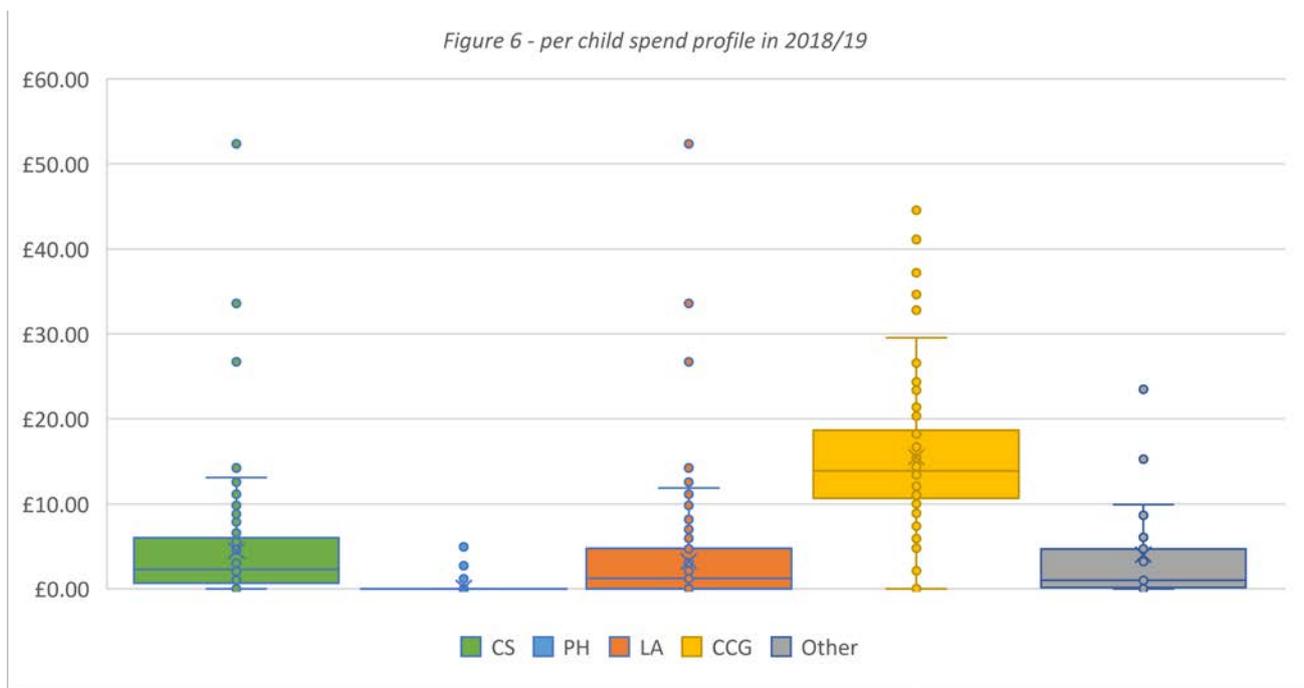
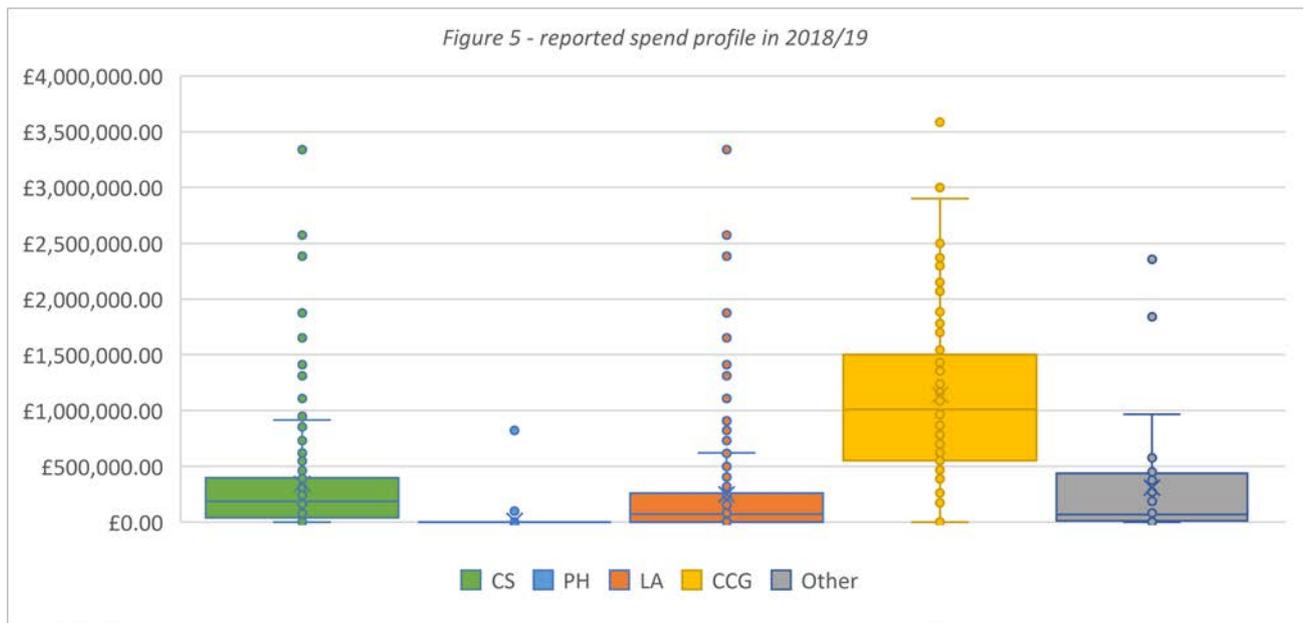
Note: Local Authority (LA) spend is a combination of CS and PH spend and is not included in the calculation for each agency but is shown here as an illustration

