

**Education and Culture Committee  
Children and Young People (Scotland) Bill**

**Royal College of Speech and Language Therapists**

**PART 1: RCSLT BILL RESPONSE**

**1. The advice**

1.1 The Royal College of Speech and Language Therapists (RCSLT) support the aspiration to make Scotland the best place to grow up and to do this by putting children at the heart of planning and delivery of services.

1.2 RCSLT advises MSPs and Ministers that, if Scotland is to become the best place to grow up, Scotland needs to be the best at optimising all children and young people's (CYP) speech, language and communication (SLC) development.

1.3 Unlike other parts of the UK Scotland currently has no comprehensive, strategic focus on developing all CYP SLC and local services targeting SLC development are currently being closed down or significantly reduced year on year.

1.4 The Bill offers Scotland a strategic opportunity to make a step change in CYP SLC development - a change which could impact on outcomes for individuals, families, communities and the nation for generations to come – as well as stemming the tide of short term, ill-informed cuts today for higher costs tomorrow.

1.5 RCSLT calls for three fundamental outcomes from the enactment of the Bill:

- i) That it places a duty on Ministers, relevant and responsible authorities (or leads to directions or guidance) to optimise the speech, language and communication (SLC) development of every CYP in Scotland.
- ii) Where SLC is an area of difficulty, the Act also makes it a duty (or leads to directions or guidance) for these same persons to identify, recognise and adapt their service communications effectively to CYP individual SLC in the delivery of all public services. That is it establishes a duty to apply quality Inclusive Communication standards throughout public services responsible for applying the Act.
- iii) That it leads to orders, directions or guidance on training and qualification standards for all those working with children which include developing competences in understanding the wellbeing risks associated with SLC difficulties; optimising the SLC development of all CYP; informing and engaging parents in supporting their child's SLC development, identifying SLC needs in CYP and parents and responding effectively to the SLC needs of CYP and parents.

## **2. The case for action - SLC outcomes and making Scotland the best place to grow up**

2.1 The majority of young people in crisis have SLC difficulties. For example, more than 60% of children referred to psychiatric services, 88% of young unemployed men and 26%-70% of young men in Polmont Young Offenders Institute have SLC difficulties<sup>i</sup>.

2.2 The European Union's Employment, Social Policy, Health and Consumer Affairs Council noted that communication difficulties put children unnecessarily at risk. It has invited member states to strengthen efforts in raising public awareness of communication disorders in young people (Council of the European Union 2011).

2.3 Communication capacity underpins realisation of Rights. For example Article 12 (respect for the views of the child) states *"Every child has the right to say what they think in all matters affecting them, and to have their views taken seriously."* To enjoy equal rights children need to be able to express themselves to the best of their ability.

2.4 Communication ability underpins any realisation of well-being through the 'SHANARRI' indicators of safe, healthy, achieving, nurtured, active, respected, responsible and included. 'SHANARRI' refers directly to factors that require communication capacity, for example, *"respected" (R) is defined as "Having the opportunity, along with carers, to be heard and involved in decisions which affect them"*. Communication is frequently cited as a feature of the symptomatology of abuse and neglect, with the evidence pointing clearly to the effects on expressive ability<sup>ii</sup>. This would inform the "Safe" (S) indicator. In comparison with the general population, people with communication support needs (CSN) are more likely to experience negative communication within education, healthcare, criminal justice system and other public services; have difficulty accessing information required in order to utilise services; be misjudged in terms of cognitive and educational level; be unemployed or employed at an inappropriately low level and live in socially deprived areas.<sup>iii</sup> This clearly informs the "Included" (I) indicator.

2.5 Communication capacity underpins "Getting it Right for Every Child" (GIRFEC). For example, the Scottish Government's guide to GIRFEC (June 2012) outlines what GIRFEC means for CYP and their families, for example saying *"They understand what is happening and why"*. Further Values and Principles of GIRFEC include *"Putting the child at the centre: Children and young people should have their views listened to and they should be involved in decisions that affect them"*. GIRFEC The Resilience Matrix refers to the ability to *"Talk to other people about the things that frighten or bother me"*.

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**Note: some references below are incomplete as details were unavailable at time of writing. RCSLT can provide fuller references on request**

<sup>i</sup> Polmont Young Offender's Institution, 2003

<sup>ii</sup> James Law and Janet Conway, Child Abuse and Neglect: the effect on communication development. A review of the literature. Afasic.

<sup>iii</sup> Law J et al (2007) *Communication Support Needs: a review of the literature* Scottish Executive Social Research

2.6 Communication is a key strand of the Early Years Framework. Early Years Outcome Indicator Number 16 measures the percentage of children displaying age-appropriate communication skills<sup>iv</sup>. The Development of Optimal SLC in CYP requires the early development of fundamental skills that underpin all lifelong learning.

2.7 Communication capacity underpins good parenting, care and corporate parenting. Parents' own SLC competence directly affects their ability to interact positively and establish good relationships with their child<sup>v</sup> (the basis of positive attachment and bonding); access and benefit from parenting support and other services; and is a risk factor for social and economic disadvantage<sup>vi</sup> and "model" language and communication for their child to learn from.

2.8 Common Core Skills allude to speech, language and communication capacity. The first of two "context" of the essential characteristics of those working with CYP and families is "*Relationships with children, young people and families*". Positive relationships are founded on effective communication between parties.

2.9 Around half of CYP from deprived communities have SLC difficulties and they are the most common difficulty experienced by CYP - two in every classroom.<sup>vii</sup>

2.10 At universal level there are large but un-quantified gaps in the CYP workforce, SLC development and support competences and no comprehensive plan to develop these. It is widely recognised that skilled staff are essential to the development of the child's language and communication<sup>viii</sup>. The last review (2003) of services for CYP with SLCN expressed concern about the limited knowledge and confidence of staff to deal with SLC<sup>ix</sup> and called for more professional development opportunities<sup>x</sup>.

2.11 Awareness and understanding of communication capacity, including the ability to identify difficulties and their impact, is varied at best but often low. For example, the GIRFEC tool "My world triangle" includes "*Being able to communicate*" as important but omits comprehension as the essential first aspect

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<sup>iv</sup> Early Years Outcomes; This Outcomes Framework lays out the short, medium and long-term outcomes associated with the indicators identified for the Early Years Framework. For further information on The National Outcomes see:

<http://www.scotland.gov.uk/About/scotPerforms/outcomes>

<sup>v</sup> See "Scotland – the best place to bring up children", A collection of essays on Parenting; Parenting across Scotland (2012); 40-44; <http://www.parentingacrossscotland.org/media/253972/pas-the-best-place.pdf>

<sup>vi</sup> Law J et al (2007) *Communication Support Needs: a review of the literature* Scottish Executive Social Research

<sup>vii</sup> *A Scottish Executive review of Speech and Language Therapy, Occupational Therapy and Physiotherapy for children* (2003)

<sup>viii</sup> *A Scottish Executive review of Speech and Language Therapy, Occupational Therapy and Physiotherapy for children* (2003)

<sup>ix</sup> Law J et al (2007) *Communication Support Needs: a review of the literature* Scottish Executive Social Research

<sup>x</sup> Law J et al (2007) *Communication Support Needs: a review of the literature* Scottish Executive Social Research

of the communication dyad. Children cannot express themselves meaningfully (or learn) without comprehension.

2.12 Targeted SLC services (i.e. targeted at vulnerable groups) are currently non-existent, geographically patchy, under threat or being terminated. For example, the award winning Speech and Language Therapist (SLT) led “Communication Help and Awareness Team” (CHAT) in Forth Valley has been effective in enhancing the language skills of pre-school children and has been shown to be more advantageous than nursery education alone<sup>xi</sup>. CHAT funding ceases as of 1st August 2013. The unique SLT led ‘Before Words’ project in Moray produces accessible parent information (reading age 9) to support SLC development from pre-birth to sentence building stages. Materials emphasise the relationship between attachment and developing communication in children and help parents to use everyday tasks as opportunities to develop communication. ‘Before Words’ reaches all parents but particularly targets vulnerable families.

