

Senedd Cymru
Y Pwyllgor Plant, Pobl Ifanc ac Addysg

Ymchwiliad i effaith argyfwng Covid-19 ar blant
a phobl ifanc yng Nghymru

COV 67
Ymateb gan: Coleg Brenhinol Therapyddion
Iaith a Lleferydd

Welsh Parliament
Children, Young People and Education Committee

Inquiry into the impact of the Covid-19 outbreak on
children and young people in Wales

COV 67
Response from: Royal College of Speech and
Language Therapists

Executive Summary

The Royal College of Speech and Language Therapists (RCSLT) Wales welcomes the opportunity to respond to the Children, Young People and Education Committee's consultation on the impact of COVID-19 on Children and Young People

Our response is based on early comments from our members on how speech and language therapy services for children and young people have been affected by the pandemic and our views on how different delivery of services and closure of schools and childcare settings may be affecting those with communication and/or swallowing needs. Our key points cover;

- The need for clarity about available support for children with statements and ALN transformation moving forward
- Concerns about impact on children and young people with or at risk of SEND in terms of capacity to learn at home, ability to catch up once schools reopen, future service provision, impact on particular groups.
- Concern that inequalities will increase due to increasing use of new technologies.

We are continuing to collate the views of our members and hope to keep the committee informed as more evidence comes to light. We would be very happy to provide further information if this would be helpful

About the Royal College of Speech and Language Therapists

1. RCSLT is the professional body for speech and language therapists, SLT students and support workers working in the UK. The RCSLT has 17,500 members in the UK (500 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.
2. Speech and Language Therapy manages the risk of harm and reduces functional impact for people with speech, language and communication support needs and/ or swallowing difficulties.
3. Speech and Language Therapists (SLTs) are experts in supporting children and young people with speech, language and communication needs and training the wider workforce so that they can identify the signs of SLCN, improve communication environments and provide effective support.

Impact of COVID-19 on the delivery of speech and language therapy services for children and young people

4. SLT services for children and young people in Wales utilise a preventative, tiered approach – universal/targeted/specialist, to ensure the most effective use of speech and language therapy (SLT) resource. This approach relies heavily on working closely with other agencies such as schools and childcare settings. The closure of most of such settings as a result of the pandemic has necessitated a rethink in how services are delivered. Most face to face contact has also been put on hold although there are a number of exceptions to this for the most vulnerable children and young people with swallowing difficulties and those who are at significant risk of harm. In addition to challenges with regard to settings and partners, the number of paediatric staff redeployed to adult services and other COVID-19 work such as testing sites varies significantly by health board area with some teams virtually intact and others working on a skeleton staff.
5. In response to these challenges, SLTs have quickly adapted to new ways of working such as;
 - Clinicians contacting families by phone
 - Letters being sent to outpatient families giving e-mail and phone contacts for the service ensuring processes for queries to be answered

- Telehealth and prioritisation of all caseloads (follow up and new patient) for offering telehealth (includes children with SEN statements, vulnerable children (with safeguarding involvement))

Services are exploring telehealth options at pace with health boards at different stages in relation to access to new technologies. Those services which are already making use of Attend Anywhere report that telehealth brings a number of advantages. For example, it has been welcomed by a number of vulnerable service users and has enabled support groups to be set up across wide geographical areas for rarer clinical areas such as dysfluency. In services trialling new technologies, there has been a widespread acceptance of telehealth by both clinicians and families as a means of delivery in a difficult environment. However, a number of SLTs have raised concerns around the effectiveness of telehealth for particular clinical areas, and the ability of all children and young people to access the technologies. RCSLT is currently reviewing the evidence base for telehealth and updating our guidance to ensure best practice. It is clear that for some families, telehealth will work well and less so for others. SLTs are taking the opportunity to learn from this experience with a view to continuing to use telehealth to some degree moving forward as part of ALN transformation.

However a major concern is that the socially deprived group most at risk will not have access to broadband at home for telehealth and that the inequalities gap could be increased with the continuation of telehealth solutions post COVID.

6. SLTs would welcome clarification around the support that children with statements should be able to expect at the current time given limitations around the ability of therapists to see clients face to face. We understand that the regulations have been modified in England and believe it would be helpful to have clearer guidance from Welsh Government in this regard. We are concerned that there may be significant variation in terms of support available across Wales.