Spending 2018/19 on Speech and Language therapy services

Figure 5 shows the box-and-whisker plots for reported spend by CS, PH, CCG and 'other' agencies in 2018/19.³⁹ Figure 6 repeats the analysis for per-child spend by each agency. Both charts demonstrate that, for each agency type, the distribution of spend and spend per child are skewed by a small number

³⁹ The middle line of the boxes of the whisker diagram represents the median whereas the 'X' in the box represents the mean. The bottom line of the box represents 25th percentile and the top line of the box represents the 75th percentile. The circles represent outlier data points. The end of the whiskers are the maximum and minimum spend, excluding the outliers.

of cases where spend was very high. This pushes up the mean spend (relative to the median spend) and masks much lower levels of spend across the majority of areas and agencies.

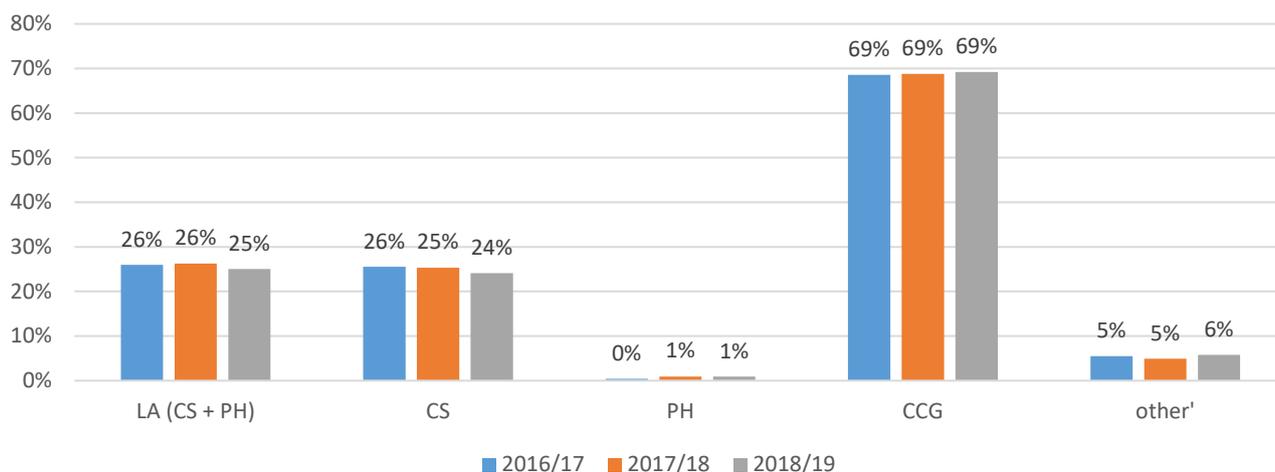


Appendix 3

Reported spend as a proportion of total spend across the period

Figure 9 plots agencies' reported spend as a proportion of total reported spend in each year for areas that reported data across all years. There was little change over the period in the share that each agency's spend accounted for. CCG spend constituted 69% while LA spend accounted for 25% in 2018/19. Within LA spend, almost all spend came from children's services (24%). Public health accounted only for 1% for the financial years 2017/18 and 2018/19, a slight increase from 2016/17. 'Other' spend increased from 5% in 2016/17 to 6% in 2018/19.

Figure 9 – Agencies' reported spend as a proportion of total reported spend over the period.



Spend across the period

Table A – Number of areas with changing total spend across years

	cash terms spend	real spend	terms	cash terms per child	real terms per child
increased spend	46%		28%	39%	23%
Average increase	£312,593		£452,725	£3.91	£5.92
n.	86		53	72	43
decreased spend	19%		52%	42%	57%
Average decrease	-£475,791		-£197,526	-£2.54	-£2.28
n.	35		97	78	107
no change in spend	35%		20%	20%	20%
n.	66		37	37	37
Total n.	187		187	187	187

Table B – Detailed total reported spend across years

	2016/17	2017/18	2018/19
spend	£143,301,403	£158,520,312	£153,531,741
annual change		£15,218,909	-£4,988,571
% (cash terms)		11%	-3%

change over period*			£10,230,338
