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| **Consultation Response Form** | Your name: Dr Alison Stroud  Organisation (if applicable): Royal College of Speech and Language Therapists  email / telephone number: 07875370071  Your address:  2nd Floor,  Transport House,  1 Cathedral Road,  Cardiff CF11 9SB. |
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**Title: Talk with me**

**Speech, Language and Communication (SLC): Delivery Plan 2020-2021**

**Consultation:**

**Question 1(a):** Do you think our suggested actions to promote key SLC messages to parents will help them to understand their role in nurturing their child’s early language development?

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| Yes | No | Don’t know |
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| Additional comments:  The RCSLT warmly welcomes the publication of Talk with me: Speech, Language and Communication (SLC) Delivery Plan 2020-21 and the opportunity to respond to the consultation.  RCSLT have been calling for a strategic approach to speech, language and communication development (SLC) in Wales and have been working constructively with Welsh Government to develop this delivery plan and take a fresh approach. We are delighted that this area has been prioritised by the Welsh Government and a cross-sectoral approach taken with Ministerial support. We welcome the recognition that investment in SLC is crucial to ensure that children from all backgrounds in Wales have the best start in life and are able to reach their full potential  Evidence is succinctly summarised in the delivery plan overview and shows that the ability to communicate effectively is an essential life skill for all children because it underpins a child’s social and emotional development. In particular, the first three years of a child’s life are crucial in developing all of a young child’s growing need to communicate. Poor speech, language and communication skills can impact their behaviour, mental health, ‘school readiness’ and even their employability as adults.  On the whole, our members agreed that the suggested actions in Objective 1 of the plan would help parents to understand their role in nurturing their child’s early language development. However, a few points were raised as follows –   * In regards to any proposed campaign, effectiveness may be dependent on how widespread the campaign is. Goals and proposed outcome should be clear. Multiple formats to market the campaign were suggested including online, paper, TV adverts, social media, magazines, shops, bus stops, GP surgeries, NHS clinics, billboards. * Key SLC messages need to be ‘drip fed’ so that they are engrained long term. To ensure this, a lengthy time line should be planned. The strategic guidance published by The National Literacy Trust [[1]](#footnote-1) states ‘*promoting speech, language and communication for young children is not just about actions for individual children or even individual families. It is about changing the way communities view speech, language and communication and changing the social and community context within which children develop language’.* * Wales has increasing diversity of linguistic and cultural needs. Members felt some messages were very ‘western’ in nature so may not be relatable to other cultures. Cultures differ in the communicative opportunities and language models that they provide for young children.[[2]](#footnote-2) In some cultures there are differences in the values, beliefs and practices underlying parent/child interaction.[[3]](#footnote-3) These include the value of talk, how status is handled in interaction and beliefs about teaching language to children, for example some groups of African Americans do not regard young children as potential or appropriate conversational partners.[[4]](#footnote-4) Van Kleek[[5]](#footnote-5) noted a potential cultural bias in language intervention approaches that train parents to interact with their children. She concluded that the theory underpinning the interventions almost exclusively focused on white, middle class families. It is important that there is sensitivity to the different linguistic and cultural needs of families, thus this point would need further consideration. * The Welsh Government’s ambition for children from *all backgrounds* to have the best start in life and reach their full potential is welcome. To fulfil this, key SLC messages must reach harder to engage families. Failure to address SLCN can encourage an intergenerational cycle of communication deprivation and poor communication skills passed down from parent to child, with detrimental impact upon the child’s life outcomes.[[6]](#footnote-6) Early SLC delay correlates to poverty; whole population studies 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. [[7]](#footnote-7)A UK survey of children’s language skills, Clinical Evaluation of Language Fundamentals Preschool[[8]](#footnote-8) indicated that children from low socio economic status (SES) backgrounds are almost twice as likely to experience receptive language delay and five times more likely to experience moderate and severe expressive language delay, than children from mid and high SES backgrounds. [[9]](#footnote-9) Poverty can strongly reduce parents’ ability to respond to their child’s early language needs; to offer a home learning environment that enhances language skills in the early years, [[10]](#footnote-10) so children from disadvantaged backgrounds more commonly have reduced developmental opportunities that can limit their learning of language.[[11]](#footnote-11) * RCSLT agree with refreshing resources in *Bump, Baby and Beyond* and members would be keen to contribute to this. |

