



Dear Mrs Burnham,

Thank you for the opportunity to respond to the consultation on the **Proposed Additional Learning Needs LCO Committee – The National Assembly for Wales (Legislative Competence) Order 2007.**

This is a joint response to the consultation produced by Royal College of Speech and Language Therapists and the All Wales Speech and Language Therapy Managers Committee.

Firstly I would like the opportunity to give you some facts about our two organisations

The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists and support workers in the UK. The College provides leadership in order that issues concerning the profession are reflected in public policy and people with communication, eating, drinking or swallowing difficulties receive optimum care. The RCSLT leads an inclusive profession whose members deliver quality services to meet diverse needs

RSCLT represents around 12,000 Speech and Language Therapists, Technical Instructors, Assistant Speech and Language Therapists and students in the UK.

Approximately 400 qualified Speech and Language Therapists practice in Wales.

RCSLT members work primarily in the NHS but also in the independent sector, Education, Research and the Voluntary sector. About 70% of the profession work primarily with children with speech and language and communication difficulties, 30% with adults.

All Wales Speech and Language Therapy Managers Committee is the body that makes representation and gives advice relating to provision of speech and language therapy services in Wales to the National Assembly for Wales both directly and via the Therapies Adviser to Welsh Assembly Government and

Wales Therapies Advisory Committee. It promotes best practice and develops All Wales standards and policies to ensure equity of provision.

Before formally responding to the questions posed in the consultation we would like to state in the strongest terms that we welcome the devolution of primary law making powers to the National Assembly for Wales in respect of additional educational needs.

We would like to move now to answering your questions regarding the LCO as set out in the consultation document:

1. Would the terms of the proposed Order allow for the implementation of the policy agenda on additional learning needs by means of Measures? If not how would the proposed Order need to be re-drafted and why?

Whilst the terms of the proposed Order would allow for the implementation of the policy agenda there is always a regard to the principles of the legislation being met with the resources available to the professionals delivering the service.

We understand that this is an early stage of development and that, should the LCO be passed, this would enable further Assembly Measures to be enacted and we would welcome further opportunity to discuss the implications of those Measures.

As with the regard to redrafting at this stage we would draw the committee's attention to our contribution to Question Three which makes a strong argument that the LCO needs to be expanded in order to fully implement a policy agenda on additional learning needs.

In summing up our response to Question One, we would ask the committee to be mindful of the need for new legislation to be accompanied by adequate resources. We would also like the Committee to address the question of where the provision for these resources can be shared by both Education and Health departments as there is an element of both issues with regard to the people using our services in the context of this LCO.

2. Is it appropriate for the proposed Order to cover all persons? If not, how should the proposed Order be re-drafted and why?

Simply put, the answer to this question is yes.

Placing age limits would be detrimental to the progress of the individual and with regard to our reference to resources in Question 1 we would state that there should be a more seamless service provision for those entering adulthood.

It is important to bear in mind that the nature of additional educational needs provision may well have resulted in slower educational progress amongst people reliant on such a service. Many people may well have been let down by the system

and will therefore, perhaps, need particular educational and training support in later life. To impose a restriction on the Order based on age would mean that some people who have been failed once might also be failed again in later life.

3. Is the definition of disability in the proposed Order appropriate? If not, how should the definition be re-drafted and why?

As you have asked this question, we conclude that you are able and mindful to give real consideration to redrafting this definition. Given that this is an opportunity for Wales' legislators to make a real difference to the disability debate we would suggest that an addition be made to the definition of a person with disability.

As it currently stands for the purpose of the LCO, a person has a disability if he or she has a physical or mental impairment. We would suggest that the definition be changed so that a person would have a disability if that person has a physical, mental or **communication** impairment.

In making this suggestion it is appropriate for us to make the following clarification:

What is Communication Impairment?

People with communication support needs (CSN) have difficulty with **understanding** the spoken word and / or other non-verbal communication, also the written word; **expressing** themselves through speech and/or writing or other non-verbal communication; **language functions** affecting their ability to express all they want to get over in a meaningful, appropriate and / or socially acceptable way; **interacting** with others in socially accepted ways.

