

Cyflwynwyd yr ymateb hwn i'r [Pwyllgor Plant, Pobl Ifanc ac Addysg](#) ar gyfer yr ymchwiliad: [A oes gan blant a phobl ifanc anabl fynediad cyfartal at addysg a gofal plant?](#)

This response was submitted to the [Children, Young People and Education Committee](#) for the inquiry: [Do disabled children and young people have equal access to education and childcare?](#)

AEC 45

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

Thank you for the opportunity to give written evidence as part of the committee's inquiry on whether disabled children and young people have equal access to education and childcare. Our response is based on discussions with our members working in children's services across Wales and seeks to address the inquiry terms of reference around access, exclusion, impact of limited access on mental health, barriers to provision and the degree to which families have choice and adequate information about options. We also provide some context in terms of our views on the changing nature of the paediatric population and subsequent impact on provision.

Key points

- Due to advances in medicine and technology, more children are living longer, often with more complex needs.
- There is an increase in demand for both special schools and specialist placements. Our members are concerned that health time provision calculated to support special school provision has not kept pace with this change.
- Members are reporting significant increases in neurodivergence and social communication difficulties.
- Demand for speech and language and therapy has increased by 30% since the pandemic.
- Staffing pressures within schools are impacting on the input and support that speech and language therapists (SLTs) feel they can provide for schools to deliver as part of their teaching activities. Lack of investment in speech and language therapy training places also raises concerns for the future.
- Concerns have been raised by members about the number of children who are on 'reduced timetables' and significant increases in numbers of parents electing to home educate their children.
- Best practice examples highlight the importance of education and health working in partnership to improve access for children with additional learning needs (ALN).

About the Royal College of Speech and Language Therapists (RCSLT)

RCSLT is the professional body for speech and language therapists (SLTs), speech and language therapy students and support workers working in the UK. The RCSLT has 20,000 members in the UK (650 in Wales) representing approximately 95% of SLTs working in the UK (who are registered with the Health & Care Professions Council). We support speech and language therapists by providing leadership, setting professional standards, facilitating research, promoting better education, and training.

Speech and Language Therapists (SLTs) are experts in swallowing and communication difficulties. We work across health, education, social services, and justice supporting people at every age and stage of life from neonates to people approaching the end of life.

SLTs are experts in supporting children and young people with speech, language and communication needs (SLCN) and training the wider workforce so that they can identify the signs of SLCN, improve communication environments, and provide effective support.

Context

Changing survival rates

1. The number of babies admitted to neonatal units has seen an increasing trend due to advances in health care expertise and technology (RCPCH, 2015). Improvements in neonatal care have enabled increased survival of infants born preterm including the extremely preterm (<28 weeks' gestation) and those who have extremely low birthweight (Saigal and Doyle, 2008; Stoll et al, 2015). Prematurity can significantly increase the likelihood of motor, cognitive, educational, speech, language and communication, health and socioeconomic problems compared with infants born term (Cheong et al, 2019; Marlow et al, 2005). Specialist neonatal care capacity needs to keep pace with these advances to improve short and long-term outcomes for these babies (NICE, 2017). Successive audits of neonatal provision in Wales have highlighted Allied Health Professional (AHP) shortages within teams and lack of ring-fenced funding for therapies as a significant concern.

Demand for special school provision and specialist base placements is increasing

2. In recent years, there has been a consistent increase in the percentage of children with Additional Learning Needs (ALN) attending special schools rising from 4.1% of pupils in 2013/14 to 9% of pupils in 2022/23 (Stats Wales, 2023). Our members are concerned that health time provision calculated to support special school provision has not kept pace with these changes.
3. There is concern about increasing populations of children with significant social communication difficulties. These children may not understand or use any spoken language creating a major barrier to learning and to functioning effectively outside the home. Local authorities are working hard but struggling to meet the increase in demand for specialist placements.

