



Cynulliad National
Cenedlaethol Assembly for
Cymru Wales

Education and Lifelong Learning Committee



Policy Review of Special Educational Needs Part 1: Early Identification and Intervention

November 2004

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Chair's Foreword




Last year the Committee decided to undertake a review of special educational needs (SEN) split into three stages: early identification and intervention, the 'statementing' process and transition through the various levels of education and lifelong learning. This is the report of the first stage of the review. The Committee intends to start the second stage early in 2005.

Early identification is crucial in ensuring that those children and young people with special needs receive effective, timely support. The Committee acknowledges that there are many examples of excellent practice in Wales. However, we also know that some children and young people do not receive appropriate support due to late diagnosis of their special educational needs. In some instances these special needs are never properly identified, leading to a consequential unfulfilled potential and a blight on young lives.

The Committee is aware of an acute shortage of specialist therapists, particularly for those with speech, language and communications difficulties. This scarcity is especially acute for Welsh speakers, and for those whose first language is neither English nor Welsh. Due to the time necessary to train specialist professional staff, this capacity problem will not be solved quickly. However, it is hoped that the recommendations in this report will lead to significant improvements over the next five to ten years.

Having considered the evidence, the Committee advocates a collaborative approach to mainstream SEN provision, where inequities in provision are addressed and managed by qualified professionals. The Committee wants to see more multi-agency working between health, education and social service staff - with joint commissioning of SEN services. Existing legislation should be used to promote further co-operation by local authorities on a regional basis. The views of children and young people with SEN, and their parents, are vital in helping schools and local authorities to improve and refine their support and advice.

On behalf of the Committee, I should like to express my gratitude to the external reference group, with representatives from across the health, education and voluntary sectors. The reference group acted in advisory



capacity to the Committee and *its* expertise has proved invaluable. I am also grateful to David Melding AM, Chair of Health and Social Services Committee, who attended all our evidence gathering sessions and made a valuable contribution to our deliberations. Our thanks also to officials from the Assembly Government's Pupil Support Division for their assistance.

Groups of Committee Members made fact-finding visits to schools in North and South Wales to hear the views of teachers, pupils, parents and local education authority officials. I am grateful for the warm welcome received during these visits.

Finally, I would like to thank all the Members of the Education and Lifelong Learning Committee for their hard work in producing this report.

I commend this report to Jane Davidson AM, Minister for Education and Lifelong Learning and also to Jane Hutt AM, Minister for Health and Social Services.



Peter Black AM

Chair, Education and Lifelong Learning Committee

November 2004

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Education and Lifelong Learning Committee



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Section 1

Introduction





Section 1 - Introduction

Background

1.1 In summer 2003, the Committee decided to carry out a policy review of special educational needs (SEN): focusing initially on early identification and intervention. After completion of this phase, the Committee intends to examine the statutory assessment (statementing) procedure. Finally, the Committee will examine the problems faced by children and young people with SEN in the transition through the various stages of statutory education and on to further education or higher education.

1.2 From October 2003 to July 2004, the Committee gathered information on this subject; including formal presentations, a consultation exercise and informal visits to schools in North and South Wales.

1.3 A schedule of the information presented to the inquiry is at Annex 1. These papers, together with a full report of the consultation, can be accessed on committee pages of the National Assembly website - www.wales.gov.uk

1.4 To help with this review, the Committee established an external reference group (see Annex 2 for membership) representing a wide range of expertise in the field of special educational needs. This group was very helpful in providing advice and guidance to the Committee.

Terms of reference

- To review what support is provided by local authorities and other agencies to assist parents and teachers in the early identification of special educational needs (SEN);
- To review how local authorities are having regard to the requirement for early identification as set out in the SEN Code of Practice for Wales;
- To identify good practice in multi-agency working in the early identification of SEN and the provision of appropriate intervention strategies, including the supply and training of speech and language therapists;

- To take account of recommendations in the Review of Services for Children with Special Health Needs undertaken by the Assembly's Health and Social Services Committee (published in November 2002), and the response issued by the Welsh Assembly Government in February 2003;
- To quantify the provision of advice and support through the medium of Welsh for children with SEN, with regard to early identification and intervention; and
- To make recommendations to the Assembly Minister on how existing services might be improved, so that more children with SEN are identified in sufficient time to enable effective intervention strategies to be developed and implemented.

Definition of Special Educational Needs

Children have special educational needs if they have a learning difficulty, which calls for special educational provision to be made for them.

Children have a learning difficulty if they:

- Have a significantly greater difficulty in learning than the majority of children of the same age; or
- Have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for children of the same age in schools within the area of the Local Education Authority (LEA); or
- Are under compulsory school age and fall within the definition at (a); or (b) above or would do so if special educational provision was not made for them.

Special education provision means:

- For children of two or over, educational provision which is additional to, or otherwise different from, the educational provision made generally for children of their age in schools maintained by the LEA, other than special schools in the area; and
- For children under two, educational provision of any kind.

See Section 312, Education Act 1996

A glossary of terms is at Annex 3.



Section 2
Information



Section 2 - Information

Statutory framework

2.1 The statutory framework for SEN is outlined in the Education Act 1996 and the SEN and Disability Act 2001. The Education Act 1993 placed a duty on the Secretary of State for Education to issue a Code of Practice and established the power to revise it from time to time. The first Code of Practice came into effect in 1994. Since then, the rights and duties contained in the 1993 Act have been consolidated into Part IV of the 1996 Education Act.

2.2 The SEN Code of Practice for Wales provides guidance and sets out procedures aimed at enabling children and young people with SEN to reach their full potential, to be included fully in their school communities and make a successful transition to adulthood. It includes new rights and duties introduced by the SEN and Disability Act 2001 and Regulations.


2.3 The Code describes the following areas of SEN:

- Communication and interaction difficulties;
- Cognition and learning difficulties;
- Behaviour, emotional and social development; and
- Sensory, physical and medical needs.

2.4 The Code describes procedures for assessing the special educational needs of children and young people, and of devising appropriate interventions to address them.

2.5 The basic principles of the Code are:

- All children with special educational needs should have their needs met;
- These special educational needs should normally be met in mainstream early years settings, or schools;

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- The views of parents and their children will be listened to and taken into account;
 - Parents have a vital role in supporting their child's education; and
 - Children with special educational needs should receive a broad, well-balanced and relevant education.

2.6 The Code describes how support for children and young people will be provided by early years settings and schools in a step-by-step or graduated response. Different schools will take account of the Code in different ways.

Statistics on SEN in Wales

2.7 To illustrate the scale of the problem, in their presentation to Committee, Estyn estimated that one child in four will have a special or additional need at some time in their school life.

2.8 The following information was obtained from statistical bulletins SB63/2003 and SFR38/2004.


2.9 At January 2004, some 3.3% of pupils on school rolls in Wales had statements of SEN. The percentage of pupils with statements on school rolls over the last six years has remained fairly constant.

2.10 At January 2004, there was a wide variation between local education authorities (LEAs) in the proportion of pupils with statements; from 1.6% in Bridgend to 4.9% in Newport.

2.11 The number of pupils with statements decreased by 2% in 2003, bringing the total number with statements to 16,959 at January 2004.

2.12 The number of pupils newly assessed as requiring a statement decreased during 2003 from 1,953 pupils to 1,882 pupils.

2.13 In January 2004, about 90% (15,337 pupils) of pupils with statements were educated within their local LEA.



2.14 In January 2004, about 75% of pupils with statements were educated in mainstream schools in January 2004.

2.15 The proportion of pupils with statements educated in mainstream schools, whether in their local LEA or elsewhere, varied considerably across LEAs - from 20% in Bridgend to 90% in Ceredigion. It should be noted that there are no special schools in Ceredigion.

2.16 Total budget for SEN provision in Wales in 2003-04 was £224 million. This represented an increase of 11% on the previous year's budget.

2.17 Delegated expenditure to special schools accounted for 21% of the total budgeted SEN expenditure in 2003-04. Notional expenditure within primary and secondary schools accounted for a further 38% of the total. The remaining 41% was made up of money held centrally by LEAs.

Consultation

2.18 During autumn 2003, the Committee carried out a consultation exercise amongst education and health professionals, parents and interested groups and individuals. The consultation included a random 10% sample¹ of schools in Wales; including nursery, primary and secondary schools, including mainstream schools with SEN provision, special schools and pupil referral units in the maintained sector. Independent schools, further education and higher education institutions were also consulted.

2.19 The consultation period was September 2003 to January 2004. Over 130 responses were received. A report of the consultation, including a schedule of respondents, can be found at Annex 4.

2.20 The survey questionnaire was designed to be comprehensive and yet easy to complete. It was based on the results of a pilot survey, and advice from members of the reference group.

2.21 The issues raised were all covered, to a greater or lesser degree, in papers presented to the Committee. For the sake of brevity, it is not intended to repeat the information contained in the papers. These are listed at Annex 1, and can be found on the Assembly website at www.wales.gov.uk


Note 1 This sample was in accord with the National Assembly's policy of reducing bureaucratic burdens on schools



Support for parents

2.22 The main responses are summarised below:

- Some parents felt that they had little opportunity to share concerns about their children's needs;
- Local education authorities (LEAs) and local health boards (LHBs) identified opportunities for parents to share concerns with education and health professionals;
- Many parents cited voluntary sector organisations as providing a valuable opportunity to discuss their concerns with experts and other parents;
- Voluntary organisations reported that parents often felt intimidated by the thought of visiting the school to discuss problems concerning their child, as parents and teachers were sometimes fearful of upsetting one another;
- Some parents suggested that increased coverage of SEN by the local media would improve understanding by parents and pupils, and facilitate acceptance of SEN pupils in mainstream schools;
- Many parents felt that LEAs should establish a general information website aimed at children and young people with SEN and their parents;
- Many parents advocated the 'one-stop-shop' approach, where advice and support could be accessed by parents and children;
- Many parents emphasised the need to soften the perception of SEN and de-mystify the medical terminology, which could be confusing and intimidating;
- Many parents found that seeking specialist advice and support for their child was often a frustrating and distressing process;
- Professionals stressed that immediate follow-up support was crucial, following the initial identification of need;
- Parents were broadly satisfied with the support available to enable them to work with their children at home;


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- Of parents whose first language was not English, only about a third felt that available support was easily accessible;
 - When asked to consider barriers to the early identification of SEN, the vast majority of parents identified the shortage of specialist staff as the key issue: in particular, the shortage of speech and language therapists;
 - The situation was regarded as chronic with regard to Welsh language specialist provision, and also for children and parents whose first language was neither English nor Welsh;
 - There was a general perception that specialist staff were overburdened by their caseloads and lacked adequate time to allocate support to individual children;
 - There was confusion over the roles of the education and health sectors, with relation to the responsibility for provision;
 - Many parents felt that referral arrangements between statutory and voluntary bodies were ad hoc and uncoordinated, and that there was a need for a strategic approach;
 - Many parents felt that initial teacher training (ITT) colleges should include SEN training as a compulsory part of their courses;
 - Some schools felt that, there was a lack of parental awareness or acknowledgement of their children's needs – this was normally due to a fear of stigma of SEN, or a reluctance to accept that their children might have additional requirements;
 - When asked to give an example of good practice in early identification of SEN, most respondents referred to joint working between professionals from the education, health and social services sectors;
 - Some respondents referred to specific diagnostic tests that they considered helpful; particularly, neo-natal hearing screening.



