

Education, Children and Young People Committee

7th Meeting, 2024 (Session 6), Wednesday 28 February 2024

Additional Support for Learning inquiry

Introduction

1. The inquiry will consider how the [Education \(Additional Support for Learning\) \(Scotland\) Act 2004](#) (the 2004 Act) has been implemented and how it is working in practice. This inquiry will focus on the following themes—
 - the implementation of the presumption of mainstreaming
 - the impact of COVID-19 on additional support for learning
 - the use of remedies as set out in the Act
2. This is the second formal evidence session of the inquiry, in which the Committee will focus on the second theme as set out above although issues related to the other themes may also be discussed. The Committee will take evidence from the following panel of witnesses—
 - Deborah Best, Director, DIFFERabled Scotland
 - Suzi Martin, External Affairs Manager, National Autistic Society Scotland
 - Glenn Carter, Head of Scotland Office, Royal College of Speech and Language Therapists
 - Dr Dinah Aitken, Director of Development and External Affairs, Salvesen Mindroom Centre
 - Irene Stove, Deputy Head Teacher and Committee Member, Scottish Guidance Association

Background

3. SPICe has produced a background briefing note which attached at **Annexe A**. The SPICe briefing note for our previous meeting on the 21 February 2024 is also published on the Committee's [website](#).

Participation

4. The Committee was keen to speak to people with lived experience of how the the 2004 Act is operating in practice. On 19 February 2024, the Committee held two participation sessions, one with young people and one with parents and carers. The Committee plans to hold a further session with teachers on 4 March 2024. A note of these sessions will be published on the [website](#) in due course.
5. Members are welcome to refer to these sessions in Committee, as long as comments are not attributed to specific organisations or individuals.

Evidence

Oral evidence

6. At its meeting on 21 February, the Committee took evidence from the following panel of witnesses—
 - Susan Quinn, Convenor the EIS Education Committee, EIS
 - Mike Corbett, National Official (Scotland), NASUWT
 - Peter Bain, President, School Leaders Scotland
 - Mathew Cavanagh, ASN Committee, Scottish Secondary Teachers' Association
 - Sylvia Haughney, Education Convener at Glasgow City UNISON branch UNISON Scotland
7. A transcript from that meeting will be published on the [website](#) in due course.

Written evidence

8. Written evidence provided by the following witnesses is attached at **Annexe B**—
 - National Autistic Society Scotland
 - Royal College of Speech and Language Therapists
 - Salvesen Mindroom Centre
 - Scottish Guidance Association

Call for views

9. The Committee issued a call for views on 25 October 2023 which included a BSL version and which ran until 31 December 2023. The Committee received [589 responses](#) to the call for views and [29 responses](#) to the BSL version, all of which can be read on the website. SPICe has produced a summary of the responses received to the call for views which is published on the [website](#).

Local authority position

10. In advance of launching the inquiry the Committee wrote to all local authorities across Scotland seeking a response to a number of questions.
11. Responses have been received from 25 local authorities. These are available in full on the website. SPICe has produced a summary of these responses, which includes a list of those who responded, and this summary is published on the [website](#).

Next steps

12. The Committee will continue to take evidence on the inquiry at its meetings on 6 March, 13 March and 20 March.

Committee Clerks
February 2024

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An t-Ionad Fiosrachaidh

ANNEXE A

Education, Children and Young People Committee

28 February 2024

Additional Support for Learning

Introduction

This briefing is for the Committee's second formal meeting in its inquiry on Additional Support for Learning.

The Committee agreed to focus on the following themes during this inquiry—

1. the implementation of the presumption of mainstreaming
2. the impact of COVID-19 on additional support for learning
3. the use of remedies as set out in the Act

The intention is that in this meeting, the Committee will be focusing on theme 2 – the impact of Covid on the needs of pupils and the support provided. Themes 1 and 3 may also be covered, although not all witnesses will necessarily speak to every theme.

The Committee has already undertaken a range of work gathering written views which has resulted in a high number of responses from organisations and individuals. The Committee has also undertaken two informal sessions with young people and parents/carers on 19 February.

If Members would like to explore any issues in more detail than covered in this paper, please contact SPICe directly.

Covid and its impacts

In her foreword to the current National Improvement Framework and Improvement Plan (“NIF”), the Cabinet Secretary said—

“Our schools and education settings have faced unprecedented upheaval over the last 3 years, largely as a result of the pandemic, but also due to the cost of living crisis which has had a disproportionate impact on communities which were already disadvantaged. Higher energy bills and more expensive food have been hitting our poorest children and families hardest, and all while we continue to recover from a global pandemic.

“Being out of school and early years settings during the pandemic has also had a profound impact on our children and young people. It has changed the type of learning we see in our classrooms and settings, and it has altered relationships between settings, school and home, which are usually built over time and with consistent expectations.”

The Scottish Government’s 2021 [Coronavirus \(COVID-19\) education recovery: key actions and next steps](#) included a section on work being undertaken to support health and wellbeing of pupils. This listed a number of interventions supported by Scottish Government funding, such as school counsellors. The [recovery plan’s section on ASN](#) noted, among other things, funding for pupil support staff. The “Next steps” part of the section on ASN focused on the work implementing the Morgan Review. The Government published the latest update on the Action Plan to take forward the recommendations of the Morgan Review in [November 2022](#). The 2022 Action Plan restructured the continuing work following the Morgan Review under four themes. These themes are—

- Children and Young People's Engagement, Participation & Rights
- Parent and Carer Engagement, Participation & Rights
- Teacher and Practitioner Professionalism
- Leadership & Improvement

The UK Government’s Department for Education commissioned two waves of research to understand how primary and secondary schools in England responded to the impacts of the COVID-19 pandemic and what further support they would need. The report on the second and final wave of the research was based on data collected in the 2021/2022 academic year and was published in January 2023. This found that—

“The most common challenge faced by primary and secondary schools as a result of the COVID-19 pandemic was staff and pupil absence. Staff absences had the greatest impact on schools’ ability to deliver their recovery strategies.

... Beyond the immediate challenge of staff and pupil absences, secondary schools viewed pupils' emotional health and wellbeing as the main challenges in helping pupils recover their lost learning. ... Pupils' social and emotional related difficulties were the most frequently cited needs and leaders also referred to anxiety, autism, ADHD and learning difficulties. Many of these pupils were awaiting assessment. School leaders identified a shortage of external provision and local specialist support as a barrier to efforts to support pupils' mental health and wellbeing."

Similar themes arose in responses to the Committee's call for views. Many responses highlighted lasting effects in relation to mental health and wellbeing and social and emotional issues. Increased need in relation to speech and language, attendance, and changing relationships between schools and parents/carers and other services were also themes in responses.

The Scottish Guidance Association's submission stated—

"There is a wide range of factors which may lead to some children and young people having a need for additional support. These fall broadly into the four overlapping themes: learning environment, family circumstances, disability or health need, and social and emotional factors. The closure of schools and the mitigations that needed to be put in place during COVID impacted on all those factors. Additional support falls into three overlapping, broad headings: approaches to learning and teaching, support from personnel, and provision of resources. All of these supports were impacted during lockdown, the return to "normality" and today."

Increased needs

The Committee sought specific information from local authorities prior to this inquiry. A common theme from these responses was that local authorities are reporting both an increase in the numbers of pupils with additional support needs and an increase in complex needs. Several responses reported an increase since the pandemic, particularly in relation to mental health, dysregulation and speech and language difficulties.

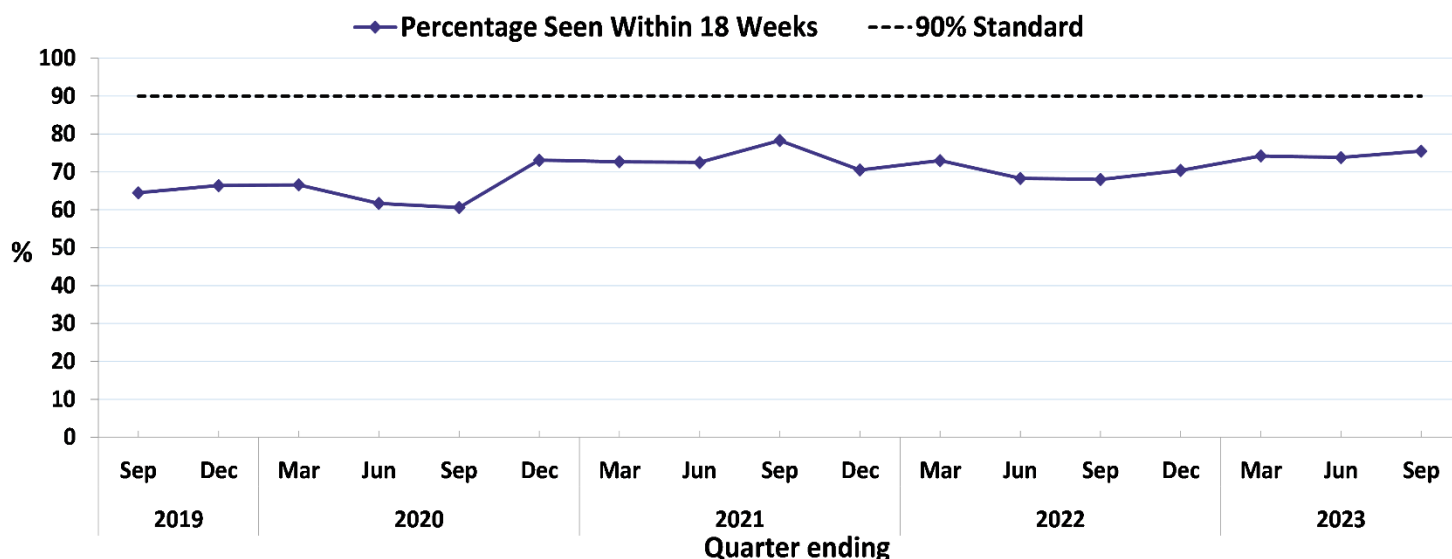
The Royal College of Speech and Language Therapists' submission said—

"We have seen a marked increase in children presenting with speech, language or communication needs since the start of the pandemic, and demand remains high for speech and language therapy even now, over three years on. The impact of COVID-19 continues to be felt by our profession and based on the research and data we have gathered, we believe there are clear systemic interventions required to ensure Scotland's children and young people have the additional support they need for a successful education and future life chances."

