

Cyflwynwyd yr ymateb hwn i'r [Pwyllgor Plant, Pobl Ifanc ac Addysg](#) ar gyfer yr ymchwiliad: [A oes gan blant a phobl ifanc anabl fynediad cyfartal at addysg a gofal plant?](#)

This response was submitted to the [Children, Young People and Education Committee](#) for the inquiry: [Do disabled children and young people have equal access to education and childcare?](#)

Ymateb gan Coleg Brenhinol y Therapyddion Lleferydd ac Iaith, Coleg Brenhinol y Therapyddion Galwedigaethol a Cymdeithas Seicolegol Prydain
Response from Royal College of Speech and Language Therapists, the Royal College of Occupational Therapists and the British Psychological Society

Jayne Bryant MS
Chair
Children, Young People and Education
Committee Senedd Cymru
Cardiff
CF99 1SN

24 November 2023

Dear Jayne Bryant MS,

RE: Inquiry on access to childcare and education for disabled children

Thank you for the opportunity to give oral evidence before the committee as part of the above inquiry. Please see attached a short follow up document from the Royal College of Occupational Therapists, British Psychological Society and the Royal College of Speech and Language Therapists which further builds on our evidence with regards to potential recommendations. The letter also provides several good practice examples for committee consideration within the annex.

1. Workforce planning

Health Education and Improvement Wales (HEIW) should prioritise long-term workforce planning (5-10 year) and have a far greater focus on children and support for families as part of the preventative agenda. Horizon scanning for the plan must include discussions with education and social care.

2. Apprenticeships for Allied Health Professionals (AHPs)

In response to recruitment challenges, especially in more rural areas, HEIW should prioritise developing alternative routes into professions. There is good learning from developments in England with regards to apprenticeship models. Such an approach would also require a change in thinking from Welsh Government with regards the apprenticeship levy.

3. Data

The current paucity of data on AHPs in terms of where they are based, specifics around their roles and Welsh language skills negatively affects the ability to effectively utilise professions, ensure vacancies are filled, and provide insight for future workforce planning. HEIW should commit to develop an AHP workforce plan as produced for pharmacy, nursing and dentistry to improve understanding of the composition of the workforce and maximise the potential of the AHP contribution.

4. Teaching Assistants and support staff

Teaching assistants have an invaluable role in working with children and families. We believe it may be appropriate to consider ring-fenced funding for the teaching support workforce and how further value could be placed on such roles. There is learning here from

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Teaching assistants have an invaluable role in working with children and families. We believe it may be appropriate to consider ring-fenced funding for the teaching support workforce and how further value could be placed on such roles. There is learning here from initiatives with regards the health care support worker workforce. For example, registration, initiatives around pay, pathways, mandatory training. There is also a similar need to consider how the childcare workforce is valued and supported.

5. Understanding of concepts of equity and inclusion

Training for professionals working within children's health and education should have a clear focus on equity and inclusion as a key underpinning factor to the cultural changes required for the Additional Learning Needs legislation to be effectively delivered. We need clarity, consistency and a shared understanding in the language used across the range of professionals working with children, young people and their families.

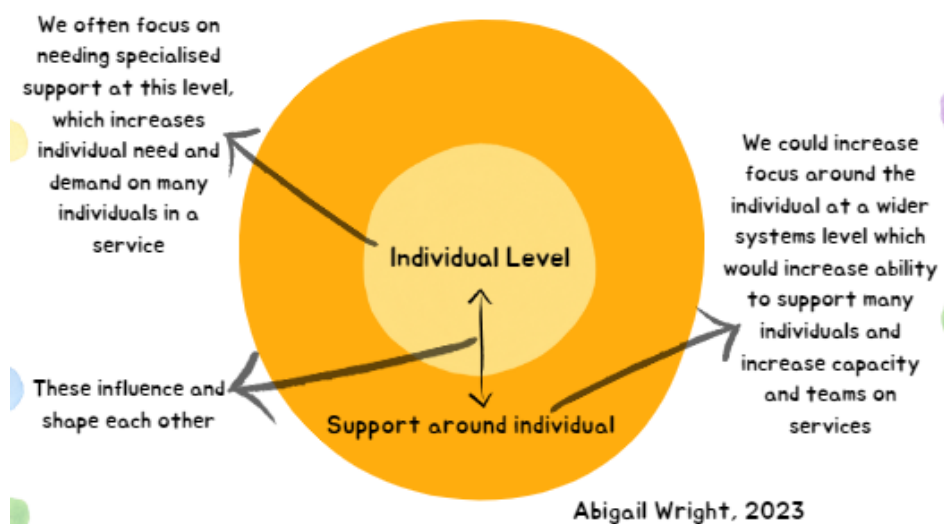
6. Sharing best practice

Regional partnership boards should have a key role to play in identifying best practice and sharing across Wales to prevent postcode lotteries of support. It is essential that boards effectively work with education colleagues in addition to those within health and social care.