Support for children and young people with SEN

2.23 The main responses are summarised below:

- Several means of ensuring that children and young people are given an opportunity to discuss their needs were referred to: these included termly meetings, involvement in individual education plans (IEPs), school councils and pastoral support from teachers;
- The personal and social education (PSE) curriculum was cited as an appropriate means of increasing young people's awareness of SEN;
- School assemblies, buddy systems and 'circle/shared time' sessions were felt to be appropriate settings;
- It was felt that a sharing of information about the various types of SEN would benefit all pupils, and would help those pupils with SEN to assimilate more easily into mainstream schools;
- The vast majority of respondents to this question referred to the vital need for inclusive education and the integration of SEN pupils into mainstream settings;
- Children's advocacy services were cited as an important factor in increasing children's and young people's awareness and understanding of SEN;
- Other suggestions included offering a broad curriculum, employing more specialist staff and increasing the amount of one-to-one contact time;
- Opinion was fairly evenly divided on whether information on available support for children and young people was easily accessible;
- Many felt that the existing system favoured parents who were well informed and/or articulate;
- Parents found that SEN websites run by voluntary organisations were particularly useful;


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- When asked to consider whether the SEN Code of Practice for Wales was applied appropriately and effectively in early years settings, opinion was evenly divided;
 - Respondents felt generally that the Code was applied appropriately, but this was hampered by insufficient specialist staff and long waiting lists for therapy;
 - Many respondents felt that that early diagnosis and intervention could be conducted more efficiently;
 - Many considered that the statutory assessment process was too protracted and unproductive;
 - There was a more positive perception of the SEN Code in schools, with about two thirds of respondents feeling it was applied appropriately and effectively;
 - Some felt that a lack of specialist staff, time and resources and bureaucratic burdens obstructed professionals in effective application of the Code;
 - It was felt that shortages of specialist staff were particularly acute in the context of Welsh language services, making the difficulties faced by Welsh-speaking (first language) children and young people, and their parents, even more pronounced;
 - Many respondents cited a lack of co-ordination between all agencies involved and called for guidance to be issued;
 - Many teachers felt that they were working hard to support SEN pupils, and their parents, and provided examples of interaction with parents: for example, coffee mornings, parents' evenings, and school 'open door' policies', parent/teacher discussions of the IEP and take-home work packs for pupils to work at home with their parents;
 - Some parents felt that a lack of clarity regarding the responsibilities of schools and LEAs often interfered with effective partnerships between schools and parents.



Multi-agency working

2.24 The main responses are summarised below:

- Address the recruitment and retention issues surrounding speech and language therapists (SALTs);
- Increase the number of therapists and also the contact time and access;
- SALTs could be employed by LEAs;
- NHS services to be accountable to LEAs;
- Address the prime and ultimate responsibility anomaly between health and education sectors;
- SALT provision should be part of education and not health provision;
- SALTs could be attached to schools on a named-school/cluster basis;
- Increase the number of Welsh-speaking SALTs, in accordance with a strategic framework for development;
- Provide funds for schools to sub-contract to providers;
- Need more on-site visits to schools from health professionals;
- Children should be assessed on-site in schools, and not off-site in clinics;
- More feedback required from social services personnel;
- Holistic, multi-agency assessment should occur on one-site; for example, at children's centres;
- More access to SALTs at secondary school level;
- Need statutory access to SALT provision in the further education sector;
- More opportunity for networking amongst professionals, possibly as part of their continuing professional development (CPD);

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- Allow more joint planning of integrated work schemes;
 - Shortcut referral procedures; and
 - Increase Child and Adolescent Mental Health Services (CAMHS) support alongside SEN provision;

2.25 Regarding collaboration between schools and health visitors, the responses were as follows:

- NHS Trusts directly managed health visitor services;
- Collaboration varied between schools: it appeared to be more prevalent in early years settings, with home visits a regular feature;
- Staff turnover sometimes meant uncertainty and re-adjustment for children.


2.26 The majority of respondents (79%) felt that collaboration between the various support agencies was ineffective.

2.27 Amongst the more positive comments:

- Some respondents considered that planning was effective but there was a need for more resources;
- Many felt that the annual review of statements worked effectively.

2.28 Those who felt there was scope for improvement offered the following suggestions:


- Need joint commissioning of services and inter-agency planning;
- Budget holders should attend planning meetings;
- Training needs to be on a inter-agency basis, with particular regard to the planning process;
- Need multi-disciplinary teams: more co-ordination and communication required between teams and services;

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- Need a 'one-stop-shop' approach and a multi-agency unified assessment service;
 - Increase resources, decrease bureaucracy;
 - Create a central database of pupils with SEN;
 - Provide Welsh-medium assessment documents;
 - Schools should retain staff with SEN expertise;
 - LEAs should listen to the views of parents;
 - Many respondents advocated greater partnership working amongst professionals from the health, education and social services sector;
 - Some detailed examples are given in Annex C of the consultation report.

Language

2.29 Regarding barriers to the early identification of SEN for children and young people whose first language is not English:

- Respondents felt that there was a severe shortage of Welsh-medium therapists;
- This applied also to therapists able to provide support in languages other than English;
- It was felt that there were insufficient multi-lingual professionals able to accommodate the specific needs of the black and minority ethnic community;
- There was felt to be little or no supporting literature or information for languages other than English;
- Many respondents considered that, in spite of support from the Ethnic Minority Achievement Services (EMAS), there was limited access to interpreters and limited partnership opportunities with parents in the black and minority ethnic communities;

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- Parents were often unable to pursue follow-up activities in the home because of language difficulties, or where parents had special needs themselves;
 - Teaching and health professionals stated that there was often difficulty in determining whether a child's difficulties were due to the language of the assessment (sometimes a child's second or third language), or a special educational need;
 - Some professionals felt that it was difficult to undertake a fair assessment of a child using his or hers second, or even third language;
 - Many respondents pointed out that there was no residential school in Wales for deaf children and young people;
 - Some respondents considered that the status of British Sign Language through the medium of Welsh needed to be resolved.


Resources

2.30 The main responses are summarised below:

- A vast majority of respondents considered that there was insufficient funding available for the early identification and intervention of SEN through the various settings;
- Many felt that there was a need for a better career structure for learning support assistants;
- Some respondents felt that any increase in funding should be targeted at the early years settings, in order that appropriate interventions could be implemented as early as possible;
- It was felt that some children and young people suffered unnecessarily due to their special educational needs being identified too late, or missed altogether.

2.31 Other comments or suggestions were:

- Funding should be driven by needs not targets;
- Delegate funding for SEN directly to schools;
- Multi-agency training/collaboration - teams sharing resources and working on a shared-school clustering basis;
- Pool multi-agency specialists for outreach work;
- Hypothecate funding for multi-agency provision;
- There should be a full-time SENCO for each school;
- Cluster support SENCOs for early years settings;
- Schools should employ more learning support assistants (LSAs);
- Develop database/audit of needs at LEA level;
- Standardise statutory assessments;
- Extend portage services;
- Increase provision of educational psychologists in early years settings;
- Reduce bureaucracy for teaching staff and other professionals;
- Target pupils with 'one to one' support;
- Funding for early identification in infancy and early years should be more readily available;
- Nearly all respondents felt that there were simply not enough professionals to meet current, or indeed future, needs for early identification and intervention;
- This was especially significant in relation to Welsh-medium provision;
- Some respondents advocated a common approach to testing in schools;

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- Many respondents confirmed the existence of Welsh Language tests, but felt that there were insufficient qualified professionals to administer the tests and to support children and their families;
 - This problem applied also to tests in other minority languages.

Summary

2.32 The main conclusions drawn from the Committee's consultation are:

- The direction and guidance provided by the SEN Code of Practice for Wales is broadly welcomed;
- There is plenty of good practice and support already available from the public, private and voluntary sectors;
- But more human resources are required, particularly specialist therapists;
- There is a need to clarify responsibilities for SEN provision between local education authorities and local health boards; and
- There is scope for more effective collaboration between the various agencies involved with planning, and delivering, services for children and young people with special educational needs.


School visits

2.33 In order to supplement the information collected during the consultation exercise and formal presentations, committee members and officials visited schools in North and South Wales. Committee members welcomed the opportunity to meet with teachers, pupils and parents. The schools visited are described at Annex 5.

2.34 The main issues raised during these visits are summarised below.

Early identification

- There is good liaison with the educational psychologist services, and although it is very expensive to provide early years psychologists, they are considered to be very effective in the early identification of SEN;

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- More resources should be deployed to identify difficulties in pre-school settings.

Training

- SEN should be given a higher priority in Initial Teacher Training (ITT) and Continuing Professional Development (CPD);
- More use should be made of teaching assistants in supporting teachers and speech therapists;
- There is a need to consider different access routes for training, especially with regard to second career entrants;
- There is no training facility in North Wales for speech and language therapy;
- Grant for Education and Support Training (GEST) funding is a valuable contributory factor in the delivery of SEN provision.

Multi-agency working

- There is a need to clarify who has prime and ultimate responsibility for delivering specialist support; for example, speech and language therapy and physiotherapy;
- There is a significant shortage of English-medium speech and language therapists, and an even more significant shortage of Welsh-medium speech and language therapists;
- Specialist staff could be more effectively used during the school day: there are too many meetings, and there is a need for more administrative support;
- Specialist health staff often have different annual leave patterns to teachers, which sometimes causes difficulties and tensions and is an obstacle to effective treatment of pupils with special needs;
- Multi-agency working is vital to ensure effective early identification of SEN, and to provide appropriate support.



Definitions

- There is inconsistency between LEAs in agreed definitions of the various types of SEN, which encourages inconsistency in provision;
- The Code of Practice is welcomed but LEAs interpret it differently;
- LEAs should share their experiences of using and interpreting the Code of Practice.