Post-COVID demand for speech and language therapy

4. 33% of children in Wales with additional learning needs have speech, language, and communication needs (SLCN). SLCN is the most common type of learning need in Wales ([Welsh Government, 2023](#)). It is widely acknowledged that Covid and the lockdowns it has entailed have had a significant impact on the lives of children, particularly those in deprived areas. The average child has missed 84 days of school. Children of all ages have had reduced opportunities to interact with others and experience new places which are key to developing essential skills in speaking and understanding. The Speaking Up for the Covid Generation: ICAN report has revealed that the majority of teachers surveyed across the UK had serious concerns about the impact of the pandemic on children's speaking and understanding (ICAN, 2021). Intelligence from our members suggests that demand for children's speech and language therapy has increased 30% since the pandemic.
5. Children and young people's speech and language therapy services are also witnessing levels of neurodivergence on a scale not seen before. Our members report significant SLCN as part of the presentation of children and young people.

Inquiry terms of reference

The extent to which children and learners are currently able to access all parts of childcare and education provision, including the way in which the curriculum is taught and extra-curricular activities.

6. Communication difficulties can create a major barrier to accessing educational, childcare, and social opportunities. The majority of social and learning opportunities are through verbal or written language, and children who are not performing as their peers therefore struggle. There is a training need for teachers and childcare providers to help reduce these barriers. This is particularly true of children with severe communication difficulties who are starting school with no or extremely limited language understanding or use. Local authorities have put resource into providing support and training for this, but there is considerable variability in provision.

7. In some areas, children are not able to access the same education provision without a formal diagnosis despite high needs. For example, being placed on the neurodevelopmental pathway may enable access to specialist teacher resources and additional funding. Given the length of certain waiting lists, it may take many years to access diagnosis which then affects provision such as access to specialist resource bases. Services must be needs-led rather than diagnosis or label-led.

8. With regards to Autism and Attention Deficit Hyperactivity Disorder (ADHD), in the absence of a learning disability, young people's 'behaviour' is often misunderstood and wrongly managed due to a lack of understanding of what is underlying the behaviour and how the young person is experiencing the world and their ability to communicate their experience to others. Our members report that parents may feel stigmatised and judged by other parents and teachers due to this lack of understanding.

The extent to which children and young people have been excluded from aspects of education or childcare due to their disability or neurodivergence.

9. Concerns have been raised by members about the number of children who are on 'reduced timetables' where they are attending school for only a short period each day. This is commonly applied for children with Autism and/or learning difficulties attending mainstream education. We acknowledge that some children starting school require a more gradual start but are concerned to hear that children are routinely being kept on reduced hours for extended periods of terms or even years. Children may

attend for 1 or 2 hours where their peers are attending for a full session or day. This provides children who are already at a disadvantage in socialising and learning with reduced opportunities to learn or socialise.

10. Members also highlight the increase in parents choosing to home educate and potential reasons behind these decisions as evidenced by Welsh Government data (Welsh Government, 2022), suggesting that parents of children with ALN may be over-represented within this group. It is essential to better understand the data on elective home education.

The impact of any lack of or limited access on a child or young person's mental health and well-being and educational outcomes.

11. Attending school for reduced hours provides children with less opportunity to learn to socialise outside the home, and to learn. The impact on neurodivergent young people's mental health is significant – the reasons for this can be many but the most common ones mentioned by members are increased likelihood of bullying and breakdown in social relationships with peers leading to social isolation. Members also referenced the link with anxiety about school leading to school refusal.
12. Taking a long-term view, we have consistently raised concerns about the extremely high prevalence of SLCN amongst young people within the criminal justice. The most recent data suggests that 71% of young people sentenced within the youth justice system in England and Wales had SLCN (Ministry of Justice, 2021). Many young people who enter the criminal justice system have been excluded from school or accessed alternative education provision and thus have been denied access to mainstream education. Some alternative provision may be individual and therefore offer the child or young person little in social opportunities which education is so important in providing.

The barriers for schools and childcare providers in offering accessible provision

13. In order to make the curriculum as accessible as possible for children, teachers require knowledge of how best to support children and time to make or obtain resources and support the child. Understanding with regards the breadth of neurodivergence and the need for a tailored and individual approaches varies. Often provisions are still based around diagnostic siloes. For example, language disorder but not autism, autism but not ADHD. This runs counter to our growing understanding of

neurodiversity, the co-occurrence of more than one diagnosis and even if a diagnostic threshold is not met, the likelihood of other neurodivergent traits that need to be understood. Language disorder falls under what we now understand as neurodivergence and so is highly likely to co-occur with other neurodivergence.