2.13 Scotland is witnessing a diminishing pool of professional experts in SLC development – specifically qualified to develop and / or deliver universal, targeted and specialist SLC services. The Allied Health Professions Waiting Times Census (2012) showed that in one week in February 2012, 95% of CYP referred waited 27 – 81 weeks to see a SLT<sup>xii</sup>. 577 whole time equivalent<sup>xiii</sup> or 60% of SLTs working in Scotland work for CYP. SLT capacity in Scotland has decreased by 2.4% since 2008<sup>xiv</sup>. Funding for SLT services have been cut in the majority (6/9) of health boards and at least 50% (5/10) of local authorities (who responded to an FOI) since 2011<sup>xv</sup>. One service has reported a 100% funding cut over 2 years from their local authority. Current SLT capacity issues create a significant challenge to meeting the universal early intervention and prevention agenda of the Early Years Collaboration.

2.14 Literacy difficulties can mask more fundamental speech, language and communication difficulties but don’t get the same strategic attention. To learn the 3Rs individuals first need to have more basic speech, language and communication skills<sup>xvi</sup>. Reading and writing difficulties are the publicly observable symptoms of more fundamental, underlying SLC difficulties. There is no SLC strategy like the Literacy Action Plan.

2.15 Inclusive Communication best practice is inconsistent across communication needs groups and communities across Scotland. The Scottish Government Equalities Unit has commissioned several SLT led projects producing guidelines and practical toolkits to support implementation of inclusive communication good

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<sup>xi</sup> Forth Valley Health Board: Communication Help and Awareness Team CHAT (July 2007 – March 2008)

<sup>xii</sup> Findings from the AHP Waiting Times Census in Scotland: Patients seen for First AHP Treatment from Monday 6 February to Friday 10 February Publication date – 10 July 2012

<sup>xiii</sup> Reference / (ISD, Dec. 2012).

<sup>xiv</sup> Information Services Division (ISD) AHP Workforce Statistics 2011 at 30 September 2011 : Overall Trend 2008 to 2011

<sup>xv</sup> Data from FOI by Richard Simpson MSP office, November 2011

<sup>xvi</sup> Hall 4 Report DHSSPS nowling, M. (eds) Dyslexia, Speech and Language: A Practitioner’s Handbook. 2nd Edition, Whurr Publishers (2006)

practice in Scotland<sup>xvii</sup>. These toolkits and guidelines are not universally applied. Further, there are no regulatory checks on the inclusion of communication disadvantaged groups or “communication inequality” in Scotland – unlike checks on inclusion of physically disadvantaged groups.

2.16 A strategic focus on speech, language and communication capacity makes a difference. The ‘Bercow Review’ (2008)<sup>xviii</sup> (England) set out 40 recommendations to improve services across five themes and led the UK Government to invest around £55 million over three years in “*Better Communication: An Action Plan to Improve Services for Children and Young People with Speech, Language and Communication Needs*”<sup>xix</sup>. Communications Champion Jean Gross reported that, in two years, the “Better Communication Action Plan” led to;

- i) Increased awareness of the centrality of good communication skills to children’s learning, wellbeing and life chances. Activity has provided practical support to those front-line workers and to parents.
- ii) Measurable improvements in the percentage of 5 yr olds achieving age appropriate levels in the ‘Language for Thinking’ early years foundation stage profile
- iii) A reduction from 23% to 18% of parents who were concerned about their child’s SLC development reporting that they did not receive any help
- iv) Increasing recognition of communication skills as a priority in local strategic planning leading several local areas to develop a community-wide strategy to promote improved communication skills for all children. For example the ‘Stoke Speaks Out’ early years campaign reduced the % of 3-4 year-olds with language delay from 64% in 2004 to 39% in 2010.
- v) Some helpful policy developments at government level such as the joint work of the departments of education and health to establish communication and language as a prime area of children’s learning.

2.17 Quality SLT Services prevent spending and poor outcomes. Independent economic evaluation showed quality universal, targeted and specialist SLT services can deliver an annual net benefit of at least £58 million to the Scottish economy. Every £1 invested in enhanced SLT generates £6.40, derived from improved communication leading to improved educational achievement and inclusion.

2.18 Recent mass surveys tell us parents and the children’s workforce need help to ensure optimum development of communication capacity. Learning from the

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<sup>xvii</sup> For example: Scottish Government commissioned and / or published Principles of Inclusive Communication; “Talk for Scotland Toolkit”

<sup>xviii</sup> John Bercow MP (2008) led an independent review of services for CYP with SLC needs in England on behalf of the then Department for Children, Schools and Families.

<sup>xix</sup> Better Communication: An action plan to improve services for children and young people with speech, language and communication needs; Dept. of Health 2008; [www.teachernet.gov.uk/publications](http://www.teachernet.gov.uk/publications) Search using the ref: DCSF-01062-2008

English SLC strategy “*Better Communication Action Plan*”<sup>xx</sup>, (reported by Jean Gross, England’s Communication Champion (2012) showed 82% of 3,000 parents believed that more information on how children develop speech, language and communication would be helpful. The Scottish survey commissioned by NHS Health Scotland, ‘Exploration of the information support needs of parents’, found that these parents as a group identified “speech and language as a priority child development issue”<sup>xxi</sup>. Gross suggests several good practice success factors including:

- i) Approaches which build capacity in the children’s workforce - sustained professional development that changes adults’ interactions with children and helps them provide communication-supportive environments
- ii) Approaches for children, young people and adults which build on their strengths rather than focusing on their weaknesses

## **PART 2: RCSLT COMMENTS ON PROVISIONS IN THE BILL**

RCSLT has substantial comment on the following parts and subsections of the bill detailed in attached.

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<sup>xx</sup> Better Communication: An action plan to improve services for children and young people with speech, language and communication needs; Dept. of Health 2008;

[www.teachernet.gov.uk/publications](http://www.teachernet.gov.uk/publications) Search using the ref: DCSF-01062-2008

<sup>xxi</sup> Exploration of the information support needs of parents, NHS Health Scotland (May 2012)

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**Part 1: Rights of Children****3.1 Subsection 1. Duties of Scottish Ministers in relation to the rights of the child**

**(1)** RCSLT fully supports the establishment of duties for Scottish Ministers and authorities as described.

**(1) (a) and (b):** If and when the Bill becomes an Act RCSLT would implore Scottish Ministers to make early consideration of whether CYP with SLC enjoy their rights under the UNCRC.

**(2):** It would be helpful to ensure Ministers have a duty to promote public awareness and understanding among ALL children – this is to include CYP and parents (for example) with SLC.

**The Bill could achieve this by *establishing a duty to apply quality Inclusive Communication standards throughout public services responsible for applying the Act.***

### **3.2 Subsection 3: Authorities to which section 2 applies:**

**(1):** Given the Scottish Prison Service (SPS) provides services to young people at Polmont Young Offenders Institute it would be helpful to include the SPS in the initial list of Children's Services to which duties in the Bill apply.

## **Part 2: Commissioner for Children and Young people in Scotland**

### **3.3 Subsection 5: Investigations by the Commissioner**

**(2):** RCSLT fully supports the extension of the powers of the Commissioner for Children and Young People in Scotland (SCCYP) to carry out individual and general investigations; to make recommendations and require response to these and to publish statements provided in response as described.

RCSLT would wish the Bill to ensure all CYP, regardless of SLC capacity, have equal access to the offices of the SCCYP.

**The Bill could achieve this by *establishing a duty to apply quality Inclusive Communication standards throughout public services responsible for applying the Act.***

RCSLT believe that many CYP may wish the SCCYP to investigate their experience of services. For example CYP with SLC difficulties may wish to raise the issue of communication exclusion from many community facilities, prompting an investigation into how service providers match the SLC level of CYP while having "*regards to rights, interests and views of child*".

There is potential therefore for there to be high demand on the resources of the Commissioner.

RCSLT ask how the powers of the SCCYP will be matched by resource to enact those powers.