Funding


- It is felt that there is inconsistency and a lack of transparency in the funding formulae for allocating resources for special educational needs to LEAs, and that the formulae should be reviewed;
- The reduction in GEST funding for inclusion will impact adversely on assisting in the delivery of SEN provision.

Best practice

- Specialist health professionals are needed on-site in school; particularly speech and language therapists, physiotherapists, school nurses and social workers;
- Teachers need time to network with colleagues and to discuss new ideas, and to review best practice in other schools;
- In-Service Training (INSET) days should be used to disseminate best practice;
- It was felt that educational specialists should be more involved in planning pre-school provision;
- There is little reference to child health in nursery schools.

Welsh-medium provision

- There is an acute shortage of speech and language therapists, in particular those trained to provide support using Welsh;

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- There is an urgent need to train more specialist support staff;
 - The 'Dwylo Ychwanegol'/'Extra Hands' scheme, provided by Mudiad Ysgolion Meithrin, is considered to be very useful but insufficiently funded.

Needs analysis

- There is a need for a general audit of demand for SEN provision across Wales.

Business links

- Some schools have forged links with local businesses to provide extra resources; for example, help with school accounts;
- Schools should seek to engage further with local businesses.

Vocational training

- Vocational training delivered in the setting of a supportive environment is very effective in building self-esteem for pupils with SEN; and
- One of the schools had links with its local further education college, and a third of its pupils went on to pursue further education.



Section 3

Discussion





Section 3 - Discussion

Preamble

3.1 Every child has the right to the best possible start in life. When a child has special needs, it is vital that these needs are correctly identified as early as possible. It is equally important that effective early intervention is available for the child, together with emotional and practical support for the parents.

3.2 The Committee acknowledges that there is already a great deal of good work being carried out by teachers, parents, specialist therapists and other professionals in the early identification of special educational needs. The Committee is impressed by the expertise and dedication of staff in the public, private and voluntary sectors in helping children and young people with special educational needs.

3.3 The Committee acknowledges the work of the Welsh Assembly Government in this field, both completed and ongoing. The publication of the SEN Code of Practice for Wales in 2002 has had a significant impact in removing barriers to participation and learning for children and young people with SEN, whether they have a statement or not.

3.4 The Wales only sections in the Education Act 2002 paved the way for more effective collaboration between local education authorities in planning and providing SEN services on a regional basis, and for establishing a SEN tribunal in Wales to resolve disputes concerning assessments and statements.

3.5 The Committee welcomes the work being carried out by the Assembly Government's National SEN Steering Group for Wales. The Committee is particularly interested in the outcome of the recent consultation on ways of improving speech and language services for children and young people with SEN.




Inclusive education

3.6 In October 2003, the Assembly Government published a consultation document setting out draft guidance on inclusive education. This document provided guidance on the practical operation of the statutory framework of the Education Act 1996 and the Special Educational Needs and Disability Act 2001.

3.7 Inclusive education is an ongoing process concerned with breaking down barriers to learning, and increasing the participation of children and young people in their local schools. It requires the commitment of schools and LEAs to develop policies and practices that ensure equality of educational opportunity and access, focused on raising the achievement of all learners.

3.8 The key principles of inclusive education are:


- Inclusion is a process by which schools, LEAs and others develop their cultures, policies and practices to include children and young people;
- With the right training, strategies and support, nearly all children and young people with SEN can be successfully included in mainstream education;
- An inclusive education service offers excellence and choice and incorporates the views of parents, carers and children and young people;
- The interests of all children and young people must be safeguarded;
- Schools, local education authorities and others should actively seek to remove barriers to learning and participation;
- All children and young people should have access to an appropriate education that affords them the opportunity to achieve their personal potential;

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- Mainstream education will not always be right for every child or young person all of the time. However, even if mainstream education is not right at a particular stage, this does not prevent the child or young person from being included successfully at a later stage, where this meets their individual needs.

3.9 In May 2004, the Assembly Government published a summary of responses to the consultation, from a variety of organisations; including schools, LEAs, teacher unions and voluntary organisations. The main comments concerned:

- Inclusion as an ongoing process;
- Inclusion in its broadest sense is about removing the barriers to learning for all children, not just those with SEN;
- The requirement for equal linguistic opportunities for English and Welsh speaking children and young people;
- Further guidance on what constitutes "reasonable adjustments" in regard to the SEN and Disability Act 2001;
- The further development of multi-agency liaison and partnership working with parents and carers;
- The need to involve children and young people, so that adults and professionals can plan with them, not for them;
- The shortage of specialist bilingual resources;
- The need for in-school training on inclusive education; and
- The need for clear, accountable and transparent funding mechanisms.

3.10 The Committee supports all these aims and welcomes the "index for inclusion" guidance, which has been issued to all schools. The Committee looks forward to examining the final guidance to be published later this year.



3.11 The SEN Code of Practice for Wales stresses the importance of children and young people's participation in all the decisions about their education. Successful inclusion is a key step towards preparing pupils with SEN to be able to participate in, and contribute to, their community.

Assessment

3.12 Assessment is a process of gathering information about the health, education and social care needs of a child. Assessment should also identify the disabling social and physical factors which are inhibiting the child's access to a good quality of life. For those children and young people with special needs it is important that the process of assessment is supportive of the child and the family.


3.13 Assessment should begin as soon as possible when a developmental delay or disability is suspected. The earlier action is taken, the more responsive the child is likely to be, and the greater the likelihood of preventing some longer-term difficulties.

3.14 Assessment should not be regarded as a single event, but rather as a continuing process. An early assessment of need, in terms of medical, social and educational needs, is essential to secure and define appropriate service provision. However, the needs of the child and the family will change over time as a result of the child's development, family factors and as an outcome of the support provided. The ongoing assessment process must be flexible and responsive to changing needs.

3.15 **The Committee recommends that ACCAC should further develop means of assessing and monitoring the attainment of children and young people with differing complexity of special educational needs.**

3.16 In some respects, existing statutory assessment procedures can be unhelpful. Bypassing these formal assessments, and ensuring that appropriate resources are focused on those who need them, as quickly as possible, could be a more effective method of early intervention.

3.17 Estyn has recently introduced new school inspection arrangements. Inspectors are looking for evidence that schools effectively diagnose individual learning needs, and provide appropriate additional support.



Evidence gathered and evaluated by Estyn will be used to monitor progress and disseminate best practice in the early identification of SEN.

3.18 Early identification of special needs is essential and is reliant on the ability of the classroom teacher to identify any special needs. There is a growing bank of evidence that early identification of special educational needs, such as dyslexia, would aid a child's ability to fully participate in the school environment and later life.

3.19 The need for all classroom teachers to be aware of special educational needs, together with their diagnosis and consequential teaching strategies, is acknowledged. This would be aided by the training of at least one teacher per school, or school cluster, in the early identification and consequential teaching strategies for special needs; such as dyslexia.


3.20 **The Committee recommends that the General Teaching Council for Wales should provide bursaries to ensure that one teacher per school, or school cluster, is trained in the identification of special educational needs; and that the training is subsequently cascaded to all members of the teaching staff.**

Support for parents

3.21 Parents are vital for the care, safety and education of their child, and the agencies and services supporting them must be able to respond flexibly and positively to the very wide range of families with whom they work. Family members can vary significantly in terms of their experience, resources and expectations, as well as their cultural, religious and linguistic abilities.

3.22 Providing information to families is a key function of service provision. The Health and Social Services Review (2001) received evidence to suggest that there is a real need for comprehensive information services at the time of diagnosis and subsequently throughout a child's development. Reliable and timely information enables families to remain in control as they take decisions about what to do.

3.23 In October 2002, the Assembly Government issued a document entitled Information for Parents and Carers of Children and Young People



who may have Special Educational Needs. This summarises the key principles of the SEN Code of Practice, and emphasises the need for a graduated response in support for children and young people with SEN. It also explains that each LEA has a Parent Partnership Service to help parents make informed decisions about their child's education. The document includes useful contact addresses and telephone numbers.

3.24 The Committee recommends that the Assembly Government, in consultation with local education authorities and the voluntary sector, should update its information document for parents and carers of children and young people with special educational needs, to include relevant websites and LEA contacts. This document should also provide contact information for the LEA 'one-stop-shops' referred to in paragraph 3.25.

3.25 The Committee recommends that local education authorities establish a 'one-stop-shop' for parents of children and young people with special educational needs, to obtain relevant information. The information should be current, easy to understand and available bilingually; and in minority languages appropriate to the locality.

3.26 The Committee recommends that local education authorities should take every opportunity to make parents aware of the support that is available, including any subsequent 'one-stop-shops' that are developed. In addition, LEAs should notify parents of any changes affecting the support available to their children.

3.27 The Committee recommends that the Assembly Government should provide funding for an advocacy service, independent of local education authorities, to reinforce its independent nature and ability to offer totally impartial advice.

3.28 The Committee recommends that Estyn should further develop and disseminate advice on best practice in the early identification of SEN by publishing reports of inspections and surveys on its website www.estyn.gov.uk.



Teacher training and continuing professional development

3.29 As more children with severe and complex difficulties are entering mainstream schools, the initial training and continuous professional development of teachers is becoming increasingly important. Teacher training colleges should incorporate SEN training more widely, as an integral part of initial teacher training courses.

3.30 In addition, teachers should be encouraged to keep abreast of latest theories and techniques as part of their continuing professional development. More advanced courses should be available for those wishing to specialise in specific branches of SEN. The strategy developed will need to recognise that training of practitioners is fundamental, and that opportunities must be provided for continuing professional development.

3.31 The Committee recommends that the Assembly Government, in its forthcoming review of initial teacher training, should give particular attention to the need for all newly qualified teachers to have a better understanding of SEN; particularly in techniques for early identification.

3.32 The Committee recommends that the Assembly Government issue guidance to teacher training colleges to improve initial teacher training in the identification of children and young people with special educational needs. Colleges should aim to provide general SEN training for all student teachers, and also more advanced courses for those wishing to specialise in specific branches of SEN.

3.33 The Committee recommends that teacher training colleges incorporate teaching techniques for the early recognition of special educational needs, and provision of appropriate support, as a standard part of their course curriculum.

3.34 The Committee recommends that the General Teaching Council for Wales, in developing guidance on continuing professional development for teachers, should include a requirement to keep abreast of developments and techniques in the early identification of special educational needs, and the provision of appropriate support.



Human resources

3.35 There is a shortage of specialist staff involved with early identification and provision of support for children and young people with SEN. These include speech and language therapists, educational psychologists and specialist teachers for deaf children. Some initiatives are already in train.

