Cynulliad Cenedlaethol Cymru | National Assembly for Wales
Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee
Bil Anghenion Dysgu Ychwanegol a'r Tribiwnlys Addysg (Cymru)| Additional Learning Needs and Education Tribunal (Wales) Bill

ALN 46

Ymateb gan: Coleg Brenhinol y Therapyddion Lleferydd ac Iaith (RCSLT)
Response from: The Royal College of Speech and Language Therapists (RCSLT)

Introduction

1. The Royal College of Speech and Language Therapists (RCSLT) Wales welcomes the opportunity to respond to the committee inquiry into the general principles of the Additional Learning Needs and Education Tribunal (Wales) Bill. Our response focuses on two key elements within the terms of reference;

    - the general principles of the Additional Learning Needs (ALN) and Education Tribunal (Wales) Bill and whether there is a need for legislation to deliver the Bill's stated policy objectives;

    - any potential barriers to the implementation of the key provisions and whether the Bill takes account of them;

    RCSLT also comment on three specific issues raised in the Bill

    - the provisions for collaboration and multi-agency working and to what extent these are adequate

    - whether Bill will establish a genuinely age 0-25 system;

    - the capacity of the workforce to deliver the new arrangements

About the Royal College of Speech and Language Therapists

2. The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists (SLTs), SLT students and support workers working in the UK. The RCSLT has 15,000 members (450 in Wales) representing approximately 95% of SLTs working in the UK (who are registered with the Health & Care Professions Council). We promote excellence in practice and influence health, education, care and justice policies.

About Speech and Language Therapists and involvement in the ALN process

3. 7% of children aged 5 have specific speech and language impairment and a further 1.8% have speech, language and communication needs linked to other conditions such as learning disability, cerebral palsy or autism spectrum disorders. SLCN are the most common type of special educational need in 4-11 year olds. SLTs have much to contribute to discussion around the new legislation.

The general principles of the Additional Learning Needs and Education Tribunal (Wales) Bill and whether there is a need for legislation to deliver the Bill's stated policy objectives

4. RCSLT broadly supports the Additional Learning Needs and Education Tribunal Bill and its ambition of improving outcomes for children and young people with additional learning needs in Wales. We welcome the focus in the Bill on person centered planning, outcomes, partnership working between local agencies and the greater participation of children and families in decision-making regarding the support that they receive. RCSLT welcomes the emphasis of Part 2 clause 6 (c) within the Bill; the duty to involve and support children, their parents and young people, and

(c) *the importance of the child and the child's parent or the young person being provided with the information and support necessary to enable participation in those decisions*

To support these principles and ensure the participation of children and young people with speech, language and communication needs – the most common special educational need in children aged 4-11, there is a need to provide training and tools to mainstream and special schools to improve the skills and knowledge of teachers regarding how to sensitively and appropriately involve children in the discussions. Packages and tools which could be used to support children to participate in the planning process include the use of sign, symbols and appropriately adapted language.

5. RCSLT believes, given the centrality of this principle to the successful implementation of the Bill, clause 6c the code should ensure information and support is accessible to children, their parents and young people to enable participation and inclusion.

6. RCSLT welcomes the ambition of the bill to improve outcomes for children and young people with ALN. We applaud the new focus on intended outcomes for children rather than entitlement to input throughout the legislation. RCSLT agree this is an education

related rather than Health related Bill. In the Bill, we note the strengthened section on duties on health boards to consider whether there is a relevant treatment or service that is likely to be of benefit. RCSLT question if this legislation is necessary in an education related Bill as these duties exist in health legislation. In line with prudent healthcare principles, health must always be a matter for evidence based clinical judgement, using person centred, individualised plans with realistic prognosis for outcomes from any input. This is consistent with the existing duties on health. RCSLT believes the section in Part 2 Clause 18.Additional Learning Need Provision: Local Health Boards and NHS Trusts

Subsection (4) '*If the matter is referred to an NHS body under this section, the NHS body must consider whether there is a relevant treatment or service that is likely to be of benefit in addressing the child or young person's additional learning needs.*

could be further clarified by the addition highlighted below;

If the matter is referred to an NHS body under this section, the NHS body must consider whether there is a relevant treatment or service that is likely to be of benefit in addressing the child or young person's additional learning needs, based on clinical need.