Pressure on specialist services

A number of submissions highlighted the pressure on certain services has increased since the pandemic e.g. CAMHS. Cyrenians suggested that the result of the pandemic had placed even greater stress on CAMHS. It said that the service is now at “breaking point” and reported that “many families have said their children have been waiting for over 2 years to receive an assessment”.

The chart [below is from the latest release on Child and Adolescent Mental Health Services \(CAMHS\) waiting times.](#)



The same release reported that, for the quarter ending September 2023, there had been a fall in the number of referrals, a fall in the average waiting times between referral and starting treatment, and a fall in the number children and young people who were waiting to start treatment. All of these decreases have been both year-on-year and quarter on quarter. The waiting list as of September 2023 was 5,344. Of these, 147 children or young people have been waiting over a year.

The Royal College of Speech and Language Therapists’ submission said—

“The clearest indicator of the impact of the pandemic on meeting the communication needs of children and young people has been the increased waiting times for speech and language therapy.

“Recent FOI data highlights the key challenges in waiting times for speech and language therapy in Scotland. A snapshot from May 2023 showed:

- 6503 children waiting for speech and language therapy in Scotland
- The average longest wait for initial contact is 1 year 1 month

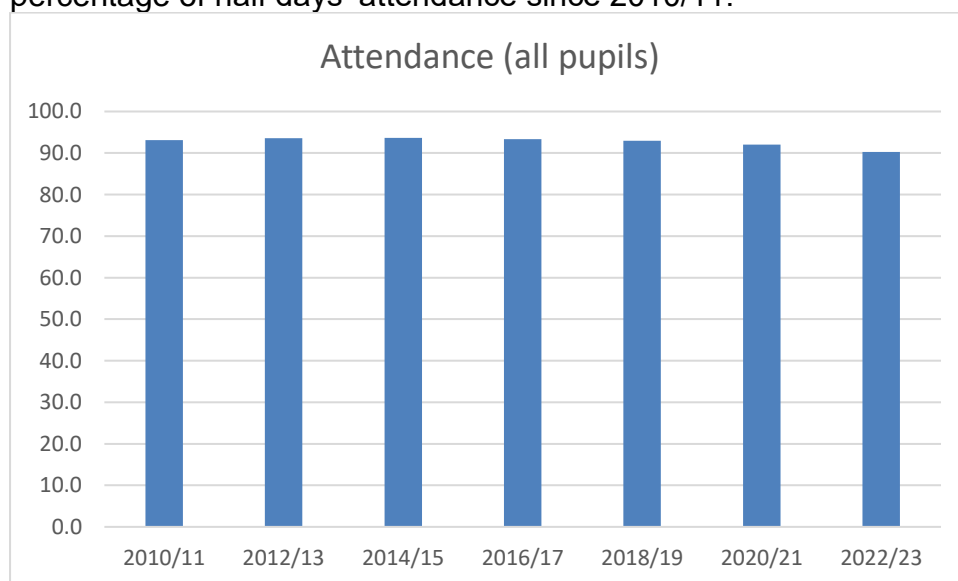
- The average longest wait for individualised therapy – 1 year 5 months
- The longest wait in Scotland is over four years This wait has worsened over the last five years:
- The average longest wait for initial contact has increased in the last five years by 7.6 months
- The average longest wait for individualised therapy has increased in the last five years by 10.2 months

“It’s important to note the impact of these waiting times on children. What may seem an inconveniently long wait for an adult can have lifelong implications for a child in a crucial speech and language development window.”

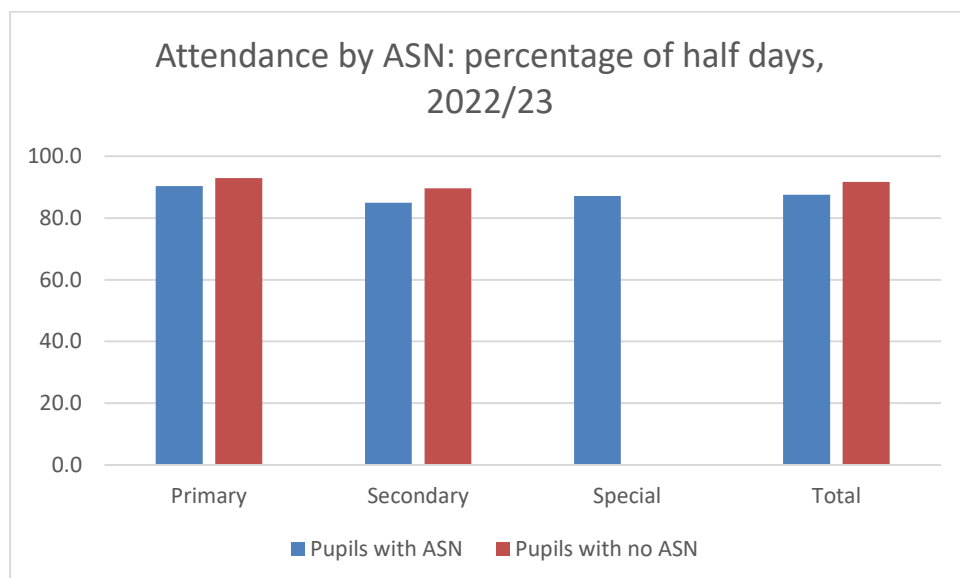
The RCSLT also said that “teachers have highlighted the benefit of preventative approaches and support from agencies such as speech and language therapists but expressed a concern about the delays in accessing this support”. It said that supporting communication can support more positive behaviours.

Attendance

Attendance data is collected in Scotland biennially. The charts below show the percentage of half days’ attendance since 2010/11.



The following chart shows that in 2022/23 the attendance of pupils with an identified ASN, on the whole, is lower than those pupils without an identified ASN.



In [November, Education Scotland published](#) a “deep dive” into issues around attendance. One of the groups that this report highlighted as being “more vulnerable to low attendance” is pupils with additional support needs, including:

- children and young people who have experienced care
- young carers
- children and young people who have experienced exclusion
- anxious children and young people

This report suggested that there were four types of factors that may prevent good attendance. These were:

- Individual factors, e.g. mental health, anxiety, disinterest in education
- Peer factors, e.g. poor relationships with peers
- Family factors, e.g. parental mental health, financial issues, low parental interest
- School factors, e.g. the school ensuring that the child is interested in the curriculum and feels supported.

This report stated that the “relationship between attendance, behaviour, and wellbeing are interlinked”. The report argued that schools should consider the child, their family circumstances, and their needs in supporting attendance.

The SGA submission stated—

“When schools reopened many young people – particularly those with Autism or Anxiety had taken the message to “Stay Home, Save Lives!” to heart and were unable to leave the safety of their home and return to school. There continues to be a higher absence rate than pre pandemic time across the country (a drop of about 3%). Some young people have yet to return to school. This is creating a strain on services and families.

“Guidance and Support Teachers have found that they are increasingly spending time on trying to engage with families who have been affected by the pandemic and are not attending school at a level which is deemed appropriate. We are looking for support from services that are already at capacity and often find that as a Universal Service we are left to try and create supports that are not meeting the need.”

Changing practice after the pandemic

Some pupils experienced some benefits through the experience of learning outwith the school environment. Salvesen Mindroom Centre’s submission noted that for some “not having to cope with the demands of teachers and face to face peer relationships, and not having to cope in unsuitable (sensory) environments” was a benefit. Others may have preferred the autonomy of online learning. SMC continued—

“For some of these learners who have not been able to return to school at all after the schools re-opened or those who are on a reduced timetable- the fact that some schools are still putting class work on digital platforms such as Teams has been really useful-as they can access this work from home. For parents who found in person meetings difficult (due to social anxieties or time constraints), being able to attend meetings virtually was a real bonus and it is positive that this has continued in a lot of schools.”

The National Autistic Society Scotland’s said that parents have been disappointed that the flexibility of having remote learning has not continued post-pandemic consistently. Its submission suggested that the Government “take forward a programme of work to embed remote and digital learning in Scotland’s education system where it is appropriate, consulting with autistic people whilst doing so.” The Royal Society of Speech and Language Therapists said that the services that appear to be managing the current need most effectively are:

- a) taking a whole system approach to service delivery; and
- b) have a threshold of resource to meet the need.

The Royal Society of Speech and Language Therapists also argued that how the service is funded should be reassessed. It said—

“The challenge for children’s SLT services is the precarious position they are in, straddling health and education funding streams. In many areas, children’s SLT services rely on funding through service level agreements with local authorities to provide support to children with communication needs in schools, however we’ve seen in recent years that this vital funding can be reduced or withdrawn by local authorities. Withdrawing this funding results in children needing to attend NHS clinics for therapy which disadvantages children living in poverty and also severs the vital partnership working that is required to improve the wellbeing, attainment, behaviour and future life chances of children and young people. Having speech and language therapists embedded in schools, with a strong working relationship with education professionals, is fundamental to improving the lives of children and young people with additional support needs. It’s critical that we find a long-term solution to this funding problem, and transformation to the system as a whole.”

Implementation of the presumption of mainstreaming

A key theme of the submissions the Committee received for this inquiry was that there is broad support for the principle of an inclusive education where all children are educated together, at least to the greatest degree possible. This approach is considered to have the potential to provide educational and social benefits for all, and to support a more inclusive society in the long run.

Equally, a very common theme was that, in practice, these benefits are not being realised for everyone. Some of the reasons highlighted in submissions are: lack of resources, in school; and specialist services in both the public sector and the third sector; training for school staff; culture; and inappropriate physical environments.