3.36 The Speech and Language Therapy Group (SALTAG), an Assembly Government joint education and health working group, reported on its work in late 2003. The report, *Working Together*, includes seventeen recommendations, which have recently been subject to consultation.

3.37 Several of these recommendations are relevant to other specialisms; for example, better use of information technology to store and share data, greater partnership between local health boards and local authorities, and the development and implementation of evidence based recruitment and retention strategies. The Committee awaits the outcome of the consultation with interest.

3.38 These initiatives are welcome, but it takes four years to train a speech and language therapist; and so it will be necessary to make better use of existing resources in the short term.

3.39 **The Committee recommends that the Assembly Government should publish the results of the recent consultation and prepare a timetable for implementing the recommendations of the SALTAG report, *Working Together*, on speech and language services for children and young people with special educational needs.**

3.40 A joint Child and Adolescent Mental Health Services (CAMHS) workforce group has been investigating the position of education and training for professional staff working with this group of children and young people. Funding has been provided for the development of a course, to begin in September 2004. The Committee welcomes this initiative.



Multi-agency working


3.41 Multi-agency working is critical to early identification and intervention. Meeting the special educational needs of individual children and young people requires flexible working on the part of statutory agencies. All the agencies involved in providing SEN support should plan their interventions together; to agree priorities, and to make appropriate resources available in time to make a difference. This should include teachers, specialist therapists and other health professionals, local education authorities, local health boards and social services.

3.42 The Committee feels that there should be flexible and efficient arrangements in place to share information about the child and the family, between all the professionals and agencies involved. Without this, the opportunity to build a cumulative picture of the child's abilities and needs over time is lost, and parents are left with the responsibility of retelling their story to every new professional they meet.

3.43 Workforce planning will become increasingly important, to address current shortages of specialist staff. In the short term, more innovative use must be made of existing professionals and their support staff.

3.44 It is essential to resolve the "prime and ultimate" anomaly, under which local health boards have the prime responsibility for delivery of speech and language therapy (SLT) but, for children with statements of SEN, local education authorities have the ultimate responsibility for ensuring that the service is delivered. This causes tension between the two statutory agencies, representing a possible barrier to the effective delivery of SLT services.

3.45 The Committee considers that it should be possible to resolve this anomaly by using existing powers and legislation. The key is better joint working and more effective and transparent commissioning of services for children and young people. Both these objectives are central to the National Service Framework for children and young people, currently out to consultation.




3.46 A change to primary legislation would be one way to resolve this anomaly, another possibility would be the use of the Health Partnership Act 1999 to facilitate joint commissioning and planning of services across statutory agencies.

3.47 The Working Together consultation document suggested that "Local health boards (LHBs) and local authorities should work within the partnership arrangements as described in the Health Act 1999 for the delivery of speech and language services to children and young people."

3.48 The following recommendations were agreed by both the Ministers for Education and Lifelong Learning and Health and Social Care at a bilateral meeting in June 2004. The Committee notes that the two Assembly Ministers intend to make a joint announcement on the recommendations later in the year. These recommendations outline details of how this collaboration could work in practice, taking account of the comments received from the consultation exercise and considers the delivery of services from both the commissioning and provider perspective.

3.49 Commissioners of such services should separately identify, commission and hypothecate those speech and language services for children and young people and those for adults (e.g. services for stroke victims). Commissioners should include in the specification for children and young people's services all necessary criminal records bureau/child protection procedures. The children and young people's service should be 0-19, to align with education responsibilities for the purposes of delivering speech and language services

3.50 Local health boards and local education authorities should establish a Commissioning Partnership to jointly commission services. They should determine what specialist services for speech and language difficulties are required for their area by undertaking a needs assessment. They should establish integrated models of care and care pathways. Such specialist services can consist of speech & language therapists, specialist teachers (based at LEA level), speech & language therapy assistants, and specialist learning support assistants. It is important to stress the distinctiveness of each profession, speech & language therapists and specialist teachers are not interchangeable and each bring their own expertise.



3.51 It is not the intention to create a single profession, local areas need to consider an appropriate skill mix. The roles that could be undertaken by therapy assistants and learning support assistants need to be critically assessed. All practice must, of course, be evidence based from both a health and education perspective.


3.52 Any needs assessment should feed into the local Health, Social Care and Well Being Strategy and into the Children and Young People's Framework in order to assist in planning for future services.

3.53 It is a corollary of joint commissioning that it is the responsibility of both commissioning agencies to fund services for children and young people with speech and language difficulties and commissioners will need to agree their respective contribution and this should be contributed into a pooled fund. The overall size of this pooled fund should be sufficient to provide services to meet the assessed need.

3.54 In commissioning the service, Commissioners must ensure that statutory responsibilities in respect of Statements of SEN are carried out.

3.55 The highest level of collaboration between the NHS and LEAs would be achieved if NHS Trusts and LEAs provided services in an integrated way, allowing different professionals to work under one management structure (as permitted under the Health Act 1999). Since NHS Trusts (as employers of speech & language therapists) are not coterminous with LEAs, this integrated service could best be organised in some parts of Wales at a geographical level higher than an individual local authority, for LEAs this is permitted by the Education Act 2002.

3.56 The groupings set out in WHC (2003) 63 between NHS Trust areas and local authority areas for secondary care commissioning groupings suggest a good model for how this might be organised. This is likely to mean distinctive services for children and young people, and for adults. This splitting of services was a recommendation of the Carlile Report but services would need to fully consider the practical human resource and training difficulties this may cause.



3.57 For effective integrated working the providers need to have resolved that there are clear management structures, professional accountability, clear performance management of the service and a joint location of the service and proper administrative support. Further work is needed to work out details of how this could be achieved and what are the appropriate organisational models, as well as practical issues of implementation.


3.58 The Committee recognises that there are difficult issues to be tackled before this anomaly can be resolved. For example, specialist therapists currently employed by local health boards might be reluctant to be employed by LEAs, as this might be detrimental to career development, continuing professional development and access to the wider health community.

3.59 **The Committee recommends that local health boards, through NHS Trusts, should consult therapists on any proposed changes. The Committee considers that, in the short term, it should be possible to synchronise the working days and holidays of teachers and therapists to provide a more effective service for children and young people.**

3.60 The Committee welcomes the proposal by the Assembly Government that a co-ordinator be appointed to establish two pilot projects working across LEAs, LHBs and NHS Trusts from April 2005, to introduce partnership arrangements on a wider scale than previously developed. These projects would then be evaluated against improvement measures in service delivery and National Guidance would be developed to ensure total coverage across Wales, thereby ensuring equity and a framework for such partnership arrangements.

3.61 **The Committee recommends that the Assembly Government issue guidance to local health boards and local education authorities encouraging use of the Health Act 1999 for joint commissioning of services and pooled budget arrangements.**

3.62 **If such changes towards joint commissioning are not made as a matter of some urgency, the Committee recommends that the Assembly Government should give further consideration to amending primary legislation to resolve the anomalies of prime and ultimate responsibility.**



3.63 The Committee recommends that the Assembly Government should issue guidance to local health boards and local education authorities, encouraging them to make more use of the Health Act 1999 and the Flexibilities Special Grant, to fund collaborative SEN projects.

Regional provision


3.64 The Education Act 2002 gives powers to local education authorities in Wales to collaborate in providing advice and support for children and young people with SEN on a regional basis. Some LEAs are already exploring collaborative arrangements with neighbouring authorities. The Committee considers that regional planning and, where appropriate, regional provision of SEN services should be encouraged.

3.65 The Committee recommends that the Assembly Government should issue guidance to local education authorities to encourage provision of SEN services, in accordance with the Code of Practice, on a regional basis, using powers in the Education Act 2002.

Welsh-medium and bilingual provision

3.66 While there has been steady growth in Welsh-medium and bilingual education, there is no evidence of similar growth in bilingual services and education for children and young people with SEN. Such children and young people from Welsh speaking homes and/or receiving Welsh-medium education are regularly placed in English medium settings, due lack of appropriate Welsh-medium or bilingual specialist support. Supply of SEN support through the medium of Welsh is patchy, as is the available data on the need for such support.

3.67 In 2002, the Welsh Language Board (WLB) published a comprehensive report entitled 'Acknowledging Need', which presented a national picture of Welsh medium and bilingual provision and services for pupils with special educational needs. This report sets out current provision through the medium of Welsh, and makes a number of recommendations to improve the equality of linguistic opportunity for children and young people with SEN, including bilingual support for parents; improved access to therapies bilingually; improved cross-agency collaboration, sharing good



practice and improved use of ICT; and ensuring that sufficient numbers of Welsh speaking SEN staff are trained, recruited and retained; including teachers, therapists and psychologists.

3.68 The WLB report includes a comprehensive set of recommendations covering the Assembly Government, LEAs and other statutory bodies, the health and social services, physiotherapy, educational psychology, Welsh advisers and the Athrawon Bro service, early years, further education, higher education, work placements, voluntary organisations and learning support assistants.

3.69 The Committee recommends that the Assembly Government publish a timetable for implementing the recommendations of the report by the Welsh Language Board, 'Acknowledging Need', to improve Welsh-medium and bilingual services for children and young people with special educational needs.

Support for those whose first language is neither English nor Welsh

3.70 The identification of the special educational needs of children and young people, whose first language is neither English nor Welsh, requires particular care. It is necessary to consider the child within the context of their home, culture and community.

3.71 When children and young people who have English and Welsh as an additional language make slow progress, it should not be assumed that inadequate language proficiency is the only reason; they may have some form of learning difficulty.

3.72 The Committee recommends that the Assembly Government commission an audit of provision of SEN services for children and young people with special educational needs, whose first language is neither English nor Welsh.

Health and Social Services (HSS) Committee Report on Children with Special Health Needs

3.73 In November 2002, the National Assembly's Health and Social Services Committee published a report on children with special health needs, including those with special educational needs.

3.74 In February 2003, the Assembly Government responded to this report and accepted these five recommendations. There has been progress; for example, the setting up of the WAGSEN advisory group, the issuing of guidance to local health boards and moves to establish a National Service Framework for children, young people and maternity services.

3.75 The Committee recommends that the Assembly Government publish a progress report on implementing relevant recommendations from the Health and Social Services Committee's report on children with special health needs; in particular:

- Good practice in special needs education around Wales should be validated and disseminated;
- The move to special needs provision within a mainstream setting should be welcomed, but greater emphasis should be placed on the monitoring of special needs services so that they do not become diluted;
- The National Services Framework for Children should contain a detailed sub-section on special education and health needs;
- A member of each local health board in Wales should be designated as responsible for children's services and children's rights; and
- The situation of children aged less than five years with severe health needs requires urgent attention, so that they receive appropriate pre-school education.