Potential barriers to the implementation of the key provisions and whether the Bill takes account of them.

7. The cultural barriers that pre-existed this Bill are reducing as agencies work to consider outcomes and the cost to achieve those outcomes together. A key barrier will be maintaining trust, particularly of parents, in the Bill.

8. If this legislation aims to put a duty on clarity and certainty of a health therapy **input** without due regard to the **outcome for the child and health economic principles** it will potentially **waste health resource.**

The provisions for collaboration and multi-agency working and to what extent these are adequate

9. The Code of Practice will need to be robust in developing agreed definitions of health needs, that take into account the health economics of interventions and their cost benefits.

RCSLT welcomes the ambition of the Bill to improve outcomes for children and young people with ALN and in particular its focus on outcomes rather than entitlements to inputs. In our view, this approach must be underpinned by integrated pathways between health and education using graduated response with clear multiagency roles and responsibilities. Much has been achieved over recent years in terms of improving joint working arrangements. The pilot projects funded by Welsh Government between 2005 and 2008 were very successful in implementing joint planning for children and young people with speech, language and communication difficulties and promoting collaborative working.

10 Initial teacher training will also be key in terms of supporting greater collaboration between agencies. Currently, evidenced based training programs are funded by local authorities. We would not wish to see these positive local solutions destabilized by new legislation and disputes arising about funding for key initiatives. RCSLT is keen to ensure that the proposed new legislation builds on these improved relations (as discussed above) and does not add a bureaucratic layer which could potentially undermine these positive developments and the trust developed between agencies. Given the proposed scope of 0-25 years, we also want to see the above expanded to include 'early years practitioners' in non-maintained settings and FEI staff.

11 RCSLT are confident that the role of the Designated Education Clinical Lead Officer within the legislation will focus on strategic planning but not operational delivery. RCSLT believes that the strengthening of joint strategic planning would be beneficial.

Will the bill establish a genuinely age 0-25 system?

12 RCSLT is aware that the issue of transition planning, supporting young people to move from children's to adult services and commissioning gaps regarding speech and language therapy services for young people aged 19-25 may be an issue of concern. This will need a phased approach. A recent RCSLT survey of members in England has revealed wide-scale commissioning gaps for this age-group. We remain concerned whether appropriate provision is in place to support this age-group as the numbers of children in each local health board/local authority area who could need access to adult services and what impact this would have on staffing levels is currently unclear.

13 We welcome the fact that further consideration has been to the early years' stage of the spectrum within the legislation given its crucial importance to the preventative approach. This is likely to increase demand on education rather than health as health bodies respond with early involvement with children due to their health needs. The

legislation to require education engagement in joint IDPs will ensure earlier planning for education provision.

The Capacity of the workforce to deliver the new arrangements

14 RCSLT members have a number of concerns with regards the implications of the IDP process for speech and language therapist (SLT) capacity, particularly with regard to potential meeting attendance. In our view, this is a key barrier to successful implementation of the legislation and learning from the implementation of the SEND reforms in England has suggested that capacity is a major issue and is affecting delivery of the reforms. It has adversely affected prioritisation of care by SLTs fulfilling their statutory obligations in relation to the development to new and translated EHC plans which led to delays or a reduction in the provision of support to children and young people without EHC.

15 There is evidence from England that the new process will at least initially increase paperwork and reduce time available to patients.

16 Under the current system, SLTs who treat children with non-complex needs may attend schools to assess the needs of the child and prepare written care plans which are often shared by post and by e-mail. Under the new legislation, we understand that SLTs will be invited to attend a far higher number of meetings in person given that all children with ALN will now have multi-disciplinary Individual Development Plan (IDP) meetings. Approximate calculations within one local health board in Wales suggest that we may move from a system where SLTs attend multidisciplinary team meetings for 25% of current case load (statements of educational need and a minority of School Action Plus) to a situation where SLTs would be invited to attend meetings for 90% of the caseload.