## **Part 3: Children's Services Planning**

### **3.4 Subsection 7: Introductory**

**(3):** RCSLT would wish SLT to be included among CYP services specified by order by Scottish Ministers.

**(6):** RCSLT welcome the joint exercise of functions by local authorities and relevant health boards.

### **3.4 Subsection 10: Children's services plan process**

**(1)(a):** SLT (and AHPs more generally) are not currently directly represented on NHS Boards. RCSLT are concerned therefore that consultation on these important Children's Service Plans - which will have significant impact on SLT as the most common AHP delivering services to CYP- with "health boards" will potentially fail to

recognise the value and impact of SLTs specifically and AHPs more generally on CYP outcomes.

RCSLT hope Scottish Ministers will specify by direction (under 10, (1), (b) (iii) the need to consult specifically with key health staff groups.

**3.5 (8) (and Subsection 13 (1)):** The manner of publication of plans should ideally be consistent across Scotland to better enable service users, the public, providers and Ministers to share learning and hold authorities and health boards to account.

**3.6 Subsection 12: Implementation of Children’s Services plans:**

(2) The option to implement plans “as far as is reasonably practicable” could leave many CYP without services which best safeguard, support and promote well being.

(3) Service providers ideally should be required to provide evidence of why they consider a plan may reasonably adversely affect the well being of a child.

**3.7 Subsection 15: Guidance in relation to children’s services planning and Subsection 16: Directions in relation to children’s service planning**

RCSLT welcomes the Scottish Ministers powers to issue Guidance. And Directions in relation to Children’s Services plans.

***If the Bill declines to place a duty on Ministers, relevant and responsible authorities, RCSLT would wish early direction or guidance to:***

- ensure local authorities and relevant health boards incorporate strategic action to optimise SLC development of every CYP in Scotland in to joint children’s service plans;
- require these same persons to identify, recognise and adapt their service communications effectively to CYP and parents individual SLC needs in the delivery of all public services. That it is to establish and apply quality Inclusive Communication standards throughout the public services responsible for applying the Act and
- to training all those working with children so that they are competent in optimising the SLC development of all CYP; identifying SLC needs in CYP and parents and responding effectively to the SLC needs of CYP and parents.

**Part 4: Provision of Named Persons:**

**3.8 Subsection 19: Named Person Services**

RCSLT welcomes the establishment of the role of a “Named Person”.

(3) RCSLT welcomes the broad flexibility offered by the Bill in respect of who the named person might be.

RCSLT hope the Minister will take advice from a broad spectrum of CYP workforce professional bodies (including AHPs) with regards to who among the workforce already has relevant training, qualification, experience or position to “qualify” as a named person. Further RCSLT would hope that as the most common AHP working

with CYP from early years in to primary and with extensive undergraduate training in general CYP development that SLTs could fulfil the role of named person with appropriate resources.

**(3) (b)** RCSLT welcomes Scottish Ministers power to specify training, qualification, experience or position of individuals who might be named persons.

***RCSLT advise that the training and qualification standards for named person services include developing competences in optimising the SLC development of all CYP; identifying SLC needs in CYP and parents and responding effectively to the SLC needs of CYP and parents.***

**(5)** RCSLT agree the functions described for the named person services are the right functions.

RCSLT highlight however that in order to fulfil these functions effectively named person services will need to be comprehensively informed of all services available and how they impact on well being etc.

RCSLT also highlight that good practice (including many professional codes of practice, standards etc.) dictates that every member of the CYP workforce has an advocacy role implied in the functions of the named person. It would be a loss were this role for all CYP practitioners to be constrained, even by implication, by the Bill.

RCSLT recommends an addition to the Bill to the effect that all CYP practitioners will continue to be expected to fulfil the same or similar functions to the named person as dictated by good practice guidelines, professional codes of practice etc.

### **3.9 Subsection 23: Communication in relation to movement of children and young people and Subsection 25: Duty to help named person**

RCSLT recognise and support the intention of establishing named person services to ensure CYP and their parents get access to all the services they can benefit from.

RCSLT are concerned however about the power given to named person services by these two clauses, particularly in light of point **3.8** above and related evidence on awareness of SLT development, impact of SLC difficulties and the role and value of SLT services.

**23 (3) (a) (i)** for example leaves it up to the named person service to judge if information on a CYP or parent “might be relevant” to “the incoming service provider”.

**25 (1) and (2)** also empower the named service provider to make critical decisions about whether a child would or would not benefit from an intervention and even what that intervention should be. Further, the other service provider or relevant authority is under a duty to comply with requests for help.

The evidence base on how SLT services can best develop a CYP SLC tells us that SLT services should be delivered at “universal”, “targeted” and “specialist” levels.

Universal and targeted levels involve everyone around a CYP and effectively applying strategies as a team (learned via SLT advice, guidance and training) to boost CYP SLC development and / or to enable them to communicate (and therefore learn etc.) effectively despite a SLC difficulty. Universal and targeted levels of SLT are helpful to 80% of CYP. These levels, however, don't involve specialist 1:1 or group SLT where the SLT takes the CYP away from their environment and then delivers them back "cured".

Unfortunately the poorly informed popular understanding (even among experienced teachers etc.) is that SLTs do and should only work at a specialist level; that solving a SLC difficulty is "their job" - not everyone's job.

This misunderstanding or lack of knowledge of the evidence base on SLC development is a significant source of tension between SLTs and colleagues, SLTs and some parents and even parties who negotiate service level agreements in many parts of Scotland.

In light of above RCSLT ask that the Bill acts to ensure named person services (in the course of making decisions about relevant information to pass on to "incoming service providers" and applying duties to help named persons) demonstrate they have consulted with and reached agreement with the active parties in "the outgoing service providers" and service providers practically providing the intervention.

**23:** RCSLT highlight that effective transfer between service providers, although very welcome, could prove administratively challenging.

RCSLT would recommend early guidance or an order from Scottish Ministers, laying out a standard process including forms etc. would be very helpful.

### **3.10 24: Duty to communicate information about the role of named persons**

- (1) and (2): RCSLT highlight it is important that information reaches all CYP and parents including those with SLC and that it is not made incumbent on CYP and parents to tell services they have SLC (including literacy difficulties) before they get access to information which they might not know exists if they can't read.

To this end, RCSLT would advise that the Bill requires all service providers to publish all general and individualised information in communication accessible format – as standard and not just "on request".

**The Bill could achieve this by *establishing a duty to apply quality Inclusive Communication standards throughout public services responsible for applying the Act.***

### **3.11 26: Information Sharing:**

RCSLT supports information sharing between authorities.

### **3.12 28: Guidance in relation to named person services and 29: Directions in relation to named person services**

RCSLT welcome the Scottish Ministers power to issue guidance and directions in relation to named people.

If the Bill declines to place a duty on Ministers and relevant and responsible authorities RCSLT would wish early direction or guidance to

- ensure named person services take action to optimise SLC development of every CYP in Scotland;
- require these same persons to identify, recognise and adapt their service communications effectively to CYP and parents individual SLC needs in the delivery of all public services. That is it establish apply quality Inclusive Communication standards throughout public services responsible for applying the Act and
- ensure named persons receive training so that they have competences in optimising the SLC development of all CYP; identifying SLC needs in CYP and parents and responding effectively to the SLC needs of CYP and parents.

## **Part 5: Child's Plan**

### **3.13 31: Child's plan requirement and 32: Content of Child's Plan**

RCSLT generally support Child's Plans in principle.

The Child's Plan appears to have a similar function to Co-ordinated Support Plans (CSPs) issued under the Additional Support for Learning Act.

RCSLT seek clarification of the relationship between Child's Plans and CSPs in the Bill.

**3.14 31 (2), (3), (4), 32 (1):** RCSLT are concerned that responsible authorities are not currently consistently identifying well being needs or necessarily well informed to make reliable judgements as to

- whether a targeted intervention is required or
- informed about the nature of intervention required or
- the manner in which it should be provided or
- realistic outcomes which might be expected from an intervention.

To be effective RCSLT would wish the Bill to require responsible authorities to draw on expert knowledge and the evidence base concerning these judgements.

