**Senedd Cymru Children, Young People and Education Committee inquiry on pupil absence**

Thank you for the opportunity to give written evidence as part of the committee’s inquiry on pupil absence. Our response is based on discussions with our members across Wales and focusses on a number of areas within the terms of reference namely the reasons for persistent absence, reasons why persistent absenteeism is more prevalent among particular groups of pupils and the level and effectiveness of action and support from schools, local government and the Welsh Government.

**Key points**

* There is a significant correlation between disadvantaged and vulnerable learners who are more likely to have poor attendance records and the prevalence of speech, language and communication needs (SLCN).
* Our members report that that they are witnessing increased anxiety post-Covid especially in children and young people who already have an anxiety disorder such as selective mutism which has a significant impact on attendance.
* Given the strong evidence that children and young people who are more likely to have poorer absence attendance records are also more likely to have SLCN, there is a need to ensure that the wider education workforce is aware of SLCN and that the workforce is able to identify and support the needs of children and young people in this area.
* We call for training for new teachers and as continuous professional development for existing staff members on how to support speech, language and communication skills and identify and support SLCN coupled with a focus on ensuring support staff are able to assist teachers in the provision of universal and targeted services to support language development in schools.
* We would echo the Children’s Commissioner for Wales’ call for policy measures to reduce absence at a national and local level to be accompanied by similar efforts to prevent and reduce exclusion. SLCN is also a significant risk factor for exclusion. Actions around identifying and meeting the needs of learners with SLCN should be prioritised within the planned revision of statutory guidance on exclusion.

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

1. 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 17,500 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 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. SLTs are experts in supporting children, young people and adults 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.

**Reasons for persistent absence**

1. In the Welsh Government report ‘Attendance review - implications of the pandemic for school attendance’ (2022), the authors highlighted a number of pre-existing reasons for absence exacerbated by COVID. These included poverty, disadvantage and learners eligible for free school meals, special and additional learning needs and anxiety and mental health and wellbeing and disengagement issues.
2. Similar reasons were also explored in a recent deep dive by the Children’s Commissioner for England into findings from their Big Ask survey on attendance which concluded that;

‘Among children in The Big Ask, we find there are several factors associated with a higher probability of missing education, including receiving mental health support, being unhappy with educational progress, being unhappy with friendships, having a social worker, and being supported by a youth offending team. Children’s responses indicated that some were missing school because their special educational needs were not being met, they were not able to access mental health support, or they had experienced bullying in school. For some children, there was a combination of these factors’ (Children’s Commissioner for England, 2022).

1. There is significant evidence to suggest that there is a higher likelihood of SLCN in these identified groups of vulnerable learners, as explored further below.

*Poverty and social disadvantage*

1. Poverty and social disadvantage have long been linked with poorer attendance at school (Welsh Government, 2020). Good early language skills are central to the ability of a child to achieve their educational potential and improve their life chances. Research shows that there is a strong correlation however between poverty and delayed language. 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. Studies of whole populations reveal a clear social gradient for language development, with children from the most disadvantaged groups more likely to have weaker language skills than those in more advantaged groups (Law, 2013).
* Over **50%** of children in socially deprived areas may start school with impoverished speech, language and communication skills (Locke et al, 2002).
* On average children from the poorest **20%** of the population are over **17 months** behind a child in the highest income group in language development at age three (Save the Children, 2014).
* Vocabulary at age 5 has been found to be the best predictor (from a range of measures at age 5 and 10) of whether children who experienced social deprivation in childhood were able to ‘buck the trend’ and escape poverty in later adult life (Blanden,2006). Researchers have found that, after controlling for a range of other factors that might have played a part (mother’s educational level, overcrowding, low birth weight, parent a poor reader, etc), **children who had normal non-verbal skills but a poor vocabulary at age 5 were at age 34 one and a half times more likely to be poor readers or have mental health problems and more than twice as likely to be unemployed as children who had normally developing language at age 5** (Law et al, 2010).
1. It is widely acknowledged that Covid and the lockdowns it has entailed have had a huge 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 recent 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).
2. As the inquiry response by the Children’s Commissioner for Wales highlights, ‘action to prevent and tackle child poverty needs to be a key driver in reducing absence from school’ (2022). It is vital that identification and support for SLCN is considered as part of the jigsaw when considering responses to persistent absenteeism for this group of learners.

**Additional learning needs**

1. Data from Welsh Government shows that as with other learners the attendance of learners with additional learning needs has decreased overall (Welsh Government, 2022). SLCN are the most common type of additional learning need in 4-11 year olds. Not all children have the speech, language, and communication skills they need to fully engage with their education. Two children in every class of thirty, or 7.58% of children, start school with Developmental Language Disorder. A further 2.34% of children start school with a language disorder associated with another condition, such as autism, brain injury, Down’s syndrome, cerebral palsy, hearing impairment or learning disabilities (Norbury et al, 2016). As highlighted above, there is also a strong correlation between poverty and delayed language.
2. It is essential that identification and support for SLCN is prioritised when developing policy responses to persistent absenteeism for this group of learners.

