



Cynulliad  
Cenedlaethol  
Cymru

National  
Assembly for  
Wales

# Cofnod y Trafodion The Record of Proceedings

[Y Pwyllgor Plant, Pobl Ifanc ac Addysg](#)

[The Children, Young People and Education  
Committee](#)

16/03/2017

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Cofnodir y trafodion yn yr iaith y llefarwyd hwy ynnddi yn y pwyllgor. Yn ogystal, cynhwysir trawsgrifiad o'r cyfieithu ar y pryd. Lle y mae cyfranwyr wedi darparu cywiriadau i'w tystiolaeth, nodir y rheini yn y trawsgrifiad.

The proceedings are reported in the language in which they were spoken in the committee. In addition, a transcription of the simultaneous interpretation is included. Where contributors have supplied corrections to their evidence, these are noted in the transcript.

**Aelodau'r pwyllgor yn bresennol**  
**Committee members in attendance**

Mohammad Asghar <a href="#">Bywgraffiad</a>   <a href="#">Biography</a>	Ceidwadwyr Cymreig Welsh Conservatives
Michelle Brown <a href="#">Bywgraffiad</a>   <a href="#">Biography</a>	UKIP Cymru UKIP Wales
Hefin David <a href="#">Bywgraffiad</a>   <a href="#">Biography</a>	Llafur Labour
John Griffiths <a href="#">Bywgraffiad</a>   <a href="#">Biography</a>	Llafur Labour
Llyr Gruffydd <a href="#">Bywgraffiad</a>   <a href="#">Biography</a>	Plaid Cymru The Party of Wales
Darren Millar <a href="#">Bywgraffiad</a>   <a href="#">Biography</a>	Ceidwadwyr Cymreig Welsh Conservatives
Lynne Neagle <a href="#">Bywgraffiad</a>   <a href="#">Biography</a>	Llafur (Cadeirydd y Pwyllgor) Labour (Committee Chair)
Julie Morgan <a href="#">Bywgraffiad</a>   <a href="#">Biography</a>	Llafur Labour

**Eraill yn bresennol**  
**Others in attendance**

Joe Baldwin	Cyfarwyddwr Gwasanaethau Dysgwyr, Coleg Penybont Director of Learner Services, Bridgend College
Pippa Cotterill	Swyddog Proffesiynol Arweiniol ar gyfer Plant Oed Ysgol, Coleg Brenhinol y Therapyddion Iaith a Lleferydd Professional Lead for School-aged Children, Royal College of Speech and Language Therapists
Dr Karina Dancza	Cynghorydd Proffesiynol, Plant a Phobl Ifanc, Coleg y Therapyddion Galwedigaethol Professional Advisor, Children and Young People, College of Occupational Therapists
Alison Davies	Cyfarwyddwr Cyswllt, Arfer Proffesiynol, Coleg Nyrsio Brenhinol Cymru Associate Director, Professional Practice, Royal College of Nursing Wales
Iestyn Davies	Prif Weithredwr, ColegauCymru Chief Executive, ColegauCymru

Mandy East	Cydlynnydd Cenedlaethol, Anaphylaxis Campaign National Coordinator, Anaphylaxis Campaign
Kate Fallon	Ysgrifennydd Cyffredinol, Cymdeithas y Seicolegwyr Addysg General Secretary, Association of Educational Psychologists
Mary Greening	Cymdeithas y Seicolegwyr Addysg Association of Educational Psychologists
Eleri Griffiths	Rheolwr Polisi, Mudiad Meithrin Policy Manager, Mudiad Meithrin
Sarah Lewis–Simms	Prif Therapydd Galwedigaethol ar gyfer Plant, Bwrdd Iechyd Lleol Cwm Taf, ac Aelod o Goleg y Therapyddion Galwedigaethol Principal Occupational Therapist for Children, Cwm Taf Local Health Board, and a Member of the College of Occupation Therapists
Dai Lloyd <a href="#">Bywgraffiad</a> <a href="#">Biography</a>	Aelod Cynulliad, Plaid Cymru (Cadeirydd y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon) Assembly Member, the Party of Wales (Chair of the Health, Social Care and Sport Committee)
Sara Moran	Rheolwr Polisi a Materion Cyhoeddus, Diabetes UK Policy and Public Affairs Manager, Diabetes UK
Jayne Morris	Ymwelydd Arweiniol Iechyd Lead Health Visitor
Jane O’Kane	Pennaeth Proffesiynol Ymwelwyr Iechyd, Fforwm Ymwelwyr Iechyd Cymru Gyfan Professional Head of Health Visiting, All Wales Health Visitor Forum
Ellis Peters	Swyddog Arweiniol ar gyfer Therapi Pediatrig Galwedigaethol, Gwasanaethau Therapi Galwedigaethol (Pontio ac Anableddau Dysgu), Bwrdd Iechyd Addysgu Powys Lead for Paediatric Occupational Therapy, Transition and Learning Disabilities Occupational Therapy Service, Powys Teaching Health Board
Claire Protheroe	Rheolwr Gwasanaethau Uniongyrchol (Cymru), PACEY Direct Services Manager (Wales), PACEY
Ann Sivapatham	Rheolwr Cymru, Epilepsy Action Wales Manager, Epilepsy Action

Dr Alison Stroud	Pennaeth Swyddfa Cymru, Coleg Brenhinol y Therapyddion Iaith a Lleferydd Head of Wales Office, Royal College of Speech and Language Therapists
Lisa Turnbull	Cynghorydd Polisi a Materion Cyhoeddus, Coleg Nursio Brenhinol Cymru Policy and Public Affairs Adviser, Royal College of Nursing Wales
Dr Justin Warner	Aelod Coleg Brenhinol Pediatreg ac Iechyd Plant yng Nghymru ac ymgynghorydd yn Ysbyty Athrofaol Cymru Royal College of Paediatrics and Child Health Member in Wales and Consultant at University Hospital of Wales
Humie Webbe	Hyrwyddwr Cydraddoldeb ac Amrywiaeth, Ffederasiwn Hyfforddiant Cenedlaethol Cymru Equality and Diversity Champion, National Training Federation Wales
Rosemarie Whittle	Pennaeth Gweithrediadau a Chyflenwi, Cyfarwyddiaeth Iechyd Plant Cymunedol, Bwrdd Iechyd Lleol Prifysgol Caerdydd a'r Fro Head of Operations and Delivery, Community Child Health Directorate, Cardiff and Vale University Local Health Board
Dr Dave Williams	Cyfarwyddwr Adrannol Gwasanaethau Teulu a Therapi, Bwrdd Iechyd Lleol Aneurin Bevan Divisional Director Family and Therapy Services, Aneurin Bevan Local Health Board
Andrea Wright	Rheolwr Arweiniol ar gyfer Anghenion Dysgu Ychwanegol, Cymdeithas Darparwyr Cyn-ysgol Cymru Lead Manager for Additional Learning Needs, Wales Pre-school Providers Association

**Swyddogion Cynulliad Cenedlaethol Cymru yn bresennol**  
**National Assembly for Wales officials in attendance**

Jon Antoniazzi	Clerc Clerk
Sarah Bartlett	Dirprwy Glerc Deputy Clerk

Michael Dauncey	Y Gwasanaeth Ymchwil Research Service
Gareth Rogers	Ail Glerc Second Clerk
Lisa Salkeld	Cynghorydd Cyfreithiol Legal Adviser

*Dechreuodd y cyfarfod am 09:32.*

*The meeting began at 09:32.*

### **Cyflwyniad, Ymddiheuriadau, Dirprwyon a Datgan Buddiannau Introductions, Apologies, Substitutions and Declarations of Interest**

[1] **Lynne Neagle:** Good morning, everyone. Can I welcome you all to today's meeting of the Children, Young People and Education Committee? We've received no apologies for absence. Members will be aware that Dr Dai Lloyd is joining us from the Health, Social Care and Sport Committee for some of the later items this morning. Can I just ask if there are any declarations of interest, please? No. Okay, thank you.

### **Y Bil Anghenion Dysgu Ychwanegol a'r Tribiwnlys Addysg (Cymru): Sesiwn Dystiolaeth 10 Additional Learning Needs and Education Tribunal (Wales) Bill: Evidence Session 10**

[2] **Lynne Neagle:** Item 2 today is our tenth evidence session on the Additional Learning Needs and Education Tribunal (Wales) Bill. I'm very pleased to welcome Joe Baldwin from Bridgend College and Humie Webbe from the National Training Federation Wales. Members will be aware that, because of some traffic disruption, Iestyn Davies from ColegauCymru is not yet able to be with us. Thank you very much for attending this morning. Are you happy for us to go straight into questions?

[3] **Mr Baldwin:** Absolutely.

[4] **Lynne Neagle:** Okay. If I can just start with a question, really, about what ColegauCymru told us, which is that they felt that there was little mention or consideration at a strategic and ministerial level of further education and the impact that the Bill and code will have on the sector. I would just be interested in your views on that, please, if that's possible.

[5] **Mr Baldwin:** Yes, absolutely. So, I think, initially, the comments were formed on the basis that, if you look at a 0-to-25 framework and you consider that more than a third of that age category is going to be post 16, and you think about the impact of the responsibilities of post-16 education in terms of a young person who might have an individual development plan, in terms of the voice of the young person in post-16, and the prevalence that that has within the Bill, I think that there's a feeling that there needs to be some acknowledgement and consideration of some of the implications and responsibilities that a further education institution would take as a result of the Bill. So, this is in terms of how we might cease an IDP, and the conversations that would have to be had with young people and parents who may feel that perhaps it is a right to have a 0-to-25 plan, and managing the conversations and expectations around a 0-to-25 plan. But, it is also in terms of the workforce and the expectations and the set-up around responsibilities that would be brand new for an FEI versus a school. A lot of the Bill at the moment talks heavily around schools and the way that schools are set up in terms of special educational needs statements, and school action and school action plus. But of course, for an FEI, when you've got a learning and skills plan, or a section 140, that's not a statutory document, it's not something that an FEI needs to review annually; it's more of a sort of transitions passport to give us an awareness of the needs of the young person. Actually, there's a whole raft of responsibilities in terms of an ALNCO and in terms of a workforce that is able to support varying additional learning needs. The Bill gives quite a clear steer that there would be an aspiration that more needs of young people with complex needs would be met within local provision, which I think ColegauCymru welcome, but I think there's hesitation and reservations around how that would work in practice, the funding for that, the structure and the set-up within an FEI in terms of the delivery of provision—the fact that most provision isn't five days, for example—provision for learners with complex needs and how we go about meeting those needs in light of the responsibilities set out in the Bill.

[6] **Lynne Neagle:** Okay, thank you very much. Julie.

[7] **Julie Morgan:** The Bill, as you know, proposes to bring in a single age—0 to 25—system. What are your view on that? What do you feel are the advantages or disadvantages of having one single system?

[8] **Mr Baldwin:** I welcome a 0-25 framework. In terms of meeting the needs of young people and the parity that 0-25 would bring for young

people, parents and carers is fantastic. I think, for the first time, it would provide us with an opportunity to really understand the importance of transition for that young person with additional learning needs, how we work with schools and how we engage with local authorities. Whilst for some local authorities that would be very, very new, I think, for FEIs, it's an opportunity for us to understand the needs of those learners and ensure that the transition into post-16—the provision and the resource that are required—is there and available for those young people.

[9] **Julie Morgan:** So you welcome it?

[10] **Mr Baldwin:** Absolutely, yes.

[11] **Julie Morgan:** What about the exclusion of work-based learning from the system? I don't know what views you have on that, Humie?

[12] **Ms Webbe:** Do you want me to answer specifically the question first?

[13] **Julie Morgan:** Yes.

[14] **Ms Webbe:** In terms of work-based learning, the omission of work-based learning raises more questions, especially for those learners who have chosen work-based learning as a career route. We consider that work-based learning, instead of being considered to be an alternative route for learners, for some learners it's a natural route. Therefore, for those learners who have opted to go straight from school to a work-based learning environment, there needs to be more clarity, we feel, in the Bill that looks at how that transitional support is accessed by those learners who go straight from school to a work-based learning environment, because, yes, they are employed but they are continuing to learn. So, some learners with additional support or needs naturally choose a vocational route to progress their learning. So, what we feel, as work-based learning providers, is that the Bill could suggest more clarity or guidance for those learners who choose that route.

[15] **Julie Morgan:** And would you say that a significant proportion of young people with additional learning needs would choose that route?

[16] **Ms Webbe:** We have evidence from the various providers who specialise in support for learners who have complex barriers, as well as complex needs, of learners who naturally choose that route. For them, what

they have provided us with is oral evidence that some learners come without a statement, or some have a statement but are not willing to share that information. Therefore, it becomes difficult to apply appropriate support when they initially gain an apprenticeship vacancy.

[17] **Julie Morgan:** Right.

[18] **Mr Baldwin:** Sorry, could I just add that I think it's also important to recognise that where we are trying to aspire to the parity of the system to support learners with additional learning needs, perhaps, at the moment, there's an assumption, wrongly so, that a need may drop away or change as you would move through a 0–25 span, but, actually, there are some colleges, some FEIs, that have got training subsidiaries attached to them, so, for example, Cardiff and Vale College with ACT. And so, what that would look like for work-based learning and for apprenticeships, where you may have progressed through a standard FEI route—level 2, perhaps coming in at level 1—but then may choose a work-based learning route or an apprenticeship option, whereby, actually, your IDP would naturally have to cease because, unfortunately, you wouldn't be covered—.

[19] **Julie Morgan:** Right. So, you both feel that work-based learning should be included.

[20] **Mr Baldwin:** Strongly.

[21] **Ms Webbe:** Yes, I strongly agree with that, because, to echo Joe's statement, we're talking about 0 to 25 and we're working alongside Welsh Government to progress the aim of creating parity of esteem between vocational learning and more academic routes. We feel that parity of esteem should start from 0 to 25, so you're building that parity of esteem right through an individual's learning, and so the omission of work-based learning looks at where that parity of esteem ends then. Does it end after they've left school? It should continue from 0 to 25, and so it's building that esteem from 0 to 25, so that those learners who traditionally or naturally choose a vocational route feel that it is on par with academia—that they're not choosing a less standard route. They're choosing a route that is on par with academia. Therefore, the inclusion of work-based learning, the environment of work-based learning, means that the learner has that parity of esteem, that they're not choosing a route that is not a viable route or considered to be a less valuable route than that for people who choose academia.

[22] **Lynne Neagle:** Thank you very much. Llyr.

[23] **Llyr Gruffydd:** To continue on this subject, just for me to be clear in my own mind: you mentioned that you were looking for more clarity in the Bill around work-based learning, but that's different to demanding that work-based learning is put on the same footing, in terms of duties, as further education institutions. So, are you looking for the duties that are going to be placed on FE to be actually placed on those involved in work-based learning as well, or are you looking for something different?

[24] **Ms Webbe:** What we're looking for, when I say 'clarity'—. What exists at the moment—the National Training Federation has over 100 different organisations involved in education, training and skills. Some of those organisations, or some of those consortiums, exist within a college, and some of those training providers exist outside of colleges and independent providers. So, therefore, those institutions or those consortiums that exist within a college are already starting to make provisions for the Bill—they have ALNCOs, they have additional learning needs co-ordinators. So, therefore, those outside of that sort of establishment are questioning where they are able to access that support. So, it's the clarity on the work-based learning environment, as opposed to having, I suppose, the same responsibilities as colleges. What we're looking for is the clarity on the work-based learning environment as a whole for those learners who choose work-based learning as an option. Does that answer your question?

[25] **Llyr Gruffydd:** It does. So, my next question, then, really, is: how do you do that? Because if you look to—. I mean, could you extend the same duties to those other providers who are outside of FE? Because, you know, there are private businesses who'd be involved in providing experiences for young people, and is there a danger that some of those might just walk away?

09:45

[26] **Ms Webbe:** Well, what I wouldn't want to do is speak on behalf of providers, but what I would say is: since we've been invited to give evidence, what we found is that providers have welcomed the opportunity to impart some of their experiences of employers trying to recruit people with additional needs, including complex needs. What we have found is, the omission of work-based learners gives the assumption that it doesn't apply to them—you know, the Bill doesn't apply. At a recent event that was co-

ordinated by Welsh Government, one of the questions was, ‘What about the settings outside of the establishment?’, and the omission, sometimes, when you’re working, trying to get people to have that transitional support outside of traditional routes, means that some people feel that it’s nothing to do with them. One of the things that was clear from that meeting is for providers to have an understanding of the Bill and what support that we as providers can put in place to ensure that that independent IDP remains seamless and also clear. So, from our point of view, what we want to do is properly understand that so that we can convey this to those employers who maybe have some resistance, or may have some resistance to some of the duties they feel that they might have to put in place. But what we want is just clarity on where work-based learning lies.

[27] **Llyr Gruffydd:** Is there a resistance currently, then, because—?

[28] **Ms Webbe:** Well, maybe ‘resistance’ is maybe a strong term. What I would say is that for employers to support people with additional needs, or complex needs, what employers require is a simple process so that they know they can put whatever support in place. What currently exists for people who have additional needs is, because you’re going from a school environment to an employed environment in terms of—well, I’m talking about apprenticeships here—the onus is not on that individual who applies for that post to actually declare that they have a disability. So, one of the issues around work-based learning, or apprenticeships in particular, is until somebody says that they have additional needs, then that support sometimes is not put in place right at the beginning. It requires some confidence on both sides for them to declare that they have additional needs. So, what we would require is that the individual has the confidence to declare that they have additional learning needs, so that we can put the support in place. So, for an individual who is coming into an employed status, we would prefer for them to have the confidence to say, ‘I have an individual development plan in place; I’m getting support from a support agency’, so we can apply the support as and when it’s needed, but, basically, right at the beginning as well, so that it’s appropriate support.

[29] **Llyr Gruffydd:** Yes, so the framework is there as soon as they—

[30] **Ms Webbe:** So, the framework is there, so that it’s seamless support.

[31] **Llyr Gruffydd:** Okay. And just finally from me, if I may, Chair: you say in your paper that

[32] 'ALN is not properly funded under the WBL contract and the process to access a funding for learners with additional needs are not clear and can be quite complex.'

[33] There might be a suggestion that, actually, if the funding was available, then would we need to incorporate this in the Bill?

[34] **Ms Webbe:** I think some providers feel that there are some additional support initiatives out there, like the Work Choice programme and other things that are in place for the individual, but in terms of work-based learning, because there is that—. It's not that clear as to how to access that support—I think that's where they feel that maybe the funding, or the element of support, could be more clearly defined so that they know exactly what they can access and what they can't access, because, at the moment, what exists is the assessor is the initial person who identifies the support for the learner and, based on the skills of that assessor to elicit that information, that is where the appropriate support is applied. There are transitional sort of sessions so that we can look at support, as and when people need it on the apprenticeship journey, but applying that additional support right at the beginning, I think, is crucial for people in terms of retaining them on their apprenticeship framework. When you're working with parents of people with additional needs—they like to know what support is in place prior to making that choice to go into work-based learning. So, that's what our plea is for, really: to look at the additional support at the point of when it's needed.

[35] **Llyr Gruffydd:** Okay, thank you.

[36] **Lynne Neagle:** Thank you. I've got Oscar first on this, then Darren.

[37] **Mohammad Ashgar:** Thank you very much, Chair. I think my question will be for Mr Davies now—I think he's just catching his breath back. In your evidence to the committee, you identified that the colleges potentially face challenges. Looking ahead, in recruiting and retaining specialist staff in terms of this Bill, what improvements do you feel need to be made to ensure that students are fully supported and that colleges are fully equipped to provide specialist provision to those with additional learning needs?

[38] **Mr Davies:** Thank you. Apologies, Chair. The bay link—.

[39] **Lynne Neagle:** [*Inaudible.*] We understand.

[40] **Mr Davies:** I think it's important to put this very important and welcome policy departure in context, obviously in terms of further education. What we've seen, in terms of staffing—the main part we've commenced with—is a 17 per cent decrease in staffing across the FE provision due to the cuts that were obviously imposed on the sector some two to three years ago. So, turning things around in any policy field in that context is going to be challenging, not least when we are trying to identify the human resources, as well as the physical resources, for learners who have quite complex needs, or indeed those who simply need additional support to allow them to progress fully through vocational learning. So, that's the first point, and this is bearing in mind the context of FE at the moment.

[41] Secondly, FE is diverse. So, you're looking to the need to recruit and support staff from independent living support right through, possibly, to individuals who are going to be coaching and supporting ALN learners with degree programmes and everything in between. So, it's not, if you like, needing to identify a workforce for two key stages that exist, or three key stages that exist, in a school. There's a very, very diverse provision that goes on in FE. Of course, FE colleges are also work-based learning providers in their own right as well. So, I think that's why we start in our submission to the committee, Chair, by saying that we don't really think perhaps the way that this has been approached has fully taken on board the complexity, and, indeed, the context of FE, at the moment.

[42] **Mohammad Asghar:** Can I come back to Humie?

[43] **Lynne Neagle:** Go on, then.

[44] **Mohammad Asghar:** Thank you, Chair. My question to Humie now—because you're relating to diversity and the equalities issue in the Bill, so, basically, my question to you is: is there enough funding there for ethnic minority children and others to look after, when they look for a job, especially children with ALN, for the employer to make sure that they are equally treated and everything's available to them on the same level as others?

[45] **Ms Webbe:** Without having the sort of information on funding that currently exists to support children from all walks of life, I think the issue is not so much about the funding, it's about how things marry up and how programmes are aligned so that children or young people with additional

needs or cultural needs can actually access support. In terms of my role as the work-based learning equality and diversity champion, what I have found in terms of the discussions that I've had with organisations outside of work-based learning is that there is very little information that they actually know about the eligibility of funding programmes, work assistance programmes, apprenticeship programmes. So, therefore, those organisations that have funding or have initiatives to support young people from under-represented groups—the information is not getting out there. So, therefore, the ability to access that information and impact on that learner is not being realised. So, from a work-based learning perspective, what I'm trying to do, and working with the work-based learning providers to do, is to have an understanding of those initiatives, including funding initiatives, that will support a learner who decides to go into work-based learning establishments. So, one of the things that we're doing is working closely with Remploy, who work with their candidates who have disabilities—various disabilities on the disability spectrum—so that we can have an understanding of their services and their eligibility criteria and, vice versa, they can have an understanding of apprenticeship criteria, so that when we're speaking to candidates who want to go into work-based learning, they have an idea of the support that's available. What we're doing is trialling similar approaches to those organisations that work with diverse groups so that the understanding of where the funding lies and the criteria actually supports that person into a work-based learning environment.

[46] **Lynne Neagle:** Thank you. Hefin.

[47] **Hefin David:** I'd like to move on now to the role of governing bodies in FE and sections 9 and 10 of the Bill put very specific demands on the governing bodies: section 9 with regard to the duty to decide the additional learning needs of the pupil or student and section 10 regarding the IDPs and preparing and maintaining plans. Can you just express your views about sections 9 and 10 of the Bill, first of all?

[48] **Mr Davies:** Thank you for the question, Hefin. I think it is important obviously that the duty and responsibility rests, if you like, at the highest part of the organisation, which, obviously, because of the nature of non-profit institutions serving households, is the governing body. Members will be aware that we have helped the sector, in partnership with Welsh Government, to develop a code of practice for governors. I think one of the things we would have to do in light of these provisions, let alone when the Bill becomes law, is make sure that those guiding principles around

governance reflect these duties and responsibilities. When you look at these relevant sections of the Bill you have to accept that, ultimately, a governing body is made up of volunteers plus some staff and the principal. We will need to make sure there's adequate resource and training with the governors so that they understand their responsibilities—the same would be the case if we were looking at child protection or any other complex area where they have a legal responsibility—and then make sure that they have the networks in place to work with the relevant lead staff and that staff themselves then have enough capacity across the whole curriculum areas to ensure that the advice and the guidance that the governing body is being given is backed up by the professionals, if you like, in the field, in the classroom and in the workshop. So, I think the Bill has to capture that and understand that rather than simply put a duty and say, 'We've done that section: thank you very much, move on to section 10.'

[49] **Hefin David:** So, do you think further education institutions feel adequately prepared for that?

[50] **Mr Davies:** It would probably vary. I think, obviously, as Joe will outline, there are some colleges that are particular leaders in this area and, indeed, such as Bridgend, have specialist provision. Some of our colleges are large multi-million pound turnover organisations: Coleg Cambria, Cardiff and Vale, Coleg y Cymoedd, which you've visited in your constituency, and then you have Coleg Ceredigion, for instance, which is a much smaller, more modest organisation and, indeed, of course, we have Adult Learning Wales, the former YMCA and WEA organisation that's just merged, which has a very different delivery model. The governors' procedures and the operation procedures would need to reflect those very different circumstances, rural and urban. That's where the concern is: not in the principles, not in the responsibilities, but how we do make this happen, because, whilst a governing body may or may not be prepared for it in terms of being up to speed with what's going on and have the relevant training and skills, there's no question at all about the commitment of those bodies towards addressing the needs of these important learners in our colleges.

[51] **Hefin David.** Okay. Perhaps I'll move on to, just because of time, the next bit. Joe, if you come in, the Bill in section 9(3) and section 10(2) raises specific circumstances in which the duties would not fall on the FEIs. Are they clear? Do you think FEIs will understand those circumstances and how to operationalise them?

[52] **Mr Baldwin:** I think, just to echo what Iestyn's already said in terms of governing bodies and the way colleges are currently operating, people are at different stages in terms of their understanding of the full impact and implications of the Bill in terms of resource and capacity and understanding. I think, when you then start to look at local authority relationships, again, I think that looks very different FEI by FEI depending on provision available in schools, perhaps, within a locality. And so, therefore, developing those relationships with local authorities to then have the confidence to be able to push back if there is a need presented within a FEI that perhaps is felt can't be met within the given resource, or perhaps could be met if there was some additional resource available in terms of capacity and training—. There needs to be some clear understanding on how that relationship would work in terms of responsibilities of pushing back to a local authority to go back and ask for provision or resource to ensure that that young person can stay within a locality and have their needs met within local provision. So, my view at the moment would be that that needs to be tighter and clearer in terms of the Bill.

[53] **Hefin David:** Okay, with that in mind, what's the nature of the current relationship between local authorities and FEIs? Are they fit for purpose for the purposes that this Bill is requesting them to be, if that makes sense?

10:00

[54] **Mr Davies:** I think more generally we could do a lot of work with the consortia, the local authorities and FEIs. FEIs, in many ways, are often looked at like local authorities when it comes to post-compulsory education provision beyond school. So, for instance, in the twenty-first century schools and education programme, when the Government writes out to an LEA or a local authority, it also writes to the principal of the college. I think we need to recognise that you're dealing here with three very different kinds of organisations—the consortia, the local authority, and, of course, the college itself. We need to make sure that there's a meeting of minds and equals, otherwise we will get the gaps and the cracks in the pavement that service will fall through.

[55] Just to note, obviously, the explanatory memorandum sets out a figure for year 1 of financial support to the FE sector, and it details £70,000. I don't know how they arrived at that figure, whether it was something scientific or something other than that, but it does seem to me to be a small amount to prepare a sector that is roughly training some, what, 0.25 million learners—

of all ages, not just up to 25, obviously—in order to be able to address this quite significant change.

[56] **Hefin David:** To go back to this specific issue of the relationship between the local authority and FE, do you think there needs to be a change in the nature of the relationship, or does this necessitate a change in the relationship?

[57] **Mr Baldwin:** I think there are currently some missed opportunities around some of the innovation funding that's been put forward in terms of the priority strands that are set out, and how that funding is being used across local authorities. So, I think where some consortia may be engaging with FEIs in pulling FEIs on board to gain insight in terms of developing an IDP, developing post-16 links, developing those relationships, in other areas, and in my experience, I can safely say that that is very different. So, it feels that there is an opportunity to be working collaboratively to look at the aspirations of the Bill and how we work together. But I think there's no clear steer or direction, or even impetus, perhaps, to consider how we use the innovation funding to really move forward in a very different way.

[58] **Hefin David:** Okay.

[59] **Lynne Neagle:** As the Bill currently stands, there's no power for local authorities to direct FEIs. Are you satisfied that that is the correct way to go forward or do you think that's likely to lead to more tension and maybe more cases going to the tribunal?

[60] **Mr Davies:** I think putting the responsibility on the governing body of the FEI makes them the body that's covered by the Act, and they have a statutory responsibility then, obviously, to act in accordance with the Bill. I think that's consistent with that we are trying to take the FEIs to be standalone public service bodies with their own governance, with their own, if you like, legal standing and statutory basis, and I think trying to subordinate them to another authority would—. It would create a kind of grandparent relationship between the institutions and what we want is equity and parity, so that the FEI can actually act independently if it does.

