

03(p.5)

## Education and Life Long Learning Committee

### Early Identification and Intervention

The earliest years in the life are the most important for child's development and very early development is much more vulnerable to environmental influences than realised in the past. All children have the right to a best possible start and where children have special needs or a disability it is important that these are identified at an early stage and that interventions are appropriate and positive. Effective early interventions and assessments at all ages can improve child health, social and cognitive development and helping to reduce or eliminate social exclusion in adult life.

The provision of a comprehensive community based programme of early intervention and family support built on existing services could have positive persistent and long-term effect, not only on child and family development but also in breaking long-term cycles of social-exclusion.

There is compelling evidence of the impact of environmental factors and reducing these should be a major policy for us all. However, despite the complex array of social and economic pressures and the impact these have on early childhood and learning, significant and positive effects for children and families can result from early identification and positive interventions

### Best Value Debate

The more we spend on good quality prevention and support services earlier the less will be spend on expensive interventions at a later stage, i.e. cost and benefit of intensive early intervention 'V' cost and damage of delay, Karoly et al Land Corporation SANTA MONICA 1998

'Investing in our children ' what we know and what we don't know about the benefits of early childhood interventions'.

Programmes that begin in Early Years (1<sup>st</sup> Year) have shown immediate and strong effects on children's I.Q scores.

Brookes, Gunn etall 1992

### Perry-Pre School Programme

Lasting reduction in delinquent behaviour at 14 and less involvement with Youth Justice at 19 and 27.

Karoly et al 1998

What we know about children's development from theory, interventions and policy.

Joanne Brookes-Gunn

Columbia University 2001

Every child should be entitled to an appropriate early intervention programme/strategy, which will include some of the following features.

- Parental Involvement and empowerment to enable families to  
take positive action on behalf of their child.

This could include a range of parenting skills programmes, helping families gain a better understanding of the importance of child development and a promotion of early learning. Information, advice, support and self-advocacy schemes also help to build confidence in parents and young people themselves. It is important that families are involved in planning and decision making from the outset. To do this they must have access to impartial accurate advice and support.

- Advice and support services for families
- Home visiting services to help develop appropriate skills
- Evidence based programmes and a range of opportunities to meet differing needs.
- Programmes, which are accessed without the need for bureaucratic systems like 'statementing' or Social Services Assessments and drawn-out diagnosis.
- Training for all staff involved with children including ITT and C.P.D. Joint training with Health, Social Services, and Education, Volunteering sector.
- Coherent multi-agency plans and approaches.
- Models need to be sensitive and respond to all need however good practice should be evaluated

and disseminated.

The Impact of Parental Involvement 2002, Professor Charles Desforges & Albert Abouchar, DFES RR 433 PO Box 5050 Sherwood Park, Nottingham

See also Families as integral, important aspect of early intervention (Turnbull & Turnbull 1997). Interventions to promote parental involvement reveals large numbers of approaches from parent training programmes from birth through to family learning initiatives to promote home school links and adult learning. For families of children with SEN/Disability these programmes are particularly helpful. Understanding how children and adults learn and develop will help both parent and child. Parents report favourably toward family learning, school and community initiatives and parent groups and activities.

Evaluations of these programmes reveal

- An increased demand and need for such programmes
- An increased level of creativity and commitment evident amongst providers
- A high level of appreciation recorded by clients.
- 20% increase in pupil attainment for parental involvement.

Some examples of early intervention are where statutory and voluntary agencies work together with a common goal, which achieves more than the sum of its parts. Many are supported through Sure start funding (Cymorth). These early start initiatives are being well received by parents. Parents and professionals from North to South are working together to help children develop confidence in their ability to learn and develop language, cognition and personal social skills to access school and learning opportunities. Parents are learning and enjoying them too!

**‘Llaw yn Llaw’ RCT Caerphilly, Merthyr, Bridgend**

Support for children in early years settings from 2.1/2 years to school

## **'Sure Steps' RCT**

Intervention for pre-school children presenting with language and communication difficulties.