Present, Participating, Engaged and Achieving and the ASL Vision Statement

In 2019, the Scottish Government published [guidance on the presumption to provide education in a mainstream setting](#). This guidance says that mainstreaming “must be delivered within an inclusive approach.” The guidance reiterates the “four key features of inclusion” which are—

- Present;
- Participating;
- Engaged; and

- Achieving

In 2021, [the Government published](#) a “national overarching vision statement for success for children and young people with additional support needs.” This was developed by a group of young people, the Young Ambassadors for Inclusion. Their vision is that:

- school should help me be the best I can be.
- school is a place where children and young people learn, socialise and become prepared for life beyond school.
- success is different for everyone.
- but it is important that all the adults that children and young people come in to contact with in school get to know them as individuals. They should ask, listen and act, on what the young people say about the support that works best for them.

There is an action within the national ASL Action Plan to promote this vision. The National Autistic Society Scotland’s submission stated that it “believes that autistic young people can (and should) receive education, where it is appropriate, in a mainstream setting; however, we know that many learners continue to be let-down by the lack of support in such environments”. It continued—

“Whilst Presumption to Mainstream is a laudable ambition, it is, as implemented, failing. We see it is failing because Scotland’s mainstream schools are not inclusive of autistic children and young people. It is apparent in the higher levels of exclusions (both formal and informal), the prevalence of part-time timetabling, and all the negative experiences described [in our submission] by autistic young people and parents.”

NASS made a number of recommendations, these included “that robust ‘awareness training’ in autism and neurodivergence is compulsory for all teachers, both current and future” and for guidance to be produced on use of part-time timetabling.

Last week the Committee heard that some pupils in mainstream education are taught outside the classroom, but not necessarily in a suitable environment. Unison’s submission stated—

“It is often the case that support staff in primary schools are now allocated or timetabled to work on a one-to-one basis with pupils who require individual support. This support is given in corridors, isolated rooms or areas (seclusion), with members feeling that the pupils have only occasional educational input from a teacher. Our members feel that the education of these secluded pupils is left to the support staff.”

Salvesen Mindroom centre's submission stated—

“The presumption of mainstream is well-intentioned. However, due to the growth in demand for additional support and a failure to adequately resource the measure, it is not working for too many learners and schools. The presumption of mainstream has put a massive burden on mainstream schools, who very frequently do not have the resources to cater to all the needs of all the children with ASN ... We would suggest that the Committee should consider if now is the time to stop characterising support for learning as ‘additional’ to mainstream school provision. It is clear that in every class and at every stage there will be at least a third of the class who require support and/or a differentiated curriculum. These needs should somehow become integral, rather than individualised add-ons. Universal Design for Learning may provide a way forward.”

Training and skills

One of the early themes of the Committee's work has been the extent to which practitioners have the specialist knowledge and skills to provide for the range of needs in their classroom. Schools may bring in expertise from the third sector, or other specialist services (such as SLT) to support pupils' needs.

The Government [recently published research into the provision for pupils with complex additional support needs](#). One of the themes this report found which supported a flexible approach to supporting complex needs was “the brilliant, committed and supportive nature of staff surrounding pupils”.

Last week the Committee heard about the difficulties some classroom assistants faced in accessing training, as well as the pressure on teachers' time to obtain training.

Salvesen Mindroom Centre's submission said that in specialist settings—

“[A] high level of specialised training required in schools where pupils require additional support re. mobility, feeding, intimate care, communication, etc. [There are] examples of supply staff working in these contexts without the adequate training or in-depth knowledge of pupil needs and profiles.”

Training and skills is one of the four themes of the ASL Action Plan. It includes actions around the role of classroom assistants/pupil support, the support provided by Education Scotland, and teachers' education and continuing professional development.

The Royal Society of Speech and Language Therapists said that while there has been an increase in demand for speech and language therapy services there has been “increasing difficulty to fill vacancies in these services”. It argued that “we need to train more speech and language therapists in Scotland” and that there should be

more flexible routes into the profession.

Physical and social spaces

NASS stated that the “barriers to attending school for autistic pupils is the social, and built, environment.” It continued—

“Autistic pupils feel pressurized into socialising in ways that they are not comfortable with ... the built environment (for example, a large, open-plan school or classrooms) can adversely impact an autistic pupil’s experiences.”

Govan Law Centre’s submission said that the physical environment can be a particular issue for children who are “neurodivergent with a particular sensory profile”. The GLC said it is perplexed as to why there is a move towards schools becoming larger. It said, “there are far too many children who are unable to access the physical environment of a school causing them to disengage from their education and indeed withdrawing socially from those around them - this must be looked at as a matter of urgency.”

Identification of needs

Duties under the Education (Additional Support for Learning) (Scotland) Act 2004 do not require a formal diagnosis; rather the needs of the child should be assessed and met. The Committee last week heard mixed evidence as to whether a pupil would be more likely to receive greater levels of support if they have a formal diagnosis or not. This also reflects the written evidence the Committee received. Salvesen Mindroom Centre’s submission reported that, in some cases, education authorities are waiting for formal diagnoses before putting support in place.

Statutory remedies and parental involvement and engagement

Parental and pupil engagement

Involving parents/carers and pupils in the decisions around their education and support is good practice and is expected for all pupils.

Salvesen Mindroom Centre’s submission said that there is “variable practice across, and even within, local authorities” in relation to including families and learners in decision-making. It said, “strong leadership and effective communication between schools and families were key factors in determining positive outcomes for children with ASL”.

The Additional Support for Learning Action Plan included a number of actions around Children and Young People’s participation and rights. These included the

continuance of funding for Enquire and the national advocacy service.

Planning

For children with complex additional support needs, there is likely to be a formal planning process and parents/carers and pupils should be meaningfully involved in that process. In 2022, of the 241,639 children who had an identified additional support need, 1,401 had a co-ordinated support plan, 32,898 had an Individualised Educational Programme (this plan may have another name locally), and 49,200 had a Child's Plan. Pupils could have more than one plan.

Of those three plans, the IEP is likely to be focused on the support within a school. Both the CSP and the Child's Plan are likely to be multi-agency plans. Last week Peter Bain from the SLS said that key to whether CSPs are established and to their success is the relationship between the schools and the other services which are likely to be involved – e.g. health services, social work. Other witnesses suggested that the presence or not of a CSP did not necessarily affect the quality of support provided and could create a significant workload.

Advocacy and Remedies

The Committee is exploring the statutory support and remedies available to families and young people in relation to ASL. These are: access to a supporter, advocacy, mediation, and recourse to the Tribunal.

Salvesen Mindroom Centre's submission stated that raising awareness of the various avenues of redress or support for young people and their families is an important first step. Thereafter, ensuring that young people and their families have access to these services or remedies is important. Scottish Autism's submission stated—

“Our advice line receives regular contact from parents who are exhausted and burnt out because they are continually fighting against barriers within the system. For example, parents will attend multi-agency meetings where they are surrounded by professionals and can feel intimidated and ignored. While the right to have a supporter or an advocacy worker exists in legislation, many advocacy services are significantly oversubscribed and under-resourced.”

Last week the Committee was told that parents with more social capital were better able to manage disputes with local authorities around the provision of support for their child. The Commissioner for Children and Young People Scotland's submission said that it has heard evidence that “parents with the most resource who can make use of the [redress] system” and this contrasts with the data which shows that “pupils who experience social deprivation have a greater likelihood of being identified as having an additional support need”.

Some local authorities' view was that the ASN Tribunal can contribute to an

adversarial relationship between the local authority and their staff and parents/carers. For example, Glasgow City Council's submission stated—

“Tribunal process can be perceived as adversarial at times by the Local Authority. It is extremely time consuming and stressful for families, officers and practitioners. Professionals and families can leave the process with fractured and unhelpful, working relationships. Partnership working beyond Tribunal is essential to ensure we keep children's needs at the centre.”

Ned Sharratt, Senior Researcher (Education, Culture), SPICe Research

ANNEXE B

Written evidence from the National Autistic Society Scotland

National Autistic Society Scotland advocates with autistic people, and their families, to help create a society that works for autistic people. We have done this across Scotland for over 25 years. We now know that there are at least 56,000 autistic people living in Scotland supported by 225,000 people in families and support networks. We provide specialised care, education and employment support, social programmes, resources, and region or sector-specific information services to a wide range of autistic people living all throughout Scotland – at home, in communities, in groups, or with ‘1:1’ mentorship. One of our programmes, Moving Forward+, specifically supports autistic children and young people who are disengaged from their education.

Implementation of the presumption of mainstreaming

Angela Morgan’s 2020 Review of ASL is as relevant today as it was when it published over three years ago:

“... evidence that emerges from this Review affirms that Additional Support for Learning is not visible or equally valued within Scotland’s Education system. Consequently, the implementation of Additional Support for Learning legislation is over-dependent on committed individuals, is fragmented and inconsistent...”

Still, we hear regularly from autistic young people, and their families, regarding school experiences – perhaps more than on any topic. Whilst we recognise that some autistic young people have opportunities to learn in a supportive and inclusive environment, it is very clear that a significant number simply do not.

“There are not enough ‘safe spaces’ in schools for autistic children. A tent in the corner of a classroom or a separate desk facing the wall is not the answer and is not inclusion.”

“There are not enough staff (teachers and support), and class sizes are too big to effectively support all learners. There is no budget for specialist equipment and a lack of training / understanding amongst mainstream professionals.”

“All teachers / school staff should receive specific training on what autism and other neurodivergent needs actually are, what they mean, and how that can affect each child as an individual to allow them to be more supportive within a school setting... I feel the staff are trying their best but would most definitely benefit from training.”

To supplement our response to this Call for Views, we chose to run a survey over the first two weeks of December 2023, after the Committee’s Inquiry had been put into the public domain. In all, more than 100 autistic young people, their parents, and education professionals responded to us this month. We found that:

- 80% of respondents believe that Scotland does not have a ‘fully inclusive’ education system
- 96% of respondents believe that autistic children and young people need more support to benefit from a mainstream education
- 91% of respondents believe that education in ‘mainstream’ settings must be more flexible than it is currently

National Autistic Society Scotland believes that autistic young people can (and should) receive education, where it is appropriate, in a mainstream setting; however, we know that many learners continue to be let-down by the lack of support in such environments – as this response makes clear.

“Support always had to be sought, it was never offered.”