**Question 1(b):** What more could we do to enable parents to engage with the key SLC messages?

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| Free text:  Objective 1 Raising Public awareness: it is essential that parents are engaged effectively with the key SLC messages. Please see suggestions from our members on how engagement could be maximised –   * RCSLT think successful public health messaging (1.7) will be a key element to achieve population behaviour change and therefore is delighted it is being led by public health experts in PHW. RCSLT acknowledges risks from the new COVID-19 public health crisis on capacity in PHW to deliver this objective and hopes these risks can be mitigated. * Families need to see themselves as integral to the support around their child, and also sharing responsibility for decision-making.[[12]](#footnote-12) Highlighting parental participation in a way that makes the parent feel that they are actively influencing change, will further enable effective engagement with the key SLC messages. Qualitative research with parents[[13]](#footnote-13) highlighted themes relating to SLC information for parents. It noted that they wanted ‘bite size’ information that was simple and straightforward to read, had bullet points and visual information to break up text. Furthermore, they welcomed information about ‘why’ and ‘how’ parents should communicate with a child as well as highlighting positives about a child’s potential. Parents were not engaged with ‘frightening’ messages that stressed the dangers of not communicating. The Welsh Government may want to consider these themes. * Any awareness raising campaign will need to be inclusive and reflective of different cultures as well as being culturally sensitive (please see point in 1(a)). It should also be available bilingually. * Parents should be shown real, practical, evidence based strategies and not just ‘told’ information. For example, studies show that every day conversations, make-believe play and reading activities are particularly influential features of the home learning environment, although daytime routines, trips to the park and visits to the library have also been shown to make a positive difference to children’s language development. In particular warm and nurturing parenting behaviours that encourage children’s natural curiosity and communicate reasonable expectations for learning are especially strong predictors of children’s school achievement, over and above parental income and social status.[[14]](#footnote-14) * Some members felt an antenatal focus in a public awareness raising campaign would be valuable. Pregnancy and the birth of a baby are critical ‘windows of opportunity’ when parents are especially receptive to offers of advice and support. [[15]](#footnote-15)In the sixth month of pregnancy babies begin to be able to hear, remember, experience and learn. At this stage they can hear music and voices.[[16]](#footnote-16) Bilingual families should be encouraged to use all languages when talking to their baby in the womb. * Parents listen to other parents and so this is a reliable information source for them. Parent advocates and social media influencers can engage other parents, with bilingual advocates to engage bilingual families. Positive outcomes to raise awareness of SLC development in children aged 0-5 year have been demonstrated through ICAN, (the children’s communication charity[[17]](#footnote-17)) ‘Communication Ambassadors’. Community volunteers ‘spread the word’ to their local networks, through informal conversations and local events. |
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**Question 2(a):** Do you think that a publicity campaign aimed at all parents could result in an increased demand for SLC services due to increased awareness (such as speech and language therapy)?

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| Yes | No | Don’t know |
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**Question 2(b):** If the publicity campaign does increase the demand for SLC services, what could be done to manage this?

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| Free text:  We are of the view that a tiered approach including a well-trained universal and targeted workforce to support parents, an online hub for concerned parents/ professionals, a focus on stages rather than ages should all help mitigate this risk and reduce unnecessary referrals to specialist services.  There is a view that demand on specialist services could *decrease* with an effective prevention/universal, targeted and specialist model in place. Early anecdotal evidence in Local Health Board areas where such models are running suggests demand to specialist services has not risen. However, referrals are of higher clinical need and complexity. Covid-19 has an unknown effect on referral patterns currently.  In time the effect on demand for specialist service from SLT will become clear and then workforce modelling across agencies will be needed. HEIW has established methods to commission students to supply SLT workforce which would mitigate risk. HEIW already predict a steady increase in SLT student commissioning numbers in the future because of demographics.  SLTs need appropriate training at each level from undergraduate stage onwards to follow evidence based early language intervention pathways i.e. Hanen ‘It Takes Two To Talk/ Learning Language and Loving it.  LHB SLT managers should be cognisant of the delivery plan and factor it into their annual business plans. All Wales consistency is required for entry criteria to specialist provision. Multi-disciplinary team members and / front line practitioners need to be aware of the campaign and resources/universal services to which to signpost concerned parents.  COVID-19 brings a number of challenges to the delivery of existing universal provision e.g. closure of childcare settings, halt on non-urgent face-to-face contact with therapists, ability to train staff and parents in group settings.  SLTs are currently working through these issues and the opportunities presented by new technologies.  There may be risk of *increasing* inequality gaps through new technology e.g. broadband and hardware availability may vary by socioeconomic background. |