% (cash terms)			7%
% (real terms)			3%
mean spend	£766,318	£847,702	£821,025
annual change in mean spend		£81,385	-£26,677
% (cash terms)		11%	-3%
change in mean spend over period*			£54,708
% (cash terms)			7%
% (real terms)			3%
median spend	£444,224	£551,412	£463,000
annual change in median spend		£107,188	-£88,412
% (cash terms)		24%	-16%
change in median spend over period*			£18,776
% (cash terms)			4%
% (real terms)			1%
Spend per child**	£9.63	£10.58	£10.16
annual change		£0.95	-£0.42
% (cash terms)		10%	-4%
change over the period			£0.53
% (cash terms)			5%
% (real terms)			2%
75th percentile	£1,251,345	£1,368,000	£1,348,719
25th percentile	£2,000	£30,925	£27,934

n. 187 *change over period refers to change from 2016/17 to 2018/19. **spend per child of population is the 0-17 population in the areas which have given spend data

Table C – Number of LAs with changing total spend across years

	cash terms spend	real terms spend	cash terms per child	real terms per child
increased spend	26%	19%	26%	19%
Average increase	£161,392	£200,057	£1.89	£2.45
n.	42	31	42	30
decreased spend	17%	45%	38%	46%
Average decrease	-£130,845	-£61,490	-£0.75	-£0.80
n.	28	73	62	74
no change in spend	57%	36%	36%	36%
n.	92	58	58	58
Total n.	162	162	162	162

Table D – Detailed LA reported spend across years

	2016/17	2017/18	2018/19
spend	£36,771,136	£41,417,999	£39,885,966
annual change		£4,646,863	-£1,532,033

	% (cash terms)		13%	-4%
change over period*				£3,114,830
	% (cash terms)			8%
	% (real terms)			5%
mean spend		£226,982	£255,667	£246,210
annual change in mean spend			£28,684	-£9,457
	% (cash terms)		13%	-4%
change in mean spend over period*				£19,227
	% (cash terms)			8%
	% (real terms)			5%
median spend		£36,887	£52,608	£61,558
annual change in median spend			£15,721	£8,950
	% (cash terms)		43%	17%
change in median spend over period*				£24,671
	% (cash terms)			67%
	% (real terms)			61%
Spend per child**		£4.15	£4.63	£4.42
annual change			£0.49	-£0.21
	% (cash terms)		12%	-5%
change over the period*				£0.28
	% (cash terms)			7%
	% (real terms)			3%
75th percentile		£286,358	£251,500	£250,000
25th percentile		£0	£0	£0

n. 162 *change over period refers to change from 2016/17 to 2018/19. **spend per child of population is the 0-17 population in the areas which have given spend data