3.76 The Committee recommends that the Assembly Ministers for Education and Lifelong Learning, and Health and Social Services, should report twice a year to their respective committees, monitoring the quality of services for children and young people with special educational needs.



Funding

3.77 Funding underpins the effective identification of children and young people with special educational needs, and provision of support to help meet those needs. It is unlikely that current funding levels will be increased significantly in the near future; so could this funding be used more effectively?

3.78 There are several ways in which this might be achieved; for example, by adjusting the formula which determines the allocation of funding to LEAs, to take account of different levels of need, based on an audit of these needs; by giving a greater weighting to early years provision, implying a reduction of funding in other areas; by increasing resources for the training and recruitment of specialist staff; and by recruiting more support staff, to enable more effective use of therapists and specialist SEN teachers.

3.79 **The Committee recommends that the Assembly Government should commission a review of the formula used to allocate SEN funding to local education authorities, based on an audit of need.**

3.80 **The Committee recommends that the Assembly Government should increase funding for the training and recruitment of specialist staff.**

3.81 **The Committee recommends that local education authorities should provide funding to allow schools to recruit and train more support staff, to facilitate more effective use of therapists and specialist SEN teachers.**

3.82 The Committee believes that greater co-operation between local education authorities, in planning and funding regional SEN provision, should result in some economies of scale. Any such savings should be used to further improve SEN services.

3.83 **The Flexibilities Special Grant, introduced by the Welsh Assembly Government, has facilitated a number of collaborative initiatives between local health boards and local authorities. The Committee recommends that the Assembly Government should encourage further joint projects by reviewing guidance and helping to disseminate best practice.**



3.84 The Committee recommends that the Assembly Government should create a specific budget for the funding of an independent advocacy service.

3.85 The Committee recommends that the Assembly Government makes extra resources available to the General Teaching Council for Wales, to develop bursaries for continuing professional development in the identification of special educational needs.

3.86 The Committee recommends that the Assembly Government should make provision in the budget over the next three years to fund the recommendations in this report.





Section 4

Recommendations



Section 4 - Recommendations

Welsh Assembly Government

4.1 The Assembly Government should issue guidance to local health boards and local education authorities encouraging use of the Health Act 1999 for joint commissioning of services and pooled budget arrangements. [3.61]

4.2 If such changes towards joint commissioning are not made as a matter of some urgency, the Assembly Government should give further consideration to amending primary legislation to resolve the anomalies of prime and ultimate responsibility. [3.62]


4.3 The Assembly Government should issue guidance to local health boards and local education authorities, encouraging them to make more use of the Health Act 1999 and the Flexibilities Special Grant, to fund collaborative SEN projects. [3.63]

4.4 The Assembly Government, in its forthcoming review of initial teacher training, should give particular attention to the need for all newly qualified teachers to have a better understanding of SEN; particularly in techniques for early identification. [3.31]

4.5 The Assembly Government should issue guidance to local education authorities to encourage provision of SEN services in accordance with the SEN Code of Practice on a regional basis, using powers in the Education Act 2002. [3.65]

4.6 The Assembly Government should issue guidance to teacher training colleges to improve initial teacher training in the identification of children and young people with special educational needs. Colleges should aim to provide general SEN training for all student teachers, and also more advanced courses for those wishing to specialise in specific branches of SEN. [3.32]

4.7 The Assembly Government should publish the results of the recent consultation and prepare a timetable for implementing the



recommendations of the SALTAG report, 'Working Together', on speech and language services for children and young people with special educational needs. [3.39]


4.8 The Assembly Government should publish a timetable for implementing the recommendations of the report by the Welsh Language Board, entitled 'Acknowledging Need', to improve Welsh-medium and bilingual services for children and young people with special educational needs. [3.69]

4.9 The Assembly Government, in consultation with local education authorities and the voluntary sector, should update its information document for parents and carers of children and young people who may have special educational needs, to include relevant websites and LEA contacts. This document should also provide contact information for the LEA 'one-stop-shops' referred to in paragraph 4.20. [3.24]

4.10 The Assembly Government should commission an audit of provision of SEN services for children and young people with special educational needs, whose first language is neither English nor Welsh. [3.72]

4.11 The Assembly Government publish a progress report on implementing relevant recommendations from the Health and Social Services Committee's report on children with special health needs; in particular:

- Good practice in special needs education around Wales should be validated and disseminated;
- The move to special needs provision within a mainstream setting should be welcomed, but greater emphasis should be placed on the monitoring of special needs services so that they do not become diluted;
- The National Services Framework for Children should contain a detailed sub-section on special education and health needs;
- A member of each local health board in Wales should be designated as responsible for children's services and children's rights; and

- 
- The situation of children aged less than five years with severe health needs requires urgent attention, so that they receive appropriate pre-school education. [3.75]

4.12 The Assembly Ministers for Education and Lifelong Learning, and Health and Social Services, should report twice a year to their respective committees, monitoring the quality of services for children and young people with special educational needs. [3.76]

4.13 The Assembly Government should provide funding for an advocacy service, independent of local education authorities, to reinforce its independent nature and ability to offer totally impartial advice. [3.27]

4.14 The Assembly Government should create a specific budget for the funding of an independent advocacy service. [3.84]

4.15 The Assembly Government should commission a review of the formula used to allocate SEN funding to local education authorities, based on an audit of need. [3.79]

4.16 The Assembly Government should increase funding for the training and recruitment of specialist staff. [3.80]

4.17 The Flexibilities Special Grant, introduced by the Assembly Government, has facilitated a number of collaborative initiatives between local health boards and local authorities. The Committee recommends that the Assembly Government should encourage further joint projects by reviewing guidance and helping to disseminate best practice. [3.83]

4.18 The Assembly Government should make extra resources available to the General Teaching Council for Wales, to develop bursaries for continuing professional development in the identification of SEN. [3.85]

4.19 The Assembly Government should make provision in the budget over the next three years to fund the recommendations in this report. [3.86]



Other bodies

4.20 Local education authorities should establish a 'one-stop-shop' for parents of children and young people with SEN, to obtain relevant information. The information should be current, easy to understand and available bilingually; and in minority languages appropriate to the locality. [3.25]

4.21 Local education authorities should provide funding to allow schools to recruit and train more support staff, to facilitate more effective use of therapists and specialist SEN teachers. [3.81]

4.22 Local education authorities should take every opportunity to make parents aware of the support that is available, including any subsequent 'one-stop-shops' that are developed. In addition, LEAs should notify parents of any changes affecting the support available to their children. [3.26]

4.23 Local health boards, through NHS Trusts, should consult therapists on any proposed changes. The Committee considers that, in the short term, it should be possible to synchronise the working days and holidays of teachers and therapists to provide a more effective service for children and young people. [3.59]

4.24 Teacher training colleges should incorporate teaching techniques for the early recognition of special educational needs, and provision of appropriate support, as a standard part of their course curriculum. [3.33]

4.25 The General Teaching Council for Wales, in developing guidance on continuing professional development for teachers, should include a requirement to keep abreast of developments and techniques in the early identification of special educational needs, and provision of appropriate support. [3.34]

4.26 The General Teaching Council for Wales should provide bursaries to ensure that one teacher per school, or school cluster, is trained in the identification of special educational needs; and that the training is subsequently cascaded to all members of the teaching staff. [3.20]



4.27 Estyn should further develop and disseminate advice on best practice in the early identification of SEN by publishing reports of inspections and surveys on its website www.estyn.gov.uk. [3.28]

4.28 ACCAC should further develop means of assessing and monitoring the attainment of children and young people with differing complexity of special educational needs. [3.15]

[Note: Figures in square brackets refer to relevant paragraphs in Section 3.]





Annex 1



Annex 1

Schedule of Committee Papers

Date	Name of Individual/ Organisation	Paper Reference Number
16 October 2003	Basic Skills Agency	ELL(2) 05-03(p.2)
	Welsh Initiative for Conductive Education	ELL(2) 05-03 (p.3)
22 October 2003	Welsh Assembly Government - Issues Paper	ELL(2) 06-03 (p.2)
19 November 2003	ADEWSEN	ELL(2) 08-03 (p.4)
	SNAP Cymru	ELL(2) 08-03 (p.5)
28 January 2004	Caerphilly Children's Centre	ELL(2) 02-04 (p.2)
	Gwent Healthcare NHS Trust	ELL(2) 02-04 (p.3)
	Denbighshire LEA/Conwy and Denbighshire NHS Trust	ELL(2) 02-04 (p.4)
25 February 2004	RNIB Cymru	ELL(2) 03-04 (p.3)
	Afasic	ELL(2) 03-04 (p.4)
	RNID Cymru	ELL(2) 03-04 (p.5)
	NNATPIP	ELL(2) 03-04 (p.6)
1 April 2004	Welsh Language Board	ELL(2) 05-04 (p.1)
	Mudiad Ysgolion Meithrin	ELL(2) 05-04 (p.2)
	WAGSEN	ELL(2) 05-04 (p.3)
13 May 2004	ADEW	ELL(2) 07-04 (p.1) (p.1a)
	NHS Wales	ELL(2) 07-04 (p.2)
16 June 2004	Report of the South West Wales Regional Committee Meeting: Information Gathering for ELL Committee's Policy Review of SEN	ELL(2) 09-04 (p.5)
22 September 2004	Welsh Assembly Government	ELL(2) 11-04 (p.7)
10 November 2004	Report of SNAP Cymru Conference - Jeff Cuthbert AM and Mark Isherwood AM	ELL(2) 14-04 (p.6)





Annex 2



Annex 2

Members of the Reference Group

Name	Organisation
John V Williams	Qualifications, Curriculum and Assessment Authority for Wales (ACCAC)
Dr Gareth Price	Association of Directors of Education Wales (ADEW) SEN Sub-group
Julia Nawell/Jane Marshall	All Wales Speech and Language Therapy Group/Paediatric Speech and Language Therapy Services, Cardiff and Vale NHS Trust
Peter Hosking	Office of the Children's Commissioner for Wales
Gareth Foulkes	Disability Rights Commission (Wales)
Hilary Anthony	Estyn - Her Majesty's Inspectorate For Education and Training in Wales
Nicola Jones	General Teaching Council for Wales (GTCW)
Michael Edwards	General Teaching Council for Wales (GTCW)
Chris Major	Head Teacher, Heronsbridge Special School
Dr Sian Munro	Head of Centre: Speech and Language Therapy, School of Health and Social Sciences, University of Wales Institute, Cardiff (UWIC)
Andrea Miller/Catrin Redknap	Welsh Language Board (WLB)
Denise Inger	Special Needs Advisory Project for Wales (SNAP Cymru)
Mair Watkins/Alan Lansdown	Welsh Advisory Group for SEN (WAGSEN)
Louise Roberts	National Association of Special Educational Needs (NASEN) Wales