**Question 3(a):** Do you think our suggested approach to improving the assessment of SLC in the early years will help facilitate better SLC outcomes for children and young people?

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| Yes | No | Don’t know |
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| Additional comments:  The RCSLT welcomes the Welsh Government’s objective 2. 2 to identify the early signs of SLC needs by improving the assessment of SLC in children. Our members gave the following feedback to this objective –   * Population needs assessment and prevalence of SLCN in children in Wales can be estimated from studies in the literature. * Tools for assessment of need will vary depending on the proposed measure, be it universal targeted or specialist. Therefore responses to ‘assessment’ will vary according to respondent’s intervention level perspective. * At the level of identifying children with need due to increased risk by virtue of poverty the assessment method would be ‘screen’ or ‘identification’. The UK National Screening Committee defined screening as ‘*a process of identifying apparently healthy people who may be at an increased risk of a disease of condition. They can then be offered information, further tests and appropriate treatment to reduce their risk and/or any complications arising from the disease or condition’.* * The National Screening Committee[[18]](#footnote-18) noted that screening on a single occasion cannot capture the patterns of change inherent in developmental difficulties. The Better Communication Research Programme[[19]](#footnote-19) noted that*: ‘There is no single, simple method of screening children to identify speech, language and communication difficulties…..rather a systematic approach is required, one built on the three levels approach (universal, targeted and specialist), using evidence based tools and procedures, joint working by professionals, active involvement of parents and ‘response to intervention’ models of implementation’*. * Assessment of need alone will not support better outcomes for children. Intervention to drive better SLC outcomes for children and young people is required and any intervention must be evidence based and functional. This will require appropriately skilled staff to deliver at universal, targeted and specialist levels. The ability of early years practitioners to recognise early language development milestones and then to apply universal targeted and finally specialist interventions and refer cases appropriately to speech and language therapists (SLT) or other appropriate professionals is important. * ‘Better Communication: Shaping speech, language and communication services for children and young people’ [[20]](#footnote-20) noted that ‘*the impact of the relative lack of targeted provision had a ‘vortex’ effect with children being drawn from universal services through to specialist services, often unnecessarily’*. Successful targeted services will be therefore be important. An example is the ComIT programme in Gwent. |

**Question 3(b):** Is there anything missing from our suggested approach to improving the assessment of SLC in the early years that we need to include?