7. Developing Circular Models of Support

The current system of support is based on a linear model where activity and support is provided through planned levels of progression. As life isn't often "planned" and development/support is not linear in itself., what we need instead is a circular model that puts the child at the centre, with appropriate support mapped out around the child, to ensure that their priority needs are met at time that it's required. A focus on need rather than diagnosis, prevents problems from becoming more complex or urgent resulting in fewer children and young people requiring more costly, specialist services, and those with the most complex needs can access AHPs when they need it.

Leaders should look to develop multi-agency services that combine colleagues across education, social services and health underpinned by a clear understanding of roles, responsibilities to ensure effective collaboration. There should also be a priority placed on increasing access to support services within the community by providing more informal, accessible and general advice in a format that best suits and includes the needs of the baby, child or family. An illustration of a circular model of support is provided below.



8. Initial teacher Education (ITE)

As a general point, we feel that given the introduction of the new curriculum, there should be a focus on supporting a holistic understanding of a child's development, which starts with a good understanding of pedagogy. We are concerned that there is insufficient focus on speech, language and communication (SLC) development, skills and needs in the initial teacher education curriculum. Given that speech, language and communication needs (SLCN) are the most common additional learning need in Wales (Welsh Government, 2023), we advocate that the ITE should be reviewed. There should be mandatory training for teachers on how to support SLC skills, and how to identify and support SLCN.

AHPs could also provide training & support to help educators and childcare providers understand and support children and young people's physical, sensory and cognitive development. Training might focus on sensory needs, developing fundamental movement skills and approaches for handwriting

9. Equipment

Gaps in provision of essential equipment can delay children's access to education and put their safety/wellbeing (and that of their carers) at risk. There should be procurement arrangement with partners across health and education to purchase and recycle equipment to help children and young people access nurseries and schools and reduce unnecessary costs.

Beyond specific equipment, there should be a focus on ensuring inclusive environments that help to support and enable all children – as these can be a barrier from the offset without a focus on this. For example, outdoor environments, sensory areas, low demand areas, seating arrangements etc. Whole school policy can also help shape and support to include all children and learners with different needs.

10. Extension and expansion of the Welsh Government Talk With Me programme

It was clear from the early years evidence session that the WG Talk with Me programme is making a difference within the early years especially in relation to training on SLC for early years practitioners. There needs to be a clear plan for the future of the Talk with Me programme and consideration of its extension into an older age-group given the prevalence of SLCN and link with poorer attendance and exclusions.

11. Further guidance from Welsh Government on linkages between key legislation and the new curriculum

We believe it would be helpful for Welsh Government to produce further guidance and support on the read across between key legislation, frameworks and the new curriculum. This would helping to reduce the likelihood of staff perceiving these developments as singular and in isolation which is leading to significant implementation challenges.

We hope this paper is of interest to the committee and would be happy to provide further information if helpful.

Yours sincerely.

Pippa Cotterill, Head of Wales Office, Royal College of Speech and Language Therapists

Dai Davies, Professional Practice Lead – Wales, Royal College of Occupational Therapists

Abigail Wright, Senior Specialist Early Years Educational Psychologist – BPS Education Psychology Lead for Wales

Annex A: Good practice examples

Communication Intervention Team (ComIT)

ComIT is hosted by Torfaen County Borough Council and works regionally in Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen. ComIT is a school-based service to help children and young people aged 3 to 13 years with a non-clinical diagnosis of speech, language and communication need that is severely affecting the child's learning.

ComIT can work individually or with groups of children - a child does not have to hold a statement of Special Educational Needs to access the service - and provides:

- advice and information on aspects of speech and language
- solutions, resources and strategies through individual and group work
- liaison with other professionals including speech therapy
- training for school staff to build capacity

Requests for ComIT to work with a child come from local authorities. **[Further information is available on the ComIT website](#)**

Systemically, we aim to act as a link to support and collaborate with a community of preschool professionals/practitioners, for example Health Visitors, Parenting/Children and Family Team, Speech and Language Therapy, Social Services. We hope to develop our use of psychology systemically to help understand who might be best placed, at the right time to support a child. Furthermore, this model of support aims to promote the communities understanding of psychology and child development so that families (and those that support them) feel empowered to adopt a strengths based and solution focused approach in understanding what works and might have the greatest impact for a particular family or wider community.

We take a holistic approach to supporting each individual child, their family and community. Therefore, our support will differ according to the individual strengths and the needs of each child and family. We focus on what the child/children 'can do' to help provide advice on what they 'may need support for'. We try to empower the adults who are important for the child to make positive changes to their development, learning, and wellbeing. Usually our support will start with an [initial consultation with the family at the centre of this](#). These are some other ways we support before and/ or after this:



Finally, we also complete work as part of a team to support the development of our skills as individual EPs and as a team, as well as our colleagues across the LA and Health Services/teams, through:

- Contributing and attending monthly community EY EP Team meetings and half-termly team development days.
- Contributing to wider EY EP regional/national forums (twice a term).
- Attending training for continuous professional development (as appropriate).

We have developed a number of booklets/videos and resources, including a booklet for families about our offer of support here, where further information about the model can be found.