

Written evidence

Members of the Oracy APPG will consider written, verbal and audio-visual evidence and oversee oral evidence sessions. All evidence will inform the final report.

The extended deadline for submitting written evidence is 20th September 2019. We would appreciate if the submissions would follow the following guidelines:

- Be in a Word format
- No longer than 3000 words
- State clearly who the submission is from, and whether it is sent in a personal capacity or on behalf of an organisation
- Begin with a short summary in bullet point form
- Have numbered paragraphs
- Where appropriate, provide references

Please write your evidence below and email the completed form via email to inquiry@oracyappg.org.uk with the subject line of 'Oracy APPG inquiry'

Claire Buchanan

Full name:

School or Organisation:

Speech and Language Therapist

Role:

Written evidence:

I am a speech and language therapist working for the NHS in West Yorkshire, I am writing to you in a personal capacity. Part of my role is being commissioned by schools and one of my schools wanted to enhance their focus on oracy following the school closures which has prompted me to examine this from a perspective of someone who's profession is dedicated to spoken language. I am in the process of collating information and researching Oracy from the perspective of my colleagues in education. Many of my viewpoints and evidence would come from the information collated by voice21 and today I have been looking at the Talking about a Generation report (2017) by the Communication Trust and information from the Education Endowment Foundation (EEF).

Though speech and language therapists do not look at all aspects of oracy framework, I would urge you to look at the wealth of information about speech, language and communication needs (SLCN), specifically about prevalence and life outcomes. Obviously, these are foundational skills needed first before young people can approach all aspects of oracy so they would be very relevant.

One specific example that comes to mind is where I was working previously, in a trust in South Yorkshire, I had some time working specifically with the early years in one of the most deprived areas of the borough. In this borough, we were lucky to have retained some early years funding for the local children centre (one of the last in the area to still be running regular activities). I did not realise, when speaking to some of the family support workers there, that families would not attend any of the baby sessions that included anything about reading or books because the parents had struggled with literacy – and reading aloud shared stories is one of the key ways, as recommended by the EEF, to support speaking and listening skills.

Within my previous position, it was noted that the biggest category increase in requests for Educational Health Care Plans was for social, emotional mental health difficulties. We know that by talking about our emotions and even just being able to label them can help us process them (noted from a webinar by Dr Hazel Harrison, "Wellbeing in the primary classroom", run by Oxford University Press). Though this will not address the magnitude of issues, surely it is the first step and can be addressed by increased oracy in the classroom to support these young people.

Finally, I am just struck by the observations from the EEF in their report: Impact of School Closures on the Attainment Gap (2020). That the closures are likely to reverse the progress made to close the gap (median figures 36%, range 11-75%). When you consider that already 50% of children starting school in the most disadvantaged areas will have SLCN before you think about the 7.6% prevalence of developmental language disorder in the classroom.

My recommendations would be:

1. In the first instance, all children should have access to speech and language therapy screening on school entry, staff trained by, and completed in consultation with speech and language therapists.
2. All staff to be trained in the identification of SLCN.
3. A return to schooling in could be an opportunity to develop the oracy curriculum and embed in within teacher's practice as a higher priority.
4. Increased early years support for all families but especially families living in areas of deprivation to support with literacy and vocabulary development (based on the research that shows educational outcomes can be predicted by vocabulary at age 2 years.
5. Additional focus in the curriculum to support emotional development, specifically around emotional vocabulary.
6. Attempt to consult with the Royal College of Speech and Language Therapists to input with you on this important programme.

Additional guidance:

Value and impact

1. Given many teachers recognise the importance of oracy, why does spoken language not have the same status as reading and writing in our education system? Should it have the same status, and if so why?
2. What are the consequences if children and young people do not receive oracy education?
3. What is the value and impact of quality oracy education at i) different life stages, ii) in different settings, and iii) on different types of pupils (for instance pupils from varied socioeconomic backgrounds or with special educational needs)?
4. How can it help deliver the wider curriculum at school?
5. What is the impact of quality oracy education on future life chances? Specifically, how does it affect employment and what value do businesses give oracy?
6. What do children and young people at school and entering employment want to be able to access, what skills to they want to leave school with?
7. What is the value and impact of oracy education in relation to other key agendas such as social mobility and wellbeing/ mental health?

8. How can the ability to communicate effectively contribute to engaging more young people from all backgrounds to become active citizens, participating fully in social action and public life as adults

Provision and access

1. What should high quality oracy education look like?
2. Can you provide evidence of how oracy education is being provided in different areas/education settings/extra-curricular provision, by teachers but also other practitioners that work with children?
3. What are the views of teachers, school leaders and educational bodies regarding the current provision of oracy education?
4. Where can we identify good practice and can you give examples?
5. What factors create unequal access to oracy education (i.e. socio-economic, region, type of school, special needs)? How can these factors be overcome?
6. Relating to region more specifically, how should an oracy-focused approach be altered depending on the context?

Barriers

1. What are the barriers that teachers face in providing quality oracy education, within the education system and beyond?
2. What support do teachers need to improve the delivery of oracy education?
3. What accountability is currently present in the system? How can we further incentivise teachers to deliver more oracy education to children and young people?
4. What is the role of government and other bodies in creating greater incentives and how can this be realised?
5. What is the role of assessment in increasing provision of oracy education? What is the most appropriate form of assessment of oracy skills?
6. Are the speaking and listening elements of the current curriculum sufficient in order to deliver high quality oracy education?
7. What is the best approach – more accountability within the system or a less prescriptive approach?
8. Are there examples of other educational pedagogies where provision has improved and we can draw parallels and learn lessons?