[61] Just to reiterate the point, when the channelled funding or the support funding was announced by the Minister, which is to be welcomed, it was carved up and gobbled up quite quickly by the local authority. So, as with anything in politics and life, 'follow the money' is the argument, isn't it? So,

the money's gone in that direction. The amount that's been identified specifically for FEIs of £70,000 seems paltry and insignificant. I think that indicates the kinds of tensions we're going to get into. Giving the statutory responsibility to the LEA to direct I think would just cause more problems. There will be, I'm sure, buck passing in that kind of relationship. What we want is equity and parity.

[62] **Lynne Neagle:** Okay, thank you. John.

[63] **John Griffiths:** Yes. I've got some questions about the definition of additional learning needs and the new system of IDPs, and ColegauCymru, in your evidence, you talked about some difficulties with terminology that's used, and the need to establish different categories of need. I wonder if you could just expand on that a little, as to what you think the issues are and why that needs to happen.

[64] **Mr Baldwin:** Sure. So, I think one of the obvious issues around terminology is, whilst we wouldn't want to get hung up on data recording in terms of ALN, that's an important element of understanding the needs and the complexities in the landscape, FEI by FEI. So, I think, if you look at pupil level annual school census data and the way that an ALN need is recorded for the purposes of PLASC within a school, clearly, an FEI then records and reports back to Welsh Government using a totally different system, whereby the recorded categories of ALN are different, and then the associated outputs are different.

[65] I think it's also important to note that disclosure within an FEI relies on the learner actually choosing, at application stage, or at enrolment, to disclose an additional learning need, and whilst we would hope to build relationships with secondary provision to ensure that the transition from school into college was smooth, there will be learners who choose, for whatever reason, not to disclose an additional learning need, or who may not have reached a threshold to require an IDP, and so, therefore, straight away, there is disparity in the way that we may record information and data and therefore be able to channel resource appropriately to those learners.

[66] **John Griffiths:** Okay. Could I ask you as well, in terms of the IDP, whether you would welcome a template, training providers and colleges? Would a template be sensible? And if so, in terms of its nature, would you see it as appropriate if there was a standard format, but also the opportunity to have more personalised information included?

[67] **Mr Baldwin:** I think, throughout the Bill, and then the supporting code, there's reference in several places to person-centred approaches and person-centred planning, and I think it's important to recognise their person-centred approaches and person-centred thinking tools in the way we support young people and parents and carers isn't about the document; it's around the voice of the young person and how we engage with the young person to understand what their aspirations are and, therefore, what the outcomes are associated to the provision.

[68] And so, I think, with a template, we would have the opportunity to fully understand the requirements of the IDP, and where you've got post-16 provision whereby perhaps one FEI is feeding from three or four local authorities, we would at least have an opportunity to understand the sections or the template associated with the IDP. I think if you don't have a template and each local authority's allowed to create its own, you essentially end up with 22 different documents, and whilst on the face of it they could look personalised and person-centred, they're still going to be within a framework within that local authority, because, actually, every single young person within that local authority will have a template. So, I think that, actually, for a college, we could have three, four or five different versions of a document with different requirements in terms of how we convene an annual review, and perhaps what the annual review template document might look like, and then, subsequently, what the quality and the consistency of that document would then be.

[69] **Mr Davies:** I think it's important to recognise, Chair, that the parity of data between what's referred to as PLASC, which is the school-based system you'll be familiar with, and, obviously, the LLWR—lifelong learning Wales record—system, which is the FE and work-based learning system—that's a wider issue that causes major problems when we look at transition between, for instance, school and college around A-levels. So, it's not just this area. So, without having some steps to standardise data gathering and collection and curation of data, I think we'll just be compounding the problems we have elsewhere. And, of course, it's important to recognise that, particularly in our urban areas, we are seeing learners now moving between local authority areas. So, there are 22 local authorities, but, roughly, 13 colleges. In south-east Wales, you know, in and around the Valleys area, you'd have Coleg Gwent, Coleg y Cymoedd, Cardiff and Vale, Bridgend, all within striking distance of each other, and the same would be the case for Swansea. So, standardisation would help that journey, or that learner pathway, in a way

that currently doesn't exist, not just in the ALN, but more widely in some circumstances.

[70] **John Griffiths:** Okay, and could I ask you as well about numbers? Do you know how many students have learning difficulties, disabilities in FE at the moment?

[71] **Mr Davies:** The question is: how many would have a statement, and how many have difficulties or have a need? And there's a very subtle, important difference, and that does go back to the issue of collecting data and reaching a threshold. I don't have those figures to hand. I mean, I have them, but I can't grab them, but we'd certainly be able to provide those data to you as a committee. Do you have anything further—?

[72] **Mr Baldwin:** I think just to reference the point that I made previously in terms of the duty to disclose a learning need, because the Bill talks around the desire that an IDP may include school action, school action plus and the learner with an SEN statement. Traditionally, a learner with an SEN statement might be the learner who was then transferred on to a learning and skills plan. So, for us, we would be able to look at those data. Where that perhaps becomes more complex is when you're looking at learners with school action and school action plus, whereby perhaps that document wasn't passed through to a college or that level of recording wasn't passed through to a college. So, I think there are difficulties in understanding the clarity of data to then be able to fully understand the implications of the Bill in terms of welcoming IDPs and what that would look like.

[73] **John Griffiths:** Yes, okay. And how confident are colleges that they would be able to draw up IDPs for all those with identified needs?

[74] **Mr Davies:** I think that, with the right resource and support—. And we have worked with the Welsh Government already to try to understand what person-centred practice would look like in an FEI environment. I think there's been good commitment on that process, and it's been well received by the colleges. So, I'm confident that with the right resource and the right support, we could get to a situation where we would be able to deliver what was required by the learner, but that would come at a cost, obviously.

[75] **John Griffiths:** Okay. Perhaps I'll move on to transition issues, Chair. Just in terms of that transition between school and further education, are you confident that colleges would be able to ensure the necessary smooth

transition, and what would need to happen, really, for that to take place?

[76] **Mr Davies:** Our consultation response outlines that, actually, starting that process early—. And, again, there are issues here more widely about how a school would give access and support to an FEI to make sure that their learners are aware of all the transition routes that are available to them, irrespective of their additional learning needs. So, what we're saying is that consideration should be given to sharing resources, sharing best practice and working together. So, if you have a learner who is indicating that they want a transition to FE rather than staying on at school, bear in mind that FEIs can often be the recommencement, the reboot button for lots of learners who perhaps haven't had a positive experience in school. Once that's been identified, or, indeed, once that's been identified as an option for a learner, to work in partnership between the school and the college would be the best way for us. How do we do that—how we get that classroom sharing and how we get that time sharing between the two institutions I think is the challenge, and that's not about resources, that's about a culture of colleges and schools seeing themselves as working together for the needs of the learner. Now, hopefully, we would get it right in ALN, but I'm not confident that we'd get that right anyway between the two institutions. So, I think we need to make sure we don't fall into that fault line, particularly with learners who are quite vulnerable.

[77] **John Griffiths:** Okay, I wonder if—. Moving on, obviously, learners' needs can change and do change, so the identified needs of a learner coming to a college might change during the course of their learning with the college. So, how well placed are colleges to assess needs themselves, and to access whatever specialist provision might be necessary for that assessment to be effective and appropriate?

[78] **Mr Baldwin:** I think it varies from college to college, depending on the provision and the size of provision that you've got for learners perhaps on discrete pathways or section 14 pathways with additional learning needs. I think within a school, generally, you would be given an allocation of, for example, educational psychology time or speech and language time, of course. For a college to access that type of provision, we would be required to commission that or to buy that in. So, I think the skills, perhaps, within an institution would vary greatly, and I think we would need to understand just how far we would be taking those specialist skills in terms of meeting the needs of those young people locally within a college. Again, there is a resource and a financial implication attached to a learner who may have a

therapy or a higher level additional learning support need that would require additional specialist support within the college, and how that would look in terms of the transition and the resource available for that to follow through into college—.

[79] **Mr Davies:** Essentially, you're looking at the skills of staff, of the pedagogue. And I think what we identify more widely is that there needs to be much more investment in the FE workforce. We know the FE workforce is slightly older or, shall we say, more mature than the general education workforce, according to data supplied to us by the Education Workforce Council because of the management of registration now. And we've said previously, I think, to the committee that we're concerned about initial teacher education, and we need to make sure that people coming into, if you like, the vocational FE learning environment, and, indeed, those transitioning from general education to FE to maybe do general education, are aware that there can be a full and varied career, and they can specialise maybe in additional learning needs in a vocational setting. Those training pathways for them are opened up very early on in their career. So, we can deal with this—I'm not quite sure if it's upstream or downstream, but you get my drift—we deal with that when we're actually recruiting our workforce, so they see this is an option, and that it's actually something that vocational education training has to address, as well as the need to be totally compliant with what's going on in your industry sector.

[80] So, I think it goes down to the long-term planning for the workforce and for the institution within the sector to make sure they have all the same resources, human and physical, and in terms of capital as well, that are currently within schools.

[81] **John Griffiths:** Okay. And just quickly to follow up on that—where there are severe or complex additional learning needs, so the support required is more intensive, it will be local authorities that will have had the post-16 responsibility, rather than Welsh Government Ministers, to make the arrangements and secure the support. So, how would you see that relationship working between colleges and local authorities, and, again, would colleges know how to access the support necessary?

10:15

[82] **Mr Davies:** It's probably worth reflecting on what currently happens in specialist centres, such as Weston House.

[83] **Mr Baldwin:** So, generally for specialist provision at the moment, we would apply directly to Welsh Government and, of course, with the proposal for that funding to move to a local authority, again there is an assumption that local authorities, for whatever reason, understand post-16 provision and the way that post-16 operates. And I think there is work to be done in terms of supporting local authorities to really understand the provision and the make-up of post-16 and of FE to ensure that they are well informed around how we can best support learners' needs, and the additional support that may be required if you're looking at a learner with complex needs, whereby the case would be held with a local authority. I think that a mutual relationship would be needed to really understand what is possible in terms of joint creative commissioning to support that learner to be in a local authority area in mainstream provision.

[84] **Lynne Neagle:** Thank you. Darren.

[85] **Darren Millar:** I just wanted to ask two questions. We know that there have been some pilots across Wales in terms of this new approach to additional learning needs. Were FE colleges involved in any of those pilots?

[86] **Mr Baldwin:** I asked the same question last week on the Welsh Government's initial rounds of updates. I think Coleg Gwent have been involved to an extent, and I don't know the full detail of their involvement. But, again, I think there needs to be caution used when applying that to all FE colleges in Wales, and the reason why I say that is that there are some colleges whereby the majority of secondary schools within the locality have got sixth-form provision, for example. So, the way that schools may engage with one college versus another college could look very different in terms of post-16 provision and the provider of choice in terms of FE. So, I think when you're looking at pilots, you're looking at IDPs and you're looking at transition, you can't just look at one provider for the answers and for the nuances around what needs to work and how that would work. In my experience, some of the local authorities and some of the consortia are engaging very differently with their FEIs from one locality to another, so I think there needs to be some caution around looking to one gold standard benchmark in terms of how people are then using that to inform how we move through.

[87] **Darren Millar:** I also understand that there have been some pilots in places like Ynys Môn and Gwynedd. We've been shown copies of templates of

some sessions from those areas. So, what about Grŵp Llandrillo Menai? Have they not been involved in anything in that sort of neck of the woods, or—?

[88] **Mr Davies:** They've been involved in the exploration of person-centred practice that we have run as ColegauCymru, but I'm not aware whether they were—

[89] **Darren Millar:** Not as a formal part of the pilot.

[90] **Mr Davies:** Of course, the point that Joe is making is that Grŵp Llandrillo Menai is a multisite campus with urban/rural areas and coastal areas. It's very different to Ceredigion. It would be very different to the model employed by Coleg y Cymoedd, for instance, which is very different to the model in Gwent. So, this is the whole point. It's not like, 'That's a sixth form; they look very much like cookie-cutter sixth forms elsewhere.' These are very different and diverse organisations.

[91] **Darren Millar:** I'm alarmed to hear that there hasn't been more engagement with the pilots. Can I just ask as well: in terms of the responses you were giving earlier on about needing to identify additional learning needs, one of the big differences, it strikes me, between the FE sector and schools is that young people are very often in a school for a number of years, whereas they could be having a short-burst intensive course in an FE college or a one-year course, and if you're not able to get the appropriate support in place very, very quickly, then that could have a huge detrimental impact on the ability of the learner to achieve what they need to achieve while they're in college. So, you've mentioned the need to encourage disclosure from the learner. We've talked about transitional arrangements between the schools and perhaps needing to facilitate some disclosure there. What about disclosure from the health service if a need might arise while they're in the college, or en route to the college, if you see what I mean?

[92] **Mr Davies:** I think, again, that's a very complex scenario, which is made even more complex by the fact that we're extending the age to 25. So, imagine a scenario where somebody leaves school at 16, which they're able to do, and eight and a half years later, aged 24, they decide, 'I want to actually go into an FE college to make good, or to be able to raise my educational achievement.' At 25 years of age you're talking about an adult—you know, somebody who has the right to be able to determine what they want from the system. I think we have to be able to balance the importance of disclosure, the rights and the privacy of the individual to deal with their

learning needs in a way that they feel that's fit, and also to cope with the interruption in the learning journey along the way. So, again, I'm just coming back to this point time and time again that it might be appropriate for health disclosure to take place at 16 to 17 or 18, for that natural progression into an FE, but we need to have a system that works also for the 25-year-old as well.

[93] **Darren Millar:** So, what happens at the moment for those who are on a short course, who may have an additional learning need that's not been identified?

[94] **Ms Webbe:** Well, what happens from a work-based learning point of view is that on an apprenticeship, for instance, because you're in an employed status, they have to offer at least 12 months placement. But, there are various review points in an apprenticeship's journey and it's reliant, I suppose, on the skills of the assessor to identify the learning needs of that person. So, where the specialisms do not lie with the assessor, they call upon other organisations to provide that support. So, if it's a person who has emotional behaviour disorders or autism, then we call on other people to help to—

[95] **Darren Millar:** Sorry to interrupt, but in terms of a short course in a college campus, what happens if it's a six-week course—

[96] **Lynne Neagle:** Darren—

[97] **Darren Millar:** Well, this is important. Do you think it's appropriate to have a duty—? Let me ask you this question: do you think it's appropriate to have a duty to assess on an FE institution if someone was in your building for six weeks doing an evening course, for example? Or should there be some structure in there?

[98] **Mr Davies:** I think it has to be proportionate. Any assessment of need that could be educational—. Learners currently entering into an FE environment are required, whatever their level of entry, to undertake what's known as the WEST test. So, that's a basic assessment in numeracy and literacy. And what we're seeing, of course, is the more burden, the more barriers you put in someone's way—perceived or real—the more likely you are to inhibit that individual from re-entering back into learning. So, whilst the response within duties is appropriate in some instances, it has to be proportionate and commensurate, I think, to what we're trying to deal with

here. And, surely, that's what person-centred practice is all about: that we allow the individual to lead on that, despite recognising the statutory response we as an institution have at the same time.

[99] **Lynne Neagle:** Thank you very much. Well, we are out of time. Can I thank you all for attending and for answering our questions this morning? You will be sent a transcript to check for accuracy in due course, but thank you very much for coming. The committee will take a very short break.

*Gohiriwyd y cyfarfod rhwng 10:23 a 10:31.  
The meeting adjourned between 10:23 and 10:31.*

**Y Bil Anghenion Dysgu Ychwanegol a'r Tribiwnlys Addysg (Cymru):  
Sesiwn Dystiolaeth 11  
Additional Learning Needs and Education Tribunal (Wales) Bill:  
Evidence Session 11**

[100] **Lynne Neagle:** Welcome back, everybody, to our eleventh evidence session on the ALN Bill. I welcome this morning Eleri Griffiths from Mudiad Meithrin; Claire Protheroe from the Professional Association for Childcare and Early Years; Jane O'Kane from the all-Wales health visitor forum; Jayne Morris, who is a lead health visitor for children with disabilities; and Andrea Wright from the Wales Pre-school Providers Association. Thank you all very much for coming this morning. If you are happy, we will go straight into questions. Thank you. Michelle.

[101] **Michelle Brown:** Thank you, Chair. Morning, everybody. Right now, how are additional learning needs and special educational needs identified in very young children? Which are the main ways in which these needs are identified and assessed?

[102] **Ms O'Kane:** Who did you want to pick up on that?

[103] **Michelle Brown:** Whoever.

[104] **Ms Wright:** From our pre-school providers' point of view, it is either a provider—so that's a play group or day nursery, or a childminder or a *mudiad*—. So, if a child is taken there and they present at that point, a group will say, 'Oh, there's something not quite right.' They will talk to parents, and then there will be a process of trying to engage with parents. But, every

authority has a different process from that point on. So, I could tell you about examples of authorities, but I couldn't tell you, across the board, that that would happen everywhere.

[105] **Michelle Brown:** So, what would roughly happen? When an additional learning need is identified in a pre-school child, what would happen then? Once it has been identified, what is the process? I appreciate that each authority is going to be different, but in general, what would happen?

[106] **Ms Wright:** The provider would speak to the parent, engage with them, share their concerns about the child, talk to them about whether they have seen their health visitor, and encourage them to go and do that, or encourage the health visitor to come and visit within the setting. If there is a scheme in place within the local authority, they could refer into a scheme by which they could apply for funding for one-to-one support. Some schemes will also kick off into a panel where that child would then be discussed—a multi-agency panel—and the work done at the providers will be agreed between parents and other professionals. But, every authority is so different. Some have that in place, and some don't. In Newport, for example, there is a learning needs co-ordinator that co-ordinates that scheme. That's a really good model that we would say works very well. But, unfortunately, that's not across Wales.

[107] **Ms Griffiths:** Hoffwn siarad yn y Gymraeg, os oes rhai ohonoch angen clustffonau. A gaf i ategu'r hyn a ddywedodd Andrea? Mae gan Mudiad Meithrin brofiad helaeth o redeg cynlluniau cyfeirio fel hyn. Mae'r rhai yr ydym wedi cael cyfrifoldeb amdanynt yn cael eu galw'n gynlluniau law yn llaw, ac mae cynlluniau o'r fath yn dal i redeg mewn rhai awdurdodau lleol. Rydym wedi'u colli nhw mewn rhai awdurdodau ar draws Cymru, ond mae dal i fod rhai, ac maen nhw yn enghreifftiau o gydweithio o safbwynt sawl partner, sy'n reit effeithiol. Mi fydd y plentyn, gyda chytundeb y teulu, yn amlwg, fel y dywedodd

**Ms Griffiths:** I would like to speak in Welsh, if you would like to use the headphones. Could I agree with what Andrea said? Mudiad Meithrin do have extensive experience of running schemes such as these referral schemes. The ones we are responsible for are called '*law yn llaw*', and these types of schemes are still running in some local authorities. We have lost them in some local authorities across Wales, but some are still in existence and they are examples of collaboration amongst many partners, which is quite effective. The child, with the agreement of the family, clearly, as Andrea said, will be referred to a

Andrea, yn cael ei gyfeirio at y referral scheme and then a multi-cynllun cyfeirio ac wedyn mi fydd agency panel, often with panel aml-asiantaeth, yn aml gyda'r professionals such as educational bobl broffesiynol fel seicolegwyr psychologists on that panel, making addysg yn eistedd ar y panel yna ac decisions in relation to what sort of yn gwneud penderfyniad ynglŷn â support is suitable to allow the child pha fath o gefnogaeth sy'n addas i to be able to go to the *cylch meithrin* ganiatáu i'r plentyn fedru mynychu'r or the PPA group or to whatever type cylch meithrin neu'r grŵp PPA neu of childcare that's suitable for the gael pa bynnag fath o ofal plant sy'n family. What we do find from the addas i'r teulu. Beth rydym yn information that we have from across ffeindio o'r hyn o wybodaeth sydd Wales—one of the possible concerns gyda ni ar draws Cymru—un o'r is, because there are differences gofidiau o bosib, oherwydd bod yna between every local authority, there's a big difference in the support that wahaniaethau rhwng pob awdurdod children then are able to have to go lleol, yw bod yna wahaniaeth mawr to *cylch meithrin* or to childcare. So, yn y gefnogaeth mae plant wedyn yn in some authorities there will be ei chael er mwyn gallu mynd i gylch a child who's able to have six hours of meithrin neu ofal plant. Felly, efallai mewn rhai awdurdodau mi fydd yna one-to-one assistance in a *cylch* and blentyn yn gallu cael chwe awr o help perhaps in another authority it will be un-i-un mewn cylch, ac efallai mewn 10 hours of one-to-one in a *cylch* or awdurdod arall bydd e'n 10 awr o setting. So, these differences mean help un-i-un mewn cylch neu mewn there are huge differences in lleoliad. Felly, mae'r gwahaniaethau children's experiences across Wales. yma yn golygu bod yna wahaniaethau mawr i brofiadau plant ar draws Cymru.

[108] **Michelle Brown:** Do you think the Bill will improve matters? Will it improve the identification of additional learning needs in preschool children?

[109] **Ms O'Kane:** From our point of view, I feel it will really, really strengthen the recognition of the expertise that the childcare sector has to bring to this. I think it's about increasing the professionalism of the sector and having evidence there that the work that they're doing is respected by all that are working with children and young people. What's really important is that at the moment you can have issues where a need is identified potentially through observation and assessments of very young children, and trying to get the parents sometimes on board with your concerns and getting them to recognise those concerns can be quite difficult. So, by strengthening and

bringing the childcare elements into the Bill I feel that then strengthens the duty and responsibilities on the provider. It gives a much clearer process then for following through, for you then to say to parents very clearly around the duties and responsibilities—to try and bring them along on that journey with you as well.

[110] **Lynne Neagle:** Shall we take some more questions? Julie. Sorry—

[111] **Ms O’Kane:** It might be useful just for you to know, in terms of health visiting, how additional needs are identified, if that’s okay. So, we’ve got the Healthy Child Wales programme that was implemented in Wales in October. For every child there’s a minimum set of nine contacts from birth on up until the age of four. At six, 15 and 27 months there’s an assessment of their development and a range of different developmental assessment tools that are used. From that, if there are concerns identified, then a referral is generally made to a community paediatrician who’ll then undertake an assessment—a Griffiths assessment—which may or may not determine a diagnosis. Then, Jane, would you like to talk about how the disability health visiting team might be involved already?

[112] **Ms Morris:** Yes. Sometimes, we’re involved from birth if there’s a diagnosis at birth. But if there are any emerging needs then we work closely with the community paediatricians and we work with therapists. There are teams in our areas that work together to assess children together. So, if they’re identified as having an additional learning need then we will support them alongside the generic staff then—supporting the parents—because it is an issue for us as well that parents are finding it hard, it’s a journey, it’s something new for them to take on board that their child has got some difficulties. So, we all work quite closely together then, once we know what the problem is.

[113] **Lynne Neagle:** Darren.

[114] **Darren Millar:** Can I just ask a follow-up question? You mentioned these developmental milestones, and if those aren’t met then you may make a referral as health visitors. What about parents who don’t perhaps engage with health visitors—those who are outside that net in terms of being able to make a referral and identify those needs?

[115] **Ms O’Kane:** To be honest, very few families opt out of health visiting. In Swansea, for example, I think they had 10,000 under-fives and last year

we didn't have anybody who disengaged. I think that's pretty much the experience across Wales. We do have a very small cohort of families who opt out, but often, I think it's fair to say—not often, more than often—it is fairly standard—. I think most families don't realise they can say 'no' as well. They think they have to have health visitors, so maybe it's a bit about that, but, actually, we have really good engagement. We do occasionally have some families who are perhaps in denial, and that is a challenge, and unfortunately sometimes we have to involve our colleagues in social services, but that is unusual. But we will follow that process through, and sometimes, though, it is about working with families to come to terms with an emerging diagnosis, and there is work across Wales to provide different levels of support, because it is about families sometimes having almost a bereavement-type support or counselling. But, yes—there is a small cohort of those.

[116] **Darren Millar:** And just with child development as well, these things are obviously very difficult to identify at a very early age, but I assume some things can come on quite rapidly, can they?

[117] **Ms O'Kane:** As Jayne said, some disabilities are clear from birth. In terms of neurodevelopmental disorders, it can take a little while, but often at two, two and a half, there are some clear issues. There are communication issues, and some social issues, so we've usually got a good indication even if we don't have a clear diagnosis. We can usually tell that there's something not right there and that there's going to be additional support needed.

[118] **Ms Morris:** I think the importance of joint working with all other colleagues involved, really. It's so important to see the child in different settings and to get a complete picture, so it sometimes can take a little bit longer. It's a bit of a longer process because we want to gather all the evidence we need. So, we work with the nurseries and the schools to get everything that we need.

[119] **Darren Millar:** Thanks.

[120] **Lynne Neagle:** Thank you. Julie.

[121] **Julie Morgan:** Thank you. I'm just carrying on with the health professionals for a moment. Under section 57 of the Bill, health professionals have a duty, where they believe a child might have ALN, to notify the parents, and then a discretionary power to bring it to the attention of the local authority. So, do you think that health bodies should always tell the local

authority that this has been identified?

[122] **Ms Morris:** Locally within Neath Port Talbot, we work as a multi-agency team and all referrals come into one point, with one point of access for referrals, and at the referral meeting is a member of the local authority, so we would all discuss—

[123] **Julie Morgan:** So, they always know.

[124] **Ms Morris:** Yes. We're piloting it in Neath Port Talbot at the moment and we have very good links with our other colleagues across the trust, so it's something that we're quite used to—having those discussions with the local authority. That's not unusual.

[125] **Julie Morgan:** Right.

[126] **Ms O'Kane:** And I think that happens in a number of authorities—that integrated approach.

[127] **Julie Morgan:** Yes, but in fact, in the Bill, it's a discretionary power, isn't it? But you believe—

[128] **Ms O'Kane:** It's almost essential, though, because in terms of having a co-ordinated, robust approach to providing a range of services, then it's impossible without sharing that, almost.

[129] **Julie Morgan:** Yes, yes. And do you know what happens in other parts of Wales at all?

[130] **Ms O'Kane:** My understanding is that some of the health boards have got very similar processes. So, I believe Hywel Dda have an integrated approach. I believe in parts of Betsi there are very good models as well. I think the integrated approach is working at different levels, though, so, for some there's a more formal approach—perhaps the local authority take the lead for multi-agency teams—and in others, perhaps, it's less defined. I know there's a whole range of different approaches, but with that same intention to share.

[131] **Julie Morgan:** Yes, and do you think it's absolutely essential, the multidisciplinary approach?

[132] **Ms O’Kane:** Yes, and I think one of the questions was ‘Will this Bill improve things?’ I think we do think that it’s a positive and that it should, in terms of raising the profile, but what is absolutely critical is that co-ordinated approach and that integrated approach. If we don’t have that, then this will just touch the edges.

[133] **Julie Morgan:** Right.

[134] **Ms Morris:** When parents are referred in—or the children are referred in—to our team in Neath, they’re aware of who is at the meeting, so they know there’s going to be a social worker there. And I think it has helped to break down some barriers, about the relationships of parents with social workers, because sometimes they only feel they’re there to take their children away, and it has given us a little bit more—. Well, it has been a bit easier, really, to introduce them later on, because we can say, ‘Well, you know, they were part of the assessment process and you might have met them in the assessment.’ Because sometimes they come into the assessment as well, with the child, just to be there, to make that assessment with everybody. So, it is helping to build those relationships and break down those barriers.

10:45

[135] **Julie Morgan:** Thank you. And then, to turn to the early years providers, do you think the Bill should place a duty on early years providers to refer a child to the local authority for assessment, if they believe there might be additional learning needs?

[136] **Ms Wright:** Yes, I think there should be a process by which they can reach. At the moment, that doesn’t exist in all counties unless there’s an additional needs referral scheme. Within the regulations for providers, CSSIW doesn’t have that within its regulations for providers to do that, but providers will always do that if they come across a child that needs additional support and they feel that there is a route that needs to be taken. That is not within their regulatory—

[137] **Julie Morgan:** So, there’s no clear route.

[138] **Ms Wright:** No. Hopefully, this Bill, if you have—. I think we need to clarify what the route would be for a day nursery, for example, or a child minder, and what is going to be their route to referral into this process.

Because health visitors do their development checks, but a child can present differently in a group setting than they would do in a home or clinic setting, and different issues become apparent. So, it's important that we catch all and we have a referral process for that as well.