And this lack of support reflects in a mixed attitude amongst parents to the principle of inclusive education:

- 71% of respondents were supportive of young people of all abilities being included in mainstream education
- 22% of respondents were opposed to young people of all abilities being included in mainstream education

Whilst Presumption to Mainstream is a laudable ambition, it is, as implemented, failing. We see it is failing because Scotland’s mainstream schools are not inclusive of autistic children and young people. It is apparent in the higher levels of exclusions (both formal and informal), the prevalence of part-time timetabling, and all the negative experiences described here by autistic young people and parents.

“My daughter has been robbed of [her] childhood, mainstream not suitable and people fought with me for 7 years telling me it was suitable... all the while she was at home

anxious... I home educated and [I] am at the moment as no choice and all services cut off.”

As implemented today, the policy means that the parents of autistic children are having to fight for their child’s right to support, since the alternatives to mainstream schooling are not available when required. Every day, we hear from families who have exhausted all of the remedies open to them, and are forced into taking legal action against a local authorities because their autistic child is not receiving an education. We all know there will be more families who cannot take legal action, and whose children will not receive the education to which they are entitled.

“There is not enough support within school settings to assist pupils with diverse needs and I feel it is wrong that a large number of neuro-diverse pupils are allowed to get to crisis point before specialist input / support is provided. To me that is not a definition of inclusion.”

The Scottish Government’s existing Additional Support for Learning ‘Action Plan’ has not had the impact that we know is necessary to effect real change. Whilst many of its actions are laudable and includes welcome contribution from the Scottish Government National Autism Implementation Team concerning impact measurements, it is focused on a series of technical action; moreover, limited, albeit welcome, progress is painfully slow, and has yet to address the fundamental issues that Angela Morgan identified in her review three years ago.

“I believe that inclusion only occurs once an adequate assessment of an autistic young person's needs in both the educational and social setting of mainstream schools has been carried out, shared and upheld among school staff... [it] requires time, resources, and specifically autism training, all of which are scarce to non-existent in Scottish schools today.”

There is an urgent need to focus on Additional Support Needs provision within Scottish schools. That is why we are calling on this Scottish Government to publish an updated pathway towards an inclusive education system.

Additionally, legislative action (both ongoing and proposed) to promote and protect the rights of groups experiencing poorer outcomes is a mechanism through which change can and should be advanced with respect to ASL provision.

This includes legislation concerning human rights treaties, and the Learning Disability, Autism, and Neurodiversity Bill.

This Scottish Government should:

- Publish a 'pathway' document, taking stock of Scotland's existing ASL 'landscape', with a route to raising standards – and including a reference to each of the proposed actions below
- Invest into specialist provision in education in the medium-term
- Ensure that robust 'awareness training' in autism and neurodivergence is compulsory for all teachers, both current and future
- Issue guidance to schools on use of part-time timetabling
- Take forward a programme of work to embed remote and digital learning in Scotland's education system where it is appropriate, consulting with autistic people whilst doing so
- Transfer all jurisdiction on Education Appeal Committees to the Scottish Tribunals, as per the Tribunals (Scotland) Act 2014
- Develop a 'Duty to Comply' with Article 24 of the UN's Convention on the Rights of Persons with Disabilities

Autistic Children and Young People's Experience of School Education

Data published by this Scottish Government earlier this year shows that there are now at least 25,855 autistic children and young people in Scotland enrolled at a publicly-funded school – 3.7% of the pupil population. 16% attend a 'special school'; however, autistic young people will often attend specialist bases or hubs attached to mainstream schools.

There will be lots more autistic children and young people whose support need will be going unrecorded and will, therefore, not appear in data-sets. "I have come across an "out of sight, out of mind" mentality when the school is dealing with my child."

As the number of school pupils with Additional Support Needs (ASN) continues to grow (34.2% of all pupils) we have concerns about how the experiences of autistic pupils in schools in Scotland, which are often already negative, will be impacted.

"My son's class has at least six children with some sort of additional needs. This is a class of 30 with one teacher. Completely impossible for one adult to provide the needed support... the school is not inclusive as my son and others are left to struggle through the day making them overwhelmed, triggered..."

Indeed, the Committee's predecessor's report regarding ASN provision, published in 2017, highlights how autistic pupils have particularly poor experiences when attending school:

"The autism evidence however does highlight the pressure on the education system in relation to this condition and also the danger that children with additional support needs like ASD can be perceived socially by children and parents as 'the problem'."

The experiences of many autistic young people highlights an education system that is under-resourced and unable to support those who need it most.

Support in Classrooms

Some respondents spoke of the need for smaller class sizes, to facilitate greater focus on individuals' needs. In the absence of sufficiently personalised support, owing to the size of classes and the pressures facing teachers, autistic pupils can often 'fall behind' academically. Conversely, we hear that some autistic pupils will sometimes disengage from support when it is offered due to the perceived stigma connected to having visible support in a classroom when others do not.

"We were in the line of fire because we stood out"

Respondents alluded to a 'middle group' of autistic young people as the worst affected by the status quo in Scotland's schools; pupils who are not regarded as so-called 'high achievers' (working independently, and to a higher level) nor receiving a more rigorous level of support because of profound needs or learning disabilities.

"Inclusion only works with adequate supports in place. My son's needs were not deemed severe enough to be in [specialist base unit] so he was placed in mainstream. He's academically bright, however lacks social skills. This just wasn't considered and is such a big part of mainstream school life. He was so vulnerable and ended up being a punch bag..."

The 'tailing-off' of support was a contributing factor to increased levels of stress and disengagement for some respondents. A provision that might have been offered during primary school and/or the first stage of secondary is then withdrawn, leaving an autistic young person to cope without the help on which they might have relied in

these earlier years. That perception of ‘tailing-off’ support reflects the experiences of many autistic young people we support, who have spoken about how the experiences that they had at primary school were markedly different to secondary school.

“My child transitioned to secondary school during the pandemic therefore the planned enhanced transition did not happen. We did have significant support throughout primary and good relations between school and home. This has not carried over to secondary school.”

Many respondents thought that some teachers or support staff involved with educating autistic pupils have insufficient understanding of differing presentations and/or how to support autistic people. Though there are large numbers of teachers out there who are actively including their autistic pupils, the systemic nature of this problem goes beyond what an individual hopes to achieve.

“They’re just trying to get kids into seats and get the cogs turning”

Environmental Considerations

One of the biggest barriers to attending school for autistic pupils is the social, and built, environment.

“There seems to be no place for academic autistic children who may struggle with socialising with peers and large class/school sizes. There needs to be a middle ground between specialist provision and mainstream to suit more needs and help [children] reach their full potential.”

Respondents have told us that some autistic pupils feel pressurized into socialising in ways that they are not comfortable with. These young people feel pressure to conform to arbitrary, neurotypical standards of what it means to be a ‘well-rounded’, confident pupil.

“Curriculum for Excellence has an idea about turning a person into what [a school or education body] feel a properly functioning adult should be...”

Similarly, the built environment (for example, a large, open-plan school or classrooms) can adversely impact an autistic pupil’s experiences. Most traditional school settings

come with environmental challenges for autistic young people, from noisy canteens to busy corridors. In particular, the trend towards the 'super-schools' we now see across Scotland creates an environment that conflicts with sensory differences experienced by autistic people.

"These are subjects where I am behind because I don't have enough help. I also don't like them because I get into trouble from the teacher for fidgeting. I find the environment at school difficult because it is too busy and too loud. I like everything else at school, but the dislikes list is longer than the likes."

Some respondents told us that improvements to schools' digital offering would help to raise their child's educational attainment, and overall experience at school. Since each school had to offer education online during a pandemic, it has been very disappointing for families that this flexible offer was discontinued post-pandemic. In our 2018 report, we called on the Scottish Government to "Improve access to online learning", arguing that the move was essential to unlocking the potential of all autistic children and young people and to delivering an inclusive education system.

Overall, the environmental stimuli, twinned with a general lack of overall understanding of autistic needs and a well-documented resourcing issue, sees lots of autistic children and young people excluded from their class regularly, something that has not changed in the five years since our 2018 report.

"I used to go to the base, but they told me just to leave and go back to class, so I stopped going. There now isn't a base... I just go to the toilets or walk around when I feel overwhelmed. If I do this though, I get marked down..."

Exclusion

National Autistic Society Scotland recognises that all behaviour is communication. As such, distressed behaviours and a disengagement from learning are an indication that needs are not met.

The most recently published biennial data from the Scottish Government highlights the current rate of formally recorded exclusions sits at 11.9 per 1,000 pupils – or 8,323 in 2020/21. Importantly, a pupil who has Additional Support Needs is almost five times more likely to be excluded.

Our 2018 report shows that autistic children and young people were at the sharp-end of an epidemic of informal, unlawful exclusion within Scotland's schools. We now know that this is still the case in 2023; and that there remains a concerning lack of clarity on what work is being done to end exclusion.

Much of the testimony was then, as it is in 2023, on two similar topics: exclusions, both formal and informal, and part-time timetabling.

"They just did risk assessments and made him sign documents saying he would stop behaving in that manner. He was just 7 at the time and could barely write his name."

"I pleaded they choose some other form of punishment if necessary as this wasn't appropriate for him given his previous situation. I could see that this was down to ignorance and not understanding how an autistic child thinks that he couldn't speak up for himself. Should never have happened, this decision destroyed him!"

A majority of the extra-ordinary absences were found to have occurred at 'mainstream' schools, indicating that there is a particular need for focused actions to improve pupils' experiences in mainstream settings – especially with tackling disengagement that can become prolonged or frequent.

It is clear from testimonies that an exclusion disrupts classroom learning, marginalises autistic children and young people, and brings on distress; moreover, use of informal exclusions is, in many cases, unlawful; and the Scottish Government's own guidance on this matter makes it clear.

Included, Engaged, Involved: Part 2, sets out guidance on formal exclusions that may be appropriate in extra-ordinary circumstances, when taken forward alongside robust planning for that young person's return to school. Importantly, the guidance is very clear that informal exclusions must not happen. We consider informal exclusion to be instances when a child or young person is sent home from school or asked not to attend, without being formally excluded. This can include parents having to pick up children part-way through the school day, as well as young people being told to leave or not attend specific classes. Often this is framed as being for the benefit of the child or young person.