## **Pre-school Parent Support Groups -**

### **Merthyr/Abervan**

### **Nurture Classes/Groups**

### **In RCT and Carmarthenshire and elsewhere.**

Children are expected to use the group for a year. The rationale is that satisfactory emotional and social and cognitive development in the earliest years is the product of adequate nurturing care. Missing this many children are unable to engage with normal age appropriate school demands. Group teaching/ approach is at a level, which suits the child's developmental levels. The emphasis is on talking and listening, feelings, behaviour, self-worth etc.

## **Cwtch with a book EbbwVale**

Early Learning/ Family Learning

## **'Family Learning' CCSwansea**

Encouraging early literacy and parental involvement as a positive asset to children's learning.

## **Super Shellby Project Caerphilly**

LAP Coordinators looking at basic skills in schools, libraries pre-school groups usually seconded teachers or new posts encouraging family learning.

## **'O gam i gam' NPT**

## **'Helping Hands' Carms/Pembs**

Early intervention for children identified with emerging EBD. Work in schools coordinated by E.P. delivered by NNEB'S work on social skills. Intensive but very effective.

## **Referral Schemes**

1:1 Workers to enable young children with development delay or EBD in local pre-school Early Years settings.

‘PINS’ Carmarthenshire

Pre-school interventions for children with significant delay - group work and work with children and parents in their homes.

## **Carmarthenshire Early Years Speech and Language Scheme**

Promoting language development activities and specialist advice for the under 4’s. Referrals are made through Surestart children partnership early years settings etc., to enable children to enter school with age appropriate languages, communication and speech to maximise their attainment.

The scheme also provides practical advice support/training to families through the early stages of language/communication and wider social development.

## **Early Bird**

Speech and Language Therapist, Educational Psychologists and Advisory Teachers training in school for staff and parents of children with Autism - not only good training but also an opportunity for parents and professionals to discuss issues.

## **Sure Start - Carmarthenshire**

‘Family Aids’

Intensive time limited in home building and existing parenting skills.

## **‘Mentoring Schemes’**

Parent-to-Parent Mentoring coordinated by specialist Home Visitors. Supporting families to play/interact with children with disabilities

## **Stepping Stones – NCH Action for Children Swansea**

The Children’s Centre Swansea in partnership with Swansea NHS and City and County of Swansea local authority LEA & SSD.

Services for Children with diagnosed or emerging disability. Services Include family support, training opportunities 'One Stop Shop' where parents and professionals meet in relaxed atmosphere. Links to other organisations via surgeries and presentations

Result – closer links being established between families and professionals for the LEA and Health. A smoother assessment process, a one-stop shop for assessment, information, advice and support.

## **ICAN Pembrokeshire**

I CAN's national network of Early Years Centres provides an integrated provision to thousands of children throughout the UK to help overcome their communication difficulties.

I CAN in Pembrokeshire was launched in 2001. It comprises 3 nurseries situated north, mid and south county. Children with moderate/severe Speech and Language Communication Difficulties identified by Pembrokeshire and Derwen Health Trust and Pembrokeshire Education Services. A teacher, SLT and LSA work together to plan and deliver intensive programmes daily within the mainstream early years.

## **Pembrokeshire and Derwen NHS Trust**

Schools are offered an intensive block of therapy to work with identified children in a group setting (8 max). Each school receives 2 hours per week for one term. A Speech and Language Therapist trained 4 SLT assistants to conduct those groups. Each SLT assistant manages 6 groups a week. The school language support assistants (LSA) are trained during the time the groups are conducted by the service and carry on the programme once the SLT assistants leave for other schools.

The evaluation of the pilot study demonstrated that 57-61% of the children had achieved above maturational progress. This service funded by Pembrokeshire Education Service – (1 SLT and 4 SLT assistants)

## **Powys LEA, Schools & NHS Trust**

A schools programme has been devised for therapists to give equitable provision to children. Schools are taken in rotation; children are assessed and receive intervention programmes, which are delivered by a SLT or LSA. The SLT will then attend the next school and replicate the procedure. – Parents report favourably and wish for the scheme to be extended. Early concerns have been much allayed with parents and schools/therapists working together.

