

Cyflwynwyd yr ymateb hwn i ymchwiliad y [Pwyllgor Plant, Pobl Ifanc ac Addysg i weithredu diwygiadau addysg](#)

This response was submitted to the [Children, Young People and Education Committee](#) inquiry into [Implementation of education reforms](#)

IER 70

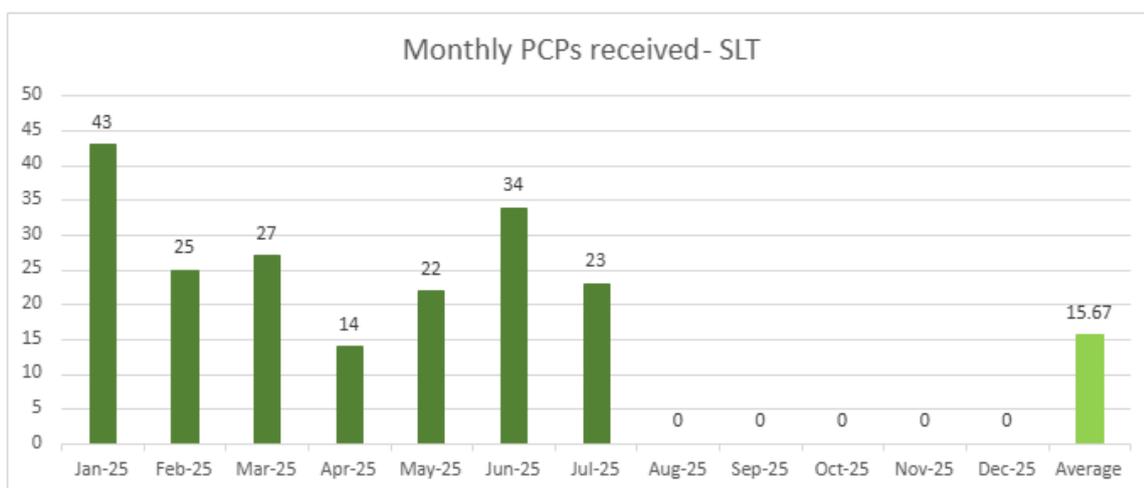
Ymateb gan: Therapi Lleferydd ac Iaith Pediatrig Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg

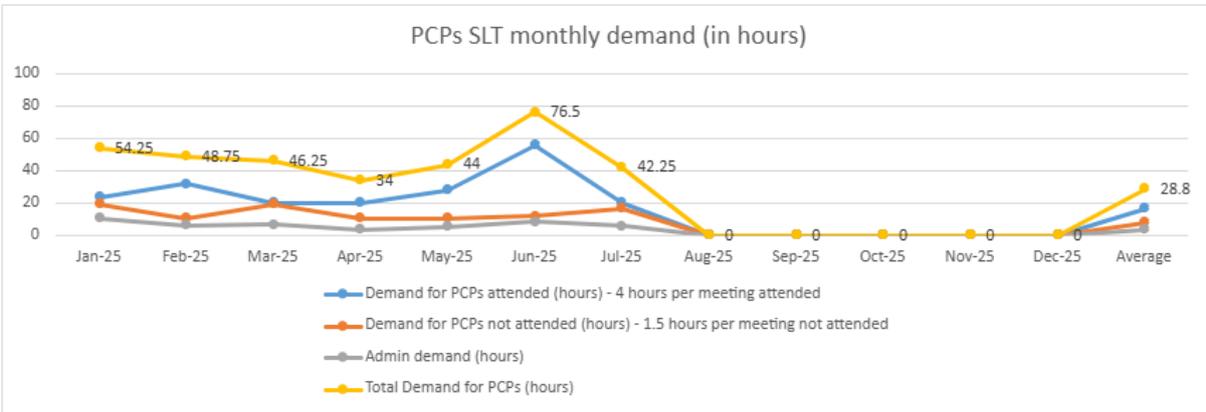
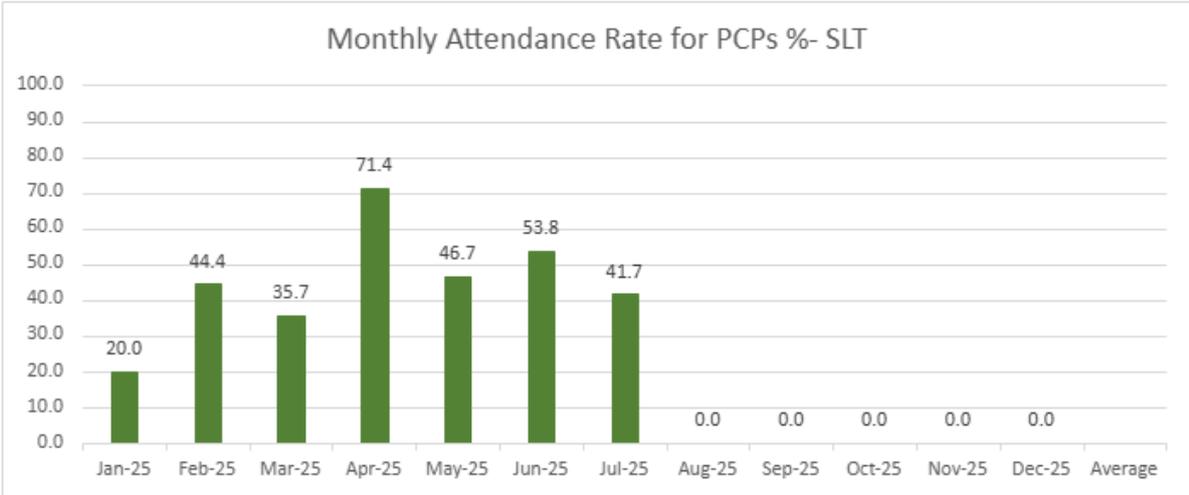
Response from: Cwm Taf Morgannwg UHB Speech and Language Therapy Paeds.

