

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

**ALN 22**

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

What are your views on the draft Bill? Please outline below any concerns you have, or areas that you think the Committee should explore further before the Bill is formally introduced.

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 including around 88% of SLTs working in the UK. We promote excellence in practice and influence health, education, care and justice policies.

RCSLT broadly supports the Draft 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 Bill's focus upon 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.

Whilst we acknowledge that the Bill is a work in progress, we encourage the Children, Young People and Education Committee to explore the issues below before the Bill is formally introduced:

Please highlight below your main concerns in relation to the Additional Learning Needs system. Let us know whether, in your view, the Bill addresses these concerns or if further work is needed.

**1. Resource implications**

RCSLT is supportive of the development of single statutory plans and a focus on collaborative working to improve outcomes for children and young people. However members have a number of concerns about the resource implications of such a development with particular regard to attendance at meetings.

Under the current system, SLTs who treat children with non-complex needs 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 could 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 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. This would translate to approximately 2 full time equivalent members of staff to be employed to attend the meetings at a cost of £70,000. Given this likely impact, we strongly recommend that consideration be given to other ways of promoting collaborative working between health and education such as IT infrastructures.

We also share concerns about the impact on services of extending the legislation to cover children and young people aged 0-25. We are 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 have been an issue of concern in England, where similar legislative reforms have been introduced. We believe that there needs to be a scoping exercise undertaken to ascertain 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. This should consider whether learning difficulties services are more set up and skilled to support these learners, rather than adult SLT health services.

Given these considerations, we strongly dispute the findings of the impact assessment which suggest that the legislation will be cost neutral. We urge that further work is undertaken to consider these factors prior to the formal introduction of the bill. Such work should include a proportional consideration of time requirements on healthcare professionals for IDPs.

## **2. Designated medical Officer**

We would welcome clarification regarding the role and responsibilities of the Designated Medical/Clinical Officer and how their work will sit alongside other professionals within the additional learning needs/special educational needs support system, for example:

- Who will this person be?
- How will the role be funded?
- Will this role have the ability to financially commit health services to deliver what is included in an IDP?
- Will this person have to 'gatekeeper' advice on IDPs from health services?

In our view, in order to promote joint up working and be more responsive to young people's needs, the focus should be on strategic planning at a population level between health and education.

Following the recommendations made in the Working Together consultation document in 2005, Welsh Government established pilots across Wales to explore approaches to the implementation of joint commissioning services

for children and young people with speech, language and communication difficulties. RCSLT believes that following the pilot programme and the establishment of a SLT action group, collaboration between agencies has significantly improved. ELKLAN training programmes now run across much of Wales and have increased understanding of how to support children with speech, language and communication needs within schools. Initiatives such as communication friendly schools have also paid dividends in supporting the development of SLT services. Much has been achieved in relation to collaborative working over the last decade. RCSLT is keen to ensure that the proposed legislation builds on these improved relations and does not serve to undermine these positive developments.

### **3. Involvement of children and families in the development of IDPs**

RCSLT is committed to promoting person-centered planning and welcomes the emphasis within the bill on supporting the participation of children and young people with speech, language and communication needs and their families in the development of IDPs. We suggest that in order to encourage the increased participation of children, young people and families in the IDP process, there is a need to provide training and tools to mainstream and special schools to improve teachers' skills and knowledge 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 Talking Mats; a communication symbols tool developed by speech and language therapists, the use of symbols and appropriate language.

Do you have any other comments or issues you wish to raise that have not been covered above?

RCSLT are concerned that the proposal does not appear to fully consider the training need for health services. There will be significant training and support need requirements in order to successfully implement the large and wide ranging changes proposed. RCSLT members are concerned that without a national approach, different areas will interpret the Bill and Code of Practice in different ways and there will be no case law to guide people.