## **Ynys Môn and Gwynedd**

Children's Partnership in both Ynys Môn and Gwynedd run multi agency projects in each area - Early Identification and Intervention of SEN in the pre-school age groups in the Community First Target areas

in both counties.

Support for young people at risk of exclusion - information and self advocacy support to make representation and be involved in planning and decision making

### **Conwy Referral Scheme**

LEA and other agencies collaborative working to create a seamless referral scheme in Early Years. Parents are very positive about the speedy response in identifying support.

### **Denbigh Surestart**

Multi agency pre school schemes in Community First areas.

### **Gwynedd**

Parental Support project within the Pre-School Assessment Units.

## Promoting Mental Health & Wellbeing and Promoting Social Skills Development

Evidence to House of Commons Select Committee by Dr. Stephen Scott – Institute of Psychiatry suggested that 10% of children had problems, which affect their ability to make friends, go to school and function productively.

The incidence of children under 10 being admitted to hospital with psychiatric disorders is increasing.

These disorders can make children more likely to have: -

- Poor behaviour in school, truanting
- Low achievement
- Exclusions
- Poor social relationships
- Involvement in crimes, substance abuse, etc.

Interventions may include:

‘Golden Rules’ Golden Time’

Activities chosen by class for observing

## **Circle Time**

Whole school approaches like games and exercises to encourage positive relationships – fosters feelings of the class as a community. Group Work – liaison point school SENCO and 1:1 Work – specialist staff involvement or co-ordination plus training and monitoring for NNEB's etc.

Work involving parents in school or community other than by voluntary sector groups/Surestart etc.

Schools Initiatives across Wales- appointment of additional staff as Counsellors / Behaviour Support staff. Also Health professionals involved with schools to work on emotional health intervention with young people and the provision of staff training.

Teachers, parents and young people have reported positive results

- Parental approval was high when intervention showed progress.
- Possibility of working in partnership with other schools to make intervention cheaper.
- Interventions should not replace E.P. Specialist input but enhance and compliment it.
- EP support at earlier stage valued highly by schools. Schools value advice on 'what works' which strategies to use and evaluation of interventions.

'DFES Review of EP Services' 2002

EP Review Wales 2003

## **CCSwansea**

### **ADHD Referral Route**

Too many inappropriate referrals were being made to the Clinical Psychologists, raising expectations within schools and families, making waiting lists soar, resulting in children in need of assessment and intervention having to wait longer. LEAs, Health Trust, Schools, GPs and other agencies have worked together to produce a multiagency referral and intervention scheme which includes teacher training and group work in schools.

Result – Earlier intervention at school and home, training and advisory support to families made available through the Behaviour Support Teams. Links to other agencies for parental support. Those children most in need of clinical assessment and intervention being seen earlier. Growing understanding and skills within schools.



CCS Dyspraxia and Development Coordination Delay whole school approaches.

Collaborative working, clear referral route and multidisciplinary assessment when appropriate. DCD Clinic provides a base for assessment and intervention, training for parents and professionals.

Result – reduced waiting lists, time/cost effective for both families and service providers. Collaborative work setting for professional and parent-to-parent support.

### **CCS Dyslexia Friendly Schools**

Joint working – LEAs, Voluntary Sector agencies, parents and young people.

Continuing training programme for schools; teacher advisory support; specialist resources within schools

### **Neath Port Talbot**

Better tracking and target setting for all children. Some schools looking at ‘setting children’ by learning style rather than ability or friendship grouping. Based on research carried out by SENCO at Sandfields Comprehensive Neath Port Talbot.

The set up of a Multi agency team additional to Behaviour Support @ Action + and children in receipt of a statement.

Result – High % improved progress – parent’s response very positive

### **Monmouthshire**

Multi agency task group working collaboratively on reducing school exclusion. Devising interventions and systems to support children and involve families of children at risk of exclusion.