"Anytime he became upset and refused to stay in the class I was called to collect him. This happened nearly every day."

“This happens regularly. If they don’t have sufficient staffing levels, they can’t support him, so we are asked that he stays at home.”

“I had to come and pick him up every day at 12 because they could not cope a full day with him, it was like that for 7 years.”

“His sensory issues were not being recognised as sensory issues, they were actually being described as him being rude, not listening, not trying, I would explain to him what would be happening that day, he would go, and they would change things and he wouldn't cope.”

Part-Time Timetabling

National Autistic Society Scotland is especially concerned with the prevalence of part-time timetables for autistic pupils. The over-use of part-time timetables is symptomatic of an education system that is failing to support young people.

“I could write a book. It’s not inclusive nor has it ever been since my son started nursery. He’s now 14. [He] has been on a part time timetable for SEVEN years. That’s says it all really.”

While there are instances when part-time timetables could be beneficial, we know they are being used as a ‘sticking plaster’ for existing inadequacies in ASN provision.

Part-time timetables should be used only as supportive adjustment that enables young people to participate in education; however, they are often in place because of the lack of support, and can result in a steady decrease in learning where some autistic young people disengaging completely after being placed onto one. Our 2018 report saw that over half of the autistic young people who had been put on part-time timetables were on them for more than six-months.

We know use of part-time timetables is prevalent amongst autistic children and young people because of families contacting us, not statistics; the data on part-time timetables is currently unreliable. An accurately recording and monitoring of use of the timetables needs to be a priority for the Scottish Government.

“Was reduced to an hour a day! Over a year later we are still on a part time timetable. As parents we are unhappy with the situation. He is falling behind his peers

massively.”

“My son had to drop subject after subject until he only had the bare minimum.”

Impact of COVID-19 on additional support for learning

It is important to highlight that problems of Additional Support Needs provision precede the Covid-19 pandemic and persist today.

That being said, whilst lockdown caused significant disruptions to the lives of everyone in the U.K., these sudden changes undermined the coping mechanisms through which many autistic people manage their daily lives: routine, structure, exercise, or spending time with family.

This was the case for many autistic young people who rely on the familiarity or routines of schooling.

Without the routine of going to school, life for lots of autistic children and young people got worse. We heard from young people and their parents that completing their school tasks and maintaining social contacts became more challenging.

During the pandemic we surveyed autistic people and families to find out about their experiences; 68% of family members said their autistic child was anxious at that loss of routine and 65% were not able to participate in online class.

While lots of autistic children and young people struggled with school closures, others, however, benefitted, which shows that a problem is often an environmental one rather than academics. These autistic young people found that having online-based teaching better suited them.

“The pandemic actually helped me a lot because it made me realise that I could study from home and made teachers allow me to go on a part-time timetable and study myself. My guidance teacher also had a lot more time for me and we often met online. It was harder to meet when we went back to school because they had classes and a lot more people came to her.”

We are, however, sceptical there has been sufficient learning from that experience, or that remote learning is being utilised to the extent it is needed. There is a need to learn from and embed the online learning practices that were helpful for lots of autistic young

people who found it very hard to attend school pre-2020.

“There was no additional support for either of my children during the pandemic. We had to start again at the beginning when schools went back.”

Our recent engagements with autistic young people and families highlights that autistic young people faced challenges in education before, during, and after the pandemic, a sad reality shown clearly in this data.

Two particularly concerning outcomes were that the proportion of young people having their needs met fell from an already low point, and that more than half of respondents noted that the quality of support fell during the pandemic:

Prior to the Pandemic

- 9% of respondents reported that all needs were being met by the support in place
- 41% of respondents reported that some needs were being met
- 51% of respondents reported that few, or no, needs were being met

During

- 14% of respondents reported that the support in place got better during the pandemic
- 51% of respondents reported that the support got worse
- 35% of respondents reported that the support in place did not change

After

- 6% of respondents reported that all needs were being met by the support in place
- 48% of respondents reported that some needs were being met
- 46% of respondents reported that few, or no, needs were being met

The use of remedies as set out in the Act

We engaged with the Scottish Government’s work on ‘Education Appeals Committees’ last year and submitted a response. We continue to believe that the transfer of the duties of Education Appeals Committees away from local authorities is very beneficial for those who matter most: the families of children and young people with ASN.

National Autistic Society Scotland is supportive of the existing ‘routes’ for Remedy, as set out in the 2004 Act; however, we know these are not utilised to their fullest potential as a result of a lack of awareness.

Our recent engagement with autistic young people and families highlights that, though awareness of some of the remedies is high, this is certainly not the case for all of them; moreover, several are not accessed by a large number.

In addition to lack of familiarity, we know that families could be discouraged to engage in many remedies due to perceptions of bias. A partisan set-up which favours the local authority over an individual is most obvious in appeal on school placement, where the local authority hosts a case in which they are being challenged; however, we hear that families are being discouraged across the board. A good example of this is use of local authority employees as 'mediators' between said local authority and the family.

Other reasons for reluctance to engage with the process includes a considerable level of bureaucracy or the time to resolution, both of which are far from welcome for families who are already dealing with the fall-out of a break-down in education.

Though this could be explained, in-part, by early resolution (and thus avoiding a more formal adjudicatory process, for instance) we know that many of the parents of autistic children and young people we support find many of the avenues 'open' to them are in fact hurdles, and that the overall process simply is not worth the emotional cost:

- 83% were aware that they could make a 'Placing Request'
- 28% have exercised that right

- 82% were aware that a 'Co-ordinated Support Plan' could be put in place
- 27% have exercised that right

- 86% were aware of 'Advocacy'
- 26% have exercised that right

- 68% were aware they could access a 'Supporter'
- 19% have exercised that right

- 55% were aware of 'Independent Adjudication'
- 3% have exercised that right

- 65% were aware of 'Independent Mediation'
- 4% have exercised that right

Written evidence from the Royal College of Speech and Language Therapists

Impact of COVID-19 on additional support for learning

The Royal College of Speech and Language Therapists (RCSLT Scotland) welcomes the opportunity to respond to the Committee's consultation on Additional Support for Learning. We have seen a marked increase in children presenting with speech, language or communication needs since the start of the pandemic, and demand remains high for speech and language therapy even now, over three years on. The impact of COVID-19 continues to be felt by our profession and based on the research and data we have gathered, we believe there are clear systemic interventions required to ensure Scotland's children and young people have the additional support they need for a successful education and future life chances.

Context

Speech, language and communication is foundational to attachment, relationships, mental health, learning, equality and human rights. Without the right support from speech and language therapy services, children's educational success hangs in the balance.

The importance of addressing children's communication needs is demonstrated in five key areas:

Wellbeing

Good communication is a protective factor against mental health problems. 81% of children with emotional and behavioural disorders have significant language difficulties, often unidentified (1).

Attainment

Good spoken language skills are a foundation for learning (2). Early language emerges as the most important factor in influencing literacy levels at age eleven – more important than behaviour, peer relationships, emotional wellbeing, positive social interaction and attention (3).

Behaviour

A recent EIS survey on pupil behaviour highlighted that 'violence and aggression' in schools has grown significantly in the last four years compared with pre pandemic levels (4). This is having a direct impact on staff anxiety and depression as well as disrupting teaching and learning. This important data should be considered in relation to the increased prevalence of communication needs.

Challenging behaviour is a form of communication and when children's ability to connect is disrupted, they become distressed, and this can lead to low mood and/or disruptive behaviour. Communication difficulties are strongly associated with behavioural problems, with studies observing consistently higher levels of disruptive

behaviour amongst people identified with communication needs (5,6). Teachers have highlighted the benefit of preventative approaches and support from agencies such as speech and language therapists but expressed a concern about the delays in accessing this support. Speech and language therapists are experts in supporting children with additional support needs to find ways to communicate their need, desires and wants constructively. We know that by improving children's communication we can support them to understand the world around them, express their needs and wants, regulate their emotions (7) and have positive social interactions.

Employability

88% of employers rank spoken communication as the top entry level skill they need in the workforce (8). In one study 88% of long term unemployed young men were found to have a speech, language or communication need (9).

Poverty

Language skills are critical in the intergenerational cycle that perpetuates poverty. Approximately 50% of children and young people living in socioeconomically deprived communities start primary school with under-developed speech, language and communication skills (10). A study of a group of children who experienced deprivation showed that the level of vocabulary they present with at the age of 5, was shown to be the best predictor as to whether they might escape poverty in later life (11).

Level of need in Scotland

There are several recent pieces of work that clearly outline the challenge Scotland faces in addressing the speech, language and communication needs of children and young people.

Equity for All

Equity for All (12) mapped the communication needs of children and young people in Scotland and found that;

- Approximately 275,000 children and young people in Scotland have a predicted speech, language or communication need (SLCN). This is one in four children in Scotland.
- Areas with the highest level of need have the lowest workforce ratio to need.
- There are a significant number of services where the resource simply is inadequate to meet the considerable needs of the population served.

Public Health Scotland

Public Health Scotland found that there has been a sharp increase in speech developmental concerns recorded by health visitors compared to pre-pandemic, with the greatest increase recorded at two years old – a crucial milestone in speech and language development (13).

Early Years Scotland

A survey of early years practitioners conducted by RCSLT Scotland in partnership with Early Years Scotland found 89% of respondents signalled that they had seen an increase or a significant increase in the numbers and complexity of children with communication needs (14). 61% reported low levels of confidence in supporting these needs.

Meeting children's speech, language and communication needs**Speech and Language Therapy services**

Many services are reporting that they are in crisis due to the significant increase in demand since the start of the pandemic, high vacancy rates, reduction in funding and recruitment issues.

Lack of access during the pandemic

- From the first lockdown in March 2020, many children's speech and language therapists were redeployed within the NHS and services for children and young people were paused. In-person, face-to-face therapy was significantly reduced. Services were able to provide some therapy virtually and most continued to offer a telephone helpline for parents to give tips and advice remotely while waiting for the opportunity to offer therapy when safe to do so.
- Over the course of the pandemic, when there were various levels of reopening schools, many speech and language therapists (SLTs) faced restricted access to educational placements. This was variable across Scotland and often dependent on existing relationships between the speech and language therapy service and school/local authority; Where SLTs were seen as a core member of the team, they were allowed access.