[139] **Julie Morgan:** Yes, and at the moment, it's all different ways that—

[140] **Ms Wright:** It is all different ways, yes. Funding is available in most local authorities for early years support in terms of one to one, but how that is managed and how that looks is very, very different across Wales. There are some very, very good schemes out there, but over the last few years some of those have been diluted down and down. Lots of them have additional needs co-ordinators running them, and that works really well, but that is the first post that's taken out when the funding goes. Actually, we believe that that would be the most important part of it.

[141] **Julie Morgan:** So, a number of those posts have been lost.

[142] **Ms Wright:** Absolutely.

[143] **Julie Morgan:** Right.

[144] **Ms Protheroe:** Again, just to echo what's been said already—and, obviously, I'd agree with everything that's been said—I think it's about strengthening that process, both within the Bill and within the code, to make it very clear that it's not open to that local interpretation that we know can occur. I would see it and, as an organisation, our view would be that if you think about the safeguarding process and that being very clearly defined, with processes and routes through that, and if you think about the additional learning needs being a similar route in a similar process, if it gets embedded in the Bill and within a code, it would be clear then: when it comes to training, you would have that consistency of approach, and it means that, when it comes to the writing and review of policies and procedures that are relating to it, there would be very, very clear guidance that could inform the direction of those as well.

[145] **Julie Morgan:** Eleri?

[146] **Ms Griffiths:** O'n safbwynt ni hefyd, mae yna gymaint o fudd, ac y as well, there is so much benefit, and mae rhai o'r gwasanaethau iechyd i some of the health services for young

blant bach, yn enwedig o dan dair oed, mor hanfodol i ganiatáu iddyn nhw i ddatblygu ac i gael eu haddysgu. Mae'n hollbwysig bod y cydweithredu a'r gwaith partneriaeth yn digwydd mewn ffordd drefnus ac yn caniatáu cydweithio rhwng lleoliadau gofal plant a'r asiantaethau arbenigol sydd allan yno, a'r bobl broffesiynol arbenigol sydd yn gallu dod a rhoi cyngor ar bethau fel ffisiotherapi, pethau fel iaith a llafaredd, pethau sydd angen eu hintegreiddio o ddydd i ddydd o fewn y lleoliad gofal dydd neu gylch meithrin.

children, especially under three, are so vital to allow them to develop and to be taught. It's vital that the collaboration and partnership working happen in an organised manner and allow collaboration between placements and the specialist agencies that are out there, and the professional workers—the experts—that can give advice on issues such as physiotherapy, speech and language, and the things that do need to be integrated on a daily basis within the day-care placement or *cylch meithrin*.

[147] **Lynne Neagle:** Thank you. Before we move on to Hefin, can I just press Jane and Jayne on this issue of the discretion to notify, because that does seem to be a weakening? Although you can say, 'Well, that happens anyway', do you not think that there is a risk that, if it remains a discretion, we could see a backpedalling on some of these notifications going forward, and wouldn't you prefer to have that tightened up?

[148] **Ms O'Kane:** Yes, I think. I guess, if there's any opportunity for local interpretation, then that does create weakness, doesn't it? So, yes, essentially, I would agree with you, that that probably—. If it's left discretionary, then there's always that risk. Whether it's resources or other issues that impact on that decision, then I suppose, potentially, it creates that risk, yes.

[149] **Lynne Neagle:** Okay. Thank you.

[150] **Ms Morris:** Yes, and I think that if it's a process for all of the children, then that's more equitable, isn't it, as well?

[151] **Lynne Neagle:** Okay. Thank you.

[152] **Ms Morris:** If that's the way it's done; and I think parents would accept that as well. It's a process for all children, not only yours.

[153] **Lynne Neagle:** Yes. Okay. Thank you. Hefin.

[154] **Hefin David:** What are your views on the definition of additional learning needs that's contained in section 2 of the Bill? Are you happy with the definition?

[155] **Ms O'Kane:** From health visiting we were comfortable with that. From an all-Wales perspective it seemed to make sense.

[156] **Hefin David:** Okay.

[157] **Ms Griffiths:** Rydw i'n gwybod ein bod ni wedi ymateb ar y pwynt yma. Rydym ni yn weddol hapus gyda'r diffiniad ond ei fod e ddim yn ddiffiniad sydd yn ein clymu ni i sut mae'r plentyn yn mynd i berfformio yn dair oed, achos roedd geiriad y Bil, fel yr oeddem ni yn ei ddarllen, yn sôn bod plentyn yn cael ei bennu i fod ag anghenion dysgu ychwanegol os oeddent yn annhebygol o ffynnu o fewn ysgol pan oeddent yn cyrraedd oed ysgol. Y pwynt roeddem yn teimlo'n gryf yn ei gylch ym Mudiad Meithrin oedd bod y diffiniad ehangach yma o ddysgu yn cydnabod bod dysgu yn y blynyddoedd cynnar o ddim i dair oed yn llawer ehangach na chyd-destun addysgiadol a sut y byddem yn mesur addysg ffurfiol. Felly, rydw i'n meddwl byddai gweld ychydig o ehangu ar hynny—o safbwynt eich bod wedi sôn am ehangu'r diffiniad i fod yn *aspects of learning* o bosib—yn cyd-fynd gyda'n bod ni yn ceisio sicrhau bod y diffiniad mor eang â phosib.

**Ms Griffiths:** I know that we've responded on this particular point. We are quite happy with the definition as long as it is not a definition that ties us to how the child will perform at three years of age, because the wording of the Bill, as we read it, suggested that a child would be designated as having additional learning needs if they were unlikely to thrive within a school when they reached school age. The point that we felt strongly about in Mudiad Meithrin was that this wider definition of learning acknowledged the fact that learning in the early years between nought and three is far wider than an educational context and how we'd measure formal education. So, I think seeing that expanded a little—in that you have mentioned expanding the definition to be aspects of leaning possibly—would fit in with our idea of trying to ensure that the definition is as wide as possible.

[158] **Hefin David:** That was section 2, sub-section 2(a) where a learner

[159] 'has a significantly greater difficulty in learning than the majority of others'.

[160] Estyn propose a changed that would be:

[161] 'aspects of learning than the majority of others'.

[162] You support that is what—

[163] **Ms Griffiths:** O safbwynt Mudiad Meithrin, rydw i'n meddwl bod hynny'n iawn. Mae'n ddiddorol mai Estyn sydd yn gofyn am hynny achos, wrth gwrs, rheoleiddwyr addysg ydyn nhw. Ond o safbwynt edrych ar y peth i'r blynyddoedd ifanc, o sero i dri hefyd, sydd ddim yn dod o dan arolygiaeth Estyn, rydw i'n meddwl bod ehangu'r diffiniad a chadw'r diffiniad mor eang â phosib yn bwysig, achos mae pob math o bethau yn mynd i effeithio ar sut mae'r plentyn yn gallu datblygu a dysgu a sut mae babanod yn caffael symudiad. Mi fydd y pethau yma'n cael impact arnyn nhw drwy eu hoes. Y mwyaf cynnar y mae ymyrraeth yn digwydd, y lleiaf, gobeithio, fydd eu gofynion nhw wrth iddyn nhw dyfu wedyn, ontefe?

**Ms Griffiths:** From Mudiad Meithrin's perspective, I think that's true. It's interesting that it's Estyn asking for that because, of course, they are education regulators. But in relation to looking at it in the younger years, from zero to three, which don't come under Estyn inspections, I think broadening the definition and keeping the definition as broad as possible is important, because many different things are going to affect how a child is able to develop and learn and how babies acquire motor skills. These things will have an impact on them throughout their lives. The earlier the intervention happens, the less their needs will be, hopefully, as they move forward.

[164] **Hefin David:** Is that change sufficient to address that?

[165] **Ms Griffiths:** Nid wyf yn siŵr. Rydw i'n methu cofio. Nid wyf yn meddwl ein bod ni wedi gwneud cynnig am eiriad amgen. Mae'n rhywbeth y byddem ni o bosib yn gallu rhoi mwy o ystyriaeth iddo a dod yn ôl i'r pwyllgor ar ôl heddiw i weld. Ond, yn sicr, rydw i'n meddwl

**Ms Griffiths:** I'm not sure. I can't remember. I don't think we suggested an alternative wording. Maybe it's something we could possibly consider more widely and come back to the committee on that after today to see. But, certainly, I think it's an improvement looking at

ei fod yn welliant i edrych ar wahanol these different aspects of learning.  
agweddau o ddysgu. Mae'n bosib y Possibly, we could take a step further  
gallem ni fynd gam ymhellach. on that.

[166] **Hefin David:** Am I to take it from the evidence you've given as well that you'd like to see the greatest focus on healthcare and medical needs?

[167] **Ms Griffiths:** Rydw i'n meddwl **Ms Griffiths:** I think we probably have  
ein bod ni siŵr o fod wedi delio dealt with the main point that I'd like  
gyda'r prif bwynt y byddwn i'n hoffi to emphasise, which is the  
ei bwysleisio, sef pwysigrwydd importance of working in partnership  
gweithio mewn partneriaeth a and the importance of all the various  
phwysigrwydd yr holl gefnogaeth support that a child needs being in  
amrywiol sydd ei hangen ar blentyn place, including definitely some of  
gan gynnwys yn bendant rhai o'r these health services that are critical  
gwasanaethau iechyd hollbwysig yma in the early years, as I've mentioned  
yn y blynyddoedd cynnar, fel yr wyf already.  
wedi sôn yn barod.

[168] **Lynne Neagle:** Any other comments?

[169] **Ms Protheroe:** Can I just add one point quickly? It's not really so much around the actual definition of the additional learning needs itself, but the additional learning needs provision—

[170] **Hefin David:** In section 3.

[171] **Ms Protheroe:** —in section 3. It talks in section 3 about it being education suitable for a child under the age of three. So, to us it would be more about care than an education.

[172] **Hefin David:** Yes; I was referring to sections 2 and 3, just to clarify.

[173] **Lynne Neagle:** Have either of the health visitor representatives got a view on what Hefin just asked about medical needs being included?

[174] **Ms O'Kane:** I suppose I quite like the broadness in some respects, because I guess being broad keeps it less defined, really. I think for us, really, it's more the interpretation. We've got other issues and queries around the designated education clinical lead officer role, and other things that are a little bit more concerning, I suppose, from a health perspective. We

felt the definition was broad, but actually there could be some benefit in that.

[175] **Lynne Neagle:** Thank you. John, you have questions on the IDPs.

[176] **John Griffiths:** Yes, on IDPs, Chair. I wonder if you could tell the committee whether you think childcare and early years providers have enough detail from the Bill and the draft code, in terms of the IDPs and the role of childcare and early years providers in preparing and also maintaining those IDPs. Is there enough detail in the Bill and the draft code?

[177] **Ms Wright:** Simply put, no. No, there isn't. If the expectation is for early years and childcare to take part in and be part of producing and understanding, then there needs to be a whole raft of training opportunities to go alongside that. There can't be a presumption that they would automatically understand or know. The expertise is there, but this is a whole new thing that they would have to do. You also have to consider that these are mostly private businesses or third sector businesses and they have no local authority funding within them, and that you're asking to do work on behalf of the local authority that is over and above what they would normally do for a child attending a setting, so, yes, you would have to—. There would be an expectation from the sector that you would put in some ring-fenced funding for them so that they can access training and be able to use the things appropriately and successfully.

[178] **Ms Protheroe:** I think for us, from an organisational point of view, it's about strengthening the role and clearer responsibilities within the Bill, and I think that comes out of the process that we've talked about as well. It's around chapter 11, in particular. I feel that that needs to be strengthened to ensure that the role is clear. We're all—I think we're all here; all of us have talked about the integrated approach and the need to ensure that you're working in partnership, which is really, really important, but if you don't have those roles and responsibilities more clearly defined, it's going to lead to local interpretations of that, I think.

[179] **John Griffiths:** So, there's not enough detail at the moment, but what role would you see the childcare and early years providers playing in the preparing and the maintaining of those IDPs?

[180] **Ms Protheroe:** It's about having that evidence to be able to bring to the table, creating opportunities to work together with health professionals or the local authority to ensure that you can set up opportunities to engage

and discuss and to share observations and assessments you may have produced. So, it's just that joined-up approach, and what that actually is and what the shape of that is. Like we've said, a lot of work needs to come out of that, and there will be a lot of training needs around that to ensure that the sector is prepared and ready for the changes, to ensure that we make the most out of the professionals we've got there, and, again, we're recognising the role that they have to play.

[181] **Ms Griffiths:** O'n safbwynt ni, rydw i'n meddwl, mae'r wybodaeth sydd ar gael ar hyn o bryd yn y Bil ac yn y cod yn dal i fod braidd yn rhy annelwig i fedru ateb eich cwestiynau chi yn glir. O fy narlleniad i, rydw i'n gweld bod yna ddisgwyliad fod y darpariaethau nas gynhelir sydd yn cael eu hariannu i wneud addysg tair oed yn dilyn y cod ymarfer statudol newydd, tra bod yna ddisgwyliad bod lleoliadau eraill, fel meithrinfeydd, sydd ddim yn derbyn yr arian addysg yma, yn gorfod rhoi sylw priodol i'r cod ymarfer—*due regard*. Felly, mae yna wahaniaeth yna'n barod.

**Ms Griffiths:** From our point of view, I think that the information that's available at the moment in the Bill and in the code is too ambiguous for us to respond to your questions clearly. From my reading, I see that there is an expectation that the non-maintained provision that's funded for education at three years old adheres to the new statutory code of practice, while there is an expectation that other settings, such as nurseries, which don't receive this funding, have to give due regard to this code of practice. So, there's a difference there already.

[182] Nawr, yn ein profiad ni, yn aml iawn yr un plant fyddan nhw yn ddwy oed yn y lleoliadau neu feithrinfeydd neu gylchoedd meithrin sydd wedyn yn troi'n dair, ac yn sydyn mae yna wahaniaeth yn beth yw'r disgwyliad o beth maen nhw'n fod i wneud o dan y cod ymarfer fel ag y mae e. Felly, rydw i'n meddwl bod yna le gyda ni nawr, ac rydw i'n gwybod bod y Llywodraeth yn bwriadu trefnu mwy o gyfleodd pellach, i drafod manylder y cod yma a sut yn union allwn ni sicrhau cysondeb i'r plant o fewn yr un lleoliad yn aml, yn lle bod y gwahaniaethau yma.

Now, in our experience, very often it's the same children who are two years old in the settings or the nurseries or the *cylch meithrin* who turn three, and suddenly there's a difference in the expectation of what they're meant to do under this code of practice as it stands. So, I think there is room for us now, and I know that the Government intends to arrange further opportunities, to discuss the detail of this code and how exactly we can ensure consistency for the children within the same setting, very often, rather than these differences being there.

[183] Mae lot o brofiad gyda The *cylchoedd meithrin* and the other childcare providers have a great deal of experience in ensuring that they adapt their education to support children with additional learning needs, and of course that will be vitally important in taking part in putting together the individual development plans, but our understanding is that those plans will still be under the auspices and responsibility of the local authority. So, there is a great deal of work to do to look at what the format of our contribution, as the childcare sector, will be in this process.

[184] **Lynne Neagle:** Have the health visitors got any comments on the IDPs?

11:00

[185] **Ms O’Kane:** Well, I think that the proposal as it is creates—or presents as being more equitable than the current model, generally. I guess, for us, there is a greater emphasis on health, or there’s more accountability for health services, as against as it was with the statementing process. At the moment, we’re not quite clear how that process will be managed, but also whether there’ll be any sanctions for health boards. Obviously, there are real pressures around delivering therapy services, particularly. Speech and language therapy and occupational therapy always come to mind, and those are always pressure points. I suppose, in the current climate within the NHS, it’s how that’s actually going to feel—how it can feel any different, I suppose. So, whilst, in theory, in terms of the process, it looks much better, the challenge—. The other bit, though, I guess, is around—and I’m maybe moving on a bit, but it connects—the fact that there’s a suggestion that there’ll be a change—or, more than a suggestion, a proposal that, in terms of resolution, for families where they have issues around health, which will mostly be OT and speech and language, they’ll follow through the health board’s complaints processes. Whilst, in some respects, that’s good, because there’s clear governance around those—or there should be already—I suppose the worry is for us is that, potentially, families could be going

through two processes. So, they could be taking health boards through the complaints process for therapies, particularly, and education. We have had quite a lot of experience of focus groups with families with children—preschool children particularly, and older children—and it is usually issues around education provision, OT and SLT. So, that is our only concern that, whilst we accept, for health, it means they've got greater responsibility and accountability, it's how that will feel both for families, but—. So, I guess, probably for us, it feels like there needs to be some more clearly defined operational processes that perhaps can't be locally interpreted.

[186] **Lynne Neagle:** Thank you. Michelle.

[187] **Michelle Brown:** Thank you, Chair. What sort of resource and staffing implications will the new framework have for—? We'll take health visitors, first, and go with you.

[188] **Ms O'Kane:** The designated education clinical lead officer role is obviously an issue, in some respects, of concern in that I understand it's a role that is expected to be part of an existing post holder, that there is no funding. So, I suppose the first thing that comes to mind is how achievable that will be, but one of the ladies here mentioned safeguarding, and that's the sort of thing we were thinking that, if you had it within the health board, sitting at—it needs to be, obviously, at a senior level, maybe an exec level, and a process not dissimilar to safeguarding. But it's achievability, I suppose. That's the anxiety. It will give children with disabilities, though, much greater focus and visibility in health boards, and I think it's fair to say that that isn't the case often, because of other pressures. So, it is a positive. But, in terms of resources, I guess that the DECLO is something—. We do wonder how somebody's going to be able to deliver on this agenda really meaningfully without delegating an awful lot of stuff, although I appreciate that if it's more around the governance and quality assurance then they will have to draw information from others. Then I suppose it will raise, I guess, the profile even more so, potentially, of speech and language therapy and OT service provision. So, I suppose there's a bit around expectations of families as well—*[Inaudible.]*

[189] **Michelle Brown:** Do you think the DECLO should be a dedicated role or—?

[190] **Ms O'Kane:** I think we would—. Yes. If money was no object, we would certainly say that that should be, or at least a dedicated allocated piece of

work. If it's going to have the authority, it needs to be at a probably very senior level in the organisation; but, knowing what people's portfolios are like, I do have anxieties that that will be a real challenge for them. Because they are so removed from the operational, there'll need to be a range of systems in place for them to be able to do anything meaningful.

[191] **Michelle Brown:** What are the implications in terms of staffing and resources for childcare providers and others?

[192] **Ms Wright:** I think the issue that we will have is that we would feel that you'd need an ALNCO for early years, dedicated in a local authority, to co-ordinate all the work that we do within our provisions. As I say, some schemes run very well with that person already there, but there are a lot of schemes that run without that co-ordinated approach, and, unless you have that person that's co-ordinating the referrals in and co-ordinating the responses that are needed—. And, at this age, families are needing a huge amount of input as well, and there needs to be a lot of work done with them, quite often. It's the in-denial phase for parents. It's a whole new journey for them they weren't expecting to take, and it does need someone co-ordinating the whole approach to their child at this emerging diagnosis stage. Those children that are very early identified, that's a much simpler process, but those that are in the two to three age group particularly are more difficult. You've got the ASD pathways for those, so they're not going to get a diagnosis for some time, but they are going to have a need and those parents are going to need a lot of support. But there needs to be a lot of multi-agency working for that family, and you are going to need a dedicated person who understands the childcare sector and that age group, and I think we would be very anxious that it wasn't sucked into the educational element of it at this stage. It does need a different approach, although it does need joined-up thinking towards transitioning to education. Again, that's another big piece of work that needs really to be looked at in terms of the link, and maybe being responsible for transition from childcare provision into education, because they are different.

[193] **Ms Protheroe:** I think, for us, it's about that proactive approach to ensure that the sector are prepared and have the confidence, as well as the skills, to be able to support children with additional needs, so that, when they are identified, rather than being reactive and then trying to upskill staff once you've had a need identified, you're embedding a certain level right across the sector from the very beginning.

[194] Again, if you think of that safeguarding training model, that's the way it works with safeguarding, that you will have your staff that are trained to ensure that that's the ethos across the whole setting. If a similar sort of model was followed for safeguarding training as for additional learning needs, you can ensure then that you're embedding that, preparing, upskilling, as well as giving the confidence, so that people don't feel scared to take on children with additional needs in settings.

[195] **Ms Griffiths:** Rwy'n cytuno gyda hynny'n llwyr. Rydym ni'n gwybod bod anghenion ein gweithlu ni—anghenion hyfforddiant ein gweithlu ni—yn dangos yn rheolaidd bod cefnogi plant ag anghenion dysgu ychwanegol yn raglen hyfforddiant sydd angen ei gwneud yn gyson, ac mae'r darlun o ran sut mae hynny'n digwydd ar draws Cymru yn amrywiol. Felly, yn sicr, bydd hyfforddi'r gweithlu—dim jest gweithlu o fewn lleoliadau gofal plant, serch hynny. Mae yna oblygiadau i edrych ar anghenion a sgiliau y gweithlu ehangach ar draws y maes iechyd a thu fewn i'n hawdurdodau lleol ni, ac fe soniai ychydig mwy am hynny efallai pan edrychwn ni ar y dimensiwn ieithyddol hefyd o ran medru darparu gwasanaethau yn yr ieithoedd priodol.

**Ms Griffiths:** I agree with that entirely. We know that the training needs of our workforce do show regularly that supporting children with ALN is a programme of training that needs to be undertaken regularly, and the picture of how that happens across Wales is variable. So, certainly, workforce training will be—not only the workforce within childcare settings, of course. There are implications in looking at the skills of the wider workforce across health and within our local authorities, and perhaps I'll mention that in more detail later when we look at the linguistic aspect in relation to providing services in the appropriate languages.

[196] O edrych ar y Bil a'r dadansoddiad ariannol sydd wedi dod gyda fe, nid oes modd—wel, rydw i wedi methu â dehongli o'r wybodaeth sydd ar gael faint o'r gwariant sydd yn mynd ar y blynyddoedd cynnar ar hyn o bryd. Felly, wedyn mae'n anodd iawn i wneud sylwadau ynglŷn â faint o

In looking at the Bill and the financial analysis that accompanies it, there isn't—well, I haven't been able to garner from that information how much of the spending is going on early years at the moment. So, it's very difficult to give comments on the potential spend that will need to be increased in order to be able to

wariant y bydd angen edrych ar ei operate new systems within the early gynyddu er mwyn gallu gweithredu years. And also, as we've said, systemau newydd yn y blynyddoedd because those systems and the cynnar. A hefyd, fel rydym ni wedi ei expectations are a little ambiguous, ddweud, oherwydd bod y systemau it's rather difficult to give an answer a'r disgwyliadau yn dal braidd yn on that that is very precise until we annelwig, mae'n anodd i roi ateb have those details.

cwbl *precise* ar hyn tan bod y manylion yna i'w gweld.

[197] **Ms Protheroe:** I think the options paper looks at some of the issues and starts to talk about the training implications and the funding that may be available, but it doesn't specify enough what comes into the early years' side of things there, in particular those settings that are non-education settings.

[198] **Lynne Neagle:** Okay, thank you. Oscar.

[199] **Mohammad Asghar:** Thank you very much, Chair, and I'm thankful to the panel here. My question is directly to Andrea here. You mention that there is solid evidence to support good working practice in terms of collaboration and multi-agency working. In particular, you focused on a model currently employed in Newport, which is highly respected throughout the industry. What steps, in light of these resources and training implications, can you take in this Bill to ensure that the best practice model can be employed or deployed across all Welsh local authorities to ensure a unilateral basic standard of support?

[200] **Ms Wright:** The way that it works for us in Newport is that the local authority tenders out a contract to supply that service, and that can be done across Wales. Local authorities across Wales put that process in place. But we as Wales PPA have a standard pack, as do Mudiad, over how we would deliver that. So, as far as I'm concerned, we are ready to go in any authority that we can tender for that package, and, as I say, Mudiad have got exactly the same—well, it's not the same, but—. But, if we had that consistency across local authorities—. So, every local authority has funding for early years at the moment, but they all spend it in a completely different way, and if we had every local authority spending it in the same way, then you would have that consistency across the board, you would have very high-quality, well-delivered schemes, and you'd have the collaboration that we are all looking for. So, we, as early years providers, are already on board with it in that sense; it's the local authorities that you have to get on board with it, and you

have to ensure that what funding they put in is done appropriately and done across the board. I mean, other schemes run, but they don't have an additional needs co-ordinator in; they just fund a one-to-one within the group, but there's no additional needs co-ordinator actually bringing all the agencies together in a panel to discuss the child and taking the responses forward. And that is not good enough, really, at all. You can't just give one-to-one for a child; that is just not the response that we would be wanting to see. We want to see a multi-agency response, working together with the families and the transition into education from those provisions. I think health visitors have a real key role within that as well. So, we do have the means to do it. What we don't have is the uniformity across Wales to do it.

[201] **Mohammad Asghar:** Thank you.

[202] **Lynne Neagle:** Thank you. Llyr.

[203] **Llyr Gruffydd:** Ie, diolch yn fawr. Gwnaf i ddod at yr elfen ieithyddol, felly, a gafodd ei chrybwyll yn gynharach, a dau drywydd, mewn gwirionedd, un yn edrych ar argaeledd y gwasanaethau sydd ar gael, neu'r diffyg argaeledd, efallai, ac yn ail, wedyn, y dyletswyddau penodol sydd yn y Bil o safbwynt darpariaeth drwy gyfrwng y Gymraeg.

**Llyr Gruffydd:** Yes, thank you very much. I'll turn to the linguistic dimension, then, as it has already been mentioned, and two particular issues, one of them the availability of services, or perhaps the lack of availability of services, and then the other, the specific duties in the Bill with regard to Welsh-medium provision.

[204] Fy nghanfyddiad i yw bod yna brinder eithriadol o ddarpariaeth mewn rhai meysydd, sef seicolegwyr addysgol, OTs efallai, y therapyddion lleferydd ac yn y blaen trwy gyfrwng y Gymraeg. Yn sicr, rwyf wedi delio ag un neu ddau o achosion ar ran fy etholwyr yn y maes yma. Ond ai'r sefyllfa yw bod yna bocedi lle mae yna ddarpariaeth reit dda a bod yna ardaloedd eraill lle nad oes yna ddim, neu a ydy'r ddarpariaeth yn gyffredinol yn denau iawn ar draws

My perception is that there is a severe lack of provision in some areas, namely educational psychologists, OTs perhaps, speech and language therapists and so on through the medium of Welsh. Certainly, I've dealt with one or two cases on behalf of constituents in this area. But is it the situation that there are pockets of good provision and other areas where there is none, or is the provision generally very patchy across Wales?

Cymru gyfan?

[205] **Ms Morris:** Yes, definitely, there's a shortage of Welsh-speaking therapists, and the other thing that we've noticed is that if a child is identified as having additional needs and they come from a Welsh-speaking home, there isn't, with us and within ABM, there isn't a Welsh school provision for that child. So, we have to rely on the special school and, hopefully, some one-to-one support within the school for that child, where there is somebody who can speak Welsh. So, that's another aspect of it, isn't it? But, yes, we're very short. We're very fortunate in our team: out of eight of us, five of us speak Welsh. So, I think we're a little bit rare.

[206] **Llyr Gruffydd:** Ond mae yna gwestiwn, felly, ynglŷn â chynllunio'r gweithlu a faint o waith sydd wedi cael ei wneud i sicrhau bod siaradwyr Cymraeg yn dod trwy'r system. A ydych chi'n gweld arwyddion bod digon yn cael ei wneud ar hyn o bryd?

**Llyr Gruffydd:** But there is, therefore, a question about workforce planning and how much work has been done to ensure that Welsh speakers come through the system. Are you seeing signs that there is enough being done at the moment?

[207] **Ms Morris:** Na, dim *really*.

**Ms Morris:** No, not really.

[208] **Ms Griffiths:** Rwy'n meddwl bod y darlun, o beth rwy'n ei ddeall o hynny o wybodaeth sydd gyda ni, yn amrywiol. Rwy'n gwybod bod Comisiynydd y Gymraeg a'r comisiynydd plant wedi edrych ar hyn a'u bod yn derbyn cwynion, yn anffodus, yn gyson ynglŷn â gwasanaethau trwy gyfrwng y Gymraeg i blant, a'u canfyddiadau nhw, rwy'n meddwl, ydy bod yna rai llefydd lle mae'n bosibl bod yna weithwyr proffesiynol—er enghraifft, y seicolegydd addysg—yn medru gwneud asesiadau, ond rydym ni'n dal yn brin o rai o'r tŵls sydd eu hangen ar y bobl i wneud y swyddi yn iawn, ac mae yna brinder o bethau fel asesiadau safonol trwy gyfrwng y

**Ms Griffiths:** I think that the picture, as I understand it in relation to the information that we have, is a varied one. I know that the Welsh Language Commissioner and the children's commissioner have looked at this and they do receive complaints, unfortunately, quite frequently in relation to Welsh language services for children, and I think that their perception is that there are some areas where there may be Welsh language professionals—the educational psychologists, for example—who can undertake assessments in Welsh, but we're still lacking some of the tools that people need to do their jobs properly, and there is a lack of things like standard

Gymraeg.

assessments through the medium of Welsh.