The Bill (or subsequent orders, guidance or directions) could help to ensure this by securing appropriate professional advisory structures in (or shared by) relevant responsible authorities. Given the evidence presented on incidence of SLC needs and impact on well being, RCSLT would hope SLTs (and other relevant AHPs) would be directly represented on these professional advisory structures – by guidance etc.

**3.15 31 (5):** Ascertaining and having regard to CYP and parents views "*as far as reasonably practicable to ascertain*" should explicitly not exclude CYP or parents with SLC difficulties where those difficulties can be overcome by use of quality inclusive communication practice.

**3.16 31 (6); 33 (6), (7); 37 (2) (b) and (3).** *“Taking account of a child’s age and maturity”:*

RCSLT recommend that rather than a subjective and potentially inconsistent and erroneous view of a child’s maturity it would be more helpful here to specify the child’s optimum capacity to understand and express their views (with the aid of augmentative and alternative communication aids if required). This, like age, can be objectively determined by skilled assessment (by an SLT) where any dispute of maturity might arise.

RCSLT would also wish the Bill to ensure in making decisions about whether a plan was necessary that responsible authorities were also be required to ascertain views of other service providers.

**3.17 33: Preparation of child’s plan**

**(3):** RCSLT has concerns regarding the phrase *“as soon as is reasonably practicable”* as it could mean some CYP could wait a very long time for a Child’s Plan at significant detriment to them.

RCSLT suggest Scottish Ministers should be empowered to set maximum time limits by order, guidance or direction.

**(4):** RCSLT ask for clarification around how this clause is compatible with section 25: Duty to help the named person. If it does in fact mean requests by a named person need only be complied with – with agreement of the service provider it would be helpful to make this clearer in section 25.

**(5):** It would be helpful for the Bill to require responsible and relevant authorities to publish data on unresolved agreements between each on an annual basis. This would make public where relationships and understanding between boards and local authorities were an ongoing source of difficulty in relation to provision of targeted interventions such as SLT. Requirement to publish dispute figures may have the effect of encouraging parties to review and build better relationships as described in Scottish Governments *“Working in Partnership”* guidance.

**3.18 36: Delivering a Child’s Plan**

(1) Delivery of targeted interventions for the majority of CYP with SLC needs are currently paid for by service level agreements (SLAs) between education authorities and health boards. There is widespread year on year reductions in the value of these SLAs leading in some cases to complete cessation or withdrawal of SLT services to CYP with known need.

RCSLT seek clarification as to the status and continuation of these SLAs in light of the CYP Bill and in particular this section. Bluntly – will funds still transfer to pay for SLT for CYP with SLC needs from local authorities to health boards?

Without clarity the Bill could unintentionally lead to a situation where NHS Boards are required to provide SLT with no funds to provide that service to the severe detriment of CYP with or at risk of developing SLC.

***The difficulty of where funds come from could be resolved by placing a duty on Ministers, relevant and responsible authorities (or directions or guidance) to optimise the speech and language and communication (SLC) development of every CYP in Scotland.***

RCSLT are concerned by the use of the phrase “so far as reasonably practicable”. This “get out” could disadvantage CYP who benefit from essential services which, for a variety of reasons, have a low data or profile locally and nationally such as SLT. Currently, for example, there are no statistics regularly gathered on SLT (or other AHP) waiting times. Unmet needs in these areas can go unnoticed.

It would be helpful for the Bill to require responsible and relevant authorities to publish data on all unmet targeted interventions and reasons why these were unmet on an annual basis. This could expose where for example boards and local authorities were repeatedly failing to meet the well being needs of CYP.

### **3.19 37: Child’s Plan Management and review:**

- (1) Similar to comments in relation to subsection (25) above, RCSLT have concerns regarding managing authorities determining if the manner of targeted intervention - or manner of provision - is still appropriate. RCSLT query a managing authorities capacity to make this judgement.
- (2) and (5) RCSLT are pleased managing authorities will be required to consult with those providing services on management plans and reviews and that Scottish Ministers will be empowered to make orders on when and how these are to be carried out. Would wish the Bill to ensure managing authorities must agree any changes to plan - after review - with responsible authorities similar to 33 (4).

See comment above RE: “taking in to account child’s age and maturity”.

### **3.20 39: Guidance and child’s plan and 40: Directions in relation to child’s plans**

RCSLT welcomes the Scottish Ministers capacity to issue Guidance and Directions in relation to Child’s Plans.

***If the Bill declines to place a duty on Ministers and relevant and responsible authorities RCSLT would wish early direction or guidance to:***

- ensure child’s plans include action to optimise SLC development of the CYP;
- require managing and responsible authorities to identify, recognise and adapt their service communications effectively to CYP and parents individual SLC needs in the delivery of all public services. That is it should establish application of quality Inclusive Communication standards throughout public services and

- ensure those developing, delivering and reviewing child's plans receive training so that they have competences in understanding the risks to well being associated with SLC needs; optimising the SLC development of all CYOP including determining appropriate targeted interventions; identifying SLC needs in CYP and parents and responding effectively to the SLC needs of CYP and parents.

## **Part 6: Early Learning and Childcare**

### **3.21 42: Early learning and childcare:**

This is a crucial part of the Bill for children with SLC needs given "early learning and childcare" is specifically defined as "*a service, consisting of education and care... with regard being had to the importance of interactions and other experiences which support learning and development in a caring and nurturing setting.*".

"Interactions" are communication exchanges between the child and those around them.

RCSLT are very pleased that the Bill specifically identifies "interactions" as important in early years.

RCSLT note that in the Explanatory Notes to the Bill "*Guidance issued by the Scottish Ministers under section 34 of the Standards in Scotland's Schools Act 2000 (the 2000 Act) ... will be used to provide more detail as to what those types of interactions and experiences will encapsulate.*"

RCSLT would be very keen to contribute the development of that guidance and recommend that the guidance sets out actions for early years providers specifically geared to optimising CYP SLC development.

### **3.22 43: Duty to secure provision of early learning and childcare and 44: Mandatory amount of provision:**

While supporting in principle a minimum provision of early years education to all children RCSLT are concerned the Bill, as is, focuses solely on amount of provision without similar focus on quality of that provision.

Exposure to quality communication environments in early years is a key determinant of SLC and other areas of development (as the Chief Medical Officer relates in the Explanatory notes).

We might assume that parents from poorer backgrounds will be unlikely to "top up" 600 hours statutory provision. The quality of the statutory provision their CYP access will therefore be absolutely crucial to closing well being inequalities among CYP and communities generally.

Education authorities may therefore be driven to attend to quantity irrespective of quality particularly if it is only the comparatively weaker guidance (issued under

Section 34 of Scotland's Schools Act) which describes aspects of quality of early years education and childcare.

RCSLT would recommend the Bill empowers Scottish Ministers to issue orders in respect of quality of early years education and childcare as well as quantity.

### **3.23 45: Looked after children: alternative arrangements to meet well being needs**

Evidence shows that looked after children are at higher risk of delayed or disordered SLC development than their peers.

RCSLT would recommend the Bill empowers Scottish Ministers to issue orders in respect of quality of early years education and childcare – including in circumstances where alternative arrangements were made.

### **3.23 46: Duty to consult and plan delivery of early learning and childcare:**

**(1) (a) and (b)** SLTs and more generally health boards will be responsible (under provisions for example related to children's service plans, named person services and child plans) at least in part for quality of early years education and childcare.

It would be helpful, therefore, if education authorities were also required to consult with these parties about *"how it should make early learning and childcare available, and after having regard to views expressed, prepare and publish a plan ... etc"*

### **3.24 47: Method of delivery of early learning and childcare and 48: Flexibility in way in which early learning and childcare is made available**

Similar to above, while welcoming the above provisions in principle RCSLT would wish the Bill to require education authorities to provide early learning and childcare services in a way which optimises working with partner agencies.

## **Part 7: Corporate Parenting**

### **3.25 50: Corporate Parents:**

The Scottish Prison Service has responsibility for the day to day care of vulnerable young people, a disproportionately high number of whom have been through the care system.