Impact on Children and Young People with Speech, Language and Communication and swallowing needs

7. SLTs have raised a number of concerns about the impact of reduced and changed services which we have grouped thematically below.

Identification

8. Our members are worried about the impact on pre-school children who may experience a significant delay in being seen due to changes to health visitor checks and clinics. Children's speech and language therapy services are reporting significant reductions in new referrals during the pandemic. It is estimated that 10% of all children in the UK have long-term, persistent speech, language and communication needs (ICAN, 2009). Research shows that children living in poverty suffer disproportionately from transient early language delay (Law, 2013). By which we mean, those children whose language skills are developing significantly more slowly than those of other children of the same age but who do not have a specific disorder. Over **50%** of children in socially deprived areas may start school with impoverished speech, language and communication skills (Locke, Ginsborg, Peers, 2002). The first months and years of a child's life are particularly crucial for language development and if a child's language is not supported, their development may be permanently affected. We are currently exploring this area in more detail with our clinical excellent network of therapists who work in Flying Start and Families First areas and would be able to provide more detail shortly if of interest.
9. In addition to pre-school children, there are also concerns that opportunities to identify needs within the Foundation Phase may be missed as spring and summer term are commonly key times when needs are identified. The Foundation Stage is a key time to put in place appropriate support so it is of significant concern if such opportunities are missed and the attainment gap widens.

Learning at home

10. SLTs have highlighted particular challenges for parents in supporting children with special educational needs (SEN) to learn at home and a potential risk of a widening attainment gap and negative impact on the wellbeing of parents and children. The SEN population is incredibly varied. We would interested to know to what degree schools are able to differentiate materials using online platforms especially given that provision varies significantly by individual schools. We believe there may be particular issues for children with SEN in Welsh medium schools who are from English speaking homes as children with SEN are less likely to be able to work independently than their peers in class. We also know that a number of parents with children with SEN will themselves have speech, language and communication needs and this will impact on their ability to support their child and deliver therapy programmes which would previously have been delivered by schools. It will also be more difficult for many children with SEN to catch on return to school. Plans for return

may need to consider whether it may be preferable for some students to repeat a year.

Needs of particular groups of children and young people

11. Members have highlighted particular concerns about the impact on the following groups of children and young people.
- Children and young people with dysphagia and complex medical needs who would benefit from a face-to-face session but have health conditions which mean their parents do not believe it is safe for them to be seen. They have also highlighted potential issues around the pressure on families to support children with significant needs in the lockdown situation and the impact of shielding on such children and young children from an academic and social and emotional point of view.
 - Children and young people with autism and behaviour that challenges
 - Children and young people who are due to transition between settings over the summer. There is particular concern about school leavers with special educational needs who would have been due to move onto further education. Whilst transition planning is taking place, most young people on the verge of leaving school would commonly be receiving more universal rather than direct interventions. Historically there is a great deal of contact between transitions teams and schools and paediatric teams about next steps. This is likely to be affected by the current situation.
 - Children and young people with safeguarding needs amid concerns about role of telehealth/telephone calls in picking up issues
 - Children and young people who are unable to access telehealth due to digital poverty.

Future service provision

12. Planning for re-opening of schools will need to take into account the ability of health services to interact with settings. For example, IT considerations for telehealth, policy on children leaving and returning to school for appointments. If PPE is likely to be worn by teachers and for face to face appointments by healthcare professionals, this could potentially have a significant impact on the ability of children, particularly those with SEND to understand what is being communicated. It is also the case that the appearance of opaque PPE may be distressing or confusing for young children and

children and young people with communication challenges. The RCSLT has developed a position statement on the benefits of clear masks (RCSLT 2020).

Impact on ALN Transformation

13. SLTs are keen to have further conversations and information from Welsh Government on how it is anticipated ALN transformation will progress over the coming months. We understand the aspiration is to continue the work and there is recognition there is a fit between new ways of delivering services and the ALN approach. However there is a need for realism in setting priorities. Undoubtedly COVID, the need to switch back on services and staff redeployment will have an impact on the capacity of SLTs. There is also a need to consider the practicalities of how we can ensure training around person centred planning for staff and pilot individual development plans give current restrictions.

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