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| Free text:  RCSLT welcomes diverse groups that Welsh Government has engaged in this consultation. An ambition to collate evidence from the different agencies involved in early child services would improve assessment but this is an extremely challenging ambition. Measuring changes over time is vital. Identifying a valid and reliable proxy measure for SLC from data already collected routinely by one or more agencies could be an ambition. For example, Therapy Outcome Measures- Core scale (TOMs)[[21]](#footnote-21) is a tool to benchmark *specialist* SLT services across the UK.[[22]](#footnote-22) This could be considered as a **proxy measure** of improvement in population SLC if All Wales specialist services compare data. TOMS is not appropriate at universal and targeted level per se. School readiness data from the Education sector is another proxy measure for population change. We would be happy to contribute to a discussion around this.  A formal longitudinal research project may be considered.  Any screen that is used must be used in a holistic way and should look at factors such as play, overall learning, speech sounds and progress as well as the communication environment. This should include adult-child interaction. Furthermore, it should be recognised that to ‘assess’ young children can be at times difficult even for SLT’s. If there is an expectation for other practitioners to screen then a robust system of support/training would need to be put in place so that practitioners can make good quality observations of functional communication so as to for example, identify children who may pass a screen but still be of concern. It is very important to use professional judgement when using tools and not solely rely on the assessment data.  We would recommend that there should be an agreement on what age would be the most beneficial to monitor. This would need to be an evidence based, national approach. Different ages are currently espoused by different researchers so this requires careful consideration and examination of the evidence base. For example, some literature identifies ‘late talkers’ from 18-35 months.[[23]](#footnote-23) Other research[[24]](#footnote-24) looking at population based outcomes in slow to talk toddlers noted that 18 months may be too young to identify children with early language delays as many children go on to spontaneously develop normal language.  We would suggest that there is consideration of children with additional learning needs (ALN) within the plan. At least 3% of all children have SLCN linked with other impairments, including those with hearing impairment, autistic spectrum disorders, specific learning difficulties, such as dyslexia and general learning needs. In fact, the majority of children with ALN have some degree of SLCN. They too need support in order to learn and to communicate to the very best of their ability. Of these children an estimated 1% of children have the most severe and complex SLCN which prevent them from expressing their basic need. [[25]](#footnote-25)Despite internationally accepted prevalence figures of 7%, only 3% of the school population is ever identified as having SLCN.[[26]](#footnote-26) Children are being missed. Identification of SLCN continues to challenge professionals, with continued variability in age and process of identification continuing throughout the school years. [[27]](#footnote-27) Identifying ALN at an early stage and delivering appropriate interventions may prevent the need for future more costly and less effective interventions.  Some of our members have suggested that within objective 2, actions 2.4 and 2.5 should be included within objective 3 as they view these actions as being more relevant to upskilling the childcare workforce/relevant health professional. |

**Question 3(c):** Do you feel the Wellcomm screening tool is as effective as it could be?

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| Yes | No | Don’t know |
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If not how could it be improved?

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| Additional comments:  Please see below detailed points from our members –   * Consistency on when to utilise the tool is important. Using the tool too early can lead to false positive results. There will need to be further information provided as to what age/s it is most appropriate and beneficial to screen. For further information, please see point 3(b). * The test needs to be standardised. A consistent process and uniform application giving valid results will make it possible to compile and compare findings. * Currently there are no screening tools for the Welsh speaking population. There is a need for a fit for purpose screening tool which has been standardised on the Welsh population. * The Wellcomm screening tool does not cover speech, social communication or dysfluency. * There is a need for trained assessors. Practitioners who are not SLTs and who may have only carried out the Wellcomm screening a handful of times will need to feel confident completing the screening. Thus there needs to be on going training and supervision to help practitioners to use Wellcomm effectively. * As the screening needs to be carried out by an assessor, there can be issues with children and parents with EAL. Practitioners handle this differently – some use interpreters whilst others rely on parental self-reporting. Thus, there needs to be consideration of how to access languages other than English and Welsh. * Need to ensure that practitioners are not simply ‘teaching to the test’ by implementing the big book of ideas and reassessing. The screen focuses on the child and the impairment but there is a need to consider the functional impact. For further information, please see 3 (b). |

**Question 3(d):** Other than the WellComm screening tool, what other tools would you recommend?

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| Free text:  Please see below for the tools that our members have recommended –  **The Bristol Surveillance of Children’s Communication (BRISC)** [[28]](#footnote-28)  BRISC is designed to help health professionals and education staff identify those children for whom referral to a speech and language therapist is appropriate and desirable. It consists of ‘criteria for referral’ sheets which cover nine age groups from 12 months to 7 years, a colour picture to help identify use of speech sounds, and a sheet for recording these sounds. The format of the surveillance pack enables early identification to be an ongoing process rather than a fixed, prescriptive screening test. It allows the user to be flexible over toys and materials used. It also focuses as much on the parent’s views as on the child’s apparent levels and abilities as observed by the professional. It is a lower level screen however and a review of this to current age norms may be of benefit.  **ICAN screen and intervention –**  This tool is a screening and intervention package. It includes a ready to use evidence based intervention pack for practitioners. There is screening and intervention for early years, KS1 and KS2, [[29]](#footnote-29) however the screening is much more detailed than the Wellcomm screening tool and therefore takes much longer to utilise. |

**Question 4(a)**: Do you think our actions to upskill the workforce to address SLC needs will result in better identification of SLC issues?