RCSLT ask whether the SPS should be added to schedule 3 as corporate parents.

### **3.26 52: Corporate Parenting Responsibilities**

Evidence shows that looked after children are at higher risk of delayed or disordered SLC development.

RCSLT welcomes the responsibilities of corporate parents laid out in the Bill.

To fulfil these responsibilities (e.g. to be alert to matters which could adversely affect the wellbeing of CYP; to assess the needs of those CYP for support and services it provides; to seek to provide those CYP with opportunities to participate in activities etc.) corporate parents will need to have themselves – or have access to - appropriate knowledge, skills and personnel capacity. See comments RE: subsections 57 and 58 below.

**3.27 52 (d) and (e) (i) and (ii):** RCSLT highlight that given the SLC needs of CYP who are looked after, early guidance or directions issued by Scottish Ministers (subsection 57 and 58) should ensure corporate parents take particular action to ensure provision of activities designed to promote their well being that are communication accessible.

**3.28 53: Planning by corporate parents:**

- (2) RCSLT supports the requirement for corporate parents to consult with other corporate parents. RCSLT would wish corporate parents to be required to have regard for the views expressed by other corporate parents.

**3.29 54: Collaborative working among corporate parents:**

- (1) RCSLT welcome the requirement for corporate parents to work collaboratively however we are concerned by the phrase “*as far as is reasonably practicable*”.

As described above this “get out” could disadvantage CYP who could benefit from essential services which, for a variety of reasons, have a low profile locally and nationally such as SLT. There are currently very few SLT services for secondary school or older CYP in Scotland (despite the evidence showing SLC difficulties can follow CYP in to adulthood) and few, if any, dedicated services for looked after CYP despite the known high need in this group.

**3.30 55: Reports by Corporate Parents:**

- (3) It would be helpful if corporate parents working collaboratively at a local level were required to report jointly on joint corporate parent related activity and outcomes. This would encourage joint working, enable full parental overview and support transfer of lessons learned between corporate parents at a local and national level.

**3.31 57: Guidance on corporate parenting and 58: Directions to corporate parents**

RCSLT welcome the Bills proposals that Scottish Ministers will be empowered to issue guidance and directions in relation the complex and important task of corporate parenting.

RCSLT would hope early guidance or direction ensures corporate parents take particular action to meet the disproportionately high SLC needs among looked after children.

***If the Bill declines to place a duty on Ministers and relevant and responsible authorities RCSLT would wish early direction or guidance to***

- *ensure corporate parents take action to optimise SLC development of CYP in their care;*
- *require corporate parents to identify, recognise and adapt their service communications effectively to CYP individual SLC needs in the delivery of all public services. That is apply quality Inclusive Communication standards throughout services and*
- *ensure relevant personnel working on behalf of corporate parents receive training so that they have competences in understanding the well being risks associated with SLC difficulties; optimising the SLC development of all CYP; identifying SLC needs in CYP and responding effectively to the SLC needs of CYP.*

**Part 8: Aftercare**

**3.32 60: Provision of aftercare to young people**

**(2) (c):** Given that many young people leaving care have SLC needs, RCSLT would wish the Bill to ensure any advice, guidance and assistance offered to care leavers by local authorities is optimally communication accessible. That is, apply quality Inclusive Communication standards throughout aftercare services.

**Part 9: Counselling services**

**3.33 61: Provision of counselling services to parents and others**

RCSLT welcomes provision of counselling services to parents of eligible children and others and the Scottish Ministers right to make orders in respect of that provision.

RCSLT highlights that parents, particularly vulnerable parents, have SLC needs which could impair their ability to benefit from this provision in the Bill.

RCSLT would hope an early order from Scottish Ministers would ensure all parents, regardless of SLC capacity, were enabled to access these counselling services.

Alternatively communication accessibility of counselling services could be assured by establishing a duty to apply quality Inclusive Communication standards throughout public services responsible for applying the Act.

**Part 13: General**

**3.34 74: Assessment of wellbeing**

**(2):** RCSLT welcome the stipulation of the assessment of well being in respect of SHANARRI measures and further welcomes the requirement on Scottish Ministers to issue guidance on how these aspects of well being are to be “used” to assess well being – although use of the word “used” is not particularly clear here.

Given the evidence presented (see appendix) on the link between SLCN and SHANARRI outcomes RCSLT would hope that early Ministerial Guidance alerts persons to these links and provides guidance on how to optimise the SLC development and capacity of all CYP.

***If the Bill declines to place a duty on Ministers and relevant and responsible authorities to optimise SLC development of all CYP RCSLT would wish early direction or guidance to***

- *ensure services take action to optimise SLC development of every CYP in Scotland;*
- *require these same persons to identify, recognise and adapt their service communications effectively to CYP and parents individual SLC needs in the delivery of all public services. That is establish application of quality Inclusive Communication standards throughout public services responsible for applying the Act and*
- *ensure the CYP workforce receives training so that they have competences in understanding the wellbeing risks associated with SLC difficulties; optimising the SLC development of all CYP; identifying SLC needs in CYP and parents and responding effectively to the SLC needs of CYP and parents.*

#### **Reference / Evidence summary:**

**1. In December 2011, the EU’s Employment, Social Policy, Health and Consumer Affairs Council noted that communication difficulties put children unnecessarily at risk** of poor educational, social and economic progress, and that prevention, early detection, follow up and appropriate intervention could be very effective in avoiding or minimising the consequences of such problems. It has invited member states to strengthen efforts in raising public awareness of communication disorders in young people (Council of the European Union 2011).

#### **2. No national strategy after “Play, Talk, Read”**

Although communication capacity is central to most, if not all of the policies related to the Bill (see below), there remains only a diffuse or implicit reference to communication capacities in policy.

To illustrate - although “Play, Talk, Read” is a very welcome strategy which encourages parents to create a good environment for speech, language and communication development from an early age – there are no strategies to;

- ensure optimum communication capacity development for children who’s parents themselves have communication capacity difficulties (i.e. vulnerable parents, parents with mental health or learning difficulties, parents in prison, or those of low socioeconomic status with disproportionately high literacy difficulties ) or
- to follow up on CYP or parents who don’t manage to develop normal speech, language and communication (SLC) either in the early years or once CYP reach school.

### 3. Communication capacity underpins realisation of Rights.

*Article 12 (respect for the views of the child)*

*Every child has the right to say what they think in all matters affecting them, and to have their views taken seriously.*

To enjoy equal rights children need to be able to express themselves to the best of their ability.

*Article 13 (freedom of expression)*

*Every child must be free to say what they think and to seek and receive information of any kind as long as it is within the law.*

To enjoy equal rights children need to be able to understand information to the best of their ability.

Therefore to enjoy, as much as possible, their rights under the UN Convention on the Rights of the Child (UNCRC) every CYP needs to have the opportunity to develop the best possible speech, language and communication skills and, where this is an area of difficulty, society needs to recognise and adapt effectively to their individual speech, language and communication needs (SLCN).

### 4. Communication capacity underpins realisation of well-being (SHANARRI)

The “headline” definition of well being – SHANARRI – refers directly to factors that require communication capacity. Aspects of communication capacity are explicitly recognised for example in descriptors of...

*RESPECTED (R) = Having the opportunity, along with carers, to be heard and involved in decisions which affect them*

*RESPONSIBLE (R) = Having opportunities and encouragement to play active and responsible roles in their schools and communities and where necessary, having appropriate guidance and supervision and **being involved in decisions** that affect them.*

However even although communication capacities are explicitly recognised as being essential to well being, the final “INCLUDED” descriptor fails to list “communication inequality” as a barrier to well being – although “physical” inequalities are recognised.

There is strong evidence of the links between well being factors in SHANARRI and SLC needs.