11:15

[209] Felly, hyd yn oed lle mae yna weithiwr sydd yn medru siarad y Gymraeg, nid ydynt bob amser yn gallu defnyddio'r offer sydd eu hangen yn eu swyddi nhw achos nid ydynt ar gael yn Gymraeg. Rydym wedi gweld enghreifftiau o hyn o fewn Mudiad Meithrin pan mae yna asesiadau amrywiol yn cael eu gwneud gan asiantaethau gwahanol—bod yna *issue* nad yw rhai o'r rheini ar gael trwy gyfrwng y Gymraeg ar gyfer plant sydd eu hangen nhw yn Gymraeg.

So, even where there is a worker who can speak Welsh, they're not always able to use the tools they need for their job because they're not available in Welsh. We have seen examples of this in Mudiad Meithrin where various assessments are undertaken by different agencies—that there is an issue that some of them are not available through the medium of Welsh for children who need them in Welsh.

[210] Hefyd, o'r hyn rwy'n ei ddeall, er mwyn i'r Bil fod mor gryf ag y medriff e i gefnogi plant a theuluoedd i gael y gwasanaethau y maen nhw eu hangen yn yr iaith briodol, mae angen i'r atebolrwydd yna fod yr un mor gryf o safbwynt y ddwy iaith i'r gwasanaethau. Yn y cod, maen nhw'n tynnu sylw at ddisgwyliadau o dan Mesur y Gymraeg (Cymru) 2011. Ond, nid yw Mesur y Gymraeg o reidrwydd yn mynd i fod yn ddigonol i sicrhau y bydd pobl yn medru herio'r gwasanaethau ac y bydd y cyrff yn atebol am beidio â darparu gwasanaethau yn y Gymraeg.

Also, as I understand it, in order for the Bill to be as strong as possible to support children and families to have the services they need in the appropriate language, that accountability needs to be as strong in both languages in relation to the services. In the code, attention is drawn to the expectations under the Welsh Language (Wales) Measure 2011. But, the Welsh language Measure isn't necessarily going to be sufficient to ensure that people are able to challenge these services and that these bodies will be accountable for not providing Welsh services.

[211] Mae yna enghreifftiau penodol. Er enghraifft, nid yw Mesur y Gymraeg, mae'n debyg, yn

There are specific examples. For example, the Welsh language Measure, apparently, does not refer

cyfeirio'n benodol at ddarparu cymorth dysgu ychwanegol, er gwaetha'r ffaith bod y Bil yn dweud ein bod ni'n dibynnu ar Fesur y Gymraeg fel y tŵl. Felly, mae o bosibl angen edrych ar y pethau yma eto. Hefyd, nid yw'r safonau o dan Mesur y Gymraeg ddim eto wedi cael eu gosod ar fyrddau iechyd. Felly, ni allwn ni ddibynnu ar y safonau yna fel modd o yrru'r newid sydd angen cael ei weld.

specifically to the provision of additional learning support, even though it says in the Bill that we do depend on the Welsh language Measure as the tool. So, perhaps these issues need to be looked at again. Also, the standards under the Welsh language Measure haven't yet been set for health boards. So, we can't depend on those standards as a way of driving the change that we need to see.

[212] Ond, i fod yn obeithiol, hynny yw, lle mae'r awydd a'r gyfraith yna, mae yna newidiadau yn gallu digwydd. Mater o gynllunio gweithlu'r dyfodol yw e, ontefe?

But, from an optimistic point of view, I think where the law and the desire is there, changes can happen. It's just a matter of planning the workforce for the future, isn't it?

[213] **Llyr Gruffydd:** Y cwestiwn, felly, i ddod at y dyletswyddau yn y Bil ei hun, yw: a yw'r dyletswyddau'n ddigon cryf? Hynny yw, yn amlwg, mae yna wrthdaro'n mynd i fod. Os nad yw'r ddarpariaeth ar gael a bod rhywun yn creu dyletswydd, wel, nid oes posibl cyflawni'r ddyletswydd honno. Ond, heb fod yna ddyletswydd gryfach, ble mae'r *imperative* i sicrhau bod y ddarpariaeth ar gael? Oherwydd un o'r pethau cyntaf ddywedodd y comisiynydd iaith yn ei thystiolaeth i ni yn ddiweddar oedd, 'Wel, mae wedi bod yn broblem ers 10 i 20 mlynedd.'

**Llyr Gruffydd:** The question, therefore, to come to the duties in the Bill itself, is: are those duties sufficiently robust? Of course, there's obviously going to be conflict. If provision isn't available and somebody creates a duty, then it's impossible to fulfil that duty. But, without there being a stronger duty, where is the imperative to ensure that provision is available? Because one of the first things the language commissioner said in her evidence to us recently was, 'It's been a problem for 10 or 20 years.'

[214] Y perygl yw, oni bai bod y dyletswyddau yn ddigon cryf yn fan hyn, ac wedi'u cefnogi gan gynllun

The danger is that, unless the duties are sufficiently robust here, and supported by the workforce

datblygu'r gweithlu, fe fyddwn ni nôl mewn 10 mlynedd arall yn gwneud yr un gŵyn. Felly, a oes gennych chi farn? Er enghraifft, rwyf jest yn meddwl am y byrddau iechyd i gymryd pob cam rhesymol i sicrhau bod y ddarpariaeth ar gael drwy gyfrwng y Gymraeg. A ydy hynny'n ddigon cryf?

development plan, we'll be back here in another 10 years making the same complaint. So, do you have an opinion? For example, I'm just thinking about the health boards taking every reasonable step to ensure that provision is available through the medium of Welsh. Is that sufficiently robust?

[215] **Ms O'Kane:** I suppose it's about reasonability, isn't it, and how meaningful it is? Because, as you've said, it's been a challenge for a long time. It's the right thing to do, to have it built into the measure and to be specific. But I suppose it's about the achievability and the means to do that. I hear what you're saying, it's that dilemma I guess—

[216] **Llyr Gruffydd:** Un awgrym posibl, efallai, yw ein bod ni yn caniatáu yn y Bil—ein bod ni'n sticio gyda chymryd pob cam rhesymol, ond erbyn rhyw ddyddiad, ymhen 10 mlynedd neu beth bynnag, fod yna ddisgwyliad bod yn rhaid darparu. A ydych chi'n meddwl y byddai rhyw fath o drefniant dau *phase*, mewn gwirionedd, yn help?

**Llyr Gruffydd:** One possible suggestion, perhaps, is that we allow in the Bill—we stick with taking every reasonable step, but by a specific date, within 10 years or whatever, there is an expectation that provision must be made. Do you think that that kind of dual-phase arrangement would help?

[217] **Ms Griffiths:** Fe allaf i weld rhywfaint o werth yn yr awgrym hwnnw ac, o bosibl, nid yn unig fod yna darged amser lle mae disgwyl y bydd y gweithlu yna i gefnogi, ond hefyd bod yna dystiolaeth sydd yn sail i'r camau rhesymol sy'n cael eu sôn amdanynt.

**Ms Griffiths:** I can see some value in that suggestion and perhaps not only to have a specific time target with an expectation as to when the workforce will be in place to provide support, but also that we should have evidence as a basis to these reasonable steps that are mentioned.

[218] Hynny yw, nid cam rhesymol yw jest cael *chat* amdano mewn ystafell a dweud, 'Mae'n anodd i wneud hyn, o wel, fedrwn ni ddim.' Beth yw'r dystiolaeth bod y corff yna

A reasonable step isn't just having a chat about it in a room and saying, 'It's difficult to do this, oh well, we can't do it then.' What is the evidence that that body has been looking at

wedyn wedi mynd allan i wneud trefniadau? A oes modd cydweithio ar draws awdurdodau lleol? A ydyn nhw wedi edrych ar sgiliau iaith y staff presennol sydd ganddyn nhw neu gennym ni, lle bynnag ym ni?

making arrangements? Can they collaborate across local authorities? Have they looked at the language skills of the staff they have at the moment, or what our staff have, wherever we may be?

[219] Ac felly bod yna ofyniad o dystiolaeth o beth yw'r—. Ac efallai yn y canllawiau sy'n dod gyda'r cod ein bod ni hefyd yn gallu edrych ar fwy o gyngor ynglŷn â sut rydych yn dangos tystiolaeth eich bod chi wedi cymryd camau rhesymol.

And so there is a requirement for evidence of the—. And perhaps in the guidance that comes with the code we could also look at having more advice on how you show evidence that you have taken reasonable steps.

[220] **Llyr Gruffydd:** Diolch.

**Llyr Gruffydd:** Thank you.

[221] **Lynne Neagle:** Darren.

[222] **Darren Millar:** Yes, just a very brief question for the childcare providers' representatives, really. Obviously, there's been a Government commitment to extend the free childcare offer in Wales, one which has been very, very welcome indeed. But we know that there's a lot of pressure on the childcare workforce, shall we say, and that there's some concern about places. Is this Bill potentially going to cause more difficulty for childcare providers if duties are extended to you? You seem to be suggesting that you would like some duties and powers to be able to refer, but isn't that going to potentially cause you some problems at the same time as this other stuff going on?

[223] **Ms Protheroe:** I think it's important that it goes through and that there's parity across the sector. I'm sure we'd all agree that it's needed and maybe it's timely that it ties in with the 30-hour offer. We know that there's going to be capacity issues. We're obviously working very closely with local authorities as the childcare pilots start to get implemented now from September. We know that one of the issues that comes out in childcare sufficiency assessments is around the availability of childcare for children with additional learning needs. So, I think these are things to start to develop and test within the pilots themselves. I think this is timely and we shouldn't be changing it and excluding childcare providers from it. It's an opportunity we need to grasp now.

[224] **Ms Griffiths:** O'n safbwynt ni, fel mudiad sydd yn ymrwymedig i hawliau plant, rwy'n meddwl ei bod yn ddyletswydd arnom ni i gyd. Rwy'n gwybod, o fewn ein lleoliadau gofal plant ni ar draws y sector cyfan, fod y bobl sy'n gweithio gyda'r plant eisiau'r gorau er budd y plant, pwy bynnag ydyn nhw a beth bynnag yw eu sefyllfa nhw. Felly, mae'n gweithwyr ni yn gwneud y gorau y medran nhw yn barod. Felly, mae'n rhaid i ni wneud hyn. Nid oes dewis. Mae'n fater o hawliau dynol i'r plant bach.

**Ms Griffiths:** From our point of view, as a group that is committed to children's rights, I think it is a duty on all of us. I know that, within our childcare settings across the entire sector, the people who work with the children want the best for the children, whoever they may be and whatever their situation is. So, our workforce does the best that it can already. But, we do have to do it. There is no choice. It's a matter of human rights for these children.

[225] **Ms Wright:** I think we've got the will to do it. We do do it. We work very, very hard within our sector with all children. Regardless of what the local authority has in place, we will always do our very best for each individual child there. What we would like is the recognition that we do that work and that our work is very valuable and that we can make a big difference. I think that needs to be built in to all that we do. It's really the recognition and the respect that we're already doing a huge amount of work. I'd really like to see the local authorities coming into line with that and providing uniform support across Wales—that's what we'd like to see.

[226] **Darren Millar:** Great. Diolch.

[227] **Lynne Neagle:** Thank you very much for coming in this morning and for your evidence. We really appreciate your time and you will be sent a transcript in due course to check for accuracy. Thank you again for coming this morning. The committee is going to take a really short break of about two minutes because we need to just change over witnesses. Thank you.

*Gohiriwyd y cyfarfod rhwng 11:22 a 11:26.  
The meeting adjourned between 11:22 and 11:26.*

**Y Bil Anghenion Dysgu Ychwanegol a'r Tribiwnlys Addysg (Cymru):  
Sesiwn Dystiolaeth 12  
Additional Learning Needs and Education Tribunal (Wales) Bill:  
Evidence Session 12**

[228] **Lynne Neagle:** Okay, welcome back, everybody. Can I welcome Dr Dai Lloyd, Chair of the Health, Social Care and Sport Committee, who is joining us for some of the sessions today? We're very grateful to you for your attendance. Can I also welcome Sara Moran from Diabetes UK, Dr Justin Warner from the RGPCH, Ann Sivapatham, who is from Epilepsy Action, and Mandy East, who's from the Anaphylaxis Campaign? Thank you all for attending and for the evidence that you've provided. If you're happy we'll go straight—

[229] **Darren Millar:** Sorry, Chair, can I just declare an interest? I'm the vice-president of Epilepsy Action. I think I need to declare it.

[230] **Lynne Neagle:** Okay, thank you. Are you happy for us to—?

[231] **Dr Warner:** I'm from the RCPCH, not the RGPCH.

[232] **Lynne Neagle:** Oh, sorry.

[233] **Dr Warner:** It's the Royal College of Paediatrics and Child Health.

[234] **Lynne Neagle:** Are you happy for us to go straight into questions? Okay. If I can just start, then, just to try and get some clarity on what you're actually calling for. Are you asking for a statutory duty to be included within this Bill to support all pupils with medical conditions, even where they do not have an identified ALN as defined under sections 2 and 3, or do you want the definition of ALN widened so that the needs of children with medical conditions are taken into account? Who would like to start?

[235] **Ms Moran:** I'll start, if that's okay. Thank you, Chair. I think both are valid for us, but they don't, perhaps, quite—. There's more information around both options. So, certainly, having a long-term medical condition, you could argue that there is a significant impact on learning and access to education. So, I don't think, necessarily, it would fall outside of the sections 2 and 3. I know there's been a lot of support around broadening the definition to include healthcare needs or medical conditions within healthcare needs,

which might impact on learning or disrupt the school day or require intervention from an adult, and I think that's probably more accurate for us. I think the use of the special educational needs system to support medical conditions in schools in recent years would reflect that more appropriately. I think it's less of a jump, if you like. And so, I think option 2 of what you've just described is probably more suited to our cause. I don't know if Justin would like to talk just a little bit around the impact on the school day, really.

[236] **Dr Warner:** Yes, I'd agree. So, I'm a paediatrician. That's my training, and I'm a diabetologist. So, that's my exemplar here, if you like, although I'm covering all chronic medical conditions, really, with my hat on today. But the impact that having a medical condition has on the school day—a long-term condition we're talking about—is huge and can affect your ability to learn. So, for diabetes, for instance, if you're running high or low blood sugars, you don't concentrate, you're excluded from sporting activities—all sorts of things that it will have an impact on. So, I think the widening of the ALN definition to include medical conditions would be entirely appropriate.

[237] **Lynne Neagle:** Thank you. Ann.

[238] **Ms Sivapatham:** Yes, I agree. With epilepsy, it's very much a misunderstood condition and it does affect learning. It affects cognition and memory. It's not just a two-minute seizure; it affects before and after, and some children can have memory loss for two, three, four days, or even a week. So, it has a high impact on learning.

[239] **Lynne Neagle:** Okay, thank you. Mandy.

[240] **Ms East:** From the point of view of children who have severe allergies and potentially are at risk of anaphylaxis, one of the key things that we're very concerned about is children not being excluded from the school day and from the curriculum.

11:30

[241] So, whilst the vast majority of these children will not suffer a reaction in the school day, or even during their school lives, because of the risk, they're often excluded from things such as crafts, cooking, school trips and some sporting activities, because the risk to the school staff is deemed too high to allow them to take part. For example, some children aren't able to choose certain options, such as food-based subjects, because there's too

much of a risk. That does impair their learning. So, we're not necessarily talking about children that need medical intervention on a daily basis, but children who are suffering because of their condition.

[242] **Lynne Neagle:** Okay, thank you. In terms of this Bill being the right vehicle for you, why do you think that is the case? Would you, for instance, be satisfied if the Welsh Government said, 'Well, okay, we can't do it in this Bill, but we're going to look at something quickly further down the track'? Would that work for you, or what do you think the disadvantages of that would be?

[243] **Ms Moran:** I think I'd be very surprised if it was elsewhere, given the reality of the current system. Just to go back some years, even decades, the SEN funding and staff roles involved have been applied for medical conditions. So, certainly, if we're not included in the ALN Bill, that would pose a threat to it if, in reforming statements or different types of funding, that would then be reformed but then not be able to be reallocated to medical conditions. In practice, what that would mean is that, for a child today with a statement of SEN for diabetes, if that is removed next week, the reality would be that I would certainly be confident in saying that families would not send their child to school. I think schools would be very much closed-doors and trying to push back also, understandably, because they can't guarantee the safety or access to education for that child.

[244] So, in response to your question, Chair, I think it would be very surprising to do it elsewhere. Also, I think it's time critical. I think we'd all agree on that. The Bill has been around for a number of years. I'm sure that you're more aware of that than I am. Given the proximity of the issues, in terms of legislation, it's the same sectors, it's the same parties, it's the same beneficiaries, it's the same processes that improve care or, similarly, have a detrimental effect on care, and, for that reason, the ALN Bill is absolutely appropriate because of the practice currently used, of the SEN system.

[245] **Lynne Neagle:** Okay. Anybody—.

[246] **Dr Warner:** I would say that I think that this would be a missed opportunity if this is not put into the current Bill. We're already behind various other nations—European and transatlantic nations—in our approach to medical conditions in school. I know, as I do a lot of work with my Swedish counterparts, that they started this process in about 2010—a massive input and policies into schools for diabetes—and showed a dramatic improvement

in their overall care. That has not only influenced that child's ability to learn, but it also has influences on their long-term health. So, it's a massive reduction in burden on the family and the child, but also the burden on the health service and us as taxpayers in the long run. So, I think it's actually essential. If we don't get this in now, I think it's a massive missed opportunity.

[247] **Lynne Neagle:** Okay. Just before I bring Oscar in, you were saying that healthcare needs don't fall outside the Bill, as far as you're concerned, but you were also saying that definition needs to be widened.

[248] **Dr Warner:** Yes.

[249] **Lynne Neagle:** Is that a bit contradictory, do you think?

[250] **Ms Moran:** I think—if I could answer, Justin—

[251] **Dr Warner:** Yes.

[252] **Ms Moran:** At the moment, I'd argue that it's too open to interpretation. It's not clear enough. So, the danger is—. You know, we're coming at it from a medical conditions position, which is life-threatening, lifelong conditions that don't have cures and they're not going away. We need to deal with them and treat them appropriately. When you look at that, I think you can very clearly see the ambiguities involved. There's crossover with the Equality Act. I think all of our conditions are disabilities under the Equality Act. There's cross-over in terms of additional learning provision.

[253] The types of support in a school setting are very, very similar for both parties, and also in the code. The code does mention healthcare needs, albeit in a very limited and inadequate, I think, capacity. If you're leaving it open to interpretation by educational professionals who don't have that expertise, that's really dangerous. It's going to increase the variability we already see, which is a huge issue across all parties involved, and, ultimately, I think it would end up in the tribunal. I think you're going to have to let the tribunal decide. If you put it in black and white at the start, that removes all the uncertainty. And, certainly, I know with the England example—. I know Mandy and I have talked at length about how much the English model has acted as a dispute avoidance mechanism in the first place. So, people aren't having to have these disputes and ending up having dispute resolution options. I don't know, Mandy, if you want to expand on that.

[254] **Ms East:** Yes, we were a UK-wide charity, and we were very much involved with the change to the Children and Families Bill in 2014 in England, and, before that, it was very difficult to help individuals, because all schools were under a guidance system, which we're talking about here. And it was very difficult to be able to give advice, because we can tell parents what they should expect from the school, in an ideal world, but there was nowhere for them to go. Since that became statutory in 2014, we've really seen a massive difference, because we're able to actually signpost parents and families towards the right way that things are meant to be. And it's also there in black and white for them to understand. And what we've seen since then, because we're UK wide, is families in Wales coming to us very much asking for this to be the same in Wales, because they can see and, to them, it's a really straightforward option that, actually, schools should be completely uniform. Each school should know what its responsibilities are. So, it has made a big difference in England, and I know it's a different set-up and a different system, but the general sort of feeling in England is that it has worked quite well so far.

[255] **Lynne Neagle:** Okay, thank you. Llyr.

<p>[256] <b>Llyr Gruffydd:</b> A gaf i jest pigo lan ar ychydig o dystiolaeth gawsom ni yn ddiweddar gan gynrychiolydd o Gymdeithas Cyfarwyddwyr Addysg Cymru, a oedd yn dweud, er na fyddech chi efallai yn disgwyl hynny, fod ariannu addysg anghenion arbennig yn cyfrannu at greu darpariaeth ar gyfer plant ag anghenion meddygol ar hyn o bryd. Nawr, nid yn unig, felly, y byddai rhai pobl yn teimlo ei bod yn ddymunol i roi statws cyfartal yn y Bil yma, ond mae'r perig ydy, o beidio â gwneud hynny, y bydd yr arian yna a'r gefnogaeth yna sy'n cael eu defnyddio ar hyn o bryd yn cael eu colli hefyd. Felly, rwy'n cymryd bod hynny'n risg. Hynny yw, a ydy'r darlun yna yn un yr ydych chi'n ei</p>	<p><b>Llyr Gruffydd:</b> Can I just picked up on some of the evidence we had recently from the representative from ADEW, who said that, although you perhaps wouldn't expect it, funding for ALN education does contribute to the creation of provision for children with medical needs at the moment. So, not only would some people therefore feel it would be desirable to give equal status in this Bill, but, also, the danger is, of course, if you don't do that, the support and funding that is used at the moment would also be lost. So, I assume that that's a risk. That is, is that picture one that you recognise, in which current funding does go towards much of this provision? And what do you think is the risk of losing that?</p>
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adnabod, sef bod yr arian presennol  
 yn mynd tuag at lawer o'r  
 ddarpariaeth, a beth ydych chi'n  
 credu yw'r risg o golli hynny?

[257] **Ms Moran:** I think that's absolutely accurate, Llyr. The conversations I have with local authorities, with school staff are exactly as you've just described, and, in fact, in many cases, they can only continue if they apply ALN funding. I mean, I don't know what will happen if they can't do that, and when I made them aware that that might be the case, you know, we're just both sat there, 'What are we going to do?' These are children who have statements of SEN—I know there were issues around that as well—in the first place, but where funding is applied, it is, I would say, exclusively through SEN or ALN funding budgets, because I think it's the nearest thing in practice, so that's what's being done and has been done since the 1990s in some cases, in some local authorities I've spoken to.

[258] The risk is very real, just to add to that aspect of your question. I would say it's almost a certainty, if it's not clear, and there's also the danger, of course, that some people will just think that, you know, with these reforms, we're just moving from SEN and changing the name and they'll carry on. So, you'll have some people carrying on doing what they've always done, some people stopping doing it, and other people probably ringing us or you, asking for clarification. That's really time and resource-heavy. You know, to put it in black and white, as Mandy has said, on the face of the Bill or on the face of the code as well, everybody knows where they are. We don't want to leave these decisions to hundreds of people in their professional capacity who are looking at this, thinking, 'Does it? Do I? Can I do that? I don't know', and then ringing me or you and we're saying the same thing, and, like I said, it'll end up in the tribunal.

[259] **Dr Warner:** And, as a healthcare professional, it leaves us with no redress to a system that can help our patients. It's difficult enough as it is now, but we would have absolutely nothing if the medical needs are not included in this Bill, because we'd be completely powerless to help our patients who we look after during that school period.

[260] **Lynne Neagle:** Thank you. Oscar.

[261] **Mohammad Asghar:** Thank you very much, Chair. Sara, you strongly argued in your evidence that a statutory duty should be included on the face

of the Bill to support pupils with medical conditions. What specifically do you identify as the key issues for students with diabetes, if this continues to be excluded? And what further work can be undertaken to promote support for those currently covered in the Bill, alongside having diabetes also?

[262] **Ms Moran:** Thank you for your question. I know I'm coming from Diabetes UK, but, when it is medical conditions in schools, irrespective of the condition, the issues are always the same. Primarily, it's variability of care, and that can be between local authorities, between schools, even between year groups. And you won't know until you speak to a family what care they receive—you can't really predict it.

[263] Secondly, I would say it's high levels of parental involvement, certainly. So, we do regular annual surveys, and it's always around the 50 per cent to 60 per cent mark where parents have had to leave their job during the working day to attend the school. Some people have left their jobs or lost their jobs because of absence. Certainly, it's very common to have families with one parent working, and I think we'd all agree on that; it's very, very common. So, the economic impact on the family is massive, aside from all of the emotional and social aspects.

[264] There's also the practical side of things, like school trips, like exams, like anything extra-curricular, residential trips—children with diabetes are almost always not allowed to go on residential trips. And even just taking part in the normal school day; even the school bus, the school transport. There are issues at every stage, unfortunately. You know, there are issues around schools' engagement. There's very little we can do if a school refuses to engage with a child's medical condition. Even in schools where the care is what we would consider excellent, there's still issues that they don't know that they're doing a good job. There's no sort of reference that they can look at and say, 'We have put this, and this, and this, and this in place; we're doing what is expected of us'. Then they can obviously share that with other parties, and set expectations all round, which, again, assists with dispute avoidance.

[265] You know, the issues cannot be understated for families. As I speak, I know families are watching this session who are at home because they're probably waiting for a call from the school to have to go in to attend, to either provide treatment or provide some sort of monitoring. And I think that's the same for all of us, really—none of it's a shock, which is awful to say, but I speak to so many families, and, unfortunately, this is

commonplace, and there's very little that we can do if a school refuses to engage.

[266] **Lynne Neagle:** Okay. Darren.

[267] **Darren Millar:** I just wanted to follow up. You mentioned some of these other issues that are not currently referred to in the Bill, such as home-to-school transport. I know that we've spoken about this issue, but can you just elaborate on the sorts of problems that a lack of access to appropriate home-to-school transport can actually mean for young people and their families?

[268] **Ms Moran:** Yes, absolutely. Justin's probably better to explain the clinical side. Do you want to just say a bit about the risk of hypo—?

[269] **Dr Warner:** A child with diabetes, wherever they are—at home or at school, or on a school bus—are at risk of acute complications, one of those being low blood sugars. Without urgent action, it results in that child having a seizure, being taken to hospital and being excluded then from that school day. And quite the reverse: if they've got high blood sugar, their inability to concentrate. So, access to proper school transport, where they are being looked after during that period of time—it may only be 15 to 20 minutes, but it's vitally important.

[270] **Darren Millar:** What sort of other conditions might school transport complications—?

[271] **Dr Warner:** Medical conditions?

[272] **Darren Millar:** Yes.

[273] **Dr Warner:** Well, epilepsy would be definitely one—if a child has a seizure on the bus, somebody needs to know how to deal with that.

[274] **Darren Millar:** Do you think that home-to-school transport should feature within these individual development plans—that there should be a requirement for that to be a consideration?

[275] **Dr Warner:** Yes.

[276] **Ms Moran:** That would be massively helpful, definitely. I try and help

the parents by using the learner travel Measure in Wales, and there's a very, very brief reference to disability in it, which isn't medical conditions management, but that's the nearest thing. But it's inadequate—it doesn't help me at all in assisting families. And, certainly, you try and explain that to the school, and then it's invariably the local authority's responsibility. And so you get back to this sort of passing the buck culture, unfortunately. I don't know, Mandy, if you wanted to jump in as well.

11:45

[277] **Ms East:** It's the same for anaphylaxis. In fact, we've had parents who've had to take their children out of school because there isn't adequate home-to-school transport, because there isn't anyone trained on that transport to administer the adrenaline in case of an emergency. And whilst the risk is low, it relies on the child not eating anything, or not taking the risk, and you can't rely on a child, a young child, to take that level of risk. So, it's a difficult one with home-to-school transport. Ideally, it would be fantastic if it was covered, because even if the school have got it perfectly right, and the child is perfectly adequately cared for in school, getting to and from the school can actually be the obstacle that stops them going to school.

[278] **Darren Millar:** But some sort of arrangement that allows the tribunal to direct something in relation to home-to-school transport, and for it to be considered as part of an individual plan, would be important, yes?

[279] **Ms East:** Yes.

[280] **Lynne Neagle:** Thank you. Michelle.

[281] **Michelle Brown:** Thank you, Chair. Do you think the Bill goes far enough to address and resolve the weaknesses in the current system that you've identified?