'what is working' & 'what is challenging'. The data / time impact / staff feedback The impact on the child and the dept needs reflecting on.

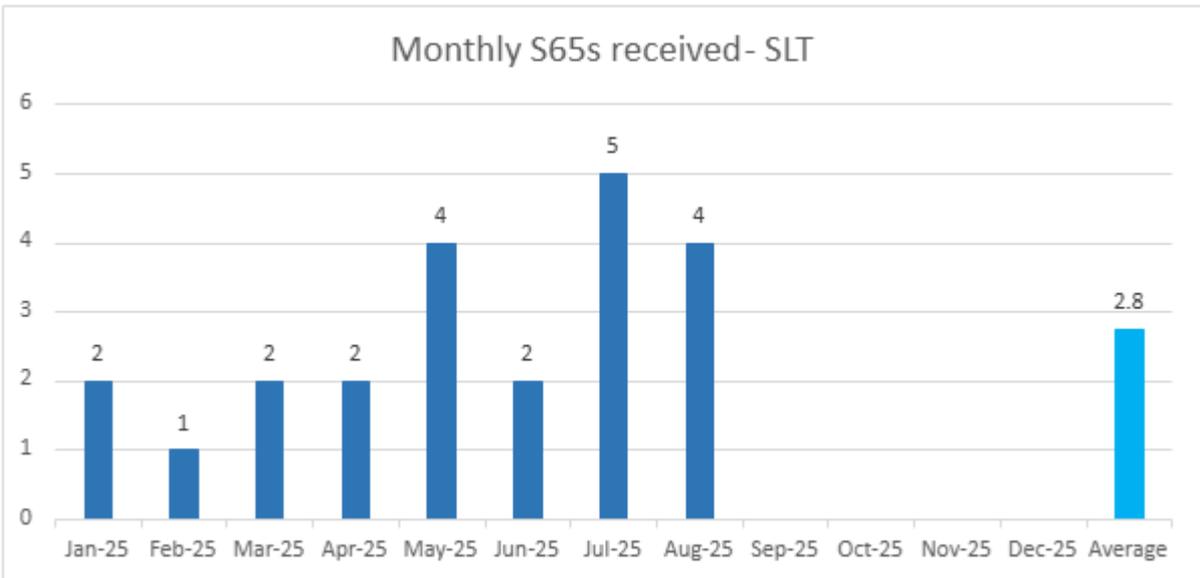
What has been our experience of the implementation of ALN system?