### **Torfaen and others**

Emphasis on Year 6 reviews. Integration programme individualised as appropriate. Visiting SENCO from Comprehensive.

Result – Smoother transition for young person, less stress for parents and child. Families are having a happier holiday! This process should also result in a better understanding of needs, appropriate provision in place; longer term reduction of disaffection, exclusions, and anxiety for young people and families. A

happier more confident young person.

## **Helping Hands – Ceredigion**

Helping Hands project – preschool 1:1 support. A task group has begun to draw up guidelines for information sharing/gathering to enable a smoother transition from the Nursery to Primary.

Parents and schools have been disappointed in the past that the levels of support and intervention have not been in place before entry to school. This has caused extra pressure on school staff and stress and anxiety for parents. The LEA has facilitated multi agency planning meetings to improve transition phase to primary school.

## **Family Support Team Ceredigion – Multidisciplinary Key Working Scheme**

A management group includes senior managers from health education and social services. The team members include: health visitor; social worker; teacher; senior practitioner; manager/practitioner. All team members' keywork with families. Providing continuity and free flow information to families and professionals. The team work with schools and the LEA integrating 14+ school reviews with care plan reviews, schools representatives are also participating in care planning.

Result – collaborative working, better communication with all partners, earlier identification and intervention on emerging issues for children and young people with disabilities. Earlier interventions and support for child and family, more information, less stress anxiety for families.

Ceredigion Local Diagnostic Service for children with Autistic Spectrum Disorders.

Collaborative approach parents and child, schools, EP and health professionals.

Result – earlier interventions at home and pre school/school.

## **Special Needs Assessment Playgroup – Haverfordwest and Pembroke Dock**

Multi agency funded and supported by the community. Referral scheme model from Community Medical Officers and hospital therapists, speech, physiotherapists, occupational therapists. LEA input from the pre school liaison teacher and educational psychologists. Parental consent to on going assessment provides information toward discussions and decisions on provision and future placements. A multi disciplinary assessment report is produced.

Result – earlier intervention, health gains, including physical development. Support for family and

information of specialism available. Parents more able to work in partnership. Parents are particularly responsive to learning techniques to follow through at home.

## **Refugee and Asylum Seekers**

Throughout Wales there are specialist teams, able to offer interpreting services, and access to learning and language support for families. Levels of services are not consistent across Wales. There are particular difficulties following dispersal, evidence suggests that Formal Assessment or assessment takes place but before the provision is agreed and organised the family may be put on the move again. Policy, practice and provision differ from England and throughout Wales and therefore notice of dispersal elsewhere is having a very negative affect on families and young people. Professionals are also frustrated by the Home Office system. There is generally a lack of understanding of the needs of EAL speakers. SNAP Cymru BME forum identified lack of knowledge of available services and lack of resources to meet needs of asylum seekers with children with SEN. Development work is on-going helping to link families and professionals together with local specialist service providers and local support networks.

## **Case study**

Child X age 14, cognitive ability around age 7, presents with complex needs. Arrived in London October 2002, assessment started. The family were eventually dispersed to Wales in March 2003. 4 months of assessment lost. An EP visited in June and completed an Assessment for the LEA. A Social Worker is appointed to the family who are awaiting respite and a school placement. No placement available within the Special School. Arrangements for home tuition are in hand but these arrangements for all children are rarely more than a few hours a week. This young lady is very unhappy, lack of stimulation, distressed and difficult, living in poor cramped surroundings.

## **Hard to Reach Families**

The learning Bus, teacher advisors on site encouraging learning parents and children.

## **In England**

The While Lodge Child Development Centre, Chertsey. 'One-Stop Shop' services for children and their families

- Access to information
- Medical treatment including paramedics
- Pre-schools Speech and Language
- Planning for Education provision and support
- Physio and O.T.
- Respite

- Links to other support Services.

## **Wiltshire**

Social Services, Health, Education working together have produced a 'family file' for children with disabilities. The file comprises of a joint agency record that acts a multi-agency running record to which workers and families contribute.