[282] **Ms Moran:** I think the code is helpful in addition to the Bill. I think evidence shows that in almost all scenarios, when there are certain processes put in place, then care in school does improve. Those things usually are things like a medical conditions policy, having a plan—an individualised development or healthcare plan. Having a positive attitude, certainly from the headteacher and school governors, helps, and I think those sorts of things can be put in place as part of what's described in the code. So, I think that would be the more practical side of it, but, certainly, in terms of that

framework of having that criteria in place, evidence shows it does improve care in schools, and those are all in place whenever you do go to a good school to see what they have in place. I would say that those are the common denominators, irrespective of condition. And, similarly, if they're not in place, then you will see a direct correlation to the child having higher absences, having much more trouble at school, perhaps being bullied, definitely being excluded from day-to-day activities. And, so, even though we're talking about the causes of impairments, I think the effects of the impairments are all very, very similar, and there are definitely things that Government can do to put in place to reduce that, and to support children.

[283] **Dr Warner:** I'm lucky enough to have a specialist nurse educator for schools, which we got funding for last year. And so her whole role is going into schools and teaching teachers about diabetes. She is specifically diabetes related. And that's made a massive difference to schoolteachers. They feel far more confident now. But one of the things it always come back to is the legal framework. They're terribly worried that they might do something wrong and they won't be protected at all, and so it's constant reassurance, and she's very good at doing that. But Sara was telling me that over the last year, we've not had a single complaint from a parent in the Cardiff area while we've been doing that. So, it does make a huge difference if you get it right. The school headteacher is absolutely key to that. If you don't get it right with the school headteacher, the rest of the teachers won't do it. And it's not a criticism of the school system, but that's how it works. So, I think it doesn't currently go far enough in covering the medical needs. I think that would be vitally important to get that in there.

[284] **Lynne Neagle:** Okay. Dai.

[285] **Dai Lloyd:** Thank you, Chair, and thank you for the privilege accorded to me to interlope on your committee, and the chance to learn at the feet of one of the most distinguished living chairs. But, anyway, I shall bring that into my other chairpersonship. I just wanted to go back a little bit in history and to how we got to this point. I take it that the current SEN regulations then have tacitly allowed a cross-situation whereby medical needs were sort of looked after without anybody actually spelling it out. Whereas now, we're in danger, under the new ALN, of actually spelling things out and thereby denuding children with medical needs of privileges they have, unofficially then, been privy to. No. 1: would that be a fair assessment? And No. 2: as you've alluded in your answer to Lynne, there needs to be some resolution of this, so let me put it to you that, if we're going to pass any ALN Bill that does

not recognise the sort of issues you've been bringing up today, that would be a big missed opportunity. What sort of legislation would you want to see in the future then, if it is passed as it is, taking into account the medical needs? Obviously, being a GP, the medical needs are paramount, and I fully take on board that we've got into this mixed situation where you cannot separate health and education in this situation. We're almost talking, Chair, with your indulgence, of not behaving in silos and being person centred. This seems as though we're going the other way round and we're actually creating silos and forgetting about the person at the centre. Not that I want to feed any answers, but from the point of view of the health committee here, who have a particular interest in the health implications of this Bill—which is why I'm here—I just need to see how you flesh those sort of issues out.

[286] **Ms Moran:** Thank you, Dai. So, I think firstly that is a fair assessment of the system in terms of the SEN system being applied to medical conditions. I think it's important to note that, where it has been applied, it has been positive. It almost invariably always works—I know there are issues around the battle for statements. I think it's important to note that, even though it is the SEN funding, primarily that has been used for statements. It's also important to note that it's also used for different types of support, like one-to-one support. The presence of having the SENCO there—a lot of people in Wales from existing school staff volunteer to be the main point of contact for diabetes in a school, and they put themselves forward, which is fantastic. But there's that reach to the SENCO that is really important. So, it's not just the funding—it's different elements of the SEN system that have been applied, and as you quite rightly said, that is now under threat.

[287] I think, if it's not included now, it's quite sad, really, to note that all of the benefits that the ALN Bill is going to introduce would be exactly what we would recommend as going some way in resolving our issues. Things like having the strategic DECLO role, having access to a tribunal; I mean, it's just the stuff of dreams for us. It really is like a wish list of things that would really help families.

[288] I'm really hesitant to answer about other legislation, because I don't understand why that would be the case when we've got this in front of us right now. I wholeheartedly believe that the benefits of the ALN Bill will benefit families we represent hugely, and it really is a case—I can't say it enough—that it is either—. We're at a juncture, and we're either going to have the benefits of the reforms or it's going to set us backwards. We will go backwards. It's not a case of, 'We're going to stay the same here'. It's a case

of 'It's a threat to us'. Already it's such a fragile system, and it's going to undermine that further. The difference—I know it's been discussed at committee at length—of the battle for the statements: 'Have you got a statement?' has been the question that you always start conversations with, for years. And now, if you're outside of the ALN framework, it's just going to change to, 'Have you got ALN?' ALN will be the gold standard. The gap will be far wider than it is now. That will be the thing that families are pushing for—ALN—unnecessarily early diagnosis of mild learning difficulties to get in under the framework. I know that's an awful thing to think of, but it's been mentioned to us by NHS staff. It is a real risk, and it's so important to get across that it's not a case of staying the same. In reforming any system, you hope that you will improve things for people, especially for children. The worst-case scenario, I guess, would be low impact or no impact. You certainly don't go into it thinking you're going to harm some beneficiaries, and the fact is that the Bill in its current format does not reflect the current beneficiaries of the SEN system. We're not starting from zero, we're not starting from a point where we can just draw things out as we want them, we're starting from a place where children with medical conditions receive benefits under the SEN system, and it's just really—I cannot say it enough, I don't know if anyone else wants to jump in, but you cannot say it enough that it will threaten that.

[289] **Lynne Neagle:** Okay, I've got Julie then Llyr, if that's okay, and then I'll bring—

[290] **Julie Morgan:** I wanted to ask, really, about the impact on children in the present system. Because, obviously, we've heard a lot today about what they're excluded from in many cases, where they can't go, and trying to put yourself in the place of that child. Could you tell us what the present system means to those children longer term? What are the effects on them if they lose out in many ways?

[291] **Ms Sivapatham:** Could I just give an example of one family? The child is seven years old, and she's had epilepsy since she was two weeks old—really complicated, difficult to control epilepsy—but she's gone to Great Ormond Street Hospital, and she's now had three operations and things have improved. She was sent home last September from Great Ormond Street with a letter from her consultant to say, 'This child needs stability.' The child goes to school then in September, and the headteacher tells the parents, 'This child's got to be moved to a unit.' So, this parent had to go back to Great Ormond Street, get the consultant to write another letter, get a consultant in

Cardiff to write, and the epilepsy specialist nurse, and get everyone involved, and it's still a bit rocky for that family and this child. She has epilepsy; she doesn't have learning disabilities. She just has epilepsy. She needs stability, the family have gone through quite a rough patch over the last seven years, and that could be denied and she might have to go into a unit, and she's got a medical condition.

[292] **Julie Morgan:** And that's happens under the existing—that's what's happening now under the existing system.

[293] **Ms Sivapatham:** Yes.

[294] **Dr Warner:** Thank you for that question, Julie, because we actually asked one of our psychologists in Wales to review the literature on this very subject, and the stigma that is put on. So, irrespective of the medical condition you may have, which immediately stigmatises you anyway, it was about the stigma associated with being excluded from doing PE or being excluded from going on a school trip, and it's absolutely massive, the stigma around that. So, it's not just about having a medical condition, it's the association, the knock-on effects, that having that sort of condition might have. So, it is vitally important to get it right. The current system's certainly by no means perfect, it's the—. Just coming back to the SEN system, because I think the variability of that across Wales is huge, so, there are some parents who are quite forceful, for want of a better word, who will use the system and get what they want from it, but there are others who don't and don't succeed to get answers. I think protecting them under a new law would be hugely beneficial to them, and I would hopefully see—almost guarantee to see—that you would avoid some of that stigma associated with the condition itself.

[295] **Julie Morgan:** I've had a number of parents who have come to me over different incidents over the years, and the last one was about the child not being able to go on the school trip, which I had to intervene in, and in the end the parent went with the child, which—. I suppose that is something that would happen fairly often.

[296] **Dr Warner:** But that's a stigma in itself.

[297] **Julie Morgan:** Exactly.

[298] **Dr Warner:** The last thing you want is your parent in the lunch queue

with you. So, the parent turning up at school might be all right when you're four, but when you're eight or nine you do not want your parent there; it's a massive stigma.

[299] **Julie Morgan:** Yes. And then one last question, if that's okay. You mentioned the fact—I think, Mandy, you did—about examples of how things have improved in England. Has that been researched, or is that just a general feeling that things have improved?

[300] **Ms East:** It's in the process—. We have a coalition in England called Health in Schools and it's a similar coalition to what we now have in Wales, and there is work being done on it. It's quite a slow process, and there's no official data yet, but we have a helpline that we monitor and, in advance of doing this, our helpline calls are—my helpline colleagues can state that it's a lot easier dealing with the calls in England, and they have fewer follow-up calls from the same families. Whereas we have a number of families in Wales who we're working with on an ongoing basis, and the types of issues that they're dealing with are—. A lot of the time children with food allergies are excluded during the lunch break and they have to sit on their own during lunch, which in itself doesn't sound like a massive thing, but over time that becomes a massive stigma. What we've found is it's not because the teachers are being cruel, it's not because the teachers are being deliberately awkward, it's just that they don't have any understanding of what they could be doing. As Sara mentioned earlier, they haven't got any real models of where it's good. So, if we have schools where they're good, we can say, 'Well, this is how it should work'. But, with just guidance, there's no push for the teachers to say, 'Well, actually, I can see now what I should be doing'. So, the feeling we have, as a UK-wide charity, is that it's easier in England for parents to get some type of recourse, and there will ultimately be some type of data on that. But I think we're quite well-placed, dealing with both England and Wales, to be able to say that it's definitely easier.

12:00

[301] **Julie Morgan:** Thank you, Chair.

[302] **Dr Warner:** And that's the—

[303] **Ms Moran:** I do have a bit of data, Julie. Sorry to jump in. I think we've seen a marked increase, just with families with diabetes. We annually survey around 400 to 500 families, and we've seen a marked increase in the number

of medical conditions policies in schools. That has absolutely shot up by about 60 per cent. So, those sorts of things—you know, quantifiable measures. There are early indications that things are improving. I know that Diabetes UK in England is working with Ofsted now, who have advised that they're willing to update their monitoring, or to certainly look at it to monitor policies that would help as well. So, just to support Mandy, really, it is the early evidence. Although any implementation is going to be a bit challenging, the evidence we do have is certainly showing that it wasn't an error, and it has been a good thing.

[304] **Lynne Neagle:** Okay. Thank you. Llyr.

[305] **Llyr Gruffydd:** Yes, we heard reference to guidance a moment ago, and I'm just mindful that we're discussing the current situation and concerns about maybe losing services or erosion of provision; but, of course, we are imminently awaiting revised guidance from the Government. What hope do you hold that that might be able to mitigate some of the concerns that we're discussing here today?

[306] **Dr Warner:** I would be extremely concerned, actually, as a medical practitioner. Guidance is guidance. It's not statutory duty. You can write as much guidance as you like, but it doesn't protect the child.

[307] **Ms East:** And, in fact, there are parts of the guidance that are quite worrying anyway. So, it doesn't go far enough. Even if it was absolutely perfect as a guidance document, it wouldn't be enough. But the fact is that it's not fit for purpose, in our opinion, as it stands, anyway. There are parts of it that allow it too far open to interpretation and too much of the buck stopping with the wrong people.

[308] **Ms Moran:** Definitely. I think one perfect example is that the code actually refers the reader to the guidance and the guidance fails to guarantee any support for medical conditions. It's important to notice the difference between the healthcare needs generally. Obviously, we're representing chronic conditions here that do impact on learning, et cetera, et cetera. So, the thing that really worried me was that it says that, in determining whether a child needs an individual plan, the final decision rests with the headteacher. I think we all sort of gasped when we read that, because, as we all know, if a headteacher, as the gatekeeper, doesn't want to engage, then the school won't. So, certainly, we would want the final say in that to rest with an NHS staff member. But I completely support Mandy and Justin in what

they're saying, in that, even if the guidance was fantastic and of sufficient detail and clarity, it's not going to resolve the issues. I can say that with some confidence.

[309] **Llyr Gruffydd:** Thank you.

[310] **Lynne Neagle:** Thanks. Darren.

[311] **Darren Millar:** Just on this issue of guidance, you've explained a little bit about some of the problems that people are already experiencing. Guidance is guidance—you're quite right—and it's not on a statutory basis, but you referenced something earlier on, Justin, just about the need for some opportunity for redress if there's a problem. Of course, at the moment, as it stands on the Bill, there is a role for a tribunal that can require local education authorities and schools and direct them to deliver certain aspects of support. The NHS is without that system completely, and it suggests that we should just follow the NHS redress system that's there, the Putting Things Right process, which we all know can be very long and protracted, not just for children and young people, but for others as well. Is that one of the reasons why you would like to see medical conditions within this whole system and framework? I assume you'd also like to see the redress, in terms of NHS-related support, and the ability for the tribunal to give direction to the NHS in terms of being able to access that for learners, yes?

[312] **Dr Warner:** Yes. I would say. Absolutely, yes. That's exactly what we would want. I think it would—. I always spend a lot of my time writing letters to try and support children and often get nowhere, but this system would protect consultants as well. It would protect lots of people on that pathway of trying to provide that child with the best healthcare they can get. So, absolutely, yes, I agree with you.

[313] **Darren Millar:** Just in terms of—you mentioned the time that you spend often writing letters of support and all the effort. And you've got people who find it difficult to fathom a system of redress if they've never encountered it before. But, bringing all of that into one place, what sort of efficiencies would that give you with your time as a busy clinician?

[314] **Dr Warner:** Yes, it would you time efficiencies, because you'd have a pathway to point somebody down in order to address the issues that they have. I think it would protect people on both sides. It protects the child who's in the middle, which is what we're focusing all around—it brings the

healthcare and the education together in terms of discussing what the needs are of that child.

[315] **Darren Millar:** Okay, thanks.

[316] **Lynne Neagle:** Okay. Are there any other questions from Members? No. Okay—

[317] **Darren Millar:** Could I just ask one more? It's just about variability of support. I know that one of the issues that we often encounter, as constituency Assembly Members, is when people move into an area, and they've had a certain level of support in from a neighbouring local authority, and suddenly it's not available to them even though it's a very similar sort of school environment. To what extent do you think that the Bill, in relation to medical conditions, as it stands, will help to address that?

[318] **Ms Moran:** As it stands?

[319] **Darren Millar:** As it stands.

[320] **Ms Moran:** It's a threat to—it would just make it worse, as I said earlier; it would widen the gap. It would—I mean, it's hard to quantify the effect. As I said earlier, it will make us go backwards as a nation, as a system, everything. It would really, really be a wrecking ball to it. Already when they move schools around—we worked out that around 60 children with diabetes have moved schools because of poor care. Ann was saying earlier that some schools that you come across have never heard of a healthcare plan. And, you know, when you're moving from local authority to local authority that's even bigger. So it's very difficult to quantify, but I'm certain that it would be very negative.

[321] **Dr Warner:** Yes, it would certainly be a step backwards.

[322] **Darren Millar:** Okay, thank you.

[323] **Lynne Neagle:** I just have one final question before we finish, then. Would you be satisfied if the code was strengthened in relation to medical needs, or is it absolutely something on the face of the Bill that you want—you want the definition widened clearly on the face of the Bill?

[324] **Ms Moran:** I think it's important for clarification. So, I certainly would

expect the code to be updated quite significantly to be a lot clearer and a lot more definite. And, in terms of the face of the Bill, I think there is scope to clarify where a medical condition does impact on learning or there's a barrier to education in some form—that should be clear as well. Anything that we can do to remove the subjectivity is definitely a step forward. I think it's dangerous when you get to subjective points, and I know that's the difficulty with the Equality Act 2010 and reasonable adjustments—that's what they find. So, I think anything that can be as clear as possible. Being on the face of the Bill gives it that authority, and you just—that is exactly what we would call for. So, I would definitely say to err on the side of as much clarity as possible, please, Chair.

[325] **Lynne Neagle:** That's the case for all for all of you, yes?

[326] **Dr Warner:** Yes.

[327] **Ms Sivapatham:** Yes.

[328] **Ms Moran:** Yes.

[329] **Ms East:** Yes.

[330] **Lynne Neagle:** Okay, lovely. Well can I thank you for coming this afternoon? And thank you for your evidence which has been really useful to the committee. And you will receive a transcript in due course so you can check it for accuracy. Thank you very much for your time.

12:10

**Y Bil Anghenion Dysgu Ychwanegol a'r Tribiwnlys Addysg (Cymru):  
Sesiwn Dystiolaeth 13  
Additional Learning Needs and Education Tribunal (Wales) Bill:  
Evidence Session 13**

[331] **Lynne Neagle:** Okay, thank you, everyone. We'll move swiftly on, then, to our next scrutiny session. Can I welcome Dr Dave Williams from Aneurin Bevan Local Health Board, Rosemarie Whittle from Cardiff and Vale University Local Health Board, and Ellis Peters who is from Powys Teaching Local Health Board? Thank you for coming this morning. Are you happy for us to go straight into questions?

[332] If I can just start then, if I can tell you that the—. When we had the SEN tribunal for Wales in recently to give evidence, they told us that weakness in collaboration between health and local authorities had plagued the effectiveness of the current SEN system. Can I just ask you for your views as to how you feel—you know, whether you recognise that description of the current system, and how things are working at the moment, and for your general observations on how you think this Bill will address those problems? I don't know who would like to go first.

[333] **Dr Williams:** I'd recognise those comments but also say it's very variable across Wales how well the joint working is going on, and part of that is historical relationships, but also how much that sort of joint working is valued. So, we know the way that organisations are held to account; it doesn't necessarily encourage joint working or value it in the same ways. There's also a bit about availability of staff, so if you look across the whole of Wales, for example the availability of community paediatricians and therapists is hugely difficult, and prioritising that joint work can be problematic. I think the direction of the overall Bill is actually really welcomed. I think when you come to the tribunal end of things, the concern from the health point of view has been how that tribunal has the necessary health expertise, if you like, to be a properly joined-up decision because we've had concerns about some independent reports being put in that don't necessarily reflect the assessment of the local services, and that can cause difficulty in expectation but also delivery.

[334] **Lynne Neagle:** Okay.

[335] **Ms Whittle:** Yes, I would completely agree with that. I think the variety in working together across Wales, as Dave has mentioned, is definitely right, I think. I would say, in Cardiff and Vale, we have good working relationships. However, there are times when we do get into difficulties. So, we've had a recent issue with one of our local authorities saying they don't feel that the health board is supporting them enough when they're actually challenging tribunals, and when they actually believe that they need to challenge that. We've had a recent meeting and a recent discussion about that, and that's because, at the same time as we're trying to support our colleagues in education, we're also trying to deliver a waiting list against assessments, and it becomes a case of prioritising what you can and cannot do.

[336] **Lynne Neagle:** Okay.

[337] **Mr Peters:** We would agree with all of those things in addition. We do have different drivers on us that if a child has been through a tribunal and they have made a ruling putting a therapy programme in part 3 but it's based on an independent therapist recommendation, it may not be something that we have assessed for, or a service that we provide, and the local authority would look to us to provide it, and that causes tension.

[338] **Lynne Neagle:** Okay, thank you. Dai.

12:15

[339] **Dai Lloyd:** Thank you, Chair. In terms of co-operation between health and education, which is local government—I've been a GP for a very long time now and one of the frustrations is whenever I—. At that sort of level, before we get to tribunals—I'm not talking tribunals, I'm talking about not getting to a tribunal—if there's a medical diagnosis or a health diagnosis, that's fair enough, I can refer to a health practitioner in secondary care, but if the diagnosis is in health but the treatment is in education, we can't refer across. It's a great weakness and we have to rely on the individuals. So, there's a big schism between health and local government from that point of view. Now, I notice here that we're going to create a DECLO role, which probably will be the basis of some later questions, but the fundamental issue remains that with various forms of learning disability, not just autism, the diagnosis is medical but the treatment is educational. But as that child's GP, I have no locus to refer to an education specialist to bring things forward now. Some of us have been looking towards an Act, for a long time, for us to be able to refer like we can to fellow health professionals. I was just wondering what your views were on the co-ordination between health and education.

[340] **Ms Whittle:** I suspect that that varies, but, certainly, I think that predominantly, as community child health, which is where I work, we would be involved with pretty much all of those children, as a community child health service, who would need support. So, we have close working relationships at an early stage with early years committees and conversations about making sure that those children are highlighted and moved through, but I suspect that the co-ordination or level of co-ordination varies between different local authorities and different health boards.

[341] **Dr Williams:** I think it is about communication going both ways, so about there being expectation—. Education and health need to work together so information and expectations get passed on. I think it's been accentuated.

One of the hopes for this Bill, but also the other issues that are going on as in teacher training and in the need, is actually what's become apparent over the past 20 years since I've been practising is that the baseline knowledge and understanding of each other's language has got further apart, and the understanding of what's a quirky child and what's an illness, and the definition of 'health need' and 'well-being need' has become very blurred and is driven by training and also, possibly, by resource availability, and we need to get those communications going.

[342] I absolutely think that there should be the opportunity—. The DECLO role has a couple of roles. There's the role about making sure the system works, and in Aneurin Bevan we've got five local authorities who are all slightly different, to try and negotiate those pathways between, but then there's the day-to-day practicality of how you co-ordinate the health input and the information from health with the delivery of education. Now, in our health board, we're thinking the role of the school nurse, intuitively, is a really helpful place, and could be a conduit between GP and the education system. They're going through a review and there's an availability of them, but notionally, there's a way to use this Bill to improve that sort of issue.

[343] **Mr Peters:** In the past, typically, the children would be within the children's services. It wouldn't often be that the GP would need to take the lead in trying to refer in the child, and the schools are very good at focusing on what is the child's needs. However, whilst the diagnosis shouldn't be the key to providing services—it should be based on the child's needs. In Powys, three of the high schools have autistic spectrum disorder units. You can only access those units if you have a diagnosis, which drives the parents to seek a diagnosis as a label rather than identifying the child's needs.

[344] **Lynne Neagle:** Thank you. A couple of witnesses have expressed concern that the Bill, the code, doesn't go far enough in recognising the other key partner here, which is social services. Is that a concern that you share?

[345] **Dr Williams:** Yes. I mean, I think it's the same issue—. I've just come from a meeting with Caerphilly social care, and looking at developing various services, it's impossible to separate those three things. Increasingly, the children who we see in CAMHS services, in therapy services, are more likely to have families that require additional care, and are more likely to come from education. There's a big core group where there's huge overlap and you can't isolate the needs of one from another.

[346] **Ms Whittle:** Yes, I would definitely agree with that, and I think, as we're all trying to look at joined-up plans and person-centred planning, it's really important not to have one sort of person-centred plan for one element and a different sort for another. We need some clarity around how we do that.

[347] **Mr Peters:** It's a huge challenge but we would fully support the much closer working of the three bodies.

[348] **Lynne Neagle:** Okay, thank you. Hefin.

[349] **Hefin David:** In which case, the DECLO is going to have a rather unmanageable workload, would you say?

[350] **Dr Williams:** It's a bigger workload than is anticipated in the Bill, and when you look at the resource required to deliver the job—yes. When you look at managing joining the systems, north Wales have got six local authorities, we've got five local authorities, Hywel Dda have got three. There are lots of linkages to do, and local authority childcare as well as education has to be part of that job. So, the resource, and actually how much time, I think has been underestimated in the supporting papers so far.

[351] **Ms Whittle:** I agree with that. I know there is work going on within Welsh Government through the health expert reference group, and discussions about that role and the job description. And I think there are definitely two elements: one is just about the strategic overview, but, in fact, an awful lot of work already happens on the ground co-ordinating services, and it needs to be very clear that that doesn't stop, and suddenly the DECLO does everything—it needs to be part of a system, because, otherwise, one individual trying to deliver that role won't work.

[352] **Hefin David:** And you've mentioned the collaboration with the Welsh Government that's going on to resolve some of those issues—there are two pilots going on as well that we've been made aware of. Is that right?

[353] **Lynne Neagle:** There's one in Aneurin Bevan.

[354] **Dr Williams:** Yes, well, we're just establishing the pilot in Aneurin Bevan because we're actually looking at separating out those two strategic roles and delivery roles and things like that, to looking at how school health nurses might be able to do the practical—making sure the service works for

the child, and then an overarching role for co-ordinating the local authorities and social services. But it's actually not—it is just starting, literally.

[355] **Hefin David:** Right. So, it's just starting—is it the intention to feed in to give the Minister information to—?

[356] **Dr Williams:** Yes, absolutely.

[357] **Hefin David:** Isn't that timescale a bit tight there?

[358] **Dr Williams:** The officials came to me a month ago to start the system off. So, that's the time it started. We're making people available as soon as, because we think it's the right direction to go and it would help in a lot of ways, because at the moment the system where an individual community paediatrician has to almost set up a separate assessment, bring together all the information from the education reviews, is extremely unwieldy, it doesn't value the other professionals from health who are already involved, and we've got a massive shortage of community paediatricians anyway. So, it's not a workable system.

[359] **Hefin David:** When would you be able to produce some evidence-based outcomes from the pilot?

[360] **Dr Williams:** Off the top of my head, I wouldn't be able to tell you because, literally, we've got a meeting on Tuesday, I think, to start identifying who's going to be starting taking that forward.

[361] **Hefin David:** Okay.

[362] **Lynne Neagle:** And do you see that being two DECLOs then, or splitting it?

[363] **Dr Williams:** We're splitting the role, so there would be somebody who'd be doing the strategic overview role, and somebody who's making sure that the information is gathered in a way that allows the individual education plans to be meaningful and useful for the children.

[364] **Lynne Neagle:** Okay. Does it concern you at all that's it in the Bill when we're only just starting the pilot?

[365] **Dr Williams:** Yes.

[366] **Lynne Neagle:** Okay.

[367] **Hefin David:** And my final question, which was—from what was being said, you're sort of talking about a senior DECLO and a junior DECLO role. Is that—?

[368] **Dr Williams:** Well, I don't think—. Co-ordinating all the health information for every individual child who needs co-ordinated care cannot possibly be done by an individual person, and also making sure, when there is an unidentified health need, that that is agreed with a health person in the room—which I think is important as well—again, that can't be done by a single person.

[369] **Hefin David:** Well, it says in the draft code that it shouldn't be done by the DECLOs—that they shouldn't be involved in every IDP.

[370] **Dr Williams:** No, they shouldn't be, but, actually, the code is slightly unclear where that gap occurs—so where the process stops and the operational bit starts.

[371] **Hefin David:** Okay, thank you.

[372] **Lynne Neagle:** Okay. Michelle.

[373] **Michelle Brown:** Thank you, Chair. If we could come to the duty on NHS bodies in section 18. The section actually says that it requires health bodies to consider whether there is a treatment or service that might be of benefit. What kind of pressures are likely to be exerted that might affect whether the NHS considers whether there's a treatment that would be beneficial? Are you concerned that an NHS body's ability, in a sense, to turn down offering treatment might be due to non-clinical pressures, and could that be addressed by amending section 18?

[374] **Mr Peters:** I'm concerned that parents—. For many childhood conditions, there is a wide variety of interventions of varying robustness and parents, desperate for some form of intervention, will trawl the internet and come up with suggestions of varying robustness, and the risk could be it raises expectations for us to provide something for which the evidence base is weak, or even non-existent. So, I think there's a potential risk in that. If it goes to tribunal—sorry to be going back to that point—if the family have had

what they'd call an independent report, we'd say a private report from a therapist, they certainly might recommend something that the local NHS does not provide because we don't support the evidence base for it. If it's in part 3, it raises the dilemma, 'Well, there's a legal requirement to provide it, but where is that going to sit?'

[375] **Ms Whittle:** I agree. I think the way that it's worded at the moment, it says, 'may be of benefit'. Lots of things may be of benefit, but is it evidence based and whose decision is it whether it is of benefit or not? I think it opens up a conversation that parents may think it's of benefit, schools may actually think it's of benefit, and as a clinician, we may actually be saying, 'Well, there is no evidence to support that.' So, I think there needs to be some thought about how that final decision around what is the benefit comes to an end, really. Because I can see a scenario where, whichever way, whether it's tribunals or whether it's through putting things right, even if we make a clinical judgement, there is still a comeback that actually says, 'We don't agree with that,' or 'This treatment is happening in America, and actually, it looks good over there, so why won't you deliver that for us?' So, I think it does put health under pressure unless we've got some more clarity.