Annex 3



Annex 3

Glossary of Terms

ADHD	Attention Deficit Hyperactivity Disorder
BECTa	British Educational Technology and Communications agency
CAs	City Academies
CAMHS	Child and Adolescent Mental Health Strategy/Services
CHC	Community Health Council
CTCs	City Technology Colleges
DCD	Autistic Spectrum Disorder or Development Co-ordination Disorder
EBD	Emotional and Behavioural Difficulties
Early Years Action Plus	Advice and support to the education practitioner through Early Years Action
Early Years Development and Childcare Partnerships	To review the sufficiency of nursery and early years development plans in each LEA
EMAS	Ethnic Minority Achievement Service
HPC	Health Professions Council
IPS	Individual Parental Supporter
IEP	Individual Education Plan
LEA	Local Education Authority
LHB	Local Health Board
LSA	Learning Support Assistant
NASEN	National Association for Special Educational Needs
PPS	Parent Partnership Services
Portage	Planned, home-based educational support for pre-school children with SEN

PMLD	Profound and Multiple Learning Difficulties
Pupil Referral Unit (PRU)	Specially provided for pupils to receive who would not otherwise receive education due to illness, exclusion or any other reason
RCSLT	Royal College of Speech and Language Therapists
SALTAG	Speech and Language Therapy Action Group
SEN	Special Educational Needs
SENCO	SEN Co-ordinator
SENDIST	Special Educational Needs and Disability Tribunal
SIG	Specific Interest Group
SLCD	Speech, Language and Communications Difficulties
SLT	Speech and Language Therapy/Therapist
WAGSEN	Welsh Advisory Group for Special Educational Needs
WIHSC	Welsh Institute for Health and Social Care
WLSLTC	Welsh Language Speech and Language Therapy Committee



Annex 4





Annex 4

Consultation Report

Introduction

This paper sets out a summary of the overall issues raised in response to the Committee's consultation for the policy review of Special Educational Needs (SEN). The first phase of the review focussed on early identification and intervention.

Background

A wide variety of both public sector/professional bodies and voluntary organisations were consulted, as were a number of individuals. The Committee consulted 10% of all schools in Wales, in keeping with the Welsh Assembly Government's commitment to reducing bureaucratic burdens in schools. This included nursery, primary and secondary schools, including schools with resourced SEN provision, special schools and pupil referral units in the maintained sector.

Independent schools, further education and higher education institutions were also consulted. Over 130 responses were received and a list of respondents can be viewed at **Annex 4A**.

The consultation period ran from September 2003 to January 2004. An electronic copy of the document can be accessed at www.wales.gov.uk

Summary

The consultation questions have been reproduced below and a summary of the responses to each question has been provided.



Support for Parents

1. What means are available to ensure that parents are given appropriate opportunities to share concerns about their children's needs?

Many parents who responded to this question felt that they had very little opportunity to share concerns about their children's needs. Schools, Local Education Authorities (LEAs) and those respondents from the health sector identified several situations for parents to share concerns with education and health professionals: at annual statement review meetings, parents' evenings and Individual Education Plan (IEP) meetings. Many schools felt that they advocated an 'open door' policy and parents could approach teaching staff, school Special Educational Needs Co-ordinators (SENCOs), Health Visitors and Educational Psychologists. Parental liaison with voluntary sector organisations/initiatives was cited by some respondents as a valuable opportunity for parents to share and raise their concerns. Some voluntary organisations who had conducted group discussions with parents of children with SEN, to contribute to the review had heard from parents that they often were intimidated by the thought of visiting the school setting and advocating on behalf of their child. Parents and teachers were sometimes fearful of upsetting one another.

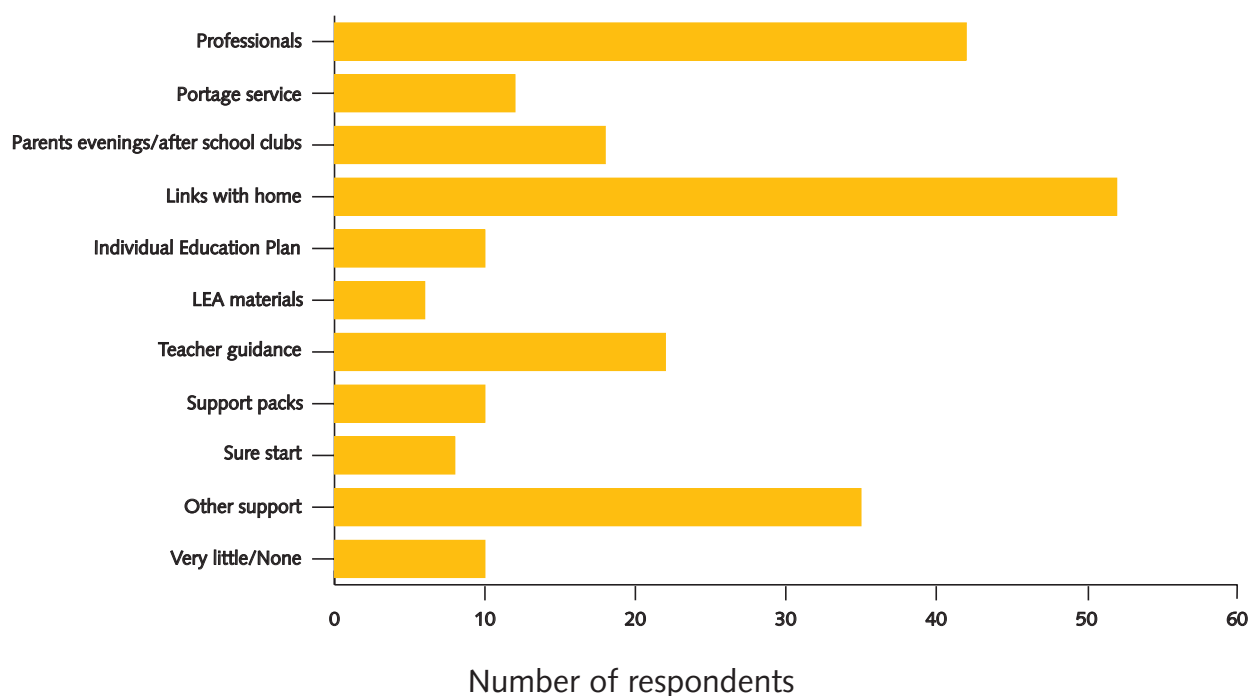
2. How could parents' understanding of special educational needs be improved?

School-based training, parenting classes and contact with voluntary organisations such as SNAP Cymru were recommended for the above purpose. Respondents suggested that increased media awareness of SEN would contribute to an increased societal understanding of issues surrounding SEN. This in turn would permeate into the school/educational setting. It was felt by many that a general information website aimed at parents/children could be established. The notion of a 'one stop shop' approach whereby advice, support and provision could be accessed by parents and children was reiterated throughout the submissions. Many submissions highlighted the need to soften the concept of SEN and demystify any related medical/academic terminology, which many parents found confusing and intimidating. Many teachers and parents who responded to this question said that for many parents, seeking specialist

advice and support for their child could often be a frustrating and distressing process. Health and educational professionals felt that immediate follow-up support from the onset of identification was crucial.

3. What support is available to enable parents to work with children and young people at home?

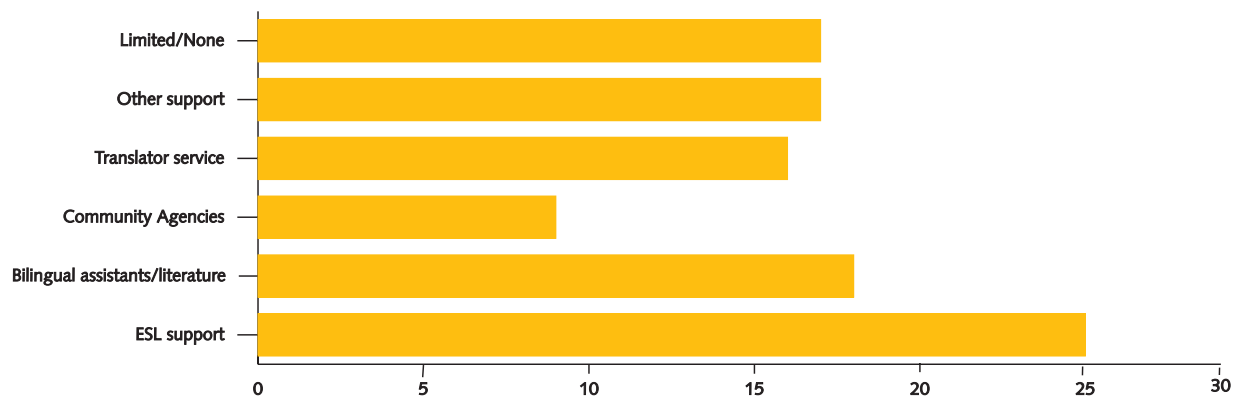
Question 3



Of the 107 respondents to this question, only 10 felt that there was very little or no support. Other respondents described a varied and wide range of assistance including home-school books, homework help and a home advisory service. Assistance from professionals was also an important source of support, particularly from educational psychologists, health visitors and speech therapists.