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| Yes | No | Don’t know |
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| Additional comments:   * The Communication Trust has developed a ‘Speech, Language and Communication Framework (SLCF)’ [[30]](#footnote-30) which is relevant to anyone who works with children and young people, whatever their role, experience or level of training. The SLCF uses four stages from universal through to extension, showing the change in skills needed by people in different roles. The SLCF can be used to: * support continued practitioner development * identify knowledge and skills gaps; and * support reflective practice. * The workforce responsible for delivering early SLC support is diverse, from paraprofessionals who may not have any formal qualifications to professionals of graduate level such as health visitors, teachers and SLTs. We welcome that the delivery plan includes actions to upskill mainly the childcare workforce and CIW inspectors, however, our members strongly feel that it is essential that that the wider workforce involved in supporting SLC such as school staff, educators of higher education (thus reaching future parents with key SLC messages), social workers, midwives, paediatricians, those working with looked after children (which is a higher risk group)[[31]](#footnote-31) should be considered and appropriately skilled, trained and supervised to provide SLC support. They are also vital in closing the language gap between children from higher and lower income families, which begins in infancy, promoting social mobility and offering children the best start in life. * There needs to be consideration of mandatory training especially for those responsible for identifying needs, for example, our members highly recommend for all teachers receive training on child development and language development as part of core, initial teacher education/PGCE. * Practitioners who are working with bilingual children should be supported to ensure that they are able to meet the cultural and linguistic needs of all children. There may need to be a certain level of language competency in Welsh medium settings so that they may immerse successfully. * Consideration will need to be given as to whether training should be formally accredited to ensure that there is an appropriate standard and consistency. It is important that there is SLT input into modules/childcare courses. * There should be regular supervision sessions to support the practitioner’s role. An assessment of practitioner’s knowledge and understanding will ensure quality of practice and support professional development. * The inclusion of ACE’s training for the SLC workforce is very welcome, however our members recommend the incorporation of the impact of ACE’s on SLC as a part of the training. |

**Question 4(b):** Do you think our actions to upskill the workforce to address SLC needs will result in more timely interventions being put in place?

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| Yes | No | Don’t know |
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| Additional comments:   * RCSLT add *effective*, *quality* interventions delivered at the right time should facilitate better outcomes for children with SLCN. * Specifications on the intervention will be needed for All Wales consistency and these will need to be evidence based and functional. For further information, please see 3(a). * Consideration of mandatory and accredited training would ensure appropriate standard and consistency. * RCSLT highlight teaching and childcare workforce as important for mandatory and accredited training in child development and language development considerations. |

**Question 4(c):** Is anything missing from our plans to upskill the workforce to address SLC needs?

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| Free text:  Please see below for details of comments from our members –   * Within the plan under objective 3, action 3.6, it states *‘ensuring the sharing of best practice for SLTs and ELD practitioners will take place’*. There would need to be clarification as to how best practice will be effectively shared. * Innovative modes of training delivery could be considered e.g. online, webinars, group training. * Quality assurance agencies and methods across sectors should be identified and this is facilitated by Welsh Government’s cross sectoral approach. |

**Question 5(a):** Do you think we will be able to affect change and drive improvements in SLC in the early years through better policy making? If No\*, please explain.

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| Yes | No | Don’t know |
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| Free text:  The RCSLT welcomes this strategic approach to SLC and is delighted that the delivery plan has been supported by 6 Government Ministers. This prioritisation by the Welsh Government and the cross-sectoral approach that has been taken should lead to a more joined-up approach to engaging with families, building upon existing policies which in turn should result in affecting change and driving improvements in SLC in early years.  Taking cross –sectoral impacts into account and approaching problems in an integrated manner are key concepts for delivering outcomes of any policy. This is not without challenges so in order to drive effective change different government departments will need to be aware of the work being undertaken regarding SLC to ensure a robust joined up approach.  RCSLT can share examples from other nations of Policy lead structure if requested that meet some of these challenges.  It is also important to continue to consult with relevant stakeholders with appropriate knowledge and skills such as SLTs and also with families and children to ensure their views are captured. |