S	Safe	<ul style="list-style-type: none"> <li>• Communication is frequently cited as a feature of the symptomatology of abuse and neglect...the evidence points clearly to the effects on expressive ability<sup>xxii</sup>.</li> <li>• In comparison with the general population people with CSN are more likely to be victims of crime or be convicted of crime<sup>xxiii</sup></li> <li>• Language impaired children are at risk of being the target of bullies at school.<sup>xxiv</sup></li> </ul>
H	Healthy	<ul style="list-style-type: none"> <li>• 50-60% of children with a speech, language and communication disorder would fulfil the criteria for a mental health difficulty.<sup>xxv</sup></li> </ul>
A	Achieving	<ul style="list-style-type: none"> <li>• Speech and language impairment identified at age five has long-lasting effects. In one study more than 72% of children who had SLI at age 5 remained impaired at age 12<sup>xxvi</sup></li> <li>• A survey of two hundred young people (with behavioural and / or learning difficulties) in an inner city secondary school found that 75% of them had SLCN that hampered relationships, behaviour and Learning<sup>xxvii</sup></li> <li>• Adolescents with language impairments often fall short of the demands necessary to successfully learn in school' causing them to fall behind peers especially as language expectations increase<sup>xxviii</sup></li> <li>• For 1 in 500 children and young people in the UK with a speech, language or communication impairment, the impairment will be lasting and severe and will follow them into adulthood with the associated social, emotional and economic difficulties this entails<sup>xxix</sup></li> </ul>
N	Nurtured	<ul style="list-style-type: none"> <li>• Parents report that their child's poor communication causes stress across the family structure and there are indications that concerns grow as the child gets older. (Anecdotal)</li> </ul>
A	Active	<ul style="list-style-type: none"> <li>• In comparison with the general population people with CSN are more likely to experience negative communication within education, healthcare, criminal justice system and other public services and have difficulty accessing information required in order to utilise services<sup>xxx</sup></li> </ul>
R	Respected	<ul style="list-style-type: none"> <li>• In comparison with the general population people with CSN are more likely to experience negative communication within education, healthcare, criminal justice system and other public services and have difficulty accessing information required in order to utilise services<sup>xxxi</sup></li> </ul>
R	Responsible	<ul style="list-style-type: none"> <li>• There is a well established link between communication disorders and behavioural difficulties<sup>xxxii</sup></li> <li>• Behavioral difficulties of an aggressive nature have been reported as showing increased prevalence in young children with speech and language impairment<sup>xxxiii</sup></li> <li>• Research in Denmark shows boys with severe expressive and receptive problems were at a higher risk of sex offending<sup>xxxiv</sup></li> </ul>

<sup>i</sup> James Law and Janet Conway, Child Abuse and Neglect: the effect on communication development. A review of the literature. Afasic.

<sup>ii</sup> Law J et al (2007) *Communication Support Needs: a review of the literature* Scottish Executive Social Research

<sup>iii</sup> Conti-Ramsden, G., & Botting, N. (2004). Social difficulties and victimisation in children with SLI at 11 years of age. *Journal of Speech, Language and Hearing Research*, 47(1), 145-172.

<sup>iv</sup> Baker and Cantwell, 1991 and Beitchman 1986

<sup>v</sup> Benasich, Curtiss & Tallal 1993

<sup>vi</sup> Sage, R. (2005) *Communicating with Students Who Have Learning and Behaviour Difficulties: A continuing professional development programme* *Emotional and Behavioural Difficulties* 10 4 281-297

<sup>vii</sup> Sanger et al (2002)

<sup>viii</sup> Hall, David, "Health for all Children" 1996

<sup>ix</sup> Law J et al (2007) *Communication Support Needs: a review of the literature* Scottish Executive Social Research

<sup>x</sup> Law J et al (2007) *Communication Support Needs: a review of the literature* Scottish Executive Social Research

<sup>xi</sup> Humber E, Snow PC. (2001) The language processing and production skills of juvenile offenders: a pilot investigation. *Psychiatry, Psychology and Law* 8: 1-11.

<sup>xii</sup> Carson, D. K., Klee, T., Perry, C. K., Muskina, G., & Donaghy, T. (1998). Comparisons of children with delayed and normal language at 24 months of age on measures of behavioral difficulties, social and cognitive development. *Infant Mental Health Journal*, 19, 59-75

I	Included	<ul style="list-style-type: none"> <li>• In comparison with the general population people with CSN are more likely to experience negative communication within education, healthcare, criminal justice system and other public services; have difficulty accessing information required in order to utilise services; be misjudged in terms of cognitive and educational level; be unemployed or employed at an inappropriately low level and live in socially deprived areas.<sup>xxxv</sup></li> </ul>
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Given the explicit recognition of communication capacities as key to well being, and the evidence linking SLC difficulties and poor outcomes - RCSLT argue to achieve the best possible well being for every child or young person every CYP needs to have the opportunity to develop the best possible speech, language and communication skills and, where this is an area of difficulty, society needs to recognise and adapt effectively to their individual speech, language and communication needs.

## 5. Communication capacity underpins Getting it Right for Every Child (GIRFEC)

Scottish Government's guide to GIRFEC (June 2012) outlines what GIRFEC means for CYP and their families, for example;

- **They understand** what is happening and why
- **They have been listened to carefully and their wishes have been heard and understood**
- **They are appropriately involved in discussions and decisions** that affect them

Core components of GIRFEC includes;

- A common approach to **gaining consent** and to sharing information where appropriate

Consent requires people to **understand** what's on offer and to **express** agreement or otherwise.

Values and Principles of GIRFEC include;

- Putting the child at the centre: Children and young people should **have their views listened to** and they should **be involved in decisions** that affect them
- Supporting **informed choice**: Supporting children, young people and families in **understanding** what help is possible and what their choices may be

"My world triangle "includes under "How I grow and develop"... "**Being able to communicate**".

The Resilience Matrix refers to the ability to "**Talk to** other people about the things that frighten or bother me"

<sup>xiii</sup> Mouridsen and Hauschild 2008

<sup>xiv</sup> Law J et al (2007) *Communication Support Needs: a review of the literature* Scottish Executive Social Research

People of all ages with communication support needs have higher incidence of “**Adversity**” and “**Vulnerability**” characteristics set out in the “**Resistance / vulnerability**” matrix which informs GIRFEC.

Evidence shows, in comparison with the general population people with SLC needs (or communication support needs) are more likely to<sup>xxxvi</sup>;

- be **unemployed** or employed at an inappropriately low level
- be **victims** of crime
- be **convicted** of crime
- have **difficulty accessing information** required in order to utilise services
- live in **socially deprived** areas.
- **experience negative communication** within education, healthcare, criminal justice system and other public services
- **be misjudged** in terms of cognitive and educational level

RCSLT argue therefore that to deliver on GIRFEC every CYP needs to have the opportunity to develop the best possible speech, language and communication skills and, where this is an area of difficulty, society needs to recognise and adapt effectively to their individual SLC needs.

## 6. Communication is a key strand of the Early Years Framework

Early Years Outcome Indicator no. 16. measures the percentage of children displaying age-appropriate communication skills<sup>xxxvii</sup>.

The short term outcomes under this indicator is

- Awareness of what constitutes **age-appropriate communication skills**

In the medium terms outcomes are;

- Identifying children who have **speech, language and communication needs** (SLCN)
- Intervening early to **enable them to communicate and engage** more effectively with others and in an education environment.

This is a **very welcome strategic driver** as it promotes focus and action on children’s communication capacity.

This driver however needs a comprehensive strategy behind it to enable parents and services across Scotland to effectively and efficiently deliver the best early years “Outcome 16” results. The profile of the importance of SLC development also needs to be extended beyond early years and beyond policy – to legislation, regulation or national guidance.

## 7. Communication capacity underpins the good parenting

<sup>xv</sup> Law J et al (2007) *Communication Support Needs: a review of the literature* Scottish Executive Social Research

<sup>xvi</sup> Early Years Outcomes; This Outcomes Framework lays out the short, medium and long-term outcomes associated with the indicators identified for the Early Years Framework. For further information on The National Outcomes see: <http://www.scotland.gov.uk/About/scotPerforms/outcomes>

Parents' own SLC competence directly affects their ability to

- interact positively and establish good relationships with their child<sup>xxxviii</sup> (or establish strong attachment),
- access and benefit from parenting support and other services and is a risk factor for social and economic disadvantage<sup>xxxix</sup> and
- “model” language and communication for their child to learn from.