Table E – Number of CS with changing total spend across years

	cash terms spend	real terms spend	cash terms per child	real terms per child
increased spend	33%	23%	32%	22%
Average increase	£127,263	£158,592	£1.02	£1.27
n.	35	25	34	24
decreased spend	21%	62%	53%	63%
Average decrease	-£81,195	-£40,584	-£0.53	-£0.63
n.	23	66	57	67
no change in spend	46%	15%	15%	15%
n.	49	16	16	16
Total n.	107	107	107	107

Table F – Detailed Children's Services reported spend across years

	2016/17	2017/18	2018/19
spend	£34,413,944	£38,084,015	£37,000,638

annual change		£3,670,071	-£1,083,377
% (cash terms)		11%	-3%
change over period*			£2,586,694
% (cash terms)			8%
% (real terms)			4%
mean spend	£321,626	£355,925	£345,800
annual change in mean spend		£34,300	-£10,125
% (cash terms)		11%	-3%
change in mean spend over period*			£24,175
% (cash terms)			8%
% (real terms)			4%
median spend	£188,372	£191,000	£188,023
annual change in median spend		£2,628	-£2,977
% (cash terms)		1%	-2%
change in median spend over period*			-349
% (cash terms)			0%
% (real terms)			-4%
Spend per child**	£3.88	£4.26	£4.10
annual change		£0.38	-£0.16
% (cash terms)		10%	-4%
change over the period*			£0.22
% (cash terms)			6%
% (real terms)			2%
75th percentile	£426,401	£389,086	£397,918
25th percentile	£25,397	£27,934	£27,934

n. 107 *change over period refers to change from 2016/17 to 2018/19. **spend per child of population is the 0-17 population in the areas which have given spend data

Table G – Number of CCGs with changing total spend across years

	cash terms spend	real terms spend	cash terms per child	real terms per child
increased spend	59%	27%	40%	20%
Average increase	£65,989	£87,134	£1.10	£1.33
n.	48	22	32	16
decreased spend	16%	69%	57%	77%
Average decrease	-£154,639	-£68,653	-£1.10	-£1.33
n.	13	56	46	62
no change in spend	25%	4%	4%	4%
n.	20	3	3	3
Total n.	81	81	81	81

Table H – Detailed CCG reported spend across years

	2016/17	2017/18	2018/19
spend	£86,614,465	£87,045,678	£87,771,625
annual change		£431,213	£725,947

	% (cash terms)		0%	1%
change over period*				£1,157,160
	% (cash terms)			1%
	% (real terms)			-2%
mean spend	£1,069,314	£1,074,638		£1,083,600
annual change in mean spend		£5,324		£8,962
	% (cash terms)	£0.00		£0.01
change in mean spend over period*				£14,286
	% (cash terms)			1%
	% (real terms)			-2%
median spend	£1,007,173	£1,085,133		£1,086,218
annual change in median spend		£77,960		£1,085
	% (cash terms)	£0.08		£0.00
change in median spend over period*				£79,045
	% (cash terms)			8%
	% (real terms)			4%
Spend per child**	£10.32	£10.29		£10.28
annual change		-£0.03		-£0.01
	% (cash terms)	0%		0%
change over the period*				-£0.04
	% (cash terms)			0%
	% (real terms)			-4%
75th percentile	£1,379,281	£1,360,000		£1,407,552
25th percentile	£559,000	£582,700		£617,100

n. 81*change over period refers to change from 2016/17 to 2018/19. **spend per child of population is the 0-17 population in the areas which have given spend data

