

**PUBLIC RELATIONS COMMITTEE CONSIDERATION OF PE1384
QUESTIONS ARISING FROM COMMITTEE MEETINGS**

- 1. What is your response to the points made in the petition?**

- 2. How do you ensure that quality speech and language services are protected when planning local services and setting budgets? How is this evidenced?**

GLASGOW CITY COUNCIL RESPONSE

(1)

Glasgow City Council (GCC) is supportive of many of the points made in Petition PE1384. In particular that providing quality speech and language services - within an early intervention, staged and multi-disciplinary framework - is a good investment for the future in helping to reduce unmet communication support needs.

We recognise the 'risk' associated with Speech, Language and Communication Needs (SLCN) ie the likelihood of harm occurring in an individual's life due to the speech, language, communication or swallowing condition. We further recognise that these harms can be of a functional, physical and/or psychological nature and can be life-long.

We are aware that an unmet need can lead to negative experiences within education and related services as regards to appropriate assessment and intervention. We further recognise that for children, young people and adults with these needs that this, in turn, can result in significantly higher incidences of poorer attainments, personal alienation and involvement with the criminal justice and mental health services.

In relation to the specific points A-D raised in Section 5 of the petition, we would accept the general thrust contained in points A-C that Speech and Language Therapy (SLT) Services input:

- A. be protected as much as possible.
- B. be targeted within an early intervention and staged model framework.
- C. be located within a multi-disciplinary approach.

In relation to D Education Services has limited input into the adult criminal justice system and have no substantive comment to make with regard to this point.

(2)

GCC Education Services and NHS Greater Glasgow and Clyde (NHSGG&C) SLT Services work collaboratively to reduce the risks for Glasgow's children and young people that are associated with having SLCN. Both agencies agree that a collaborative, co-ordinated and planned approach is the best way to achieve the most positive outcomes for those with SLCN.

Our approach to working together is underpinned by Scottish key policy drivers including:

- Getting It Right for Every Child.
- Additional Support for Learning Act (Scotland) 2010 (Revised).
- Curriculum for Excellence.
- Guidance on Partnership Working - Allied Health Professions and Education (2010).

Whilst SLT are key professionals in the area of speech, language and communication, it is widely agreed that joint planning and reporting for prevention and intervention between Education, Health and Social Work achieves the widest possible benefit for the population of 'at risk' of SLCN groups of children and individuals.

Although few UK studies quantify prevalence of SLCN in children and young people, it is accepted by the Royal College of Speech and Language Therapists that the level of need in school age children is around 10%. It is also accepted that in areas of socio-economic deprivation that this figure is significantly higher; up to 50% in some areas. Using these figures as a baseline would indicate that between 11,000 and 18,000 children in Glasgow experience SLCN. Glasgow City Council Education Services continue to work with NHSGCC, within the framework of a SLA (Service Level Agreement), to provide a service, within a mixed service delivery model, for those children assessed as requiring input.

In the context of the numbers of children experiencing SLCN as described above, it is likely that the majority of those SLCN are as a result of socio-economic disadvantage with the remainder being as a result of specific disorders or conditions. This estimated prevalence clearly shows the size of challenge for GCC Education Services and the NHSGCC.

To service this need, and provide an equitable and transparent service to the whole population, requires:

- (i) joint identification of priority need and planning for prevention and intervention through a shared Staged Intervention Model;
- (ii) a SLT work allocation based on an integrated Education and Health resource allocation model using the Scottish Index of Multiple Deprivation (SIMD).

This in turn is organised to Education areas and establishments via a Service Level Agreements around the SLT core functions of:

- (i) **CONSULTATION, ADVICE & TRAINING**
Stage 1 (capacity building with establishments and parents/carers)
- (ii) **ASSESSMENT & INTERVENTION**
Stage 2 (direct work with child/young person)

As a Council we would argue that the above joint working practices is the key to both achieving the sustained outcomes that we all want for our children, young people and adults; as well as ensuring the protection of quality SLT services in the present economic and political context.