Unfortunately the Early Years Framework gives little or no mention of the communication barriers which might be faced by parents – which in turn impact on their ability to provide appropriate “well being” environments for their children.

To ensure every parent can be the best parent they can be RCSLT argues that every parent and family needs to enjoy equal access to information, advice and support across public services – regardless of their own communication capacities.

Parenting programmes – and all other advice, information and services should demonstrate quality inclusive communication practice.

Strategies to raise parents understanding of SLC development, how they can support it (beyond “Play, Talk Read”) and how to identify problems early etc. should also be put in place.

## 8. Common Core Skills allude to speech, language and communication capacity

The first of two “context” of the essential characteristics of those working with CYP and families is “Relationships with children, young people and families”. Positive relationships are founded on effective communication between parties.

Within this “context” non-discriminatory practice requires all members of the children’s workforce to

- *Understand your impact on children, young people and families and how they might perceive you. **Adapt your tone, language and behaviour to suit the circumstances***

Respecting the views of the child requires all members of the children’s workforce to

- ***Include children, young people and families as active participants, listening to them, offering choices***
- ***Explain decisions and ensure children, young people and families fully understand them and their implications, especially if the final decision isn’t what they hoped for***

<sup>xvii</sup> See “Scotland – the best place to bring up children”, A collection of essays on Parenting; Parenting across Scotland (2012); 40-44; <http://www.parentingacrossscotland.org/media/253972/pas-the-best-place.pdf>

<sup>xviii</sup> Law J et al (2007) *Communication Support Needs: a review of the literature* Scottish Executive Social Research

The second “context” for the essential characteristics of those working with CYP and families is “Relationships between workers” which requires all members of the children’s workforce to;

- *Be aware of **who can help when you cannot communicate effectively with children, young people or families for any reason***

Common values of those working with CYP and families in Scotland include;

- *Putting the child at the centre: children and young people should **have their views listened to and they should be involved in decisions***
- *Supporting **informed choice**: supporting children, young people and families in **understanding** what help is possible and what their choices may be*

RCSLT argue that to deliver the objectives of “Common Core Skills” every member of the CYP workforce needs quality assured training in

- optimising the speech, language and communication (SLC) development of all CYP.
- identifying SLC needs in children and parents
- responding effectively at least at a basic and up to an advanced level to the SLC needs of CYP and parents

#### **9. 50% of CYP from deprived communities have SLC difficulties and they are the most common difficulty experienced by CYP**

- Communication difficulties are the most common difficulties children have.
- 6% of the total population of children have SLC difficulties equal to 2 children per classroom.
- Over 50% of children from deprived communities enter school with SLC delay or disorder.

#### **10. Children and young people in crisis today clearly indicate what we have been doing until now is not enough**

- At Polmont Young Offenders Institute 26% of young men have clinically significant communication impairment and 70% have difficulties with literacy and numeracy<sup>xl</sup>
- A study of young unemployed men found that over 88% were described as presenting with language impairment, having some degree of difficulty with language<sup>xli</sup>.
- A study into young people not in education, employment or training (NEET) showed that 100% of the individuals who completed the speech and language therapy assessments presented with some degree of SLCN, of which 50% had severe difficulties i.e. language levels more than 2 years below their chronological age. Over half (54%) of the

<sup>xix</sup> SPS statistics reported to Scottish Parliament in answer to PQ 2003

<sup>xx</sup> Elliott, N. (2009). An investigation into the communication skills of long-term unemployed young men. Pontypridd: University of Glamorgan

young people assessed had a severe communication disability. Only 21% had previously been referred for speech and language therapy<sup>xiii</sup>

- 38% of children referred to child psychiatric services met one or more criteria for previously identified language impairment while 41% met criterion for unsuspected language impairment. In total 63.6% of children referred had a language impairment<sup>xiii</sup>

### **11. Awareness and understanding of communication capacity, identifying difficulties, their impact etc. is varied at best but often low.**

For example although the national guidelines on GIRFEC (June 2012) “My world triangle” includes “Being able to communicate” as important the further description of “communication” omits to mention comprehension / understanding capacity. Even it only refers to one half of communication, i.e. expressive communication capacity. Children are not able to express themselves meaningfully or with relevance without comprehension.

### **12. Recent mass surveys tell us parents and the children’s workforce need help to ensure optimum development of communication capacity.**

Learning from the English strategy “*Better Communication Action Plan*”<sup>xiv</sup>, reported by Communication Champion Jean Gross earlier in 2012 records both a high need and a high demand for information by parents about how they can support their child’s language.

In 2011, a **survey of 3,000 parents** commissioned by Gross found that 82% believed that more information on how children develop speech, language and communication would be helpful. The survey also exposed widespread lack of knowledge about children’s speech and language development. For example, only a quarter of parents knew that, on average babies, say their first words between 12 and 18 months.

A similar survey by the National Literacy Trust in 2011 found a fifth of parents-to-be believe it is only beneficial to communicate with their baby from the age of three months and one in 20 believes that communicating with their baby is only necessary when they are six months or older.

**Gross concludes** that ‘much remains to be done to help parents become as aware of when children should be talking as when they should be walking’.

She suggests **several good practice success factors** including:

- Approaches which **build capacity in the children’s workforce** - sustained professional development that changes adults’ interactions with children and helps them provide communication-supportive environments
- Approaches for children, young people **and adults** which build on their strengths rather than focusing on their weaknesses

<sup>xxi</sup> Lanz, R. (2009). Speech and language therapy within the Milton Keynes Youth Offending Team: A four month pilot project

<sup>xxii</sup> Cohen, N.J et al (1989) ‘Prevalence of unsuspected language disorders in a child psychiatric population.’ *Journal of the American Academy of Child and Adolescent Psychiatry*28, 107-111

<sup>xxiii</sup> Better Communication: An action plan to improve services for children and young people with speech, language and communication needs; Dept. of Health 2008; [www.teachernet.gov.uk/publications](http://www.teachernet.gov.uk/publications) Search using the ref: DCSF-01062-2008

**13. At universal level there are large but un-quantified gaps in CYP workforce SLC development and support competences and no comprehensive plan to develop these.**

It is widely recognised that skilled staff are essential to the development of the child's language and communication<sup>xxiv</sup>

SLTs services, working in both statutory and independent sectors (e.g. I CAN) deliver training to parents and colleagues to optimise all children's communication capacity – as well as that of children at risk.

Training to develop these competences across Scotland and the CYP workforce varies widely.

The last review (2003) of services for CYP with SLCN expressed concern about the limited knowledge and confidence of staff to deal with SLC<sup>xxvi</sup> and called for more professional development opportunities<sup>xxvii</sup>.

Scotland has no standards and collects no clear data on this competency within the CYP workforce – even although competences in this area are crucial to delivery of the Bill.

**14. Targeted level SLC services (i.e. targeted at vulnerable groups) are non-existent, geographically patchy, under threat or short term.**

SLTs across Scotland lead award winning initiatives targeting communication capacities of vulnerable CYP and parents. For example;

- The “Communication Help and Awareness Team” (CHAT) in Forth Valley has been effective in enhancing the language skills of pre-school children and has been shown to be more advantageous than nursery education alone<sup>xxviii</sup>.
- The ‘Before Words’3 project in Moray, developed in response to health visitor requests for parent information, has produced accessible, illustrated parent information with captions at a reading age of nine covering ante-natal to word-joining stages. Materials emphasise the relationship between attachment and developing communication in children. The illustrations depict a range of family situations and focus on everyday tasks as opportunities to communicate. The project has two strands – universal distribution throughout Moray and targeted intervention with more vulnerable families. Experience shows that parents like the resources; identify with the illustrations; use them to

<sup>xxiv</sup> A Scottish Executive review of Speech and Language Therapy, Occupational Therapy and Physiotherapy for children (2003)

<sup>xxv</sup> A Scottish Executive review of Speech and Language Therapy, Occupational Therapy and Physiotherapy for children (2003)

<sup>xxvi</sup> Law J et al (2007) *Communication Support Needs: a review of the literature* Scottish Executive Social Research

<sup>xxvii</sup> Forth Valley Health Board: Communication Help and Awareness Team CHAT (July 2007 – March 2008)

reassure and inform; and work with the advice. Professionals find them easy to access and use; use the resources as a talking point or programme structure; and appreciate them as part of information in training.