[376] **Lynne Neagle:** Before you come in, it does say 'likely to be of benefit,' so I don't know if that affects your answer at all.

[377] **Dr Williams:** But, again, it's who considers it likely to be of benefit? It's how much understanding of what is benefit and what knowledge base you have behind that, which is why I think it's so important for the health professionals involved in the decision to say, 'Actually, we need to explore this further.' To take up the end point, it would be totally unacceptable to not provide a service if there was a clinical evidence for us and a clinical need. So, you can't justify it on lack of resources if there is clinical evidence and need to do so. But, we already see a system where the expectation of assessment and, actually, diagnosis—. Education is one of the few places where telling a child, 'Actually, there isn't a long-term condition here,' which should be good news, will lead to an appeal against it, because it disappoints people that they will no longer therefore be able to obtain the one-to-one they'd hoped they would get with the diagnosis. It's an unusual situation.

[378] **Lynne Neagle:** Llyr.

[379] **Llyr Gruffydd:** Just something that has struck me now, really. If the NHS says that there's no appropriate treatment, where does the local

authority go next? Is it a dead end?

[380] **Dr Williams:** Well, it's about identifying what will work for the child. So, it should be in collaboration, 'Actually, what is the plan?' But sometimes the plan—. We see it in therapy sometimes. Good teachers always manage children really, really well for their mental health problems, for their language, they've done the right things, which has promoted it, but it hasn't been, if you like, in a separate box of therapy, it's been the way you manage it. There's that expectation that if you have a speech and language problem, you need a speech and language therapist to sit in with you an hour a week, or two hours a week to do something with you. Sometimes it is, actually, that the thing that will make this better is time, and doing the right things more often. So it's not as if there isn't a way forward; it's just saying it's not in a box of therapy, if you like.

[381] **Llyr Gruffydd:** Yes, okay.

[382] **Lynne Neagle:** The Bill doesn't set out any time frame, so what happens if you decide, say, that a child does need speech and language therapy, but then they've got to wait a year for it. Do you think that's sufficient clarity for delivering for children?

12:30

[383] **Ms Whittle:** The target waiting times for therapies is actually 14 weeks and, yes, there are services under tremendous pressure actually trying to achieve that and also continue with interventions. But, I would like to think that we aren't still in the realms of people having to wait a year for speech and language therapy. It is at what level you actually provide that. Just as an example, we've done quite a lot of work locally about a graduated response to therapy and I think we've got quite a lot of clarity that there are levels of input. So, there are levels of input where the speech and language therapist will advise the school. There are levels where there may be a written programme that the school carries out but is overseen by the therapist, right up to, 'Actually, this child needs an individual block of therapy.' But, there are pressures on the ability to deliver all of that.

[384] **Lynne Neagle:** Oscar.

[385] **Mohammad Asghar:** Thank you very much, Chair.

[386] **Lynne Neagle:** Is it on this?

[387] **Mohammad Asghar:** Yes. You have stated that there are concerns across LHBs surrounding the capacity of the current NHS workforce to adequately deliver the outcome of this legislation. We heard earlier in the committee meeting from the sector that all local authorities are working differently, but I hope the health boards are working in the same direction rather than working differently for ALN children. Basically, what sort of concerns do you have to overcome to co-ordinate with each other?

[388] **Dr Williams:** How we manage to fill the workforce of NHS Wales is a massive issue. Just as there needs to be partnership working in the way we train to deliver and support, I think we do need to be thinking about how we work together as NHS areas, so that if we can't provide—. Our health boards are such different sizes. The range of people and services that Powys can manage will not be the same as the range of services and people that Betsi Cadwaladr can employ. So, there has to be some working together and saying, 'Well, if this expertise is available, how do we access that on a more regional basis, rather than just on a health board by health board basis?' Those discussions are starting to take place and are having to take place because the sustainability of the NHS depends on it.

[389] The other bit is, as was mentioned earlier, if we get to the point where, repeatedly, certain demands are coming through the additional learning needs Bill and health boards are saying, 'Crikey, we're struggling to accommodate', that has to go into the needs assessment that the partnership boards are having to do for other education, because the needs of children maybe haven't had as loud a voice in that. I know it's not part of this committee, but I think it's joining all those areas up to say, if we're identifying a need here, through ALN, that needs to go into how we develop those as core services. How we train, the new ways of working, therapy practitioners, nursing practitioners, and how we make the most of the workforce we've got to deliver the range of competencies we need.

[390] **Lynne Neagle:** On this, Llyr.

[391] **Llyr Gruffydd:** On this, yes. But that sounds a bit like setting ourselves up to fail, doesn't it? What we're saying is, if we're creating this demand, and we know that the workforce isn't there, then we need to develop alternative strategies. So, are we convinced that enough is being done in terms of workforce planning now? Because we know where we are, which suggests

that we've failed in the past, in that respect. We know what's coming down the line—a huge jump from, whatever it was, a few tens of thousands to over 100,000 IDPs, potentially. But, you know, the workforce isn't there, is it?

[392] **Dr Williams:** But, it is coming online.

[393] **Llyr Gruffydd:** Quickly enough?

[394] **Dr Williams:** As quickly as it can happen. So, it's not starting today. My feeling, having been head of service since 2001, is all those things where you think, 'Hang on a minute, we need more health visitors here, we need more school health visitors', actually, the past two or three years, the training numbers have finally started to be fed in, with proper collaboration between the health boards to say, 'Let's think about what we need between us.' It's doing simple things like recruiting on a regional basis so that you don't have Cwm Taf competing against Cardiff and Vale—all those sorts of things are now starting to happen. So, yes, they are. On the basis of a UK and the rest of the world population, we are doing the right thing.

[395] **Llyr Gruffydd:** So, would having stronger duties in the Bill actually help push that along?

[396] **Dr Williams:** I think stronger duties to identify the gaps and unmet need may well help, actually.

[397] **Llyr Gruffydd:** Okay, thanks.

[398] **Lynne Neagle:** In terms of duties, section 57 imposes a duty on health bodies to notify parents when they believe a child below compulsory school age might have ALN, but only a discretionary power to bring to the attention of local authorities where they are satisfied this is in the child's best interests. What's your view on that, and when might it not be in the child's best interests?

[399] **Dr Williams:** Firstly, I can't think of a reason for where it wouldn't be in the child's best interests, unless the family came up with a particularly interesting personal reason for why they wouldn't want the local authority to be referred to.

[400] **Ms Whittle:** I would agree. I can't see a reason why.

[401] **Mr Peters:** I would agree, absolutely.

[402] **Lynne Neagle:** Okay, thank you. John.

[403] **John Griffiths:** Yes, in terms of the issues we've just been discussing, the increasing demand for services, the workforce and financial implications of that, do you have a view on the regulatory impact assessment that accompanies the Bill as to whether it's adequate in those terms or not?

[404] **Dr Williams:** I haven't looked in a lot of detail at the regulatory impact, but the bit I have, it's about what you then do with it, because we're very good at identifying holes; it's about how you then take that forward and put it into the wider system to address those holes. So, it's not so much the rigour with which we identify the problems, but the rigour with which we then do something to address the problems, I suppose, and being unsure about whose responsibility it is to address the problems.

[405] **Ms Whittle:** I think I have some concerns that it's perhaps an underestimate. One of the things we haven't talked about at the moment is the 16 to 25 element of the Bill. And whilst, obviously, I'm coming from a community children's services background, and we tend to work in a team-around-the-child/team-around-the-family manner and pull in those required professionals, but once you move to adult health services, it tends to be more a specific area or a specific speciality, which is not that generalist approach. So, I think there are some concerns, medically, but also through therapies, about how that transition will take place, how the engagement for adult colleagues, and also whether there are adult colleagues available to actually work in the same way that we do in children's services. I think it's important to say that.

[406] **Mr Peters:** Well, we welcome the Bill, but, from a health perspective, it does increase and ramp up the demands placed on the services in a way that we haven't had to meet previously, and it's unclear how we're going to grow to meet those needs. We need to, but, practically, how do we do that?

[407] **Lynne Neagle:** Thank you.

[408] **John Griffiths:** Could I just ask: would you point to any differences in terms of those challenges in terms of diagnosis, assessment, and then delivery of the actual services required? Are there differences there? Is any one of those a bit easier than the others in terms of the challenges of having

enough professionals and enough resource in place?

[409] **Ms Whittle:** I think, for me, within health, obviously, we're talking about prudent health care, we're talking about assessments, we're talking about providing that support, so, we tend to be better at that end, but the provision of ongoing intervention is often not built in to when we're doing a piece of work around capacity and demand about therapies and how much we need to be able to deal with the number of referrals coming through. We're focusing on referrals, assessments and treatment; we're not necessarily focusing on ongoing, long-term intervention to deliver an IDP. So, I think there are challenges at different areas.

[410] **Dr Williams:** It's that availability to support the professional, the educational professionals as well, in addition to the, 'Okay, this needs to sit down.' But, I have to say, when you get to the adult services, that's not a way they're used to working; it's very much diagnosis, see, treat and reliance on that individual to manage themselves and do their own networking. You see better models in elderly care; you don't see it in 16 to 25. So, services for elderly care have that idea—it's team around the family for an older person—but, actually, for 16 to 25, that would be a big step change for staff who are currently working with that age group.

[411] **Mr Peters:** I think you said about whether there are any issues with waits for diagnosis, if I understood you correctly. Theoretically, the needs are based on the needs of the child, not the diagnostic label. So, even from a health perspective, if we've got a child, say, waiting for an assessment of ASD, even in the meantime, we can be looking at what their needs are, how they can be met, irrespective of the diagnosis in that case.

[412] I think, too, we have—and it's moved forward with the prudent healthcare agenda—a shift in parental expectation that having therapy once a week for a block of therapy is not going to, by itself, resolve the challenges. A key component is the school implementing it on a daily basis, and the parents implementing it at home, and to get all of that, everybody, realising that it's a long-term challenge for many of these childhood conditions. It's not just the NHS therapy intervention that's got to sort it out. So, we've got a number of challenges that go above and beyond this Bill, really.

[413] **John Griffiths:** Okay. And is there any particular specialisms that you would point to as being in particularly short supply?

[414] **Ms Whittle:** I suppose it depends where you—

[415] **Dr Williams:** There are different tide lines.

[416] **Ms Whittle:** Yes.

[417] **Dr Williams:** So, there are certain health boards—. Community paediatrics is a real problem. There's a national problem with paediatrics. Community paediatrics also has to do some of the safeguarding work, the fostering and adoptions service—it is not currently a popular specialty to go to. So, if you've got a national shortage, it's accentuated. There are one or two brighter spots, but, actually, several health boards are struggling with community paediatrics. Therapies and mental health services do vary. So, it tends to be—south-east and north-east tends to be a bit easier to recruit to, and the further you go down the motorway, the harder it becomes, actually. And that's a bit about how we work in a more regional approach and support each other, rather than in a siloed health board area.

[418] **John Griffiths:** Okay. And finally from me, Chair, if that's okay, just in terms of educational psychologists, the code places particular emphasis on those professionals, those services. Do you agree with that, or would you perhaps want other specialists to also be given that sort of focus in the code?

[419] **Mr Peters:** I think we've got a challenge there, with a shortage certainly in Powys, and the challenge of recruiting educational psychologists. So, if a particular assessment or focus is purely for that one profession, it will create blockages in the process for children. But how we get around that is not easy. One particular challenge is identifying a child with a learning disability, and the criteria for that and who can do that. With the proposed ALN Bill, that recedes into the background as the need to identify it as a learning disability, as a formal diagnosis. But, when that young person becomes an adult, they can't access the adult learning disability service, unless they've got that formal diagnosis. So, it becomes a chicken and egg—the adult service won't accept them because they haven't been diagnosed during childhood has not been an issue, and the educational psychologist obviously plays a key role in that.

[420] **Dr Williams:** And most educational psychologists are employed by the education services. So, again, the ability to join up the system is dependent on how well education services and health services are working together on local grounds. So, you get that clinical psychology perspective linked in with

the education psychology perspective.

[421] **Ms Whittle:** I suppose I would pick up the other services being speech and language therapy. And I think there are lots of further discussions to come about where speech and language therapy starts and stops, in terms of a health need, and in terms of education and life need, to be able to communicate. And it's at what point the speech and language therapists in health start and stop. So, I think there is a conversation around that too.

[422] **Lynne Neagle:** Llyr.

[423] **Llyr Gruffydd:** Thank you. I just feel there's a bit of a contradiction here, because, on the one hand, you're telling us about the problems in terms of recruitment, and the shortages that are out there, particularly, maybe, in certain disciplines, and we know, for example, the NHS Confederation in their evidence have told us that speech and language therapists are estimating that they'll have to attend 90 per cent of multidisciplinary meetings in future, under the Bill, as opposed to 25 per cent at the moment. So, we're currently short, there's going to be a huge increase in demand, but then, 20 minutes ago, you were telling us, 'We think that, maybe, things are getting a little bit better, things are in place.' Surely, there's a lag there even if things are getting better, and you're the ones in the front line who are going to be exposed to this.

12:45

[424] **Ms Whittle:** I think what we need to understand is whether it will actually go from the levels that you've said. I think, certainly, a lot of the work that's happening behind the scenes is, 'Actually, will that be the case?' I think, as you read it, it looks as if you might need to go to 90 per cent, but whether that develops into being that many, or not—

[425] **Llyr Gruffydd:** Yes, but in the same way, we need to understand whether the workforce planning is actually going to deliver as well.

[426] **Ms Whittle:** And that's the issue, because if it is 90 per cent, that's a workforce planning challenge of one magnitude. If it actually turns out to be 30 per cent, it's a workforce planning of another magnitude, and I don't think we're totally clear on that.

[427] **Dr Williams:** Which is why there needs to be a health person involved

in the identification, because I think the 90 per cent is if decisions are made in the same way as they are now, which is somebody saying, 'I think you need speech and language therapy' as opposed to a health professional being involved, and going 'Well, these are things you can do. This person needs to see a speech therapist'. If the second happens, I'm confident that, whilst there will be a lag, it will not be a critical lag. If the first thing happens and health aren't involved in decisions, and it's request driven, then, actually, it would cause a problem.

[428] **Llyr Gruffydd:** Of course, when you drill that down to individuals, if there is a shortage, then every lag is critical, isn't it, really?

[429] **Ms Whittle:** Yes, it is.

[430] **Lynne Neagle:** Okay. Julie.

[431] **Julie Morgan:** Yes, thank you, Chair. I wanted to ask you about the definition of additional learning needs and how that relates to health needs.

[432] **Dr Williams:** I think it's hugely problematic, and it's how much—. Getting a shared language is vital to how this will work and how much discord and how much upset and difference in expectation of the system will occur. We have noticed, or felt, in health, that the well-being, health and the need for diagnosis has actually increased over the past 20 years. Some of that might be due to better identification, but some of that has been because that's seen as a key to access better resources and further resources for all. So, I think managing that is going to be hugely difficult, and such broad terms—. The problem with diagnosis itself is an issue, because different people with the same label have hugely different needs. And actually having that formulation behind it, so that you drill down to, 'Yes, I'm very interested in the diagnosis, but do we agree what the needs are and how we address that?' is almost more important than the diagnosis. So, we need to make sure that the health need and the additional learning need don't become dependent on a quick-fix diagnosis, but actually working out how that will work out in practice is going to be hugely difficult.

[433] **Julie Morgan:** Do you feel that the health need should be included in the Bill, as part of the definition?

[434] **Dr Williams:** I think, on occasion they are part of the need, but on occasion they're not. If you've got well-managed asthma and things like that,

then they don't necessarily need to be involved. We come back to the child's individual plan though, and, actually, you probably need to draw attention to the fact that this child needs to take Ventolin as well. So, it's about what needs to be in the Bill and what is part of good practice, I suppose.

[435] **Julie Morgan:** Right. And how do you feel that children with health needs get on in the system as it is at the moment? We've taken evidence from the voluntary sector, and in particular diabetes, epilepsy and other groups today, who have expressed the variable nature of the way these needs are addressed. Could you tell me how you feel that they're being addressed in the system at the moment?

[436] **Ms Whittle:** I think it is variable, and, as well, does the definition of 'additional learning needs' also include those medical needs? So, I think there needs to be a clarity around when health is required in order for a child to be able to access education, and what that looks like and how that's delivered across schools, and, then, what is a definite health need and how we deliver that is slightly different. So, I think the example in the federation's response was around toileting. So, is toileting a pure health need or not, and I think those are the things that we still have to work out. And I think there will be variation in terms of how health needs are managed, also depending on the setting of the child. So, there is variation between a child in a mainstream school and how they're supported and what health can do to support those, versus a child that may be in a special school where there's more actual health provision on site. So, there is some variability in that.

[437] **Mr Peters:** I think it's variable. The special schools and the provision of services within those compared with mainstream can be very different. Some medical diagnoses very clearly have a strong ongoing medical need. As to other conditions, just going back to autistic spectrum, is it a disorder or is it a medical condition? It's a medical label, but the interventions that are required for that particular condition sit across both health and education. Then it comes down to how we sort out, to the child's best situation, who does what. The example mentioned was of toileting. That could be dealt with by maybe a number of different professionals. It doesn't necessarily sit with just one professional or just within one agency. So, with a lot of the childhood conditions, there's a fuzziness around the edges of them as to who could help, and it could be a number of people. But the Bill doesn't at this stage shed light on that, and it may give rise to some confusion or confused expectations between the different agencies on the ground.

[438] **Dr Williams:** I think that, actually, it's about the health literacy of education staff to a certain extent, to be able to understand. Some of it is about how confidently you manage diabetes, epilepsy, the exacerbations, availability of medication and having a school system that is able to recognise and adapt to that. Obviously, when it becomes more problematic, there are specific issues. But I think it comes down to how we train staff so that, for children with some of the common chronic conditions, there's an awareness of how to manage that as part of your day-to-day job, not driving it though additional learning needs in the same way, I suppose.

[439] **Julie Morgan:** So, on the whole, you don't think the call of the stakeholders to have a statutory basis for health needs—you don't support that, really.

[440] **Ms Whittle:** Unless you can actually really clearly define those differences, I think it is quite difficult, because a child's needs could be so variable. I think that there is a potential danger that, if you say, 'That's a health need; that's an education need', you actually drive a wedge down the middle—an unintended wedge down the middle, in fact—because we still go back to saying, 'Well, that's yours'. That's not a position that we want to be in, so it does need to be a focus on the child's entire needs and how, collaboratively, we're going to meet those, I think.

[441] **Lynne Neagle:** Okay, thank you. Michelle.

[442] **Michelle Brown:** Thank you, Chair. It's interesting that you've just left off saying about driving a wedge between the NHS and other bodies. We're kind of winding up with two appeal processes in the Bill, aren't we? We've got the employment appeal tribunal—. Sorry, the educational tribunal handles the educational side, and then parents will have to go through the NHS appeal procedure. Can you see this causing a problem in actually increasing that division you were talking about earlier?

[443] **Ms Whittle:** I think so. I think parents find the system difficult enough to navigate because, at the end of the day, what they're trying to do is fight for the best outcome they can possibly have for their child. I think if we put in a system that means that if you don't accept what education have said in the plan, you go that way, but, actually, if you get into a dispute, as we were discussing, about what your intervention is from speech and language or what your intervention is from occupational therapy, if you don't like that, you have to go through a different route. I think that that potentially causes

more confusion.

[444] **Michelle Brown:** How easy or difficult is it to separate the education issues from the medical needs that might come under the duty of the NHS bodies to provide some of the treatment?

[445] **Mr Peters:** I think the questions we've just been addressing on the health needs, and when is it a health need, I think that will make it more of a challenge, because, for a parent who hasn't got that specialist knowledge, it's going to make it harder for them to know how to navigate to get the best for their child.

[446] **Dr Williams:** We already have a situation where people who aren't getting the support, they feel, from the school will ask for second, third and fourth opinions for a diagnosis to unlock that door. We get, as I said right at the beginning, tribunals making recommendations from private assessments that maybe haven't included all the evidence that we would have available to us, which drives a wedge not only between us and education, but also us and the parents and families, where we need to actually deliver it. At the moment, we have a problem with the level of health expertise on that tribunal, and I think the solution is to improve that and not to have two separate panels.

[447] **Michelle Brown:** The suggestion has been made that the education tribunal would be able to direct the NHS bodies. I can see that causing a problem, because if you get one result under the NHS appeal process and another result under the education tribunal, then you'll have a clash. Is there any other way that you could think of that could resolve this sort of dual appeal system we're in danger of going into now with the Bill?

[448] **Dr Williams:** I think having independent health people as part of the tribunal process is the way forward. We started from the point of view that, actually, the services haven't worked together consistently across Wales. We speak a different language. We end up with gaps. Actually, the more we work together and consider the child as a whole, the better we'll do. And that's got to be from the bottom of the process right up to when we've got a major problem. At the moment, that's almost the point at which we're separating it, in the current system, and actually we need to join that together as well. But health professionals need to have assurance that the basis on which that assessment is made is that it's been made by somebody who understands the health needs.

[449] **Mr Peters:** Another small anomaly with the current system is that, obviously, for assessments by the national health service, we must get parental permission. We have had scenarios where parents go into tribunal and their solicitors have advised them to refuse permission for the NHS so the tribunal only has evidence from the parent-commissioned private therapists. So, they rule on that, and it goes into part 3, and then health is put in a position of having to provide something that we've had no input into all, and that seems a most peculiar anomaly.

[450] **Lynne Neagle:** So, just to clarify, you are saying that you would be happy for the NHS to be covered by the tribunal, provided we could find a mechanism that works better than the current system, so that you were genuine partners?

[451] **Ms Whittle:** Yes.

[452] **Dr Williams:** Yes.

[453] **Lynne Neagle:** Okay, thank you. Is that your questions done, Michelle?

[454] **Michelle Brown:** Yes, thank you.

[455] **Lynne Neagle:** Okay. Are there any other questions from Members? No. Well, can I thank you for attending this morning and for answering all our questions? We very much appreciate your time. You will receive a transcript to check for accuracy in due course. Thank you very much.

[456] We're going to take a really small, two-minute break again. I'm so generous with these breaks.

*Gohiriwyd y cyfarfod rhwng 12:59 ac 13:03.  
The meeting adjourned between 12:59 and 13:03.*

**Y Bil Anghenion Dysgu Ychwanegol a'r Tribiwnlys Addysg (Cymru):  
Sesiwn Dystiolaeth 14  
Additional Learning Needs and Education Tribunal (Wales) Bill:  
Evidence Session 14**

[457] **Lynne Neagle:** Welcome back, everyone, to our final evidence session of the morning. Can I welcome Alison Davies and Lisa Turnbull from the

Royal College of Nursing? We're very pleased that you're here today and thank you for your paper that you provided in advance. If you're happy, we'll go straight into questions, and the first questions are from Julie Morgan.

[458] **Julie Morgan:** Good morning. I wanted to ask you, really, whether you could give us a brief overview of how nurses are currently involved in the provision for those with special educational needs, as it is at the moment.

[459] **Ms Turnbull:** Certainly. As we've laid out in our written evidence, there's a variety of different types of nursing role that provide different types of intervention at different stages, really, of a child's needs. They're drawn into that process in different ways: either as additional to the educational need to support that, perhaps entirely separately as a referral, or it might be a number of different ways that those nurses come into context. And a number of those nursing roles work strategically to address the health needs of all children and young people, regardless of the individual circumstances. I'll just turn to Alison to perhaps say a little bit more about those different roles.

[460] **Ms Davies:** Thank you, and thank you for that question. I think it's very worth while considering the wider nursing workforce for children with special education needs, and children who potentially have got additional learning needs. If we look at the scope of potential interventions, we can look at health visitors and school nurses who work with 0 to 18s from a universal health perspective, and those nurses are very skilled in assessment, referral, safeguarding—sort of looking at healthcare more broadly. If we consider the workforce of children's nurses and child and adolescent mental health nurses, they generate more nursing care intervention for children with medical needs where there's an identified condition, and they may provide some specialist intervention and advice for that child or young person, the family and the school settings. So, nurses have a role right across the age spectrum, and from health to ill health.

[461] **Julie Morgan:** So, you have a universal role as well as the specialised role.

[462] **Ms Davies:** And that skill set is particular to different aspects of nursing.

[463] **Ms Turnbull:** And in addition to the roles that Alison has mentioned, we also then will have specialist nurses working in a particular field, like

diabetes, who will have that educational role generally, and a specific role. So, there are a plethora of different ways in the health system in which therapists very much are central to the needs of children and young people, and nursing then provides these wider support services in different ways.

[464] **Ms Davies:** Probably something else to consider is the age range. We know that, for children and young people, particularly those with specific health or medical needs, that age of transition is particularly important, so we then often come into the realms of adult nursing, district nursing or adult mental health services as well.

[465] **Julie Morgan:** And could you tell us, under the present system, are you under pressure to fulfil those roles? What is the pressure on the workforce?

[466] **Ms Turnbull:** I think it's fair to say that there are so many different ways in which the nursing provides the support—there are different ways in which that support is manifested. But, yes, if we're talking about down to the individual child's needs, we would say the workforce is currently under pressure. There is an insufficient number of children's nurses, for example, in Wales. There are insufficient numbers, particularly, of children's nurses in the community. Now, I have to say on the record, we were extremely pleased that Welsh Government increased the commissioning numbers this year, and that is a real step in the right direction, but, nevertheless, those will take some time, obviously, to come through.

[467] So, children's nurses is one area in particular where we've written to the committee with our concerns before. There are concerns in some of those wider areas—learning disability nurses particularly, again, and particularly learning disability nurses who work with very young children—and we also have some concerns about some of the wider areas as well, so maintaining numbers of school nurses and health visitors.

[468] So, generally speaking, one of the things we want to return to in this is that there is a problem with the workforce planning process, in that it doesn't accurately at the moment, in our view, reflect the need that is out there in the community. I think that is a real issue that needs to be addressed. Now, how that's addressed—there's a variety of different options, but that is a key point.

[469] **Ms Davies:** There's probably another aspect to that to consider, I think, and that's in relation to unmet need. So, we know there are levels of

unmet need currently for children and young people that nurses, per se, care for, and it's worth thinking about, if and as the Bill progresses, what that means in terms of workforce capacity.

[470] **Julie Morgan:** And, would you anticipate that the Bill would require an increase of your involvement?

[471] **Ms Daives:** I think quite possibly, yes. The Bill is child-focused, needs-led, which is an excellent focus to have, and I think points have been mentioned earlier about working in an integrated way to meet those needs, and that's an ideal way to work with children and young people and families, and all of us, indeed. I think, if the Bill goes forward, then it depends on that focus on education, education and medical needs, and education and healthcare needs, as to what that means in terms of capacity, and I think it's fairly reasonable to say, yes, it will increase.

[472] **Julie Morgan:** Thank you.

[473] **Lynne Neagle:** Llyr.

[474] **Llyr Gruffydd:** Yes, thank you. Just to pursue the workforce aspect, really, and workforce planning—you recommend a new duty to be put on health boards to take account of workforce requirements in their area in terms of ALN. Could you tell us a bit more about that? Are you aware of any other similar duties or requirements, maybe, in other legislation or in other sectors?

[475] **Ms Turnbull:** I think that was an option that we felt was worth suggesting to the committee. It's one option and, obviously, there'll be other people with expertise to be able to say whether it's the best option. The reason we felt it was worth suggesting is because there have been improvements in the workforce planning process within Wales, and I think it's important to recognise those. In the last sort of five years, there's been significant development. We have a situation now where health boards are producing what are known as IMTPs—these plans for their services, which should encompass workforce planning. These should feed in then to the education commissioning process, say, of nurses and, indeed, other professionals. However, our frustration has really been the lack of transparency for that process and also a frustration that it's not accurately reflecting need. There needs, obviously, to be a balance between resources available and need, but if you're not actually capturing what the ideal need

is, you're not very clear what you're working towards.