Table I – Number of PH with changing total spend across years

	cash terms spend	real terms spend	cash terms per child	real terms per child
increased spend	1%	1%	1%	1%
Average increase	£5,833	£5,341	£0.04	£0.08
n.	1	1	2	1
decreased spend	1%	6%	5%	6%
Average decrease	-£32,761	-£10,619	-£0.14	-£0.17
n.	2	8	7	8
no change in spend	98%	94%	94%	94%
n.	140	134	134	134
Total n.	143	143	143	143

Table J – Detailed PH reported spend across years

	2016/17	2017/18	2018/19
spend	£626,557	£635,848	£566,868
annual change		£9,291	-£68,980

	% (cash terms)		1%	-11%
change over period*				-£59,689
	% (cash terms)			-10%
	% (real terms)			-13%
mean spend		£4,382	£4,446	£3,964
annual change in mean spend			£65	-£482
	% (cash terms)		1%	-11%
change in mean spend over period*				-£417
	% (cash terms)			-10%
	% (real terms)			-13%
median spend		£0	£0	£0
annual change in median spend			£0	£0
	% (cash terms)	-	-	
change in median spend over period*				£0
	% (cash terms)			-
	% (real terms)			-
Spend per child**		£0.07	£0.07	£0.06
annual change			£0.00	-£0.01
	% (cash terms)		1%	-12%
change over the period*				-£0.01
	% (cash terms)			-11%
	% (real terms)			-14%
75th percentile		0	0	0
25th percentile		0	0	0

n. 143 *change over period refers to change from 2016/17 to 2018/19. **spend per child of population is the 0-17 population in the areas which have given spend data

Table K – Number of 'other' with changing total spend across years

	cash terms spend	real terms spend	cash terms per child	real terms per child
increased spend	29%	29%	29%	24%
Average increase	£79,014	£60,037	£0.68	£0.64
n.	6	6	6	5
decreased spend	24%	43%	43%	48%
Average decrease	-£58,657	-£51,160	£0.31	-£0.53
n.	5	9	9	10
no change in spend	48%	29%	29%	29%
n.	10	6	6	6
Total n.	21	21	21	21

Table L – Detailed 'other' reported spend across years

	2016/17	2017/18	2018/19
spend	£7,814,883	£7,915,283	£7,995,682
annual change		£100,400	£80,399

	% (cash terms)		1%	1%
change over period*				£180,799
	% (cash terms)			2%
	% (real terms)			-1%
mean spend		£372,137	£376,918	£380,747
annual change in mean spend			£4,781	£3,829
	% (cash terms)		1%	1%
change in mean spend over period*				£8,609
	% (cash terms)			2%
	% (real terms)			-1%
median spend		£93,350	£150,000	£150,000
annual change in median spend			£56,650	£0
	% (cash terms)		61%	0%
change in median spend over period*				£56,650
	% (cash terms)			61%
	% (real terms)			55%
Spend per child**		£0.93	£0.94	£0.94
annual change			£0.00	£0.00
	% (cash terms)		0%	0%
change over the period*				£0.01
	% (cash terms)			1%
	% (real terms)			-3%
75th percentile		£ 450,172.00	£ 450,172.00	£ 450,172.00
25th percentile		£ -	£ -	£ -

n. 21 *change over period refers to change from 2016/17 to 2018/19. **spend per child of population is the 0-17 population in the areas which have given spend data

Other' agencies reported spend across the period

Figure 14 explored variations in spend by 'other' agencies over the period. In particular, spend by 'other' agencies increased by 2% in cash terms but fell by 1% in real terms. On a per child basis there was a cash terms increase of 1%, and 3% decrease in real terms. As detailed in table L in Annex 2, in absolute terms spend by 'other' agencies increased by £180,799 over the three years. Table J in Annex 2 also shows that median spend by 'other' agencies increased by a 61% in cash terms and 55% in real terms. Again this illustrates that rises overall are spread more evenly across areas.