The implementation of the ALN system has had a significant impact on Cwm Taf speech and language therapy service. This has included time taken to travel to, attend and complete paper work for PCP meetings as well as S20s, S65s and S64s. The service has dedicated members of staff who monitor the email inbox as well as support and develop staff skills with training and advice sessions. This reduces capacity for clinical roles. The service receive no extra funding for such work.





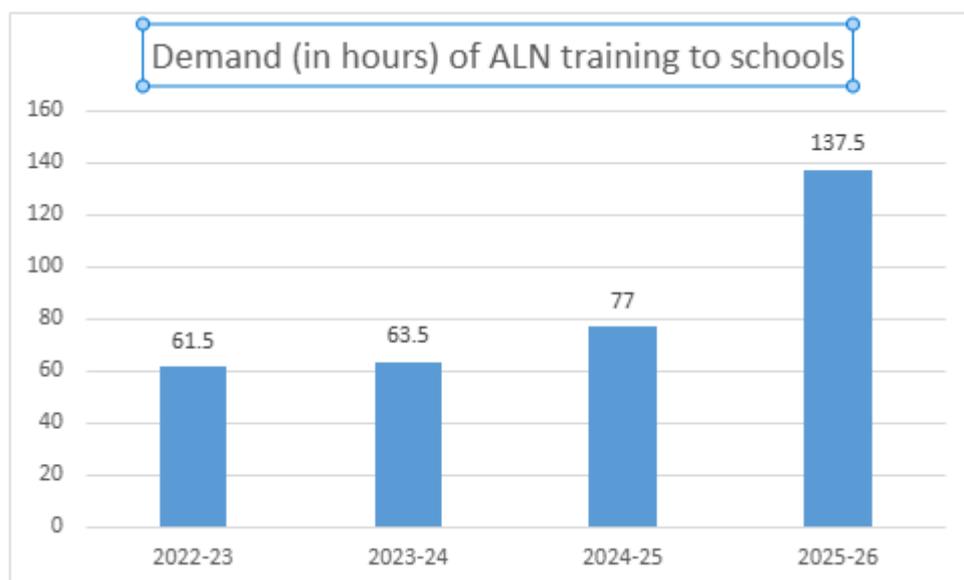
The above graph demonstrates the monthly demand on staff in hours. In June 2025, 76.5 hours were needed for PCP attendance and admin tasks. This is the equivalent to two weeks for a full time member of staff. This reduces clinical capacity subsequently impacting waiting lists, completion of clinical work such as reports.



What's going well?

Staff feel they benefit from the opportunities to discuss children in meetings with a Multi-Agency Team, where they can positively influence decisions and interventions in a co-produced way. They find this an opportunity to manage parental and education expectations as well as prompt teachers to identify realistic and attainable outcomes that are relevant for the children's speech, language and communication needs. ALN has led to stronger links with education locally particularly between individual SLTs and teachers. PCP requests are consistent in specialist settings due to the frequent visits of SLT staff. This can result in a professional consistent relationship where education staff can approach SLTs and arrange meetings face to face.

We have moved some of our resource 'upstream' and now have a comprehensive training offer for all education staff to access, which has had excellent feedback. We are looking to set up more consultation opportunities for teachers. However, demand in hours to deliver these training packages is increasing each year, further reducing our capacity to deliver clinical services.



Staff feedback;

"my experience in attending a PCP meeting was very positive. It was a good opportunity for everyone involved with the child to get together and come up with a plan to support him going forward".

“The one that I attended was very focused, the setting were already suggesting the right things for the IDP and required very little guidance from SLT.”

“The meeting I attended was LA lead and very well organised and a clear format”

What are the challenges?

Staff find vast variations between meetings with some settings discussing outcomes in the meetings and others leaving this until the draft IDP is sent. Many meetings are heavily focussed on ‘likes and admire’ as well as medical, physical and toileting concerns which is not always relevant for all professionals in attendance. Given 3 hours or more is set aside from clinical work to attend this is disappointing. Sharing of the draft IDPs following meetings where the purpose of the meeting was to develop and IDP is low which has an impact on our offer/ delivery of ALPs.