Both of these projects though and other SLT led projects focussed on the particular needs of older “at risk” groups (e.g. secondary school and looked after CYP) are generally short term or vulnerable to year by year funding cuts. CHAT funding has been stopped as of August 2013.

An SLT interpretation of the very successful Family Nurse Partnership approach identifies the crucial element of success as good person-centred communication between nurse and mother.

Getting communication right between service providers and parents clearly pays off.

RCSLT suggest that “getting communication right between service providers and parents” more universally (and with a skilled, targeted approach for disadvantaged parents) could achieve at least some of the benefits of the Family Nurse Partnership with a much wider population of parents and children, at a fraction of the cost.

A strategic drive behind SLC development could help establish sustained, best practice SLC targeted level services across Scotland. Making it a duty to apply quality Inclusive Communication standards throughout public services would help services, universally and at a targeted level, to “get the communication right” between service providers and more users more often.

### **15. Scotland is witnessing a diminishing pool of professional experts in SLC development – specifically qualified to develop and / or deliver universal, targeted and specialist level SLC services**

The Allied Health Professions (AHP) Waiting Times Census in Scotland (2012) showed that in one week in February 2012 95% of CYP referred wait 27 weeks to see a SLT and some up to 81 weeks<sup>xlix</sup>.

SLT capacity in Scotland has decreased by 2.4% since 2008<sup>l</sup>.

SLT services funding has been cut in the majority (6/9) of health boards and at least 50% (5/10) of local authorities (who responded to an FOI) since 2011<sup>li</sup>.

These statistics mean Scotland is witnessing a diminishing pool of professional experts in SLC development at the same time as identifying SLC development as crucial to delivery of all the policies listed above.

<sup>xxviii</sup> Findings from the AHP Waiting Times Census in Scotland: Patients seen for First AHP Treatment from Monday 6 February to Friday 10 February Publication date – 10 July 2012

<sup>xxix</sup> Information Services Division (ISD) AHP Workforce Statistics 2011 at 30 September 2011 : Overall Trend 2008 to 2011

<sup>xxx</sup> Data from FOI by Richard Simpson MSP office, November 2011

Reductions in SLC development and communication equality enhancing knowledge, skills, experience and expertise is wholly contrary to delivery of a Scotland for Children.

#### **16. Literacy difficulties can mask more fundamental speech, language and communication difficulties but don't get the same strategic attention.**

Reading and writing difficulties are often the publicly observable symptoms of more fundamental, underlying speech, language and communication difficulties. Problems in these underlying key skills are not as easily observable or known about and don't attract the same strategic attention – unlike the observable difficulties targeted by the Literacy Action Plan.

Competences in oral language are however vital to subsequent transition to literacy.

To learn the 3Rs individuals first need to have more basic speech, language and communication skills<sup>lii</sup>.

Scotland needs a comprehensive strategy to enable parents – and services – across Scotland to effectively and efficiently deliver the best speech, language and communication outcomes for all CYP to maximise their reading, writing and numeracy potential.

#### **17. Inclusive Communication best practice is inconsistent across communication needs groups and communities across Scotland.**

Evidence shows in comparison with the general population people with communication support needs are more likely to experience negative communication within education, healthcare, criminal justice system and other public services and have difficulty accessing information required in order to utilise services.

The Scottish Government Equalities Unit has over the years sponsored and / or published several guidelines and practical toolkits to support implementation of inclusive communication good practice in Scotland<sup>liii</sup>.

Although these toolkits and guidelines are available they are by no means universally applied. Further there are no regulatory checks on the inclusion of communication disadvantaged groups or “communication inequality” in Scotland – unlike checks on inclusion of physically disadvantaged groups. Without strategic leadership and regulation implementation remains patchy and of widely varying quality.

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<sup>xxxi</sup> Hall 4 Report DHSSPS nowling, M. (eds) Dyslexia, Speech and Language: A Practitioner's Handbook. 2nd Edition, Whurr Publishers (2006)

<sup>xxxii</sup> For example: Scottish Government commissioned and / or published Principles of Inclusive Communication; “Talk for Scotland Toolkit”

The absence of universally available, quality, communication accessible information, advice and support services will impede delivery of the Bill's objectives.

The Bill provides more impetus, if any were needed, to introduce statutory guidance on inclusive, communication accessible publicly produced information.

### **18. A strategic focus on speech, language and communication capacity makes a difference.**

Parts of the UK have taken strategic action to optimise the SLC development of CYP, both universal to support all parents and targeted support for vulnerable parents.

The 'Bercow Review' (2008)<sup>liv</sup> set out 40 recommendations to improve services across five themes:

- **Communication is crucial** - a key life skill at the heart of every social interaction and vital to children's successful development
- **Early identification and intervention is essential** to maximise each child's chance of overcoming their communication need and succeeding
- **A continuum of services** designed around the family for children with communication support needs
- **Joint working** is critical to deliver services that provide effective support
- **The current system is characterised by high variability** and a lack of equity

The review led the UK Government to invest around £55 million over three years in

*"Better Communication: An Action Plan to Improve Services for Children and Young People with Speech, Language and Communication Needs"*<sup>lv</sup>.

Jean Gross (2011), 'communications champion' for England, recently published her final report on the impact of the action plan<sup>lvi</sup>.

Reports from 30 "Pathfinder" projects are due to be published in October 2012.

Gross reported that, in two years, the "Better Communication Action Plan" led to;

- Increased awareness of the centrality of good communication skills to children's learning, wellbeing and life chances. Activity has... provided practical support to those front-line workers and to parents.

<sup>xxxiii</sup> John Bercow MP (2008) led an independent review of services for CYP with SLC needs in England on behalf of the then Department for Children, Schools and Families.

<sup>xxxiv</sup> Better Communication: An action plan to improve services for children and young people with speech, language and communication needs; Dept. of Health 2008; [www.teachernet.gov.uk/publications](http://www.teachernet.gov.uk/publications) Search using the ref: DCSF-01062-2008

<sup>xxxv</sup> Two Years On: final report of the Communication Champion for children; Jean Gross, Communication Champion December 2011 [http://www.thecommunicationtrust.org.uk/media/9683/nwm\\_final\\_jean\\_gross\\_two\\_years\\_on\\_report.pdf](http://www.thecommunicationtrust.org.uk/media/9683/nwm_final_jean_gross_two_years_on_report.pdf)

- Some measurable improvements in the percentage of five-year-olds achieving age appropriate levels in the 'Language for Thinking' early years foundation stage profile
- A reduction from 23% to 18% of parents who were concerned about their child's SLC development reporting that they did not receive any help
- Increasing recognition of communication skills as a priority in local strategic planning leading several local areas to develop a community-wide strategy to promote improved communication skills for all children. For example the 'Stoke Speaks Out' early years campaign which has reduced the percentage of three to four-year-olds with language delay from 64% in 2004 to 39% in 2010.
- Some helpful policy developments at government level such as the joint work of the departments of education and health to establish communication and language as a prime area of children's learning

### 19. Quality SLC Services – led by SLTs - save money

There is strong evidence<sup>lvii</sup> to show the health and social care cost savings, quality of life, and **productivity gains generated by SLT exceed their costs.**

**Quality universal, targeted and specialist** SLT services can deliver an annual net benefit of at least **£58 million** to the Scottish economy. Every £1 invested in enhanced SLT for children with specific language impairment generates £6.40, derived from improved communication leading to improved educational achievement.

**RCSLT Scotland Office  
26 July 2013**

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<sup>xxxvi</sup> Marsh, K., Bertranou, E., Suominen, H. and Venkatachalam, M. (2010). An economic evaluation of speech and language therapy. Matrix Evidence