[476] There have been a number of decisions in recent years that we feel have not reflected that. I'll give you two examples of that. One is: until recently—until this year—the fact that children's nursing figures were static, at quite a low level. My second example would be the dramatic demise of the district nurse, which was not a policy decision. It was merely happening, and it took a great deal of effort for us to point that out, again, and we now have been rectified [correction: and now we hope it is beginning to be rectified]. So, the reason for those frustrations, really—that's why I think a number of organisations, including ours, are seeking ways to perhaps use legislation to ensure that workforce planning properly takes account of need. So, one example might be, for example, in law, the recognition that Welsh language need needs to be recognised and, in some way, evidenced and incorporated into the plans. This was a suggestion perhaps along those lines: that if you have got a system whereby, strategically, you have, potentially, this DECLO role that is strategically preparing these individual plans for children, there will be an opportunity perhaps at the end of the year to reflect back and say, 'Well, you know, this is the need that's been coming through. This is what we've been able to do to meet that. This is the gap'. Now, if that data doesn't go anywhere, it's not very useful; but if that analysis is then fed into the workforce plans and the recommendations, then that could be very helpful—if people are saying, 'Actually, do you know what we really need? We need speech and language therapists', or 'Do you know we really need? We actually need some Welsh-speaking learning disability nurses', or whatever the need might arise. That's the background to where that came from. Now, there may be other ways of solving that problem, but that was one suggestion we thought was worth considering.

[477] **Llyr Gruffydd:** Thank you for that. Although it is quite shocking, I think, if you take a step back and listen to what you've said in terms of, 'We need legislation to make sure that workforce planning takes account of need'. That's quite startling, actually, isn't it, you know, that it doesn't happen; that we need to legislate. I did ask whether you are aware of any similar legislative duties in other sectors around workforce planning; or would this, as far as you're aware, maybe, be the first?

[478] **Ms Turnbull:** Well, the obvious example would be the nurse staffing levels legislation. I did refer to the—. There are, in legislation, certain different requirements on organisations to consider Welsh language need.

[479] **Llyr Gruffydd:** Yes; you're right. Yes.

[480] **Ms Turnbull:** I think that's another example. So, I think there are examples in legislation of requiring it. I suppose, really fundamentally, it's down to an organisation to understand what its responsibilities are and how it fulfils those responsibilities. Guidance and policy may be clear and effective ways of achieving that, but I think we're not the only organisation perhaps that has sometimes encountered a belief that guidance, especially if guidance is not on a statutory basis, may be too weak to achieve that end.

[481] **Llyr Gruffydd:** Yes, which is true in many contexts.

[482] **Ms Davies:** If I could add some context just into your query about workforce planning. We find, particularly with children's nursing, that children's nurses have a very specific level of knowledge, expertise and skill set that's in demand across a range of settings. For example, children's nurses can work in neonatology, working right across the spectrum in services of health and ill health; and often, then, they translate into small numbers into specialties and don't always get captured in workforce planning, particularly if they're working, for example, outwith of the NHS. So, I think we already have a small workforce with a relatively solid level of expertise that's in high demand. Therefore, their numbers can be quite dilute in certain areas.

13:15

[483] **Llyr Gruffydd:** And your focus clearly is health here, but wouldn't such a duty be just as relevant to, you know, education and other sort of spheres as well, in the context of this Bill?

[484] **Ms Turnbull:** Yes. The idea was to build in some kind of a strategic level health board reflection on any potential gaps between what can be provided and what might need to be provided.

[485] **Ms Davies:** And certainly from a professional point of view, the vast majority of professionals want to provide that excellent standard of service all of the time. And where systems and processes can enable that to happen, that can only be a good thing.

[486] **Llyr Gruffydd:** Okay, thanks.

[487] **Lynne Neagle:** Michelle.

[488] **Michelle Brown:** Thank you, Chair. In what ways do you foresee children's nurses' roles changing with the implementation of the new framework?

[489] **Ms Turnbull:** That's a really interesting question, actually. I'll turn to Alison, my colleague, in a minute to answer it. I suppose our first answer might be that we want to make sure that they don't change in an inappropriate way; that we don't end up putting duties on groups of nurses that, perhaps, are not best suited for those duties. So, perhaps, a good example of that would be—again, going back to this whole child-centred approach—you have to see what the needs of the child are. It's probably an inappropriate place for legislation to say, for example, 'The needs of the child can always be met by this type of nurse'—because probably not. They may not need a nurse at all; they might need a therapist or they might need some other kind of intervention. So, I think we would want to make sure the legislation recognises the importance of a healthcare professional assessing the needs of that child and then having the flexibility to discuss with other professionals what support should be provided, rather than trying to specify a profession, as such, on the face of the Bill. So, I think that would be my first point.

[490] In terms of how else the roles can change, I mean, we would want to see an opportunity for more, perhaps, of some of—. You know, there are some really good strategic interventions we've seen, not just—. Obviously, it's incredibly important to have that balance between—. We need to not forget the needs of the individual child and young person, and they need to be supported, but then we also need that ability to look at the population as a whole. So, to give an example of a population-level intervention, I think there's been the work of the school nurses in recent years and the role that they, partly, have played in working to look at very early teen pregnancy rates and how that has come down. So, there are public health interventions that can be made at that level. So, Alison, I don't know if you want to say—

[491] **Ms Davies:** I think language is really important, and descriptors, because sometimes we can be funnelled in the way that we think because of some terminology or titles that perhaps have got some connotation in terms of role, scope and responsibility. So, speaking about nurses who work with children and young people per se, it is about making sure that those individuals have the right knowledge and expertise. But the Bill could

potentially provide a real opportunity for change in service delivery. If you think that if the Bill succeeds—and it depends on its focus, essentially—that might open up means of working in partnership in effective ways with agencies, obviously with the child and family, that potentially weren't as enabled before. Although there are many good examples of individuals working very well together to bring the best to children and families. So, I think the Bill provides an opportunity for evolution of service and professional practice and service delivery, but it also will provide the challenge if the resource isn't there to provide it, to enable those circumstances to be in existence for that growth to occur. So, it provides many opportunities, but the challenge is to ensure that it's furnished with what's needed to make it work.

[492] **Michelle Brown:** What sort of resources and tools and things need to be in place for this Bill to be implemented properly and to be made to work from your point of view?

[493] **Ms Davies:** In very basic terms, we need the right number of nurses with the right knowledge, skills and expertise to undertake specific assessment and/or interventions as they were needed, and it depends on that group of children and young people who are, obviously, subject to the Bill. So, it depends on the scope of the Bill, essentially. But we would definitely say that preparation of that registered nursing workforce would be key to open up other services for children and young people.

[494] **Michelle Brown:** Thank you.

[495] **Lynne Neagle:** Okay, thank you. In your written evidence, you've said that the terms 'healthcare' and 'medical' are distinct but are mistakenly used interchangeably. Can you expand on that, and what you feel the consequences of that are, and highlight any issues you think that we should consider as part of our scrutiny in relation to that?

[496] **Ms Turnbull:** Yes, thank you. I think that is really quite important, and it goes back to this important question about what is the scope of the Bill, what is the clarity of that, and the potential for mistaken unintended consequences if the definitions appear to be too restrictive. So, I think, Alison, if you want to say a few words about the—.

[497] **Ms Davies:** So, quite straightforwardly really, 'healthcare' is an umbrella term, and healthcare is delivered by health professionals. Health

professionals include nurses, doctors and therapists. So, that care can be provided in a number of ways to meet a number of different needs. Medical care is a component of healthcare.

[498] **Ms Turnbull:** Another definition might be as well—. We need to think about where children and young people might have healthcare needs that, as currently in the definition, arise from an educational need. But they might have healthcare needs generally, and again, ‘healthcare’ is quite broad. So when we talk about ‘healthcare’, we could be talking about a public health type of intervention or advice, whereas if we’re talking ‘medical’, we might be talking about something very specific like a child in a community who might be needing chemotherapy, or a broken leg, or something very specific. I think the other issue to think about, in terms of the scope of the Bill, is where health or educational needs arise from social need. Legislation is fraught with risks for decision makers, as obviously you well know. I mean, in one sense, if you make the scope of the Bill too broad, there is a concern about how we have the resources to effectively meet that need. But on the other hand if the Bill is too narrow, as you’ve heard from other organisations, the risk might be children and young people with needs might feel, in a narrow interpretation, excluded, and that would be, obviously, a very difficult situation, which we would not be supportive of.

[499] **Lynne Neagle:** Thank you. We’ve got current non-statutory guidance on meeting the healthcare needs of children in schools, and you’ll be aware that there’s a campaign to have a statutory duty in the Bill. How satisfied are you with the current guidance? How confident are you that the guidance that is being reviewed is going to lead to a stronger set of protections for children and young people, and would you favour there being a statutory duty on the face of the Bill to address the healthcare needs of children in schools?

[500] **Ms Turnbull:** I think we currently feel that the guidance in the current situation is not strong enough; it needs to be improved. I think we have come to that conclusion, and in fact I think it’s a conclusion that lots of groups within health have, perhaps, come to almost independently. The Royal College of Nursing as a UK organisation, for example, is currently working on guidance to its own members in this field. So, clearly, the current situation is not satisfactory and needs to be strengthened. I think one of the things that concerns us, perhaps, is the involvement of healthcare professionals in strengthening that guidance. So, we are currently working, for example, with Welsh Government to make sure that different professions are represented on the groups that are strengthening that guidance. So, to

take the obvious example, a perspective from learning disability nurses, as well as a perspective from, say, school nurses—that there’s a perspective from everybody to strengthen that guidance. So, I think there is certainly work to be done on that.

[501] As we’ve said in our evidence, we have not reached a definitive point as to whether this legislation is the answer to that question or not. It could well be, but as we’ve said before, there are some dangers in that, and I suppose our concern was that if it is part of this Bill, that it’s part of this Bill in a way that enables healthcare professionals to respond to the needs of the child or young person with some flexibility, rather than perhaps being so prescriptive that it actually ends up narrowing down the situation. What we don’t want, for example, is what I think one of the previous witnesses alluded to. We don’t want a situation where it’s so narrow that parents and children and young people, in order to get the help they need, are sort of boxed into a situation of saying, ‘We want this diagnosis and we want to medicalise this issue because that’s how we can gain support.’ And that’s not a good situation to be in. We need a situation where the needs of the child are met in an appropriate way.

[502] **Ms Davies:** Chair, if I can provide some context there as well, I think it’s quite difficult to disaggregate health, education and social needs, because when you’re looking at a child or a young person in a holistic way, this means that those needs coexist very often. So, just some simple examples really: if you would consider a child or young person with dyslexia, who perhaps has got some emotional distress and trauma, suffering from bullying and other misaligned emotional conditions because of that nature. If you consider a child or a young person perhaps with acute anxiety, that makes it difficult for that child or young person to attend school, and, even if they can attend school, their circumstances perhaps are not conducive to them learning. If you consider a child or a young person who’s a young carer, who perhaps has got some circumstances at home or some adverse events of childhood that colour that young person’s perspective, then that doesn’t always put that young person or child in the right environment to learn either. So, from a health, education and social point of view, we know that those things are intricately entwined, and that is some of the opportunity and challenge services face, along with children and young people, right now in managing those needs. So, we would suggest that—. And I think the guidance has evolved, changed and improved since 2010, and I would make the argument that health needs are as important as any other need to be considered if we’re looking to maximise the potential of our children and

young people through education and other means.

[503] **Lynne Neagle:** Okay, thank you. And just finally on school nurses, what kind of role do you think they can play in addressing these problems in a school setting? We're waiting for new guidance, aren't we, from the Welsh Government on school nurses?

[504] **Ms Turnbull:** I think that this is a key issue, and school nurses are one of the specialities within nursing that have a role to play. But I think it's important to recognise that, despite the title, their actual role is more at a strategic public health level. So, on some good examples of work we've seen done, I've mentioned the teenage pregnancy work, and another positive example might be around the introduction in the last decade of vision and hearing screening at a very young age. Those are the kinds of roles that they are looking at in terms of the population.

[505] They also can work very effectively in terms of advice for individuals and referrals, and the co-ordination of support for when they become aware of a need. And they also can be very useful in terms of providing support to teaching staff in terms of how to deal with particular issues—sex and relationship education is obviously a key example here. So, they play a very important role. But I think, in terms of what perhaps some of the committee discussions have been focused around—say, children with chronic conditions, or children with those kinds of need—then I think you're actually looking at a different range of professionals. You're talking about the learning disability nurse, perhaps CAMHS involvement. You may even be talking about children's nurses who are working in a community team. You may be talking about—one example was alluded to by a witness earlier—a specialist diabetes nurse who was able to provide education for the broader school environment. So, they do have an important role to play, but they are certainly not the only nursing role that provides that support, and they may not even be the primary nursing role that you are looking for, depending on the scope of the Bill.

[506] **Ms Davies:** Chair, if I can provide some context around the school nursing services as well. For school nurses in Wales, they manage the health needs—health rather than medical need—of the school-age population. So, although their title is 'school', they work with school-age children rather than solely within schools, and caseloads—so, the population that school nurses serve—can vary widely across Wales and are related to geography and a number of other things. So, it wouldn't be unusual for a school nurse to

have something like 2,000 plus children on their caseload. So, when we look at the type of work, the type of detailed care and intervention that children and young people with additional health needs might need, school nurses aren't always best placed to do that. They may be in individual circumstances, but, as a professional group, they probably are not best placed. Children's nurses per se would be, but it's all about working in partnership. So, we wouldn't look at an individual component of nursing managing the health and well-being needs of children and young people; we'd look at it in the round.

[507] **Lynne Neagle:** Okay, thank you. John.

13:30

[508] **John Griffiths:** Yes, really, continuing with this interface between education provision and health provision, from what you've said, there's a lot of overlap, I guess, and a lot of blurring of borders between the two. Is that becoming increasingly the case, do you think? How would you characterise the interface in terms of how smooth and unproblematic it is or otherwise?

[509] **Ms Turnbull:** Well, I think the answer to that, obviously, has to be 'it varies.' Ultimately, we're talking about people at an operational level and working together. I think, in some ways, the blurring of the boundaries, as my colleague, Alison, has already said, is natural. If you're looking at a child's needs, are those boundaries possible? So, I think there has been a lot of overlap and blurring of boundaries, and, very often, you'll see professionals working very hard to get the best result for the child and doing what they can to ensure that to happen. Of course, what's always difficult in these situations generally is when there's a shortage of resources. That can be very hard then, because if people don't have the time to attend meetings in person, if meetings become phone calls, if phone calls become an e-mail, you lose the cultural organisational understanding of different perspectives, you lose that understanding of people's perspectives and, fundamentally, there may be more division about budgets, which becomes a difficult conversation then where certain people become perhaps slightly more defensive. All of those things have an— The lack of resources generally has an impact on any kind of cross-organisational working, which is obviously what we want to foster—the best kind of relationships.

[510] **Ms Davies:** I'd like to add something there. I think, in any setting, as here or in any walk of society, when you're able to access somebody with the

knowledge, expertise and resource that you need to help you manage a need or a situation, then those working relationships are going to be far better and easier. So, it's about having the right resource in the right place at the right time for children and families, for schools, for education settings and, obviously, within health as well. The role of DECLO may or may not go some way towards putting systems and processes in place to assist that. It will be interesting to see the results of the pilots that are being undertaken, and the role of DECLO would seem to have a number of levels in terms of strategic and operational perspective.

[511] **Lynne Neagle:** John, we would like to get on to the DECLO role because we are short of time, if that's okay, and I think it's important to cover it. Hefin.

[512] **Hefin David:** You were critical in your evidence of the DECLO role, saying that there's a risk the role will divert healthcare professionals into providing an administrative service. It seems an appropriate point to ask you for an elaboration.

[513] **Ms Turnbull:** Well, I think, to be quite honest, we were unclear really as to what role—the DECLO—was being proposed. What we were trying to do in our evidence, I guess, was be honest about that lack of clarity rather than necessarily be critical of it. We genuinely were unsure what was being proposed. We were unsure whether we were talking about a role that was doing the actual assessment, in which case you would need a healthcare professional to do it, or if we were talking about a role that was doing the co-ordination that followed on from the assessment, or if we were talking about a strategic analysis role, in which case genuinely would you need specifically a healthcare—? I suppose there's also an important point, going back to the issue I alluded to earlier, which is the far more strategic level, board level role of somebody actually taking a step back and looking overall at the needs of the population, and that's a very senior role. It could appropriately be at medical or nursing director level. I don't know if Alison—.

[514] **Ms Davies:** I think that role is potentially key and I think there are challenges in terms of getting that right. Where that resource comes from, I think the Bill identifies that could be from a medical, nursing or therapy perspective. It probably benefits greatly from a professional/clinical perspective to that role, but it's about being very clear where that added value is expected to occur. So, is that at board level, is that about service delivery level, is that about operationally working together to resolve and

manage, is that about forward planning and integration? Where is the added value meant to be in that role? It may be across all those settings, and, if that's the case, it's again about having the professional level in that post that's going to be able to undertake that and make a difference for children and families. So, stretching that resource too thinly or not having it at the right level is not going to be helpful in the round.

[515] **Hefin David:** I know we're not scrutinising the draft code, but would you permit me to read a paragraph from the draft code?

[516] **Lynne Neagle:** Yes, if it's not too long.

[517] **Hefin David:** Okay, very quickly. The draft code:

[518] 'The role of the DECLO includes strategic and coordinating functions which should remain with the DECLO. However, the DECLO should not be involved in every child's IDP and, therefore, should delegate operational functions to an appropriate service in the HB'.

[519] Isn't that clear enough or is it not clear enough? Would you like more clarity?

[520] **Ms Turnbull:** I think, if the role—. Where the added value is would be helpful to state and, therefore, it would be helpful to state exactly what that is, but almost in the reverse of that, in a positive way. So—

[521] **Hefin David:** So, that's not clear enough.

[522] **Ms Turnbull:** I think we would like—. For example, if it's intended to be a very senior role and it's intended to do certain things, I think it would be helpful to say that, as well as what it's not expected to do. So, yes, we would like more context, yes.

[523] **Ms Davies:** I think—

[524] **Hefin David:** And last—. Sorry, go on.

[525] **Ms Davies:** Apologies. I think, not to underestimate the role and potential influence or otherwise of the DECLO, the introduction of the Bill brings, as I said earlier, many opportunities, but it'll bring significant challenge as well. And it's about having either a person or persons at several

levels to be able to manage those challenges quickly and appropriately. Some of those will be strategic, some of those will be operational, some of those will be individual. Yes, it says not to be involved in an individual's health plan there, but what happens when there's a dispute? What happens when things are not straightforward? There will be occasions when things aren't straightforward. I think, when you're working with whole-population groups, as children and young people are, particularly up to 25, so there'll be an involvement of adult services across the board, then, there are likely to be complexities.

[526] **Hefin David:** And the last question: you mentioned the pilots, how critical are they to getting this role right in relation to the evidence?

[527] **Ms Davies:** I suggest pilots generate excellent learning and I would imagine that the pilots will identify some key issues, perhaps, that haven't been considered before, or the perspective of those will change following the pilot.

[528] **Hefin David:** Thank you.

[529] **Lynne Neagle:** Thank you. Michelle.

[530] **Michelle Brown:** Thank you, Chair. Under the Bill, the education tribunal doesn't have the right to direct and make decisions that bind the NHS bodies. That leaves parents going through the NHS appeal system in respect of NHS-related matters and the education tribunal in relation to education-related matters. Can you foresee any difficulties with that system?

[531] **Ms Turnbull:** We don't, as the Royal College of Nursing, have specific views on the best route for that. I think we would advise taking evidence, perhaps, from some other experts in the field from within the NHS and from children and young people themselves, but what we would say, as a general point, is that there are difficulties with setting up two separate systems. On the other hand, there are difficulties, if you are asking for healthcare professionals to make decisions—whether strategically or individually, which we think is the right thing to do—there will always be problems then, if the appeals process is through a route where that expertise, that knowledge, or that understanding is coming from a different perspective. So, really, there are certainly risks on either side, and the solution, perhaps, is not structural; the solution is better co-ordination. Is there, for example, a formal link between the two processes? So, we don't have a specific view on what the

best result should be, but we do sound a note of caution, I guess, about ensuring that the people who have the expertise and the ability to understand what the decision should be—. A second group of those people need to be involved in any appeals process.

[532] **Michelle Brown:** It was suggested in the previous session that healthcare experts be involved in the education tribunal when they're hearing a case, so that you have that feed-in between the two. What would your views be on that?

[533] **Ms Davies:** Well, I think that the whole perspective of the Bill is about looking at a child and young person's needs holistically. So, that can only be a good thing when you have professionals who are involved in providing care to children and young people working and discussing and exploring aspects of that together. It's how that would work in operation, I guess, that would need a little more consideration.

[534] **Ms Turnbull:** I mean, the reverse could also possibly be true—making sure there's an educational perspective to that particular appeal process in the NHS. If it was connected to this issue, you could bring people across to provide that context. So, either way, in a sense, might work.

[535] **Michelle Brown:** Okay, thank you.

[536] **Lynne Neagle:** Oscar.

[537] **Mohammad Asghar:** Thank you very much, Chair. Thank you, both. Welcome to you. My question is straight to Lisa, could you elaborate more on how you envisage, in your own words, the refreshed school nursing framework supporting any ALN legislation and provide an indication of how this work would work in practice?

[538] **Ms Turnbull:** Yes. Just to start off, what we've always wanted from the school nursing framework, from the first time around and what we were looking for this time around, is a framework that reflects the fact that school nurses are working with the school-age population, that they are working all year around, that there are sufficient teams there with the sufficient skills that reflect the local needs of the population, and that they have the scope to do, as we've said, some of the more ambitious population-level interventions that really provide quite remarkable results when they've worked well. So, that's what we're looking for from that framework. Ideally, we would like to

see similar-level developments in all of the areas we've alluded to, for all of them. I don't know if Alison—maybe you've got some specific points about the school nursing framework and what we would like to see in that.

[539] **Ms Davies:** I think, in terms of children and young people, that every child and young person is able to access the school nursing service—it's a generic, universal service that's there to support health and well-being, essentially. So, we would expect school nurses to be able to help support the health and well-being of children and young people in all settings, whether those children and young people have additional learning needs, special educational needs, or are in the main body of school-aged children. So, we would want a refreshed framework to reflect that scope and have the resources, education and opportunity in there for school nurses to work in that way, whether that's for children and young people in school or outwith the school.

[540] **Mohammad Asghar:** Thank you.

[541] **Lynne Neagle:** Okay, thank you very much. Well, we've come to the end of our time. Can I thank you both for attending and answering all our questions? We will send you a transcript to check for accuracy in due course, but thank you very much for coming. The committee will now break until 2.40 p.m. Thank you very much.

*Gohiriwyd y cyfarfod rhwng 13:42 a 14:42.  
The meeting adjourned between 13:42 and 14:42.*

**Y Bil Anghenion Dysgu Ychwanegol a'r Tribiwnlys Addysg (Cymru):  
Sesiwn Dystiolaeth 15  
Additional Learning Needs and Education Tribunal (Wales) Bill:  
Evidence Session 15**

[542] **Lynne Neagle:** Okay. Welcome back, everybody, for our final evidence session today. We've got a large panel. Can I welcome Dr Karina Dancza, who is from the College of Occupational Therapists; Sarah Lewis-Simms, who is also a member of the College of Occupational Therapists; Kate Fallon, who is here from the Association of Educational Psychologists; Mary Greening, from the Association of Educational Psychologists; Dr Alison Stroud, from the Royal College of Speech and Language Therapists; and Pippa Cotterill, who is also from the Royal College of Speech and Language Therapists? So, welcome

to all of you. We're very much looking forward to hearing what you've got to say. If you're happy, we'll go straight into questions.

[543] If I could just start, just by asking each organisation to give a brief overview of your current involvement in assisting learners with SEN. I don't know who would like to start.

[544] **Dr Dancza:** I can go first.

[545] **Lynne Neagle:** Go on then, thank you.

[546] **Dr Dancza:** So, I'm an occupational therapist by background and, with occupational therapy, we are supporting children and young people with how they occupy their time—so, the things that they do, they want to do, they need to do, they're expected to do. So, we very much support children in schools, we support children through the health service, we support children through social care and voluntary services, and we're also in a wide range, and in all of those services, we are trying to support the children to do the things that they want to do. The work that occupational therapists are doing with additional learning needs is very much based around how the children are learning in the classroom and the things that they are doing, like outside of the classroom, playing in the playground, having meals, so, all of those are what we call 'occupations'. So, that's very much where we're situated, and I think that gives us quite a unique perspective, because we do span health and education and social care services.

[547] **Lynne Neagle:** Okay, thank you. Who would like to go next?

[548] **Ms Fallon:** I'm an educational psychologist by background. For those of you who don't know, until quite recently, actually, all educational psychologists were also qualified teachers. More recently, that has changed to having the three-year postgraduate doctoral training after doing a first degree in psychology and spending time working with children, usually in schools. So, a lot of educational psychologists' work is in schools, although they do also work in pre-school settings and, again, in health and social care settings, and children's homes at times.

14:45

[549] But the majority of the work is in schools, with nought to 19-year-olds—sorry, early year settings and schools, and some colleges with nought

to 19. And, since 1981—the Education Act 1981—educational psychologists have actually had a statutory role in the assessments of children whose special educational needs require them to have a statement. But, the EP role was usually a very long time before a child had a statement of special educational need. So, working in schools, educational psychologists would largely have had some input, either indirectly through discussion with teachers and staff, or directly with all children who had special educational needs. So, you know, if a teacher's got a worry, they might discuss it with an educational psychologist, the psychologist would give advice without necessarily seeing the child, also supporting the training of teachers, both in schools and in larger groups, about meeting a wide range of special educational needs.

[550] So, educational psychology is very much involved in what's the graduated approach—start at the lowest intervention level as required, but then give advice as things go on. And then, if a child needed a statement, the EP would do that. They also work with groups of children, helping at a sort of whole-school level, if you like, if there's a need that a number of children have got, helping staff. And also working with local authorities and multi-agency groups, if there needs to be a strategic approach to, say, supporting the workforce, right across education as well as social care. But also if there's new research that's come up, that actually should have some influence on the way certain children's needs are met, on new ideas, new approaches. So, they'll work at all those levels—teachers, individual children, right through to local authorities, and other multidisciplinary groups as well.

[551] **Lynne Neagle:** Thank you. And the royal college.

[552] **Dr Stroud:** Well, speech and language therapists manage the risk of harm for children and young people who've got communication, speech, language needs or swallowing needs. There's obviously a lot of discussion about the inadequacy of services, and support from speech and language therapy to children. And, in 2008, there was a three-year pilot project, funded by Welsh Government, which helped us co-produce, in prudent healthcare terms, with other agencies, like local authorities, more of a graduated level of service so that it wasn't all at the specialist end. So, we've now in Wales achieved universal services for all children at risk, via the Flying Start programmes, particularly. So, we know that 70 per cent of children in socially deprived areas are going to develop their language slower than their peers. And then we've got targeted services across the whole of Wales now, where local authorities are funding teacher training, within schools, for

awareness of how to support children at risk from their speech, language or communication needs. And then we've got the specialist end.

[553] **Lynne Neagle:** Okay. Thank you very much. Julie.

[554] **Julie Morgan:** Thank you very much, and good afternoon. You've told us what your role has been, or is at the moment. How do you see your role under the new legislation?

[555] **Ms Fallon:** We're slightly concerned, because at the moment we have a very clear role. With the current legislation and code of practice, it's expected that, before a referral is made to a local authority to have a statutory assessment, there will have been an educational psychology involvement, giving advice, as I say, at those lower levels. Now, under the current proposals, there's certainly no mention of educational psychologists on the face of the Bill. There is mention of educational psychologists in the draft code of practice, where it says that, if a child is referred to the local authorities, so that the local authority would take responsibility for the IDP, then the local authority must engage with an educational psychologist. Prior to that though, it says that schools should be encouraged to seek the advice of an educational psychologist, not that they must do, which is really what they're expected to do now. And I think we have concerns that, actually, then, children might be referred for the local authority to take over responsibility without the opportunity of the school having an educational psychologist to help give advice, which might, in some ways, have prevented the child needing to get to that level of the local authority taking over. So, we are a bit concerned about that at the moment, and we'd welcome sort of further discussion of the code, to perhaps put more onus on schools to say that they must engage with an educational psychologist.

[556] **Julie Morgan:** So, you think that should be changed to 'must'?

[557] **Ms Fallon:** Yes, basically. And I think we're concerned because it seems as if, actually, you're reducing the rights that children and young people have had since 1981, of having that access to a specialist professional, who has the holistic approach to looking at children in schools, but bringing in other aspects of their development as well.

[558] **Julie Morgan:** Thank you. What about the occupational health?

[559] **Dr Dancza:** I think that the code has got a lot of opportunities for us,

particularly to work in a very person-centred and family-centred way. So, I think the intentions of the Bill are right, and are good. I think there are some concerns about, sometimes, it seems to be a getting a little bit lost in some of the translation, particularly into the code—that person-centred, that planning—and maybe that could be strengthened. I think there is something about having the children's needs—. A lot of the Bill and the code seems to direct people to supporting the individual child, and while there are the intentions of that universal, and probably targeted support, I think perhaps there are opportunities to strengthen that, because like the educational psychologist, occupational therapists would also welcome the opportunity to work closer with schools, on a whole-school basis, in order to be able to support the needs of children while they're in the classroom rather than have to always focus on one individual child for one therapist, if you like, because, particularly with the increase in the numbers of plans that is proposed, I'm not sure how sustainable it will be if we keep on trying to target a one-to-one model.