4. What support is available for parents whose first language is not English?

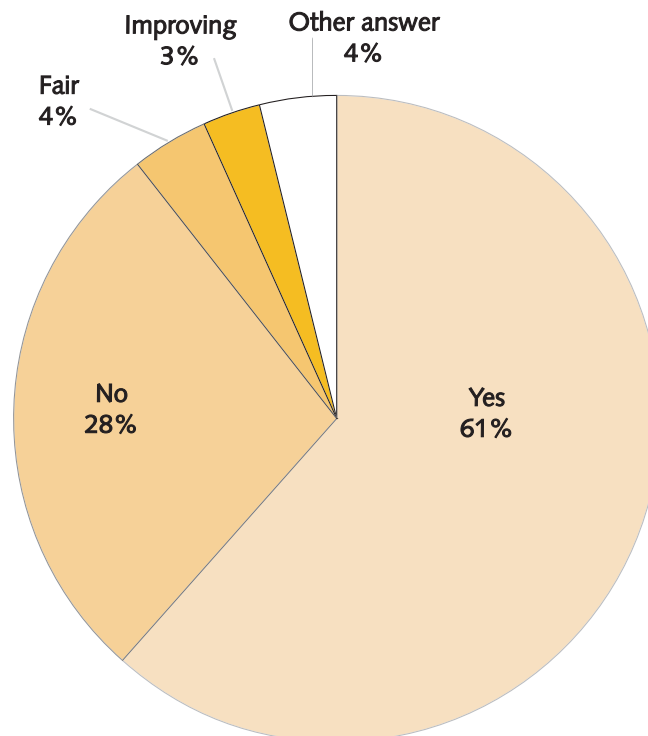
Question 4



Number of respondents

* ESL - English as a second language

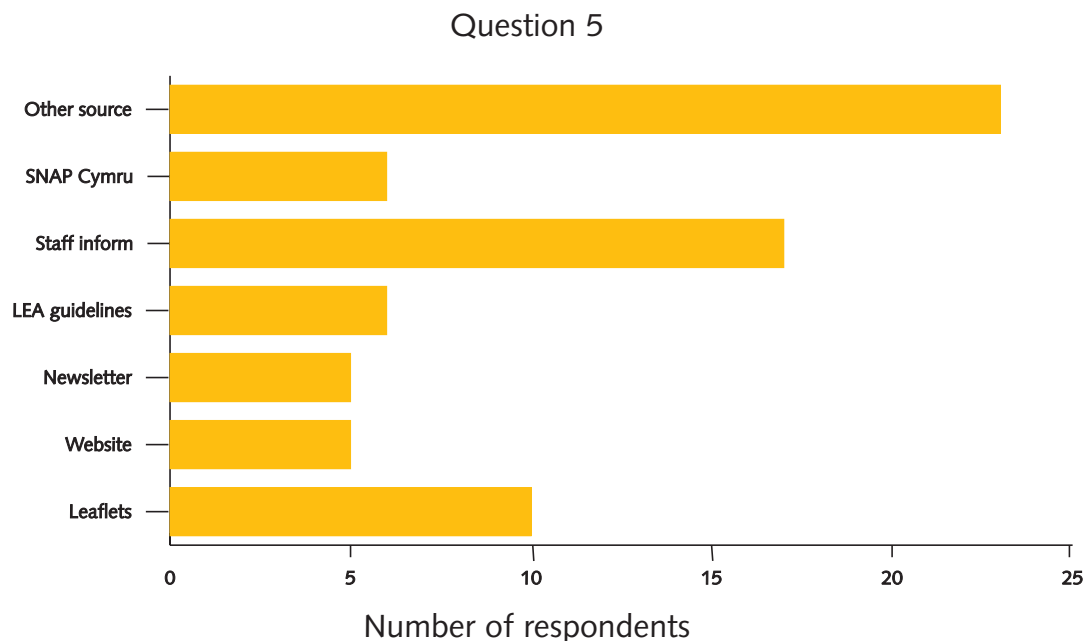
5. Is information on available support for parents easily accessible?



Question 5




The respondents who answered that support either was available/fair or improving quoted the following sources which made information accessible:



Some professionals emphasised that information on available support was readily accessible but this was not helpful for parents of children with SEN, who had learning difficulties/SEN themselves.

6. What currently hinders the early identification of special educational needs?

Answers to this question supplied by respondents appeared to range 'across the board' from infancy to secondary school. There appeared to be a variety of obstructions with an emphasis on the acute shortage of specialist staff, namely Speech and Language Therapists (SALT) and in some local authority areas, a scarcity or entire lack of SALT provision. The situation was regarded as chronic with regard to Welsh language specialist provision and equally so for children (and indeed their parents) whose first language was neither English nor Welsh. There was a general feeling that existing specialist staff were overburdened by their caseloads and lacked adequate time to allocate support to individual children. Lengthy waiting lists and bureaucratic burdens for SALT also delayed early intervention. Many respondents referred to insufficient resources for SEN throughout the settings.



Confusion prevailed over the roles of the education and health sectors with relation to responsibility for provision. Many felt that the referral arrangements between statutory and voluntary bodies were ad hoc and unco-ordinated and that there was a need for a co-ordinated, strategic approach.

Reference was made to the fact that Initial Teacher Training (ITT) courses did not have a compulsory element of SEN training. Many felt that this should be requisite to assist classroom teachers, especially newly qualified teachers, in recognising those pupils with additional needs.

A substantial number of schools that responded felt that in some cases, there was a lack of parental awareness or acknowledgement of their children's needs – this was normally felt to be due to a fear of stigma of SEN, or a reluctance to accept that their children might have additional requirements. It was asserted in one response that children/young people themselves often adopted 'coping' strategies to enable them to hide any problems and difficulties.

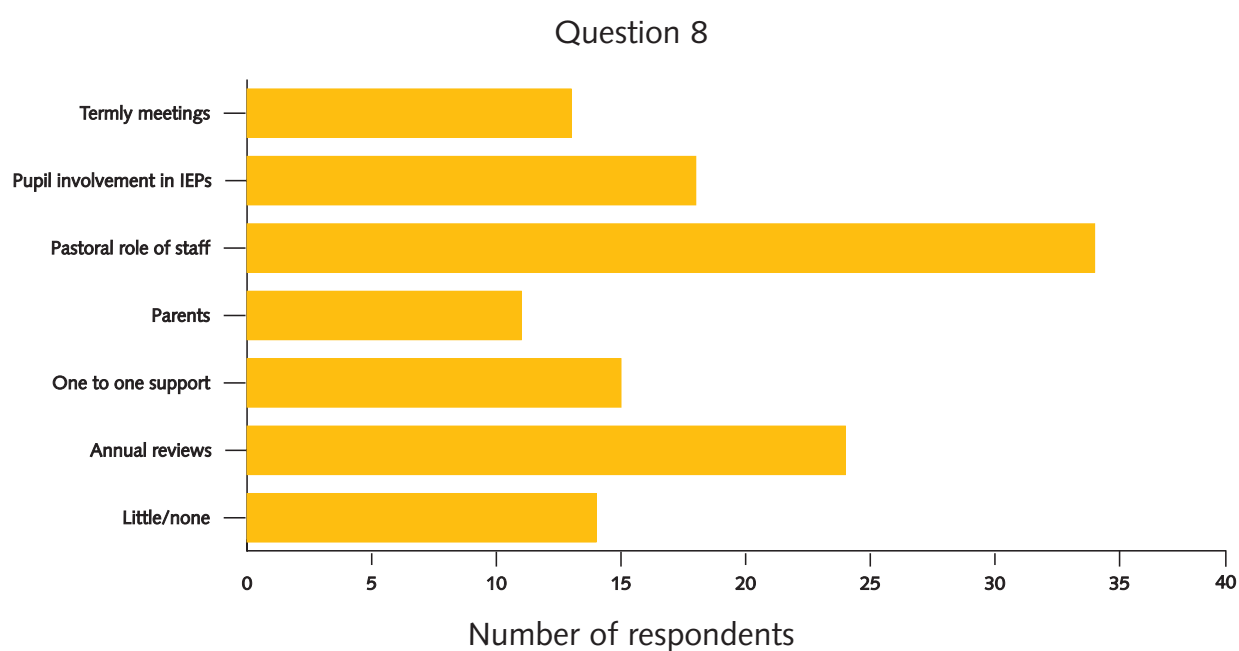
Some respondents referred to the need for early development screening. Some education professionals felt that pupils were entering school at primary and secondary level, with poor basic skills, resulting in increased difficulty for intervention. The need for commonality of assessment at year six was also referred to.

7. If possible, please give an example of good practice in early identification of special educational needs.

Overwhelmingly, a large number of respondents referred to joint working amongst professionals from the health and education sectors and also the social services sector. It appeared that most of this work was undertaken proactively and voluntarily. Some respondents referred to specific diagnostic tests that they considered helpful, particularly neo-natal hearing screening. A sample of some of the more detailed responses submitted is at **Annex 4B**.

Support for Children and Young People with Special Educational Needs

8. What means are available to ensure that children and young people are given appropriate opportunities to share their concerns about their needs?



The chart above only shows the means that were identified by at least 10 respondents. 25 other means were mentioned less frequently for example, Circle Time, Schools Councils, health professionals etc.

It was suggested that as need increased, the ability to express opinion decreased.

9. How could children's and young people's understanding of special educational needs be improved?

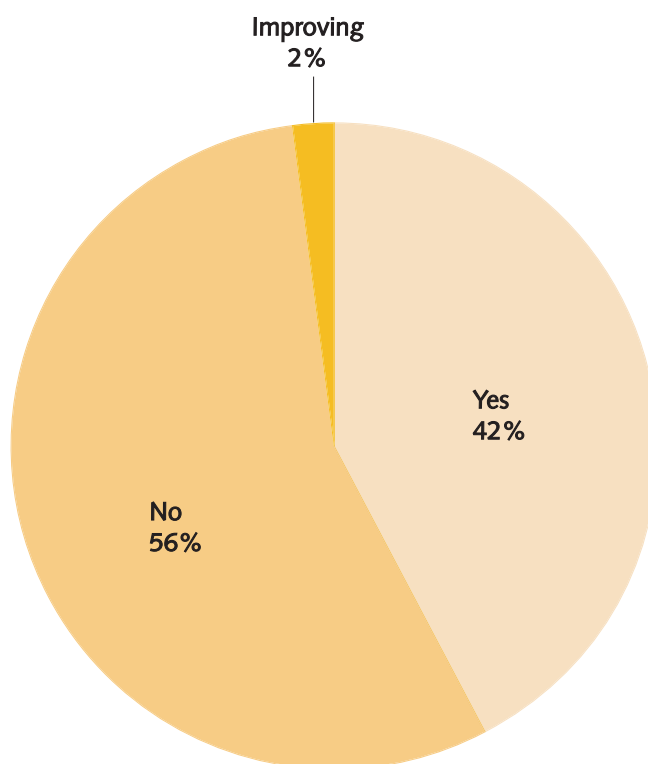
The Personal and Social Education (PSE) curriculum was cited as an appropriate channel for increasing young people's awareness of SEN, both those with or without SEN. School assemblies, buddy systems and 'circle/shared time' sessions were felt to be appropriate settings. SEN needed to be made acceptable to mainstream settings. A vast majority of submissions referred to the vital need for advocating inclusion and integration of SEN pupils into mainstream settings. Some respondents were

positive about collaborative projects between special schools and mainstream schools. Learning Support areas in schools should be opened up to the whole school environment. There was a call for professionals to respect pupils with SEN and be honest when supporting them.

Children's advocacy services were cited as an important factor in increasing children's and young people's awareness and understanding of SEN. Specialist careers advisers are employed by Careers Wales to support older pupils with SEN.

Offering a broad curriculum, increasing the amount of specialist staff and increasing one-to-one contact time were also felt to be of significance.