14. There may be significant benefit in improving understanding of SLCN amongst pupils. Our RCSLT colleagues in Northern Ireland are currently developing Buddychat – a fantastic video-based resource for schools that increases awareness of communication needs amongst children so that schools become more positive communication environments. Please see this [video](#) for more information.
15. Our members tell us that children with significant social communication difficulties/SLCN are now accessing mainstream provision who previously would have received specialist provision. Due to reductions in support staff and pressures on teachers, many of these children and young people are doing so without any additional support, or less additional support than would have potentially been expected previously. This is impacting on the input and support that SLTs feel they can provide for schools to deliver as part of their teaching activities. For example, members report that they are keen to visit and support/train staff in school, but this is only effective if there is capacity for follow-up and carryover from school staff. This is creating a vicious circle whereby mainstream schools may then feel unsupported/unable/unqualified to support children with significant SLCN, leading to consequences such as further reductions to school timetables and increased pressure on local authorities to offer more specialist placements.
16. We have also consistently raised concerns about workforce planning for the speech and language therapy profession in Wales (RCSLT, 2023) and whether we are training enough speech and language therapists to meet future need. Our records suggest that there are less SLTs per head of the population in Wales than any other part of the United Kingdom. We believe sustained increases in commissioning numbers are required so we can best support the third of children and young people with ALN who have SLCN.
17. There are several examples of services which are seeking to improve partnership working between education and health. The Communication

Intervention Team (ComIT) is a long-established service within the Sensory and Communication Support Service set up for children with SLCN in the 5 local authorities in Gwent. ComIT aims to meet the additional needs of children and young people with a non-clinical diagnosis and primary need of Speech, Language and Communication when that need is severely impacting on the child's learning. The Team consists of Advisory Teachers, Speech and Language Therapists and Specialist Teaching Assistants. Each local authority has a named lead professional who liaises with ComIT and identifies appropriate schools and pupils for ComIT Intervention (at universal and targeted levels). The team can work individually or with groups of children by using thorough identification and support processes. In addition, Cardiff and Vale University Health Board have recently re-started their joint referral process with Cardiff Local Authority Speech, Language and Communication team. Under the new system, Cardiff mainstream schools will make a referral which will be jointly triaged by speech and language therapy and SLCN leads in the local authorities who will then decide which team is best placed to provide the support that is needed. A number of special schools have service level agreements with speech and language therapy for enhanced provision at a targeted level to ensure that good practice is embedded in school life. We believe such examples need to be more widespread across Wales to improve access.

How well disabled and neurodivergent children and their families are consulted or informed of the choices in education or childcare available to them

18. Members have highlighted that very often neurodivergent children and young people have neurodivergent parents and this is often not considered in terms of the way that information is conveyed to families. For example, information is mostly written and not visual, communication styles are often not adapted to consider potential neurodivergence in the family and the way family members may best receive and interpret information. Often judgements are made. For example, "that parent is rude" when in fact they may be just more direct and blunter in their delivery, "that parent is a nightmare in meetings" when in fact the parent may have a need for detail and a high degree of predictability to be able to manage in a stressful situation.

Whether disabled and neurodivergent children and parents of disabled and neurodivergent children have the same level of choice as other children and parents and what issues affect choice or school or childcare

19. Our members report that most children with disabilities are advised by the local authority where they should be placed for education and are not

provided with a choice. A focus on processes can also limit choice and the ability of children to access the educational placements they require. For example, some local authorities insist on two-person centred care planning meetings taking place between September and March before decisions can be taken on whether a special school is appropriate. Delays within processes may mean that some children will learn extremely late as to whether they have been accepted onto placements which can then affect transition preparation.

The extent to which there is adequate provision for children with different types of disabilities.

20. There is concern about increasing populations of children with significant social communication difficulties or autism. These children may not understand or use any spoken language creating a major barrier to learning and to functioning effectively outside the home. Local Authorities are working hard but struggling to meet this increase in demand for specialist placement.

Further information

21. We hope this paper will be helpful in supporting the committee discussions around access for disabled children to education and childcare. We would be happy to provide further information if this would be of benefit. Please see below our contact details.

Confirmation

This response is submitted on behalf of The Royal College of Speech and Language Therapists in Wales. We confirm that we are happy for this response to be made public.

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