**Question 5(b)**: Other than the ones specified, are there any other policy areas we should include in our plan?

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| Free text:  Please see below for our comments on other areas to consider including within the delivery plan –  Looked after children (LAC) –  Many looked after children have unidentified SLCN , further a high proportion of children and young people in the care system experience communication difficulties that all too often go unrecognised. One study[[32]](#footnote-32) estimated that as many as 65% of all children and young people in the care system have SLCN. Also SLCN was found to be the second most frequently reported difficulty cited in looked-after children, in an Office of National Statistics review.[[33]](#footnote-33)  There are far reaching consequences for LAC who have unidentified and/or unmet SLCN. For example,   * problems with emotional literacy, resilience, and health and wellbeing (including mental health), * poorer overall educational attainment , * challenging behaviour, which can result in exclusion from school or involvement in the criminal justice system – LAC with a range of needs, including communication needs, are overrepresented in the care and criminal justice system[[34]](#footnote-34) and HM Inspectorate of Prisons and the Youth Justice Board found that nearly a third of young men in young offender institutions had been looked after by a local authority at some point;[[35]](#footnote-35) and * frustration and misunderstandings, resulting from difficulties in expressing their views and perspectives clearly, or to explain or construct clear narratives.   The RCSLT recommends that the team supporting LAC has access to specially commissioned speech and language therapy services. This would enable:  SCREEN - children and young people should be screened for communication needs when they enter care, including referral to speech and language therapy services for a full assessment where the screen has identified this is necessary to support differential diagnosis.  TRAIN - those working with, caring for, and supporting looked after children should be trained in awareness of communication and interaction needs and how to respond to them so that the places where they spend most of their time, school and home, are able to meet their needs.  SUPPORT - direct speech and language therapy should be provided to those looked after children who need it. [[36]](#footnote-36)  We would be happy to contribute to a discussion around this.  Young offenders–  The RCSLT welcomes that the delivery plan includes within it an action around the Female Offending and Youth Justice Blueprints. We support that the blueprints focus on early intervention and prevention and that they recommend a holistic and rehabilitative approach to divert people away from crime.  However, we feel that more consideration should be given to the SLCN of young people who find themselves in the criminal justice system (CJS) as there is a high prevalence of SLCN amongst this group. 66-90% of young offenders have low language skills, with 46-67% of these being in the poor or very poor range. [[37]](#footnote-37) Further, in a Youth Offending Service all new entrants to the Intensive Supervision and Surveillance Programme (ISSP) were screened and 65% (49) required speech and language therapy intervention. A significant number (20%) scored at the ‘severely delayed’ level on standardised assessment and 6% as ‘very severely delayed’.[[38]](#footnote-38)  The implications for a young person with SLCN within the CJS can be profound. Within the CJS, young people with SLCN are faced with situations in which they require the ability to understand and retain complex information in stressful circumstances. They need to understand the processes they are subject to as well as communicate and interact proficiently with a wide range of individuals. To access the CJS a person needs to be able to listen, understand and process conversation as well as formulate ideas and experiences into words.[[39]](#footnote-39) Thus, language and communication difficulties impact on a person’s ability to fully participate in the CJS. For example, young people with SLCN frequently lack the ability to provide narrative information in a logical and sequential manner. [[40]](#footnote-40)This skill is paramount in police interviews and court processes for the reason that if a young person misunderstands police or court procedures they may make uninformed choices which may lead to inappropriate admission or sentencing. [[41]](#footnote-41)  Young people are often provided with interventions as part of their court order which can include education, counselling and those related to their offending behaviour (e.g. weapons awareness, substance misuse). The verbal context of such programmes often disadvantage young people with SLCN, making information and support difficult to access. It also means that the programmes are less likely to be successfully contributing to re-offending. Evidence shows that around 40% of youth offenders find it difficult or are unable to benefit from and access verbally mediated interventions. [[42]](#footnote-42) We would be happy to facilitate a discussion around this area. |

**Question 6(a):** Is the information provided in the overview clear, if not how could it be improved?

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| Yes | No | Don’t know |
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| Free text:  Overall the information provide in the overview is clear and coherent. Our members had the following comments –   * If not already in existence, it would be beneficial to have an easy read version of the delivery plan. * We have not had sight of a Welsh version of the delivery plan. Our members feel a Welsh copy should be made available. |

**Question 6(b):** Is the information provided in the overview helpful, if not how could it be improved?

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| Yes | No | Don’t know |
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| Free text: |

**Question 7:** Other than the 4 objectives contained in the delivery plan, are there any others we should include? Please provide details.