[560] **Julie Morgan:** So, it's similar—[*Inaudible.*]

[561] **Dr Dancza:** Yes.

[562] **Ms Cotterill:** From a speech and language therapy perspective, there would continue to be that graduated response, that there will be work and information that school teachers and learning support assistants can do to support children with speech and language communication needs, and then, with the continuing focus, as we've said, on the outcomes for the child, what's going to change. So, what can we do as speech and language therapists to support that change, to meet those outcomes, where there is an area that we can do that? The person-centred planning focus of that is going to support that, looking at those outcomes, and we welcome that. And something that we do in our health work now is focus on what those outcomes are going to be for the child. So, there will still be that role looking at what's being done at a whole-school and a whole-classroom setting, and then it may be in some small group work, through the work of the teacher, and if there are any learning support assistants in that setting, and then also the specialist role when they would get referred into the service.

[563] **Julie Morgan:** Right. So, do you think there should be any changes in the code, or on the face of the Bill?

[564] **Ms Cotterill:** I think the focus on the outcomes I think is very, very

important and that comes across in the code. But I think it could be stronger in the code, and maybe a focus on that in the Bill as well.

[565] **Julie Morgan:** Right. Anything anybody else feels should be on the face of the Bill or in the code that isn't there?

[566] **Dr Dancza:** I think I would reinforce the—. In the code, and in the Bill, it's talking about your description of additional learning needs, it's talking about your description of the provision, and then it says, 'Any other thing'. So, actually, it doesn't—. It's not as clear, I don't think, about how the provision links to the outcomes, so it should be the outcomes first with the provision, rather than just a focus on the provision.

[567] **Lynne Neagle:** Thank you. Michelle.

[568] **Michelle Brown:** Thank you, Chair. What is—? To what extent is your sector, and your professions, currently under pressure to provide for existing needs, and how do you see that—? Do you see your workload changing? Do you see the role becoming more complicated, which will complicate your own workloads? What do you think the implications of this framework are going to be on you?

[569] **Dr Stroud:** I think we have some concerns that some of the code may increase demand on the number of meetings, the number of person-centred planning meetings—that could be just an extra layer of bureaucracy. We've done some quantification of that, and it could mean a 7 per cent—. To keep doing all we're doing and do other things like that on top, it would mean another 7 per cent increase in the workforce, which, in terms of prudent healthcare, is expensive. And we do have to think in health economics terms—you know, already half the budget is spent now on health, and what are we going to stop doing if we're going to have increased demands for another layer of work because of an education Bill?

[570] We try to work within prudent healthcare principles, so you have to always consider within the resource what outcome you're going to get, and whether that's worth the investment. They're hard decisions, there's no doubt—and Dai is nodding. You know, do you spend £35,000 on one cancer treatment for one person to give them three months' quality of life, or on another speech therapist to go to person-centred planning meetings? There are difficult questions on this, and undoubtedly there is a risk of unintended consequences here.

[571] But we could think more broadly about workforce planning in others. There's a learning support assistant workforce that we've worked very well with for individual children. We've put a lot of effort into training them around the tasks around children, and then the next term they've gone and you have to train another. So, maybe there's workforce planning that's joint as well around generic workers but that are held longer rather than being in and out of systems. So, there might be some solutions there.

[572] **Lynne Neagle:** Thank you.

[573] **Ms Lewis-Simms:** I think that's key where the IDPs come in, that we move away from looking at impairments, and look at what is the outcome. We've already talked about that. I think that's key, because we won't cope with the volume that we're anticipating. But if we get what the outcome is that we need to achieve, and all the different people that can help the child achieve that outcome, I think, then, we're pooling our resources more sensibly in order to achieve the outcome that the child and family want, and getting that right at the beginning when we start the IDP I think is key.

[574] **Lynne Neagle:** Thanks. Llyr.

[575] **Llyr Gruffydd:** But we still need an increase in capacity in terms of workload, regardless of however clever we are in terms of pooling resources. We've seen an upturn, I believe, in people coming through, or at least starting their training. Is that sufficient? Is that level of increase that we've seen of late sufficient to meet this perceived or expected increased demand, or does the Government, the health boards and others need to go further still?

[576] **Mr Fallon:** Our training isn't anything to do with health; ours is Welsh Assembly funded. I was going to say—I think, in the longer term, there's clearly more work because you're taking in a group of young people who are currently included in the 19 to 25-year-olds. The person-centred planning certainly will take more time because it's bringing people together, but if that actually then improves the quality of outcome planning and the quality of people working together, and that actually helps young people to develop better outcomes in the future, then you are actually investing for the future. So, it may take more people to do it now, and those meetings—. I mean, I spend a lot of time in England, and they say that one of the most successful parts of the implementation of the new legislation there has actually been

people coming together to do that person-centred planning. It is resource-heavy, but you get greater parental confidence, and you get the children and young people actually being more included and knowing what it's all about. So, it's really a sort of, 'Do you want to invest to save later on?', really.

[577] I also think there's going to be some shorter-term increase of work, whilst some professionals—and I would include ours particularly in that—actually help the implementation of the new approach, because for the staff on a day-to-day basis, actually, there still needs to be a culture change there. So, I think there will be a lot of collaboration required between the professions sitting here in terms of helping staffing in schools and parents as well understand that slight shift, but, hopefully, if that's done well, that should only be short term. Sorry, I know that wasn't—

[578] **Llyr Gruffydd:** No, that's okay. The NHS Confederation have told us in evidence, I think, that speech and language therapists would need to attend, they estimate, around 90 per cent as opposed to 25 per cent of meetings that they attend at the moment. Now, that will have a resource implication, clearly. So, I'm just trying to fathom how far away we are from where we need to be, and what we need to do to get there.

15:00

[579] **Dr Stroud:** Well, either we keep doing the same work or we stop doing things. There's some evidence from the England reforms that that's what happened—that actually it's shifted work just towards the children who've got an IDP. So, all the others—the prevention work and things—drop off, which would be a mistake.

[580] In terms of Wales's workforce planning, I don't believe any—obviously, the implications of this Bill will be in the doing. We're not sure yet. But they wouldn't have been factored into workforce planning arrangements yet, and therefore there will be a lag, if there is a need to increase the workforce, in the numbers being trained in Wales.

[581] **Dr Dancza:** It very much depends on what we're expecting. So, if we are expecting a similar type of plan like a statement—if we're expecting that to be rolled out, then it's about that culture shift as well. So, if people are thinking that they can just take on what's currently happening and then replicate that on a larger scale, that's not going to work. So, we do need to be looking at different ways of working and focusing on what's in the plan,

and how much resource it's going to take to write those plans. I think that's where, if we can focus on outcomes for the family and put that resource in, then actually we can target the resources more sensibly rather than try to replicate what we've done in the past.

[582] **Llyr Gruffydd:** One—. Sorry, yes, go on.

[583] **Ms Cotterill:** I was just thinking—we're already trying to work very much in a co-production way, and it's continuing that, and everybody doing that. We're doing that ourselves in health and trying to push that forward. It's making sure that's wider. But that is the whole cultural thinking, and it takes time to do.

[584] **Llyr Gruffydd:** So, we need both, really, don't we? We need the cultural shift and we need the increased resource.

[585] **Ms Cotterill:** Yes.

[586] **Llyr Gruffydd:** Okay. One practical suggestion that the Royal College of Nursing has made, and they made it earlier in the previous session, was that maybe we look to put a duty on health boards in the Bill to take account of the workforce requirements for meeting the ALN in their area, when they draw up their workforce plans that are submitted to the Welsh Government. Do you think there'd be merit in that? I was just a bit startled that it doesn't happen—that we need legislation to force it to happen.

[587] **Dr Stroud:** Workforce planning processes at the moment in Wales are professionally informed, so there have been various situations for how this workforce planning is done. It's a bit of a crystal ball job, not a science, really. If we were sure that we could quantify the amount of extra that was needed then they would be fed into the workforce plans for the health boards right now. It's just because it's a new thing I'm not sure whether can truly quantify the workforce required, because it would take three or four years for them to come out. So, health boards do plan for workforce training.

[588] **Llyr Gruffydd:** Yes, although we're not where we would like to be at the moment, so planning has not been what it should have been, maybe. I don't want us to be here in another 10 years having the same discussion, because we were here 10 years ago having this discussion. So, I'm just wondering whether a stronger duty in legislation would actually force that a bit, rather than just hope people do it.

[589] **Dr Stroud:** In my other job I'm head of a speech therapy service, and I do every year give workforce, education and development services an estimate of what the speech therapy workforce should look like. I would always factor in things that are coming. So, I wouldn't need legislation to tell me that—we would be bad workforce planners if we didn't. Occupational therapists are a good example, because their workforce plans go in from the NHS, but there's also a big workforce in social care. And the NHS still plans for that social care workforce. So, it doesn't need legislation there.

[590] **Ms Cotterill:** I think one of the other big challenges is how it actually works out practically. Yes, there could be a significant number of additional person-centred planning meetings that we're invited to, but that doesn't take into account how many clashes there are of meetings across different schools. That's a little bit unknown. It's very, very difficult to predict.

[591] **Llyr Gruffydd:** Okay, thank you.

[592] **Lynne Neagle:** In the session we had this morning with the NHS Confederation, they told us that children and young people who need access to therapies get those therapies within 14 weeks. Is that your experience across Wales? Is there any risk that the additional duties that this Bill will bring, in terms of participation in planning, will cause more pressure on waiting times?

[593] **Dr Stroud:** Can I take that? There is always a risk of when the set-up shifts. It has a knock-on effect somewhere else. Going back to a decade ago, when there was a real two-year waiting list for speech and language therapy, occupational therapy et cetera, health put a requirement to have a 14-week wait for new patient appointments, and there was an increase in workforce to meet that. That is now the standard that everybody has to report to. You do have to look at the whole system, how you're getting people in and at what point to a specialist service. The way you keep those waiting times within a standard is to make sure that the beginning—what happens before in universal and targeted work—is sound, and what happens after they leave the specialist service is sound, as well. So, it's undoubtedly going to take work if one bit of the system shifts.

[594] **Ms Lewis-Simms:** I agree with Alison on that. We work incredibly hard, and I think most services are under the 14-week target. That is something that is very key to us, that no child and family is waiting more than 14 weeks.

There is a huge pressure on services, but I think it has made us clearer about what are our outcomes for the children and families, and having that dialogue at the very beginning—obviously, that work is helpful now, moving forward with the ALN Bill. But there will probably be more challenge on that 14-week—.

[595] **Lynne Neagle:** Thank you. Hefin.

[596] **Hefin David:** Can I ask Pippa just to go back to a word you used? You mentioned graduated response, and you've used this in relation to the multi-agency work in evidence you gave, and I'll just read out what you said. You said:

[597] 'In our view, this approach must be underpinned by integrated pathways between health and education using graduated response with clear multiagency roles and responsibilities.'

[598] Can you just elaborate on what you mean by that?

[599] **Ms Cotterill:** Yes. So, obviously, speech and language are fundamental. They are part of communication, and communication is fundamental to education and learning. So, within the scope of that, there are some things that can be done generally through learning, and what is in place through a lot of Wales is an accredited qualification for school staff members to do, which is about learning—about language, sorry, learning about language and how to develop language, how language develops and what you can do to bring things on when there are problems. Some of those problems are going to be transient in nature, so they can be solved, let's say, to a certain extent, by the input that's made by a teacher or a learning support assistant within that education setting. There's very good evidence coming out now from Flying Start about some of those—about the impact that that's having and reducing the level of transient difficulties. So, that may be everything that that child needs, and then they don't need to come on to a specialist level. That might be adaptations to the language that the teacher uses with them or adaptations within the classroom setting.

[600] Beyond that, it may well be that there are some small group settings or small group work that can be done. In a lot of places in Wales, that's carried out within the school setting, and there isn't any particular input from a speech and language therapist at that stage, but they've had training about how to deliver it and continue it. Again, to a certain extent, for some

children, that will be everything that they need and they won't need that specialist. For some, they will go on and need that specialist input, and, as Alison said, having the universal and the targeted stages right, and, also, when a child is having specialist input from a speech and language therapist, but also when they come out of having that. So, that's what I mean by 'graduated'. Does that clarify—?

[601] **Hefin David:** Yes, I think it does. I think you're talking about multi-agency working required in relation to the needs of the student.

[602] **Ms Cotterill:** Yes, and that universal level is looking at the whole population, so, who is the whole population that's working with that child. For the purposes of this Bill, that would be talking about the childcare settings, that sort of thing, and looking at qualifications for them, as well. I think that's something that colleagues within speech and language therapy have been involved in discussions about, as well as the maintained school setting, which is what we've been involved with as a result of those joint projects in 2008.

[603] **Hefin David:** A degree of flexibility within the working arrangements, then.

[604] **Ms Cotterill:** Yes.

[605] **Hefin David:** You also state—I'll move on quickly. You also state that the role of the DECLO is—you're satisfied it's strategic.

[606] **Ms Lewis-Simms:** Absolutely, yes, that it would be a strategic role and that it would be—the explanatory memorandum talks about it being a senior strategic lead in each health board, very much that would look at that population needs assessment—to look at it at that level, rather than at an operational level.

[607] **Hefin David:** Okay. I'll open this up a bit, but it's a little bit at odds with some of the evidence that we've had from other people today that suggests that there's a lack of clarity over what the DECLO role will actually be and whether there may need to be some operational activity within it. I'll ask you to comment and anyone else who wants to comment on the DECLO role.

[608] **Ms Cotterill:** There is a level of operational work that needs to happen,

but I don't believe that that should be done by the DECLO. I think the DECLO role should be a strategic role, as in the memorandum, that it is a strategic lead in the health board to have that overview.

[609] **Hefin David:** So, why, then, would the DECLO need to have clinical expertise?

[610] **Ms Cotterill:** I think it's as in a knowledge and understanding of the way that health works in seeing the clinical needs that can be provided for. So, as Alison said earlier, if there's a need that a child has, is that a clinical need, is it something that somebody from health can do something about—that it would have that knowledge about that clinical role.

[611] **Hefin David:** Okay.

[612] **Dr Stroud:** Can I just add to that? All local health boards have got directors who have got clinical backgrounds that advise on service development with their strategic partners in other agencies. So, a DECLO could be the director of medicine, the director of nursing, or the director of therapies, but it would be a clinical background that would be required.

[613] **Hefin David:** And you're convinced that's necessary.

[614] **Dr Stroud:** I am, because I think, as the NHS Confederation's evidence this morning alluded to, the fact that children are just—. Their strategic planning is not always at the higher board level, really, because there are all the winter pressures, the other big—. There's all the other—. And to have a strategic role as a DECLO on that board would fill that strategic requirement.

[615] **Hefin David:** Okay. That's my last question, but does anybody else want to raise the issue of the DECLO at all?

[616] **Dr Dancza:** Yes. I guess we would agree that it definitely is going to be a strategic role. However, I think that's also the person that, if there's excessive complexity within certain cases, then they might be advising some of the other people around that, and also they would be looking to see what patterns there are across services, and so they could perhaps advocate for different service structures in different areas, because they would have that strategic overview. They'd also be able to co-ordinate with other DECLOs to have a Wales-wide perspective, as well. But I think they do need to have that expertise of understanding the health systems and all of the differences

within that and have the option of being able to advise in the most complex of cases.

[617] **Lynne Neagle:** Can I just ask—? What you've said, Alison, is slightly different to what some of us understood by the term 'DECLO', because I think we thought that it would be a dedicated post, albeit a high-level one, but you're saying that it could be tagged on to the director of nursing or something like that. Is that your understanding as well?

[618] **Dr Dancza:** I think it's probably—I mean, it's a large role, so I can't see how it will fit within that. That's my opinion around that, but I think that they certainly have to have expertise and experience, and perhaps that is something that they would've had in their past history of having those roles, and that would come into that role, or whether there is going to be some kind of sharing arrangements between a couple of people and doing other things at the same time.

[619] **Dr Stroud:** I should perhaps clarify that I didn't mean tag it on to an already existing role, I just meant that those are the examples of roles that are similar, clinical.

[620] **Lynne Neagle:** Right, but you see it as a dedicated post, with them just dealing with ALN, but at a strategic level.

[621] **Dr Stroud:** Yes. At a strategic level, yes.

[622] **Lynne Neagle:** Okay, thank you. Dai.

15:15

[623] **Dai Lloyd:** Thank you, Chair. I'm here today basically as the Chair of the health committee, so particularly in terms of the health aspects of this Bill and the many representations we've had as regards the medical needs of children in school, whether they have an ALN requirement or not. Obviously, we don't live in a black and white world—it's all shades of grey—and we don't start with a blank sheet now, bearing in mind the SEN requirements now and the fact that, as we've heard, certain pupils' health needs are taken care of out of the SEN budget, as it were, even though they don't qualify on the SEN side. So, with that much of a background, obviously, people then see an opportunity or a requirement or a need to actually enshrine that on the face of this Bill. In other words, that it's not strictly 'ALN, end of', but it

should be expanded to include the medical needs of that pupil, be they insulin-dependent diabetics, asthmatics, epileptics—you know, requiring a degree of specialist health knowledge in the school situation. That is sort of taken care of unofficially now, but, obviously, if we're going to have a strict ALN Bill, that will take the current medical situation out of it. So, the choices are whether we expand the definition on the face of this Bill to include medical requirements in the absence of additional learning needs, or whether some sort of non-statutory guidance elsewhere later on, which seems to be the Minister's preferred choice—correct me if I'm wrong, Chair; I defer to you, because I'm relatively new in these sorts of situations. Anyway, I was just wondering, just to explore—. There are hundreds of people out there who would say that if we don't grasp this opportunity of somehow encompassing, say, diabetes in this—. Because, having a chronic long-term illness like that does have educational consequences, even in the absence of additional learning needs. So, I was just wondering what your view would be in terms of should the extent of this Bill be rigidly ALN, or ALN plus.

[624] **Dr Dancza:** I guess the complexity of this is that if we try and stick to a rigid ALN definition we've got a lot of children that can't be neatly separated into 'that's a health need, that's an education need, that's a social care need' and, actually, I think a lot of resources would then go into arguing, 'No, it's not this need, it's that need.' And that's just—it's frustrating for families, it's a waste of resources. So, in some ways, if we can—coming back to the idea of outcomes—focus on what it is that child wants to, needs to, or is expected to do—. So, if they expect or want to have lunch with their school friends, if that's what's on the plan then, actually, the service that's required to help them have lunch with their school friends should become involved. That might be that the diabetic nurse needs to be involved in that part and also the learning support assistant, or the speech and language therapist, or the occupational therapist. So, if we can target things around what it is that they want to be able to do, need to be able to do, or are expected to be able to do, then I think we don't go down the road so clearly of, 'That's your problem; that's your problem', and waste resources.

[625] **Ms Greening:** I think I'd agree with that, because a lot of children who have health difficulties, it also impacts on their emotional well-being and that can have implications within the school setting as well. What we should be focusing on is: what's in the IDP, what's needed in the IDP, who should be providing that support, which professional should be giving advice, but also, what the outcome should be.

[626] **Dai Lloyd:** That's fine.

[627] **Lynne Neagle:** Okay, no more questions on that.

[628] **Dai Lloyd:** No, I've been completely floored by the excellence of the replies. [*Laughter.*]

[629] **Lynne Neagle:** Okay, thank you. John.

[630] **John Griffiths:** Thanks, Chair. There will be a duty on health bodies to notify parents when they believe a child below the compulsory schooling age might have additional learning needs, but there's only a discretionary power to bring it to the attention of local authorities if it's considered in the best interests of the child. Would you be able to think of any examples when it might not be in the best interests of the child?

[631] **Dr Dancza:** There may be, actually. Because, sometimes, with very young children, families might be wanting a diagnosis very early on, and it might not be in their best interests—or whether the resourcing goes into the diagnostic process, and that might be at the expense of actually providing support from the relevant health services. So, sometimes, with very young children we would want to be able to support them within their environment to enhance their environment and enhance their opportunities, and if we went down a particular path of trying to get everyone involved at that point, then actually, it might detract from some of the services. Also, if parents have got an opposition to it as well, they might not want to go down that road.

[632] **Ms Greening:** There can be occasions when parents have difficulty in accepting that their child has additional needs. If they are at that stage where they can't really accept that, it might be quite difficult for the health professionals to refer on to the local authority. I think that that would be, on the whole, an exception. Certainly, if the child has additional learning needs, which are going to have educational implications, the local authority would need to know in terms of planning.

[633] **Ms Lewis-Simms:** I think it's about involving the parents at an early stage about what is that information that you want to share over to the local authority. Obviously, at that very early stage they're still grieving. You know, 'What is it that my child has? What difficulties have they got?' I think it's how

you have that conversation with that parent about what it is that, actually, you are sharing over to the local authority, and what is the reason, what's the outcome again and why we're doing it, rather than just putting your name forward to the local education authority that your child has got an additional learning need. I think it's really key.

[634] **Ms Cotterill:** And it is about talking about when they're compulsory school age, and prognoses vary. If we're talking about a whole continuum of difficulties here, the prognoses can vary. So, it may well be that that's not necessary when it comes to it, at that time when they are of compulsory school age, but you might have thought that it might have been at an earlier age.

[635] **Lynne Neagle:** Okay. Thank you.

[636] **John Griffiths:** Perhaps just a follow-up, Chair. There are arguments. Estyn, for example, believe that you need information sharing for better planning; and the WLGA was concerned in evidence that children might slip through the net without the notification taking place. Do you understand those arguments, which support it being a duty rather than a power?

[637] **Dr Stroud:** This is a bit of a personal opinion, but the strategic planning role would give prevalence and incidence numbers, which aren't necessarily at an individual personal level. If a health board knows it's got a rising incidence or prevalence of something, they should have informed, at a strategic level, the local authority that this might be coming your way in the next couple of years, so that the planning is a bit more timely. Otherwise, at an individual level, there is always that confidentiality of getting the parent ready, or where you wouldn't want to—on an individual level—declare too early. Also, you wouldn't want to be pushed to diagnose too early either, because once somebody's got a diagnostic label on them, it's very difficult to get rid of it, even if it turns out to be incorrect in the future.

[638] **John Griffiths:** Okay. Thank you very much.

[639] **Lynne Neagle:** I've got Oscar first—Oscar.

[640] **Mohammad Asghar:** Thank you very much, Chair. My question, actually, Chair—I had prepared for Kate, and she's not there. The next best person, I think, is Karina, to answer my question, as an educational psychologist. You focused on the need to increase provision for postgraduate

provision for training places in Wales. What is the extent to which this needs to improve, and can you elaborate more on uptake of training in other devolved nations, such as Scotland and Northern Ireland? And what lessons could Wales learn from different approaches there?

[641] **Dr Dancza:** Is that in relation to educational psychology?

[642] **Mohammad Asghar:** Yes.

[643] **Dr Dancza:** Probably my colleague—[*Inaudible.*]

[644] **Dai Lloyd:** Good answer. [*Laughter.*]

[645] **Ms Greening:** The situation in other devolved nations is that the training in Scotland is not funded, and that is causing a lot of problems in Scotland in terms of shortage of EPs. In England, there's been an increase in the training places for educational psychologists of about 25 per cent, I think; and there are now plans in England for setting up an additional educational psychology training course in the east of England. In Wales, we have the one course, which is in Cardiff. There was a threat to that course a few years ago, but in fact—. There were 11 trainee EPs in each cohort on that course. But we do have problems with the supply of educational psychologists in Wales, in that a lot of our members are under increased pressure in the workplace, and we do have concerns about how we would meet the needs of the new additional learning needs Bill, because of what we see as being differing demands and, perhaps, increasing demands at different pressure points within the services.

[646] **Mohammad Asghar:** Do you think that we are missing out on these language issues in various areas with this sort of professional qualification?

[647] **Ms Greening:** You mean the Welsh language.

[648] **Mohammad Asghar:** Yes.

[649] **Ms Greening:** Well, we do have a shortage of educational psychologists who are sufficiently fluent in Welsh to be able to offer assessments through the medium of Welsh, but it varies from area to area. I know that Gwynedd and Ynys Môn have had problems in the past in recruiting a sufficient number of Welsh-speaking psychologists, although they have taken steps to address that issue. But the other problem is that some of the Welsh-speaking

psychologists aren't working in areas where we need Welsh-speaking psychologists, so there is that difficulty, then. But I think that is a difficulty that other services probably have, of not having enough specialists who can actually work through the medium of Welsh.

[650] **Lynne Neagle:** Thank you. Llyr.

[651] **Llyr Gruffydd:** Thank you. A point that was made by the health boards earlier on was that we need to improve the health literacy of education staff as well, and, clearly, they'll be under more pressure, one would imagine, to identify, potentially, and understand what the needs are, really. So, I'm just wondering what kinds of initiatives there are currently and what more the Welsh Government could potentially do.

[652] **Dr Stroud:** I think the pilot projects that I talked about earlier that were funded by Welsh Government have done a lot in speech and language literacy, for want of a better term. So, it is possible. They're all funded by education, but the accredited training is now—. It still is not always inspected, though, so there might be a need to have that level of assurance put in place.

[653] **Dr Dancza:** We would certainly welcome the opportunity to do some pilot work in occupational therapy, as well. I think the challenge, sometimes, with these kinds of programmes is that people want to see them working before they get funding, but then they need the funding in order to see them working. I think that's where something within the Bill or within the code to reinforce that perspective of, 'Let's provide some universal services' is so vital, and I think the message does get lost because most of it is about one individual's—. So, I can see that we've got a lot.

[654] I guess the other thing is that just telling schools that this is what it is, or training them on things—that only works to a limited extent. I think we actually need to have people working together on the ground with teachers, so they have access to therapists—occupational therapists and speech and language therapists—in the classrooms when they need it and to work with them. Because if the therapist goes in on one day and they see something going on, it might be different to what's happening the next day. So, I think it's that ongoing relationship, almost like a coaching or a mentoring within schools; that's going to have a more significant impact than just trying to get another programme or another type of training across.

[655] **Ms Lewis-Simms:** I think problem solving together is key and builds confidence. I think that's really important.

[656] **Dr Stroud:** The workforce structure side—sorry to interrupt. The workforce structure of these targeted, increasing—the-health-literacy kind of services are a small amount of the specialist staff, but with a big tier of generic staff, and that has had evidence of succeeding.

[657] **Ms Greening:** It's building capacity. It's very much building capacity within the school system and other systems as well, to enable teachers and others to meet needs.

[658] **Dr Dancza:** But we have to be very careful that it's not shifting responsibility across, because I think it's—. That's where working together with them and not being seen as—. I guess one of the challenges is that if we're only going to schools on a certain basis, we're kind of seen as the experts coming in telling them what to do and then disappearing again, whereas if we could develop those relationships with the teachers in a more structured way, actually I think it would have better long-term effect.

[659] **Lynne Neagle:** Okay. We've come to the end of our time, so thank you very much for your evidence and for attending today. We very much appreciate it. You will be sent a transcript to check for accuracy in due course, but thank you very much for your time.

15:30

### **Papurau i'w Nodi Papers to Note**

[660] **Lynne Neagle:** We will move on then to item 8, which is papers to note. Paper to note 16 is a letter that we've sent to the Cabinet Secretaries for education and health following up the session with the chief medical officer. Paper to note 17 is a letter from us to the Cabinet Secretary for health following up the issues we were concerned about again in relation to child and adolescent mental health services and on the school nursing framework. Paper to note 18 is a letter from the Minister for Lifelong Learning and Welsh Language updating us on the supporting learners with healthcare needs guidance. And paper to note 19 is a copy of the letter the Finance Committee has received from the Minister for lifelong learning, specifying how the £20 million for the ALN implementation is going to be spent. Are Members happy

to note those? Thank you.

[661] Just to remind Members, then, that our next formal meeting will be on Wednesday 22 March. This will be our final evidence session on the ALN Bill. We'll be hearing from the Third Sector Additional Needs Alliance again, and from the Minister. We're also going to have a private session on our approach to the First 1,000 Days consultation. So, if I can just thank Members for their time today. I know it's been a pretty gruelling set of sessions, but hopefully everybody's found it really useful, so thank you very much for attending, and I'll close the meeting. Thank you.

*Daeth y cyfarfod i ben am 15:32.*

*The meeting ended at 15:32.*