Families keep this file – it also acts as a diary,

Similar to Child Health Record

Parent's comments!

I like seeing the whole picture of what is going on in her life, not just for us but the professionals are also aware of who else is involved – 'it is like a passport'

## **Birmingham**

Parents group – developing and delivering training to promote good practice not only at the time of diagnosis but also follow on care and support.

Production of a Video 'Sharing Concerns' adopted by SCOPE as part of 'Right From The Start' training.

English Interventions, which have been evaluated by the Coram Group as good practice. Produced in Intervening Early DFES

'The Place to Be' (P2B)

Approach to alleviate the stresses than can lead to mental health for children in schools. Child centred allowing children to express themselves and to be heard.

- 87% of children show positive change

'Tiny Achievable Tickable Targets'

Awards that recognise all achievement and build self-esteem.

'You can do it'/ Compass Programme (for parents) KS1 & KSW2

½ weekly for 1 Term (Created in Australia being introduced in many English LEA's) Children set

individual targets and develop a mindset for achievement. Improves confidence, persistence, organisation attitude and test scores show improvement in 70/80% of children.

‘J Chance OK’

Community based organisation that recruits and trains volunteer mentors to work with children and young people.

What works for children with literacy difficulties?

Grey Brookes Sheffield University.

‘Success with some children with the most severe of problems is elusive, and this reinforces the need for skilled intensive one to one interventions for these children !

ILS Project (Lancashire LEA Dec 2002)

Findings - Children at School Action – 3.1/2 hrs sessions weekly

- Classroom differentiation was not working.
- ‘Abdication of Responsibility by Classroom Teachers to Support Staff
- Costly option – but significant gain in short time.
- Commitment from head is vital

## **Liam’s story**

Liam was born full term, a healthy contented baby, full of smiles. At 10 months old he developed meningitis and spent weeks fighting for survival. Mum and dad were relieved when told he would make a full recovery. Liam returned home with his parents. They remained anxious about their baby as he had lost his smile and was less contented. Professionals were not concerned and mum was told not to be so anxious.

His speech and physical development was normal but he was a difficult toddler, not wanting to share with others but yet desperate to play with them. His behaviour made it difficult to visit family or friends and babysitters were hard to find and didn’t last long. He seemed to like his baby brothers when they

arrived but as they began to demand more attention so Liam became more and more difficult to manage. He was extremely busy all day long and rarely slept the night through. He suffers night cramps and experiences night time terrors.

The relationship between Liam's parents began to break down. Liam's mum was upset because dad would not give him the attention he demanded and Liam's dad blamed mum for spoiling him. Liam's younger brothers began to shut him out because of his inability to share or take turns. Dad took a job away and mum was exhausted from Liam's constant demands and unpredictable behaviour.

Starting school was a goal for mum. She was told by professionals 'he'll settle down when he goes to school'. Liam didn't settle and the nightmare continues. Mum and the family have not been able to venture too far from home without support. Liam will sometimes run off or perhaps refuse to walk. At home he will either shut himself away from the boys or cause chaos for hours on end. He has experienced countless fixed term exclusions since Nursery school and throughout Primary school. He has been excluded during lunchtimes and from school outings for most of his primary years. Mum accepted that it was easier to keep him home rather than risk another exclusion. Mum could not return to work as planned and finances were difficult. They were not able to keep up with the mortgage payments and eventually lost their house. Sadly mum and dad legally separated when Liam was 10 and mum and boys rented a property on a large housing estate, family life became increasingly difficult.

In year 4 mum contacted SNAP Cymru for help in communicating with professionals. Mum had always cooperated with school and had tried to follow advice given but she had never really 'talked' to professionals, Mum reports that she didn't really listen either because she always wanted to rush off, feeling ashamed and inadequate because she could not manage Liam. Mum had never told his Primary school about his early years, and didn't mention the meningitis to the Educational Psychologist either. During Year 5 school tried different approaches to make an impact with Liam including specialist advisory support and behaviour management programmes at home and in school. He was desperately unhappy with his own progress and was losing the will to try. He became unwilling to go to school and in more and more trouble whilst he was there.