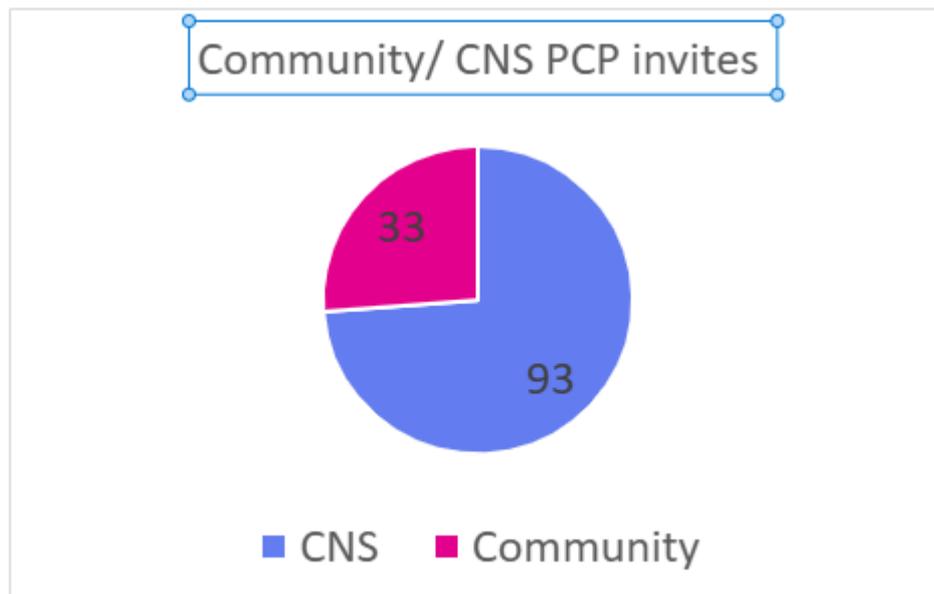
Month	PCP Meetings	IDPs Received
Jan-25	43	6
Feb-25	25	8
Mar-25	27	5
Apr-25	14	5
May-25	22	7
Jun-25	34	14
Jul-25	23	5

Some education staff’s knowledge of PCP meetings and paperwork are variable. The service occasionally have draft IDPs with section 2c completed by education.

Clinical staff find the burden of administration and paperwork is high again reducing clinical capacity. At times ALN becomes a compliance / paperwork exercise with no positive outcome for the child’s communication skills.

SLT Staff report parents cite an upcoming meeting which staff have not been invited to, even though the professional’s role with the child is crucial in supporting their speech, language and communication needs. This can impact on relationships between the service and parents as well as schools.

The demand on our complex needs service is far greater than our community service. This places disproportionate demand on certain members of staff / areas of the service.



Staff report;

"There is often adequate notice given but our diaries are often booked well in advance with therapy blocks - also if the child's school is some distance away from you clinic that day a whole session could be lost. Will agree to join online if possible."

"The time a PCP takes and only part is relevant to SLT"

"Sometimes I've received invites where enough notice has been given, but I happened to have other pre-arranged commitments. There was another occasion where I already had a child booked in, so unfortunately I had to decline attendance at the PCP meeting."

"I wasn't able to attend because I feel like I didn't know the child well enough having seen only once or twice".

"Often last minute invite or no awareness of PCP meeting, can be disorganised depending on setting and knowledge of ALN process, often other factors raised that are not SALT specific, can fall to SALT to support wording of targets"

"there are some things that mean I cant attend such as not enough time due to high demands on clinical time, and having each clinic day at different locations (e.g. getting an invite for a PCP meeting for child educated in Bridgend when the SLT is in Merthyr in a school on that day.

Looking forwards the Speech and language therapy service request clarity of definitions (what is ALP for health, is SLT an education or health provision, where does it go on an IDP?). Also, Increased collaboration with less administration. The system needs to be more efficient to be workable, with SLTs involved in an efficient way to support the development of intended outcomes around communication, identification and implementation of ALP, without attending a whole PCP meeting.