The pause in services due to lockdowns combined with the patchy access to educational settings to work with children during the pandemic created the conditions for SLT services to be overwhelmed with existing and new demand arising from the impact of the pandemic.

Waiting times

The clearest indicator of the impact of the pandemic on meeting the communication

needs of children and young people has been the increased waiting times for speech and language therapy.

Recent FOI data highlights the key challenges in waiting times for speech and language therapy in Scotland. A snapshot from May 2023 showed:

- 6503 children waiting for speech and language therapy in Scotland
- The average longest wait for initial contact is 1 year 1 month
- The average longest wait for individualised therapy – 1 year 5 months
- The longest wait for initial contact in Scotland is almost four years (3 years 8 months) This wait has worsened over the last five years
- The average longest wait for initial contact has increased in the last five years by 7.6 months
- The average longest wait for individualised therapy has increased in the last five years by 10.2 months

It's important to note the impact of these waiting times on children. What may seem an inconveniently long wait for an adult can have lifelong implications for a child in a crucial speech and language development window. SLT services in Scotland are constantly innovating their service delivery in an effort to offer support to families as early as possible, but this isn't always possible if there is not enough capacity or resource to do so.

Vacancy rates for speech and language therapy

In surveying our members, we have noted a significant increase in demand for speech and language therapy services at the same time as increasing difficulty to fill vacancies in these services.

- Where services have integrated themselves into Education, they report a significant increase in demand due to improved identification of unmet communication needs.
- An RCSLT Scotland survey in April 2022 showed there were 967 Whole Time Equivalent (WTE) speech and language therapists working in the public sector in Scotland, yet there were 123 WTE vacancies. This equates to a gap of 10% of the SLT workforce.
- Scotland figures from a UK-wide survey in September 2023 showed the vacancy rate increasing to 11.6%. Nearly half (49.5%) of

respondents reported that recruitment was 'more' or 'much more' challenging in the last 6 months.

These consistently high vacancy rates point to the current gaps in the workforce which urgently need addressed to ensure children with communication needs get the support they need. However, it should be noted that vacancy rates only reflect the existing services with their current resource. They are becoming a less reliable indicator of the challenges faced by the profession as funding cuts to speech and language therapy services become more prevalent, meaning overall SLT posts (and vacancies) decrease despite the increased level of need.

Funding for speech and language therapy services

The current model for funding speech and language therapy working with children and young people is complex, vulnerable to cuts and unlike any other comparable service in Scotland.

- Core funding for these services draws from health board and local authority education budgets.
- Often, funding is only agreed on a short-term basis, making it difficult to retain and recruit temporary SLT posts, or alternatively, services struggling to meet local need with fewer SLTs on staff.

It is our belief that children's speech and language therapy should be jointly funded given how relevant the profession's work is to delivering on health and education outcomes.

- This requires joint responsibility and accountability.
- We are working with key partners including ADES, Scottish Directors of AHPs, COSLA and the speech and language therapy profession to develop a partnership funding agreement based on principles for transformational change.

According to recent FOI data, there is an overall downward trend in average funding from local authorities over the last 5 years.

- Some of this could be explained by withdrawal of national funding streams that were previously contributed toward SLT services. With increasing pressure on local authority budgets, it is growing more difficult to run a sustainable service that meets demand, as service level agreements for speech and language therapy can be reduced or cut on an annual basis.

Supply of speech and language therapists

Despite high vacancy rates and a growing level of need across Scotland, there are still only two universities in Scotland training speech and language therapists.

- Strathclyde University offers a 4 year undergraduate course and Queen Margaret University offers a 4 year undergraduate and 2 year postgraduate course in speech and language therapy.

Recent FOI data shows a decrease in students enrolled in speech and language therapy compared with peak years.

- The number enrolled in the first year of a SLT course has reduced from 94 in 2017/18 to 76 in 2022/23. This is a reduction of 19%
- This is despite a high number of applicants for first year places each year.

We believe we need to train more speech and language therapists in Scotland, to fill already high vacancies in SLT services and address the higher level of need we are seeing compared to 5 years ago.

It's important to consider the demographics of the SLT workforce in ensuring that it is adequately resourced.

- A growing number of SLT students are mature students, coming to the profession later in life. Offering more flexible study options than are currently available in Scotland, such as apprenticeships, would make the profession more accessible to these students.
- Scottish SLT graduates tend to stay and practice in Scotland. Ensuring a geographical spread in where students can train would help local services across the country maintain safe staffing levels.
- We are hearing that applicants for SLT posts in many areas of Scotland tend to request part- time or job share roles. Therefore, services need to employ a higher number of speech and language therapists to fill the WTE vacancies. This should be considered when determining the number of SLTs needed in Scotland's workforce.

Role of local authorities and schools in meeting children's communication needs

Our members are telling us that local authorities and NHS services are struggling to meet the significant increase in communication needs since the start of the pandemic.

Teachers are reporting increasing numbers of children coming to P1 with inadequate spoken language skills for learning and higher levels of disruptive behaviour. Schools are keen to receive support from a speech and language therapist, but high vacancy rates in underfunded SLT services mean small teams aren't able to provide as much in person support as they would like.

The services that appear to be managing the need most effectively are:

- taking a whole system approach to service delivery and

- have a threshold of resource to meet the need.

Whole system approach

RCSLT Scotland believes a whole system transformation change is required to address the additional support and communication needs of children and young people. Following a child-centred approach, schools and SLT services should work together and meet the needs of children in their educational settings and communities. A number of SLT services across Scotland already work in this way, by first understanding the population they serve and planning services accordingly.

We need to get to a point where all schools embed good communication practices through their activities and curriculum. This requires good working relationships with speech and language therapy, where a speech and language therapist is present in the school, gets to know the children, teachers and staff, and can impact change at the universal, targeted and individual level. This would be beneficial to children with additional support needs, as the SLT wouldn't be seen as a specialist sent in to fix them but as another member of the educational environment that can give them the level of support they need.

Resource

The challenge for children's SLT services is the precarious position they are in, straddling health and education funding streams. In many areas, children's SLT services rely on funding through service level agreements with local authorities to provide support to children with communication needs in schools, however we've seen in recent years that this vital funding can be reduced or withdrawn by local authorities. Withdrawing this funding results in children needing to attend NHS clinics for therapy which disadvantages children living in poverty and also severs the vital partnership working that is required to improve the wellbeing, attainment, behaviour and future life chances of children and young people. Having speech and language therapists embedded in schools, with a strong working relationship with education professionals, is fundamental to improving the lives of children and young people with additional support needs. It's critical that we find a long-term solution to this funding problem, and transformation to the system as a whole.

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Written evidence from Salvesen Mindroom Centre

Salvesen Mindroom Centre is a charity that champions all forms of neurodiversity and supports all kinds of minds. Our mission is to be a leading centre for change, in how we live, work and learn. We achieve this through support, education, advocacy, and research.

The charity has been working across Scotland for more than 23 years. We offer 1:1 support to neurodivergent children, young people and their families as well as the professionals that work with them.

We have a sister organisation at the University of Edinburgh - the Salvesen Mindroom Research Centre.

We work within schools to support transition from school for neurodivergent young people and those who are care experienced or on the edges of care.

We offer post-diagnostic support to young people in NHS Lothian area and we also offer training and a programme of support for employers. Our website is www.mindroom.org

We are a registered Scottish charity SC030472 and a company limited by guarantee and registered in Scotland SC209656.

Implementation of the presumption of mainstreaming

Salvesen Mindroom Centre (SMC) has been supporting neurodivergent children and young people, their parents and carers and the professionals who work with them for 23 years. Our response to this consultation is informed by the expertise of our highly skilled and multi-disciplinary team.

The benefit of the presumption of mainstream is that it adopts a rights-based approach. For those parents whose children had previously been viewed as having complex needs that went beyond the capacity of a mainstream school, it has been beneficial where it has been the desire of the child and their family for an education at the local school amongst peers. The presumption can add positively to the creation of an inclusive school community, where difference is fully accepted: this brings benefits for all of the children in school. The presumption has meant that families do not have to fight for the inclusion of their child in the catchment school, or parental choice school. The converse is also true, however - where children and families find the local mainstream school cannot provide adequate support it is more of a struggle to make the argument for specialist provision, even where this is clearly in the best interests of the child.

Children with neurodevelopmental conditions can really struggle in a busy mainstream environment, especially at secondary school. Some schools will provide a specialist unit or base, which can be helpful, but this begs the question

about inclusion – do such provisions within a mainstream school really represent a mainstream education, or do they mark the children who need that provision as different? Emphasising difference is not inclusive and can lead to stigma and bullying.

In summary, the answer is mixed. It works in some situations for some pupils but without adequate resourcing, it cannot succeed for all those with ASN.

This is one of the provisions in the legislation that should only arise exceptionally. Undoubtedly, tensions can arise between children with ASN and those who are not recorded as having ASN, and families sometimes feel that their child's education is being adversely affected by the needs of (other) children with ASN in the classroom. Schools need strong leadership to resist those kinds of divisive views, and to create an inclusive culture across the school. A curriculum such as the LEANS curriculum (Learning About Neurodiversity in School – a free curriculum created in partnership with the University of Edinburgh) can help to increase tolerance and understanding among pupil cohorts. Individual class teachers also need the time, including non-teaching time, to provide the right level of support, and a differentiated curriculum, to support all learners. Additional resource such as PSAs with access to relevant training can make a huge difference here, too.

Our experience shows that:

Re. how these additional support needs were recognised and identified initially?

- Through parental and staff observations (some staff felt it was more common for parents to flag concerns initially).
- Discussed in more depth during planning meetings seeking advice from external supports/professionals.
- Some children and young people sharing their concerns/difficulties during 1:1 sessions with an advocate, enabling discussions with others to begin.
- Parents and carers are able to self-refer to certain services in certain localities, e.g., educational psychologist, occupational therapy.
- GIRFEC model has the potential to assist dialogue between home and school in communicating worries / concerns, and working collaboratively to identify supportive strategies.