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| Yes | No | Don’t know |
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| Free text:  Please see below for comments from our members –   * Our members felt that consideration should be given to intervention being an objective in its own right. Early, timely and effective identification should be underpinned by early, timely and effective interventions.[[43]](#footnote-43) It is intervention as well as identification and screening to distinguish the level of need that will drive better SLC outcomes for children and young people and as stated above any intervention/s suggested should be evidence based and functional. * Transitions for children with SLCN, particularly those with persistent and long term needs should be carefully planned and communicated in partnership with parents. Our members felt that consideration should be given to highlight this within the plan. Parents and carers, being the most constant adults in the child’s life are able to ease the transition process for a child. However, they need to be kept well informed about the process.   Transition for childcare into foundation phase –  Children with SLCN, particularly those with persistent and long term needs will require a carefully planned and coordinated transition into foundation phase. With parental consent, the childcare setting should notify the school/foundation phase setting about the SLCN of the child as early as possible. Relevant documentation should be conveyed as early as possible and a face to face meeting which includes the parents is the ideal. An ‘All about Me’ information card can be written with the child and parents and professionals which can be passed to the foundation phase setting. The awareness of early years staff of a child’s SLCN will be essential in planning any additional support required. The Additional Learning Needs Coordinator (ALNCO) should be informed of the child’s SLCN. |

**Question 8**: We would like to know your views on the effects that the delivery planto further promote and support SLC development throughout Wales would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English.

What effects do you think there would be?  How could positive effects be increased, or negative effects be mitigated?

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| Free text:  The RCSLT welcomes the inclusion within the delivery plan of the action to review the Wellcomm screening tool and to undertake work to ensure that a bilingual version of the adopted screening tool will be available throughout Wales. This is a positive step that will ensure consistency in the screening of a child’s SLCNs but also it addresses the long standing issue of early years practitioners in Welsh medium settings having a consistent tool to support children with language difficulties.  Our members have highlighted that campaigns such as Tiny Happy People being in English thus far may have an impact on the effectiveness and prioritisation of the campaign within Welsh speaking communities. Other resources are also too often in English only which only seeks to limit what can be shared and can have the negative consequence of adding time on to or even preventing the delivery of advice. Consideration should be given to more accessible Welsh translations of key resources that are shared widely. |

**Question 9**: Please also explain how you believe the proposed delivery planto further promote and support SLC development throughout Wales could be formulated or changed so as to have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

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| Free text  Our members have highlighted the need for more Welsh speaking SLTs to provide assessment and intervention in flying start and non-flying start areas as there is a recognised shortage of Welsh language therapists as well as therapists in general. This has the potential to impact on the equity of service provision to children from Welsh-speaking families. HEIW are renewing SLT student training contracts with suppliers currently. New commissioning to facilitate welsh language services is being considered as well as North Wales factors.  Other factors that our members feel need to be considered are the promotion and retention of Welsh speaking practitioners in local areas. There may need to be an exploration of the availability of courses in North Wales for health visitors etc. and also if any are/could be offered through the medium of Welsh. |

**Question 10**: We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them:

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| Free text:  The RCSLT warmly welcome the cross department approach. In future this may be strengthened and maintained by a lead policy role across health, education and social care in Welsh Government to embed roles of multiple agencies and workforces to deliver key policy outcomes for children and young people.  Another option would be a permanent lead consultant AHP role based in a key delivery agency such as NHS or Local Authority for All Wales. This option has been used to support delivery of the Dementia Action Plan. |

**About 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 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, social care and justice policies. 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.

SLTs are experts in supporting children and adults with speech, language and communication needs (SLCN) and training the wider workforce, carers and families so that they can identify the signs of speech, language and communication needs, improve communication environments and provide effective support.

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