Figure 14 – percentage change in 'other' agency spend over the period (2016/17 to 2018/19)

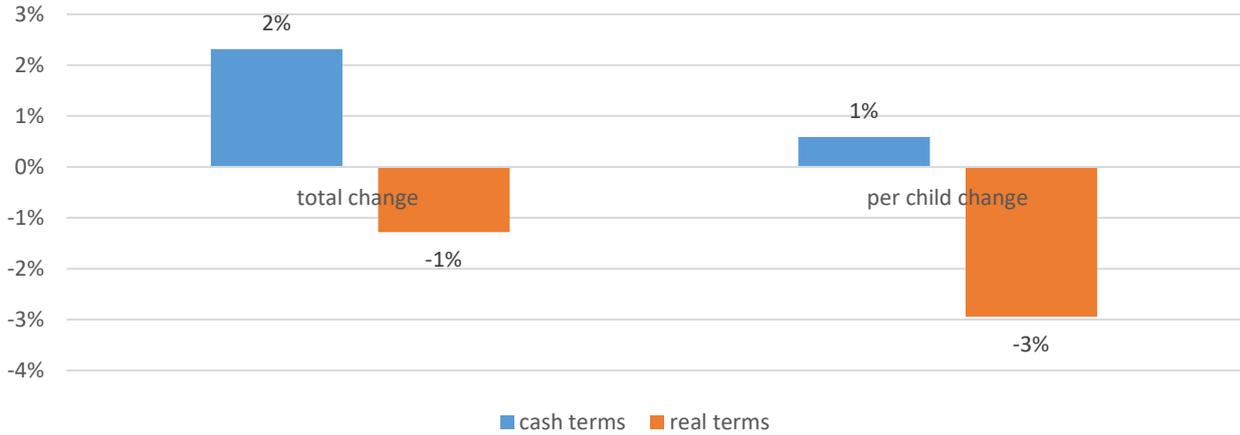
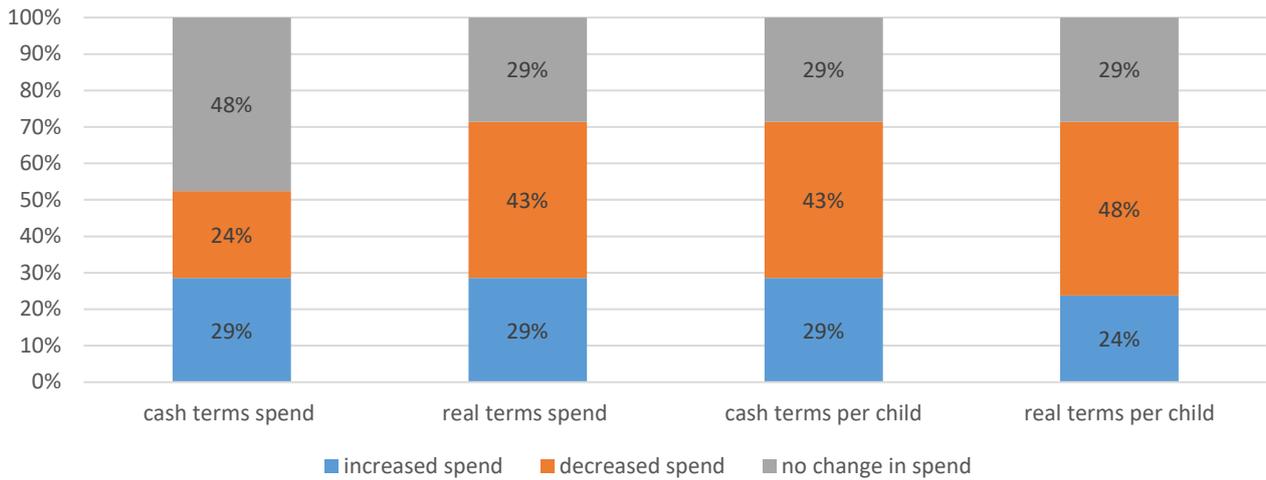


Figure 15 and Table K in Annex 2 show that in cash terms (far left column) almost half (48%) of areas saw no change in 'other' agency spend while 24% saw a decrease and 29% saw an increase. However, in real terms 43% saw a decrease. When looking at spend per child by 'other' agencies we see similar proportions: spend fell in cash terms in 43% of areas and in real terms in around half (48%) of areas.

Figure 15 – Proportion of areas reporting change in 'other' agencies spend over the period



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