No accurate figures are available on the number of people who have CSN in Wales. Figures for hearing and visual impairment are available but the population of people with CSN is much larger than this. It extends to people who have or have had strokes, head injury, neurological conditions such as MND or MS, autistic spectrum disorder, dementia, mental illness, learning disability, certain cancers and physical disabilities such as cerebral palsy.

Younger People

In the younger population, communication disabilities are common to a variety of categories of people:

- Deafness or severe hearing loss;
- Cleft lip and palate;
- Dyslexia;
- Stammering;
- Aphasia.

Clearly, not all of these fall within the definition of disability as it is currently written in the LCO.

There are over a million children and young people in the UK with a speech, language or communication impairment – an average of 6 in 100 or equal to 2 children per classroom. Many will improve but for 1 in 500 children the impairment will be lasting and severe and will follow them into adulthood with the associated social, emotional and economic difficulties this entails.

Evidence shows that children with speech, language and communication needs have difficulties reading and writing. Early intervention is crucial to reducing their level of disadvantage when they enter school. It is important to remember that children do not 'grow out of' having speech and language difficulties, though the nature and extent of the problem may change and it may become less visible. Given that the education curriculum is heavily language based, these children may never catch up, leading to lower educational attainment and restricted employment opportunities.

Many people would thus be "left behind" if the definition of disability was not broad enough to include them and ensure they received timely and appropriate educational provision. This LCO is a way to ensure educational and early years provision does not leave these children behind.

In Later Life

People with CSN commonly report experiences include being;

- Ignored, actively avoided, thrown out, insulted or put under pressure by impatient and angry service providers.
- Wrongly regarded and treated as a person who is "incapable".
- Given no meaningful or "communication accessible" information.
- Discriminated against by employers from application to recruitment to promotion.

People who have CSN have said...

- *"The way people treat me makes me feel less than human"*
- *"They said "we don't talk to robots"" (to a person using a communication aid.)*
- *"I feel exposed to other's amusement...losing my voice seems to be a fair target for teasing"*

In later life, people with CSN experience difficulty accessing and benefiting from services. Remember that public and other services are delivered predominantly through speech (including help lines) and written text (including online services). Staff are not trained to provide services in ways that are helpful to people with CSN. Restricted communication methodologies act to exclude people with CSN from the services.

Evidence shows that without effective detection and support these children are at risk of behavioural problems, social exclusion, crime and youth offending. For example, research indicates particularly high levels of communication impairment in young offender and prison populations (Bryan 2004).

It is an accepted fact that people with CSN face difficulties in achieving potential in education and employment (Parr et al 2004).

There are also strong connections with other forms of disability. 78% of clients screened in a mental health unit had some form of speech and language problem (France 1997).

Unsupported communication disabilities can lead to lifelong problems.

Service providers have great difficulty providing adequately for people they are not able to have meaningful communication with. They are unlikely to adapt services appropriately if they don't recognise the population, don't know how to meet their communication needs or are under resourced to provide for these needs.

Communication barriers between service providers and users leads to;

- **Dependency** by users and providers on already overburdened family members.
- **Users avoiding services** – until a crisis.
- **Users failing to “co-operate”** with services including a lot of failed or repeat appointments; poor response to advice and challenging behaviour.
- **Providers responding wrongly to needs** – “Inadequate communication can result in wrong diagnosis and inappropriate medication. It can also prevent the client's access to proper assessment...women with cerebral palsy have three times the incidence of death from breast cancer than their non-disabled peers” (Strauss, D., Cable, W. and Shavelle, R. (1999))
- **Providers failing to fulfil obligations** under equality legislation and policies geared to inclusive services.

We believe that the biggest contribution that the Committee could make to changing this order would be to add the word “communication” to the definition. In doing so a whole section of the Welsh community who are currently discriminated against would be protected.

It would be a first for any British legislating body and a truly historical act.

4. Are the terms of the proposed Order drafted appropriately, too narrowly or too broadly? If necessary, how should the proposed Order be re-drafted and why?

Taken with our suggestion in Question 3, we believe that the Order is drafted appropriately.

Thank you again for this opportunity to contribute to this very important debate and I hope we can be of further assistance.

Yours sincerely

Nigel Miller
Chair AWSLT Managers Committee

Dr Alison Stroud
Member of AWSLT Managers Committee and RCSLT

Rosie Jones
Royal College of Speech and Language Therapists

.....