As Liam entered year 6 his behaviour was such that a formal assessment was carried out. Liam was provided a part time LSA and a programme to increase his attention and manage his behaviours. Staff and parents focus on positive praise and support. He responded well to the 1:1 and settled down to learn again. He still went home for dinner. The assessment clearly identified his needs and the interventions necessary for Liam to progress his learning, social and emotional development. Liam is now in Secondary education and is supported by an LSA and has group teaching support and some 1:1 time. Liam and his family have sessions with the child and family guidance. Liam has been diagnosed as ADHD and is now on medication. Mum has learned that a study in America highlights the impact of meningitis, finding ADHD or other similar conditions are prevalent to a large % of children deemed to have fully recovered. Whilst this is not welcome news it is certainly helpful to mum who has always known that her baby lost his smile.

Liam is happier as he has begun to understand his difficulties and tries to manage his behaviour with some success. He is beginning to be more accepting of actions and consequences. Life at home is a little easier although Liam remains mostly isolated within the community. He cannot interact with his peer group without adult intervention. Mum worries that he is vulnerable as he looks for friendship even though he is continually disappointed. Dad maintains good contact with the three boys who are all invited to stay with him for weekends or holidays. Liam sometimes goes but rarely makes it for the whole weekend.

## **Tim's Story**

Tim's mother had a difficult pregnancy and birth and admits to being extremely anxious about her new baby, worrying that he may have been born with complications. He did not present with any problems except that he was a very poor sleeper and cried at night. He did not like strangers and preferred his own space. He played well with his two sisters who were two and three years older than him. He was very attached to mum and starting school was a nightmare. He cried and withdrew himself to the corner of the Nursery everyday for most of the two years, Tim suffered with glue ear, a condition experienced by 4 out of 10 children in their early years. Tim also had very loose joints and attended orthopaedic clinic during primary years.

Tim struggled to learn and identified himself as a failure by the age of six, saying "I know I am thick because I can't catch and I can't read but why am I on the naughty table?". Mum reports that Tim's ability to learn improved following surgery to drain his ear canal at age 8. Ear infections were greatly reduced. However Tim had lost much of his early language development. He was not deaf but evidently he had not been able to hear well enough to naturally pick up the subtleties of language. Private assessments provided by Tim's parents at age 9.5 reports that Tim had a higher-level language disorder and specific learning difficulties. Tim's parents supplied the school with the information and advice from the specialists. He began to gain confidence in Year 5 but mum still had to accompany him into the primary on his return to Year 6 following the summer term. That summer holiday Tim worried and fretted about getting lost, not knowing whereto go, having a row, being sent to detention, other boys and girls laughing at him. Tim's mum reported she was emotionally drained and it was only talking to other parents and her SNAP supporter that kept her going.

Consequently Tim took a long time to settle in Comprehensive school and gained a bit of a reputation. He feels teachers love or hate him. He is a little outspoken on times, finding it difficult to let adults off if he sees an injustice and like many other young people Tim will clown around as he continues to struggle in all subject areas. The curriculum moves to fast for him. He has difficulty processing oral information and is slow to record written information from boards. He is frustrated with the system and wishes he didn't have to go to school. He persists only to meet friends and play football and would rather not go to school on a wet day. Tim is now in Year 10 he has chosen some options and enjoys physical education, cookery and design and technology. Tim says he would not consider attempting to get work in a

situation, which requires him to write reports. He would like to leave school and work and learn together. He does not think he is gaining anything by being in school and feels the next two years will not help him toward getting a job.

In the early years settings children have a very wide range of age and maturity and parental expectations will differ. Staff working in these sectors may not identify difficulties until the child is at the end of his or her stay as they see some progress and this is what they are aiming for. Training is needed for staff to be able to talk to parents. Some parents report shock and insensitivity, relationships suffer and parents find it difficult to get back on track. Generally there is little early counselling available for emerging SEN/disability.