**Anxiety, mental health and wellbeing and disengagement issues**

1. The Welsh Government report on attendance noted that ‘it is well established that poor attendance patterns for students prior to the pandemic was often related to a range of anxiety, mental health and wellbeing issues’ (Welsh Government ,2022). Research has found that many children and young people with mental health needs also have SLCN and interaction difficulties. These are often previously unidentified:
* Children with a mental health disorder are five times more likely to have problems with speech and language (NHS Digital, 2018).3
* 81% of children with social, emotional and mental health needs have significant unidentified language deficits (Hollo et al, 2014).4
* Adolescents and young adults with developmental language disorder (DLD) are more likely to experience anxiety and depression than their peers (Botting et al, 2016).
1. This compelling evidence suggests that prevalence of SLCN should be considered in relation to persistent absence within this group of learners.
2. We also wish to echo the view of the Children’s Commissioner for Wales that ‘policy measures to reduce absence at a national and local level should be accompanied by similar efforts to prevent and reduce exclusion (2022).’ Evidence suggests that over **60%** of children facing school exclusion are reported to have SLCN (Clegg et al., 2009). We believe it is essential that actions to identify and support learners with SLCN are considered as a key element in the forthcoming planned revision of the statutory guidance on exclusion.

**Member comments on reasons for pupil absence**

1. Our members report increased anxiety post-covid especially in children and young people who already have an anxiety disorder such as selective mutism which has a significant impact on attendance. There has been a significant Increase in referrals to speech and language therapy for older children/ teenagers with selective mutism and re-referrals for some who had been managing well and then due to covid lockdowns and disruption are now struggling. Key transitions to high school that fell during covid lockdowns meant that year 6 pupils had no transition at all leading to further anxiety, impact on friendships and wellbeing.
2. Our members have suggested that pre-Covid the concept of not going to school was often not seen as a viable option but the introduction of the blended learning approach following school closures may have changed this dynamic.
3. Our members have also highlighted that there is an increase in children in special schools not returning to school post covid as noted in the Welsh Government report. There appears to be for a variety of reasons for this change including increased parental anxiety around health, particularly for those with complex health conditions and in some cases, families finding they prefer to have their child at home especially for those children who may struggle with social anxiety.

**The level and effectiveness of action and support from schools, local government and the Welsh Government.**

1. As highlighted above, children and young people who are more likely to have poorer absence attendance records are also more likely to have SLCN. We believe that given this wide-ranging evidence, there is a need to ensure that the wider education workforce is aware of SLCN and that the workforce is able to identify and support the needs of children and young people in this area.
2. Despite the overwhelming evidence of the importance of communication skills for educational attainment, mental wellbeing and life chances, spoken language has often not been given the same status as reading and writing in our education system. The new curriculum offers an opportunity to ensure that oracy is prioritised. There are encouraging signs. We note that the language, literacy and communication area of learning and experience is the main area of learning related to speech, language and communication needs. We welcome that in the remaining areas, the Curriculum for Wales 2022 places a number of key language and communication skills at the core of the descriptions of learning and progression steps and the fact that a speech and language therapist has been invited to be part of working groups.
3. In addition to the prioritisation of oracy within the curriculum, we believe the following steps are required to ensure that teaching staff are able to adapt their interaction and teaching to support learners with SLCN. These actions are vital given the prevalence of SLCN amongst vulnerable groups and the potential impact if needs are unidentified and/or unsupported.
* training for new teachers and as continuous professional development for existing staff members on how to support speech, language and communication skills, and how to identify and support SLCN.
* a focus on ensuring support staff are able to assist teachers in the provision of universal and targeted services to support language development in schools – a key element of the curriculum.
* training for Estyn inspectors to evaluate the impact of oracy education in schools, building on positive steps forward taken in relation to training for Childcare Inspectorate Wales and Estyn inspectors in relation to speech, language and communication in early years settings.
1. We believe that the current paucity of information on SLCN within the training programme for new teachers and within CPD for the established workforce, leads to missed opportunities. For example, had NQTs received speech, language and communication training as part of their initial teacher training, those recruited to support learning prior to them gaining posts as teachers) would have been well-placed to deliver strategies and support children’s learning in this way.
2. It will also be important to think about how speech, language and communication development and needs training is incorporated into new ways of training teachers such as employment-based training and part time routes to training as have been suggested.

**Further information**

1. We hope this paper will be helpful in supporting the committee discussions around pupil absence. We would be happy to provide further information if this would be of benefit. Please see below our contact details.

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**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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