

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 81

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

Regarding ALN, RCSLT members (representatives from those working in either or both of the NHS and independent practice) from across Wales report:

- A high level of variation in practices and principles within ALN.
- A significant increase in workload
- Welcome instances where there has been an increase in mutual understanding about roles and responsibilities between speech and language therapists (SLTs) and education personnel and opportunities to work together.

School census information (Stats Wales) shows that whilst there are fewer pupils with ALN than previously with SEN (at all levels) and ALN (during phased implementation), the proportion of those with speech, language and communication needs (SLCN) is increasing. The most recent figures are 36.2% of learners with ALN have SLCN. This is up from 35% in the 2024 schools census which had increased by 17% since 2022 (30%).

This highlights the need for training as part of initial teacher education on speech, language, communication development and needs as well as the high level of need for on-going training for those working in teaching.

High quality teaching

There is substantial potential for building on high quality teaching within the area of speech, language and communication which must be taken. ALN has given some opportunities, through stronger links (such as at the level of SLTs with individual teachers), for this to be developed, but this must be done on a wider, that is, national and uniform basis, as ordinarily available, for all learners to benefit. This will impact on ALN and ALP. Training on Developmental Language Disorder as well as other aspects seen by SLTs is vital.

Variation in ALN

The variation referred to is in relation a number of aspects of ALN, including:

- Interpretation of what is Additional Learning Provision (ALP) regarding speech and language therapy involvement.
- Interpretation of the Act and Code (being different between health and education and within education by schools, local authorities and colleges). This applies to practical points such as processes and forms as well as principles such as thresholds of application/definition of ALN (whether ALN is present if there is enhanced provision and highly differentiated timetables in place), that is definition of ALN and eligibility for provision and what constitutes ALP and whether IDPs are school or Local Authority prepared and maintained.
- The numbers of pupils and types of areas of need of those identified as having ALN across settings.
- Adoption of recommendations made by SLTs.
- The extent to which joint outcomes are devised.

There is variation in the knowledge and understanding about ALN across those involved, that is within health, education and that of families. Also, that factors other than the learners' needs may influence decisions about ALN and IDP content.

Communication

A distinct challenge is communication, with the lack of any systems working across the Health and Education. This lack of IT systems is a significant hurdle to good engagement and communication. With a core aim of ALN reform having been collaboration, this is a key barrier to the success of ALN.

Additionally, there is a lack of clarity about communication processes meaning that IDPs are not always shared with SLTs so they do not know what of their input has been included in the statutory document. Also, that information about individual learners is not being passed onto different settings at transition meaning that key information may be missing.

Administration

Many RCSLT members report that ALN has resulted in more administrative work without other benefits. Processes and systems to request information and respond to these can result in delays which impact on clinical work.

PCP meetings

Many RCSLT members are aware that they are not always invited to (or only given very short notice for) PCP meetings even if their contributions are key, resulting in decisions being made without full information and the undermining of and dissatisfaction for the SLT. A significant proportion of independent SLTs, who may know the learners they are involved with very well, have said that they are not included in the ALN process therefore their clinical information is missing from discussions and IDPs. In some instances, parents may ask for the independent SLT to be involved and for their written information to be added to the documentation but in other aspects, independent SLTs can be completely excluded from the process despite having information that is important to the process and is not otherwise considered.

PCP meetings can be very long and vary in their content and quality. Some include the writing of intended outcomes but not all, meaning it is difficult for SLTs to determine whether there is NHS ALP to be delivered. Positively, PCP meetings can bring together families and professionals to give a full picture of the learner and opportunities for co-produced outcomes and ways of working towards these.

RCSLT members have commented that the content of IDPs can be too general in terms of recommendations, the strategies to be implemented and the outcomes identified. This means that it can be difficult to review the plans and undermines the aims of ALN.

Increased demand of ALN

The implementation of ALN is significantly impacted negatively by capacity, in terms of time. NHS SLTs report that ALN has resulted in additional demands (clinical and administrative) where there has been no additional funding or other resource.

There is also the impact of capacity regarding what can be delivered by education setting staff from both time and skill set perspectives. This means implementation of recommendations made and strategies suggested by SLTs may be limited affecting progress made by learners.

Timescales for aspects of ALN and those of NHS services do not align and therefore key information from SLTs may not be available for PCP meetings, ie. SLTs may advise different outcomes to be set. This is also impacted by when, within the ALN process, education personnel make referrals to SLTs, eg. NHS requirement to meet 14 week waiting time (in the absence of a clinical priority), alongside the request for clinical information to inform ALN decisions earlier than this based on statutory ALN timescales. Additionally, more than 1 appointment may be needed to identify needs and provision. This adds pressure onto prioritisation, equity of services and staff understanding and morale in NHS services. Clarity regarding 'incompatible with own duties' as to whether a response is expected within the statutory timescale is needed.

The lack of alignment and conflicting drivers between NHS services and education is also apparent when families do not attend NHS appointments leading to frustration.

The increased demands both regarding prevention work and specialist level work is apparent in stretching SLTs where meeting these demands is expected within existing resources.

The increased workload for SLTs is a result of having to respond to requests about and receiving invitations to meetings for a higher proportion of learners than the previous SEN system. The importance of attending PCP meetings can be clear in the collaborative opportunities they provide – inclusion in decision making, ensuring the SLT perspective is included and shared understanding of roles with educators and parents. Without the capacity to attend all meetings, these opportunities are not available.

Where requests under different sections of the Act and PCP meeting invitations are being counted, it is unclear what represents 'good' in these numbers and how this demonstrates collaboration in the widest sense.

Dispute Resolution and Tribunals

The dispute resolution/mediation process is adding a further significant demand onto NHS SLTs where they are issued with requests for information about these children.

Regarding Education Tribunals, there are expectations from Local Authority services that NHS SLTs will provide comment and clinical information even if the child is not known to the service, which they are not able to do.

NHS SLTs contributing to Education Tribunals is additional to their clinical role and one where knowledge and skills of the requirements of them and time capacity are significant.

Decisions made by the Tribunal can impact negatively on the relationships between NHS SLTs and families. This must be minimised as the relationship is an important part of the therapy process.

Training on ALN

Where training has been delivered to SLTs, this has been locally devised and delivered and, other than from DECLOs, by those with personal interest in this area, therefore it has been informal and not specifically funded. Members report the lack of a place to save training information from which it can be shared both within and between agencies.

For some RCSLT members, the role of the DECLO and positive working with the EYALNLO have been found beneficial and enabling in relation to ALN work.

Instigating ALN processes

There is a clear responsibility on SLT in the NHS to instigate ALN consideration for learners under compulsory school age. There is not the same duty on the NHS for learners when they are compulsory school age. There can be factors which mean that SLTs are aware of these children and education services are not aware of their needs in the same way and a process for this is important for both agencies.

Conclusions

SLTs (working in the NHS and independently) have a vital contribution to make to ALN, given that learning is always done through language and SLCN is the highest area of identified additional learning need by learners. Therefore, collaborative working at every level must happen, for high quality teaching, provision ordinarily available and at the specialist level for groups of and individual learners.

Collaboration between SLTs and education must be streamlined to reduce the administrative burden and enable the effective sharing of clinical information. Measures of collaboration must reflect the impact on both systems and individual learners.

Should further information be required, please contact the Royal College of Speech and Language Therapists.