Re. Was there any delay in the process which followed the identification of additional support needs and formal recognition which leads to the accessing of the additional support? If so, what was the delay?

- In some cases, a need for a formal diagnosis was required before any significant supports put in place. (Contrary to the ASL legislation).
- General staffing/resource shortages continue to impact on provision.
- Parents/carers not always aware that they can self-refer. Information can be difficult to find, or require an advanced level of literacy.

- Reluctance in some cases for staff to raise concerns where a diagnosis has not been made, or to suggest a diagnosis is suspected.
- Effective use of universal approaches is observed in some local authorities/specific schools, but this is not always consistent.
- Often delays around receiving a diagnosis due to CAMHS waiting lists. Extremely long wait times becoming something to be expected in many places.
- Parents report that they have highlighted their child's needs but are unclear about the types of support that their child might benefit from, or what they can ask for. Lack of clarity around what is 'reasonable'.

Re. Where the child is being educated in specialist settings can you give examples of where their needs are being met, and examples of where they are not being met?

- Needs being met in terms of overall daily structure and consistency/predictability.
- More likely to have small groups, or 1:1 support in LCC/bases/specialist schools.
- It appears to be easier access to health professionals, particularly Allied Health Professionals (AHPs) within this setting.
- However, we have experienced one child in a special educational needs setting who has been frequently excluded due to difficult behaviours, with lots of emphasis placed on the child to modify their behaviour, rather than more specific supports being put in place.
- Another young person at a specialist setting is facing barriers around transition planning post-16 due to the current educational placement being difficult. This setting is not equipped to meet the child's needs but it is unclear to the family what post-16 options might be of benefit.
- Post-school transitions in specialist settings overall are felt to be a concern.
- Consistency and predictability is often impacted by high staff turnover / absence, particularly amongst pupil support staff. This has a huge impact on pupil wellbeing, resilience, safety, and access to curriculum in specialist settings (e.g., where certain pupil-to-staff ratio required for certain activities).
- High level of specialised training required in schools where pupils require additional support re. mobility, feeding, intimate care, communication, etc. Examples of supply staff working in these contexts without the adequate training or in-depth knowledge of pupil needs and profiles.
- We have seen some instances where there are potential difficulties around getting balance right for all in terms of experiences and learning, where some CYP want to be challenged more re. Education.
- Lack of a consistent national curriculum in specialist settings (i.e., where Early Level is not being achieved).

Re. [In mainstream] what specialist support does the child receive and what support do you get in accessing this support?

- Targeted input from AHPs with specific goals included within their plan, with ongoing monitoring and collaboration with school staff/home.
- Educational psychology involvement.
- Support tends to be part-time timetables (but often because schools cannot meet children's needs, rather than this being identified as a need), soft starts, time out cards, use of bases or quiet spaces, occasionally 1:1 support through PSA in classroom.
- Certain schools may have additional funding for services such as Place2Be, family outreach programmes, etc.
- Third sector organisations increasingly working with and in schools to support identified needs, e.g., SMC, Barnardo's, Children First, etc.
- SMC staff feel that strong leadership and effective communication between schools and families were key factors in determining positive outcomes for children with ASL.
- Certain schools have trialled social groups / peer mentoring for neurodivergent children across age groups, but there can be a lack of these opportunities in the community at the right level.

Re. Are there any gaps in the specialist support provided either because the prescribed support is not available or extra support not formally prescribed is not being provided?

- Lengthy waiting lists impact on this.
- Increased advice and suggestions are often provided but with limited follow up, and it can be difficult for staff/home to know which to try first or if too many are tried at once, it may be unclear what is working and what is not.
- Children and young people often withdrawn from services after input, or after missing appointments, further support requires re-referral to wait list.
- Schools unable to trial supports / strategies consistently where there are high absence rates.
- Parents often highlight that they feel 1:1 support would be beneficial, but are told there is no funding for this (in one instance, a YP did have funding secured for 1:1 support but the school was unable to recruit for the post).
- Often families tell us that social support, particularly at breaktimes, is lacking due to staffing. This is difficult for children who need support to socialise with their peers.
- Overall lack of social opportunities for neurodivergent children and young people to connect with similar peers / mentors.
- It can be difficult to get an educational psychologist to become involved to assess educational needs.

Re. On balance, do you view the presumption of mainstreaming as having been a positive or negative development for your child or in general, and on balance, do you view the presumption of mainstreaming as having been a positive or negative development for other children in Scottish schools?

The presumption of mainstream is well-intentioned. However, due to the growth in demand for additional support and a failure to adequately resource the measure, it is not working for too many learners and schools. The presumption of mainstream has put a massive burden on mainstream schools, who very frequently do not have the resources to cater to all the needs of all the children with ASN - 36.7% of pupils in local authority schools in Scotland is the total currently recorded with ASN. Given that we now have over a third of children with a recognised need for additional support, we would suggest that the Committee should consider if now is the time to stop characterising support for learning as 'additional' to mainstream school provision. It is clear that in every class and at every stage there will be at least a third of the class who require support and/or a differentiated curriculum. These needs should somehow become integral, rather than individualised add-ons. Universal Design for Learning may provide a way forward.

Impact of COVID-19 on additional support for learning

Background Academic Findings:

There is some evidence to indicate that there were positive outcomes for some children (in particular younger children) but most research indicates less positive outcomes. Research investigating impact for children with ASN and disabilities outlined that some families reported positive outcomes, namely spending time together and 'a release from school generated stress'. However, the researchers also concluded that in the particularly early stages of lock-down, little consideration was made for the rights of children with ASN (Couper Kenny F & Riddell C. 2021. The Impact of Covid-19 on children with additional support needs and disabilities European Journal of Special Educational Needs Education).

Widespread concerns regarding the lasting negative impact of Covid 19 on educational attainment for the more disadvantaged students (Scotland's Wellbeing the Impact of Covid. Scottish Government) have now been identified <https://nationalperformance.gov.scot/scotlands-wellbeing-impact-covid-19-chapter-5-children-education> In addition, most research indicated a generally negative impact on the well-being of children and young people, particularly girls 12-14 yrs. Finally, The Commission on School Reform published a paper in October 2023 evidencing an 'alarming' rise in pupil absence rates since Covid.

<https://reformscotland.com/wp-content/uploads/2023/10/Absent-Minds.pdf>).

Observations from Salvesen Mindroom Centre:

Colleagues from SMC report that the pandemic impacted on the needs of pupils with

additional support needs and the meeting of those needs in the following positive and negative ways.

For some children with school-based anxiety, the break of not having to go into school was helpful - not having to cope with the demands of teachers and face to face peer relationships, and not having to cope in unsuitable (sensory) environments. The noise and sensory difficulties caused by school meant that being educated at home was a much calmer experience for a number of children with ASN. For those who found going into school really difficult, the lockdowns and school closures provided some relief and an opportunity for pupils to explore learning styles that suited them at home.

Some children enjoyed the autonomy of online learning since it fitted their natural learning style, as well as being able to learn without the (sensory) distraction in busy classrooms.

For some of these learners who have not been able to return to school at all after the schools re-opened or those who are on a reduced timetable- the fact that some schools are still putting class work on digital platforms such as Teams has been really useful - as they can access this work from home. For parents who found in person meetings difficult (due to social anxieties or time constraints), being able to attend meetings virtually was a real bonus and it is positive that this has continued in a lot of schools.

Finally, parents could observe their children's learning style and struggles, and this highlighted for some parents that their children might have additional support needs and they were then able to seek support from school when they returned to school. In terms of negative outcomes, many parents reported that the lack of structure around learning was a real barrier for pupils. They weren't provided with schoolwork and families often felt they had been left by themselves to try and educate their children. Some children struggled to engage with online learning and access learning remotely - i.e struggle to switch on camera and participate in online lessons, struggle to engage with work in a purely visual (non tactile) way. There was a lack of face to face support for learning (such as their key person, no extra small group work to support numeracy and literacy) and also a lack of pastoral support. Struggling with the lack of clear set expectations and time frames, and no clear work set/no lessons being given, lack of predictability and reliability and lack of routine, was very challenging for many children and young people.

In addition, compartmentalising/confusion about the learned and accepted function of being at home and being at school: i.e. school is for learning, home is just for being at home, and therefore being unable to access home learning since this is not the function of being at home.

Returning to school after lockdowns was a transition that many pupils found really difficult, with factors such as handwashing, communication when wearing masks and social distancing quite challenging for some.

The school closures and restrictions afterwards also meant that the children and young people who needed more support with the transition to start P1, or starting high school or leaving high school, did not get the enhanced support that they needed, due to lack of capacity in staff teams and resources. This meant that their transition experiences have been difficult and some have failed completely.

More specifically, the lack of in person and enhanced transition to secondary school meant that children didn't meet with their new classmates from other catchment schools, didn't meet their transition teacher/ guidance teacher, etc. in person and therefore didn't have a person they knew and trusted to access for support when necessary. Day to day challenges such as children not knowing which entrance to go into, not being familiar with the layout of the building added to children's anxiety. A significant number of the children who didn't have the usual transition struggled from day and one and are still struggling.

In addition, other barriers included lack of access to (adapted) technology, lack of privacy at home when sharing living and learning/working space with different family members, the struggle of coping with an unpredictable situation, not being able to access their usual clubs and support at school (and therefore lack of social interaction and loss of social skills), witnessing their parents' distress and mental health struggles, not knowing when they can return to school, or having to adapt to new normal, such as bubbles when returning to school without knowing when this would end.

For some children who were struggling with mainstream environment due to anxiety before Covid, returning to school after lockdown has been a significant challenge, and there are numerous children and young people who are unable to return to the school setting. Parents also often report that their child missed a lot of education and is now struggling to catch up following the pandemic.

For all young people in high school, they did not sit exams in person for years due to the restrictions, so in recent times- when they had to sit formal exams (Nat 5s, Highers or Advanced Highers) this was a very new experience for them. So, for some young people who need additional support in exams this was especially difficult, as exam time is stressful anyway, but doing something for the first time with the pressure of important exam results, exacerbated this stress.