In the Primary stage some neurologically based difficulties with attention and concentration or word ordering or finding can be misinterpreted as behavioural difficulties as this is how they present in class. Unless teachers have received extra training they will not identify these and the measures they take may not be effective. Access to specialist advice from the LEA and from specialist organisations is required to skill teachers in identification and interventions. Children form opinions of their learning ability very early on.

At the Secondary stage certain groups of young people take precedence for receiving help and these are often those who produce the most disruptive behaviours. Research indicates that many young people who end up in PRUs have SEN that was unmet. Teaching styles, homework regimes and school organisation all contribute to disaffection amongst pupils with unrecognised SEN.

Evidence from SNAP Cymru's referral base indicates the growing concern from families of children, which fall within the mid range of difficulties. Some of these children may have statements of SEN but most are identified at school action or school action +. Parents and young people themselves are increasingly concerned about low achievement and the risk of exclusion from school.

It seems that the 'at risk' of long term social exclusion group of children and young people are not recognised as one of the most needy groups, perhaps for very different reasons their needs could be on par with children with profound and multiple difficulties, autism or severe learning disability. Although mobile and able to make choices and decisions – often end up going in the wrong direction, saying the wrong things and choosing the wrong route. e.g. children on the autistic spectrum or those diagnosed with associated difficulties - Aspergers syndrome; semantic pragmatic; ADHD; co- morbid behaviours, DCD. Children who don't fit in, children who find it difficult to understand, and therefore often cannot conform to rules and regulations.

There seems to be a general poor understanding of language development and communication needs for all children with too many labelled with the 'naughty boy syndrome' from an early age. Young people present as low achievers although their cognitive ability is much higher. High achieving non-conformers



also are misunderstood. Children who may present as the classroom clown, or a little odd are not reaching their full potential through late identification and poor intervention strategies. Education systems do not lend themselves well to diversity and unless teachers are able to teach to diversity as the norm then the systems will continue to fail to value children and young people as unique individuals.

There are a number of initiatives in almost every County in Wales, all but a few are targeting too late. Young people at risk of disaffection or school exclusion can often be identified at an early age however access to support services is dependent on criteria and sometimes a diagnosis. Link and Mentoring Schemes are not accessible until the young person has actually committed an offence or has been excluded from school and then put into care because parents can't cope. Social Services are reluctant to be involved unless a crisis occurs within the family, which results in the child becoming 'looked after' by the authority. Specialist help from local disability teams is only available to those children whose cognitive ability falls below 70 – 75.

There is also little intervention available in Wales for children with mental health problems. Child Health placements are but a few and Pupil Referral Units are often providing for children and young people who present with severe behaviour difficulties, some are extremely active and sometimes aggressive. There is a need also for authorities to share best practice for children and young people who are withdrawn or have phobias. Parents feel isolated and inept. Provision is inconsistent across Wales.

Systems are clogged up across Wales with many children never reintegrating back into their school and community. Children are often feeling let down by the system that seemingly presents them with a temporary arrangement - Once out of the mainstream many are not expected or invited back in. The levels of successful reintegration should be measured and a true picture presented to parents and young people.

Success stories and innovative practice is beginning to emerge with more practitioners willing to step outside of the box to meet the needs of young people who find it impossible to achieve whilst being forced through a system where the National Curriculum drives the teacher instead of the pace of the individual child's learning. In the words of an LEA Officer about an innovative package agreed for a young lady whose needs could not be met within the system "don't tell everyone or they will all want it". There is something inherently wrong with a curriculum, which leads to excessive pressures on LEAs, teachers, schools, parents and young people.

Community initiatives and schemes funded by Cymorth must ensure that children and young people with SEN/Disability are fully included. Both access to services and inclusion in society for children and young people who have SEN or are disabled will only be achieved if we work in partnership. There is a need to support and up skill teachers, youth leaders, community development workers, parents and other agency professionals if we are to increase participation and involve communities and schools in living and learning together.