As in all sectors, education staff needed to take time off work if they or anyone in their family had Covid, this led to staff teams being really stretched and resulted in children and young people who had additional support needs not getting the support they needed in education. Delay in assessment of additional support needs and therefore delay of additional support for learning being put in place is another negative outcome. Alongside this, waiting lists for assessment and support are also longer following the pandemic.

Re. How successfully have local authorities and schools adjusted to meet these needs?

A range of national and local interventions was offered during/post pandemic to support children and young people. For example, Education Scotland provided specific resources, such as funding for enhanced support in school.

Colleagues in SMC made the following observations regarding how successful local authorities and schools have been in terms of adjusting to meet these needs: Some local authorities were able to quickly set up online lessons and were supportive to families who schools identified as being particularly vulnerable. In addition, success of meeting pupils' needs during the pandemic seemed to be largely due to individual schools/teachers taking creative approaches. There has been a huge increase in the number of children and young people (CYP) who have not been able to return to school at all due to anxiety or sensory difficulties, since the schools reopened. A lot of these CYP are unable to engage with online learning due to age or compartmentalisation between school and home. For those who can engage with online schoolwork not all schools are putting class work on Teams. Local authorities do not seem to have enough capacity in their Education ASL teams to provide many/any flexible options or home education support. Also, a lot of the school nurture/Wellbeing/counselling support options only seem to be available on site at school, so if a CYP is unable to attend school none of these Wellbeing supports are available to them.

Most/all high schools seemed to have some sort of remote transition process which is not the same as in person transition (and no extra enhanced transition strategy), and therefore no extra support appeared in place in high schools to support new S1s. There was also a lack of additional support for learning support while remote learning. There also seemed to be a lack of support for children with ASN to close their gaps in learning- seemingly no extra 1:1 support at school, seeming lack of recognition of how difficult it was for some children to access remote learning because of their ASN.

Some children adapted to the pandemic/lockdown normal as new normal and struggled to return to school - for different reasons, such as the ongoing negative impact the experienced unpredictability and the repeated lockdowns had on their mental health (with no visible support given for this). Others had a positive experience of not having to cope with the unsuitable school environment and therefore were scared to return to being anxious and miserable at school. There seemed to be an expectation that everybody should "just return" without recognising how difficult this was especially for 'concrete thinking' neurodivergent pupils.

There doesn't now seem to be a huge amount of support for pupils who are still struggling to return to schools following the pandemic. There seem to be more part time timetables and parents often feel these are because the school is unable to meet the needs of their child.

The use of remedies as set out in the Act**Re. How are parents/carers and young people included in the decisions that affect the additional support for learning provided to young people and could this be better?**

Not unexpectedly, there is variable practice across, and even within, local authorities: many schools are very good at including families and learners in decision-making, but this is not universally true. Many of the families and young people we support do not feel 'heard' in the process, and we spend a lot of time coaching parents and carers on their rights and the most effective way to be heard by their child's school. Our advocacy work with children is highly valued as a way to ensure that the child does have a voice in the decisions that affect them. Many neurodivergent children struggle with communication, and a number are non-speaking, and unless schools have the time and the suitably trained staff, they do not always find it easy to include these children fully in the process. We continually observe that, once effective two-way communication between home and school is established or improved, then the child's experience of, and engagement with, school is transformed.

Re. Are you aware that there are statutory remedies around the provision of additional support for learning as set out in the 2004 Act (per list)?

As a long-standing neurodiversity charity in Scotland, available to offer support on all aspects of neurodiversity, we have found that the majority of the presenting issues for families relate to education. We are therefore very aware of the listed rights and entitlements, and always ensure the families we support are made aware and are supported to access these. We would note that it is not easy for parents and carers to find out about their rights, despite the availability of a national information service like Enquire. Even once aware of rights, knowing how to access these is challenging, especially for parents and carers who may themselves be neurodivergent.

Re. If you have experience of any of these processes, do you have any comments on your experiences?

We have considerable experience of all of the above and would comment generally that an important first step is for young people and families to have much more awareness of their rights to these various remedies/supports. They also need to be informed and supported to access these remedies.

Families we have supported consistently tell us that knowing these avenues exist, and receiving support to follow through, has made a significant difference to their child's school experience, and indeed the wellbeing of the whole family.

Other comments:

We feel very strongly that a different approach to ASL is urgently needed. With the impact of Covid and the rise in pupils absent from school, or only accessing part-time

timetables, the time is ripe for a review and change on the ground. However, it is clear that change cannot be effected unless additional resources are provided. All-staff training in neurodiversity would make a difference in practical terms and would empower staff to feel better equipped to face the challenges that come along with growing numbers of children with ASN.

This was a gap clearly identified in the most recent Behaviour in Schools Research report where growing numbers of children with autism and ADHD were specifically mentioned- <https://www.gov.scot/publications/behaviour-scottish-schools-research-report-2023/>

Our view is always to say that behaviour is communication, and a move away from characterising neurodivergent responses to the environment as behavioural issues would be a positive step towards more inclusive schools where all learners can thrive.

Behaviour policies tend to be oriented towards neurotypical learners, and there is room for more inclusive approaches. We do not underestimate the challenge for education authorities, but there is expertise available right across the third sector that can help to support positive change.

Written evidence from the Scottish Guidance Association

Impact On Covid 19 On Additional Support For Learning.

Our young people experienced 2 years of unprecedented disruption and trauma in their lives due to the pandemic. Those with additional support needs were arguably hardest hit.

There is a wide range of factors which may lead to some children and young people having a need for additional support. These fall broadly into the four overlapping themes: **learning environment, family circumstances, disability or health need, and social and emotional factors.**

The closure of schools and the mitigations that needed to be put in place during COVID impacted on all those factors.

Additional support falls into three overlapping, broad headings: **approaches to learning and teaching, support from personnel, and provision of resources.** All of these supports were impacted during lockdown, the return to “normality” and today.

For many young people the closure of schools and the introduction of online learning was simply not an appropriate **learning environment** for them. Many children with complex needs found it impossible to engage with learning at home – online classes being inappropriate to meet their needs. Children who needed specific **resources** and support were unable to access these from home. School staff were inventive and tried many ways to engage learners – sending work home, suggesting learning activities, online one to one sessions, wellbeing activities etc but for many this was simply not how they learn. Staff were unable to provide the **approaches to learning and teaching** that is needed to support some learners.

When schools reopened many young people – particularly those with Autism or Anxiety had taken the message to “Stay Home, Save Lives!” to heart and were unable to leave the safety of their home and return to school.

There continues to be a higher absence rate than pre pandemic time across the country (a drop of about 3%). Some young people have yet to return to school. This is creating a strain on services and families. Guidance and Support Teachers have found that they are increasingly spending time on trying to engage with families who have been affected by the pandemic and are not attending school at a level which is deemed appropriate. We are looking for support from services that are already at capacity and often find that as a Universal Service we are left to try and create supports that are not meeting the need.

Pupils with ASN require enhanced levels of transitions from Primary to Secondary and from Secondary to the world of work or Adult Services.

Due to the restrictions in place during the pandemic these arrangements were disrupted and young people started and left Secondary School without the **supports from personnel** in place in order to meet their needs. In schools we saw the result of this with many more young people showing signs of distress and dysregulation.

For families with young people who have ASN lockdown added pressure to some already pressured **family circumstances**. Respite services stopped – for many families respite offers a lifeline and time to spend with their children who often have to be young carers for their sibling who has ASN.

For the young people, who look forward to respite opportunities and a chance to socialise with peers, the withdrawal was another change to their routine and structure.

After being told to remain within their family bubble it became confusing and distressing when these opportunities opened up again. For some they have been unable to return to respite opportunities.

Families who required support from Social Work and those young people who were on the edge of care suddenly lost the support and safeguarding these services provided. Vulnerable young people became invisible to services that kept them safe. An increase in Child Protection cases has been seen as a result of the pandemic – for some young people the pandemic provided them with an additional need for support as their **family circumstance** changed for the worse and was unseen by universal services.

Guidance Teachers across Scotland have pupils in their caseload who have suffered bereavement due to the pandemic and whose family circumstances have changed as a result. Access to counselling in Secondary Schools has been prioritised, however there continues to be long waiting lists and young people who need support from a service that is stretched beyond capacity. We have seen an increase in young people who self-harm and who are suicidal.

For those young people who have a **disability or health need** COVID 19 increased their vulnerability. For example, those with suppressed immune systems or diabetes were at greater risk of COVID and the anxiety that this created impacts today on many feeling unsafe to be in crowded spaces.

Those young people who require regular input from professionals such as physiotherapy, speech & language therapy were unable to access this support.

For many parents and caregivers it was impossible for them to continue the programmes that were supported in school by specialist support assistants.

Standing frames and walkers take up a lot of room and many homes were too small to accommodate the equipment that is needed to carry out programmes.

On the return to school, under restrictions some young people were concerned about being close to those who needed to support them.

Learners who have hearing difficulties and rely on lip reading and facial expression to aid communication struggled with mask wearing on the return to school. For some of our learners with sensory support needs the increased sense of isolation has had a continuing impact on their **social and emotional** wellbeing.

We have seen learners who are struggling with their emotional regulation and a subsequent increase in dysregulated learners leading to a rise in assaults in our schools. Many of our schools are using **resources** – such as Compassionate and Connected Communities - to support dysregulation and to increase our understanding of the impact of trauma and how we can support those learners better.

Some children and young people require additional support from agencies from outwith education services if they are to make progress. This support may be provided outwith an educational setting.

During lockdown these agencies were unable to provide the services that were needed to meet the young person's needs.

On initial return to schools the restrictions that needed to be in place to mitigate against the spread of COVID meant that these agencies continued to be unable to support our most vulnerable learners.

We continue to see the legacy of lockdown on our most vulnerable learners. COVID continues to impact on attendance of pupils and staff in our schools. Covering classes for absent staff has impacted on the support that Guidance Teachers and Promoted Staff are able to offer. Our members continue to be concerned about how they are able to provide support to vulnerable learners when they find themselves having to cover classes.