10. Is information on available support for children and young people easily accessible?



Question 10

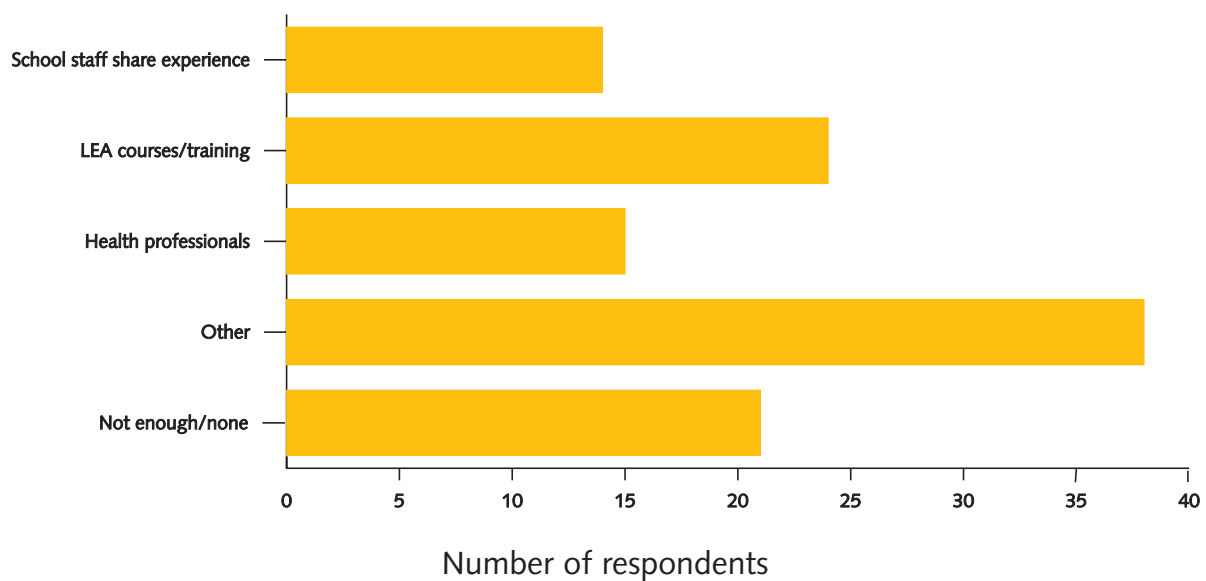
Many felt that the existing system favoured parents who were 'informed' and/or articulate.

Voluntary organisations' websites were found to be useful by parents.

Early Years Support (Early Years Action and Early Years Action Plus)

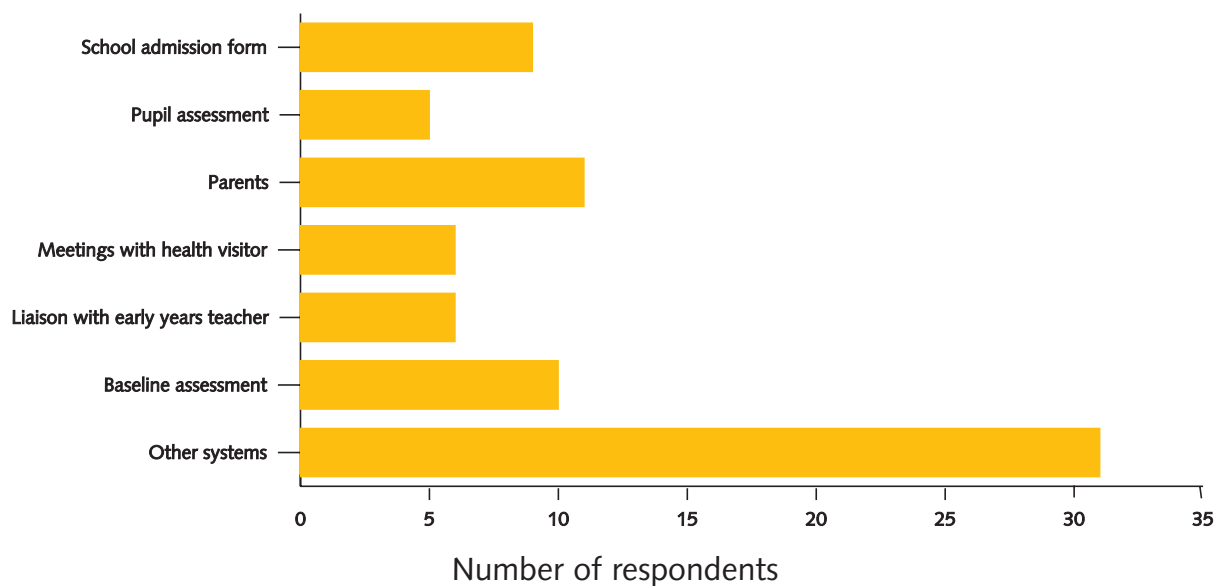
11. What support and training is available in the identification of children with special needs in early years settings?

Question 11



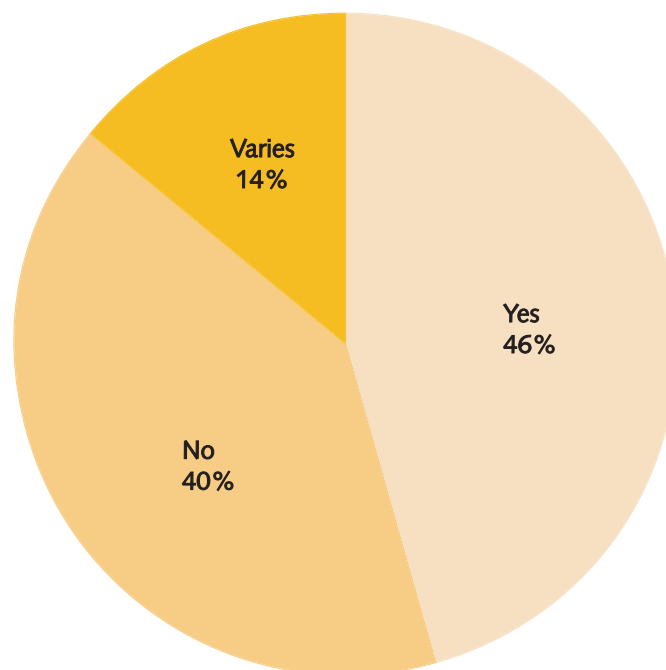
12. What systems are in place in early years settings for collating information upon registration?

Question 12



“Other systems” for collating information on registration included the LEA statementing service, the SENCO and the SEN register.

13. Do you consider that the SEN Code of Practice for Wales is applied appropriately and effectively in early years settings? If not, please give reasons.



Question 13

Respondents generally felt that in principle, the Code was applied appropriately in light of insufficient specialist staff and long waiting lists for therapy. A small number of submissions from teachers alluded to a lack of LEA support. One voluntary organisation claimed that schools were often reluctant to screen/assess pupils with potential SEN.

It was widely purported that early diagnosis and subsequently, intervention could be exacted more efficiently than was currently occurring; the formal assessment process was felt to be protracted and unproductive. Some felt pupils' needs were not being identified quickly enough. Long waiting lists for therapy and a lack of specialist staff (i.e. educational psychologists, speech and language therapists, occupational therapists and physiotherapists) further compounded these problems.

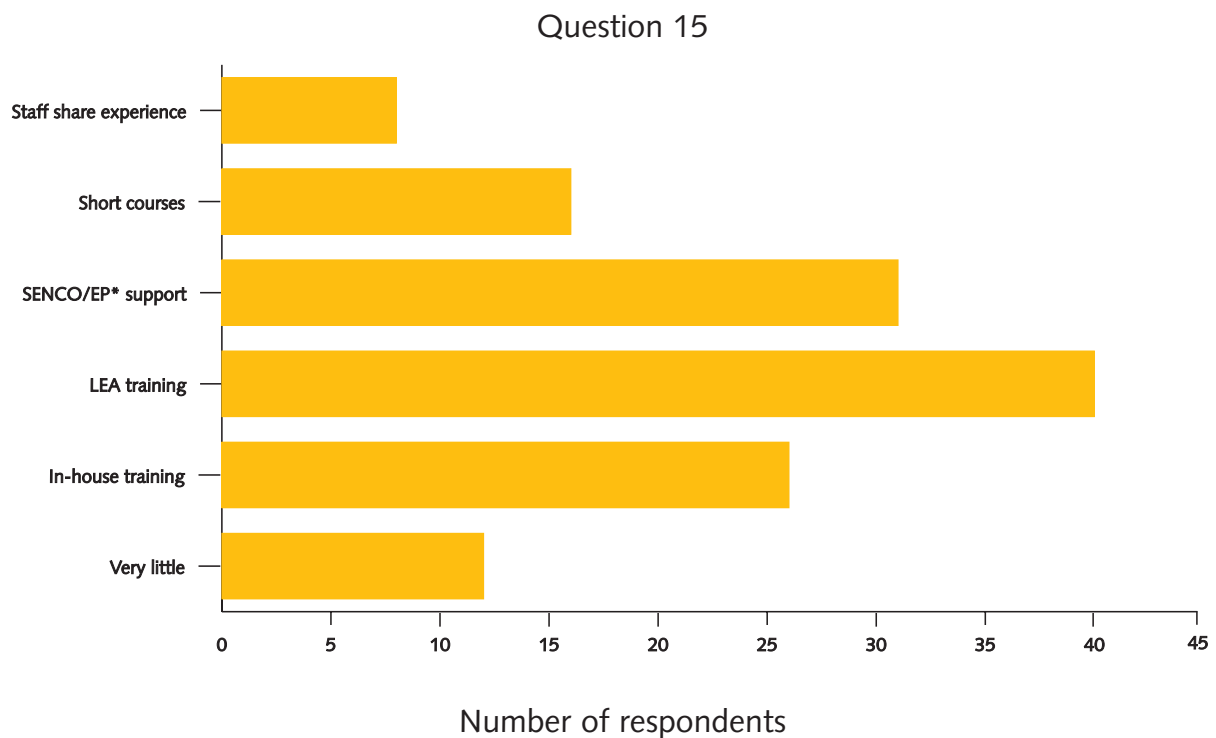
Comments were also made in relation to the need for clarification of LEAs' responsibilities for the voluntary sector and that it might be beneficial for voluntary organisation nurseries to have SENCOs.

14. What early intervention and support strategies are there in early years settings?

Many consultees referred to voluntary organisations as an important source of providing and/or supplying information on early intervention and support strategies in the early years. Social services, Cymorth (including Surestart), portage home services and playgroups/nursery schools were also alluded to.

School Based Support (School Action and School Action Plus)

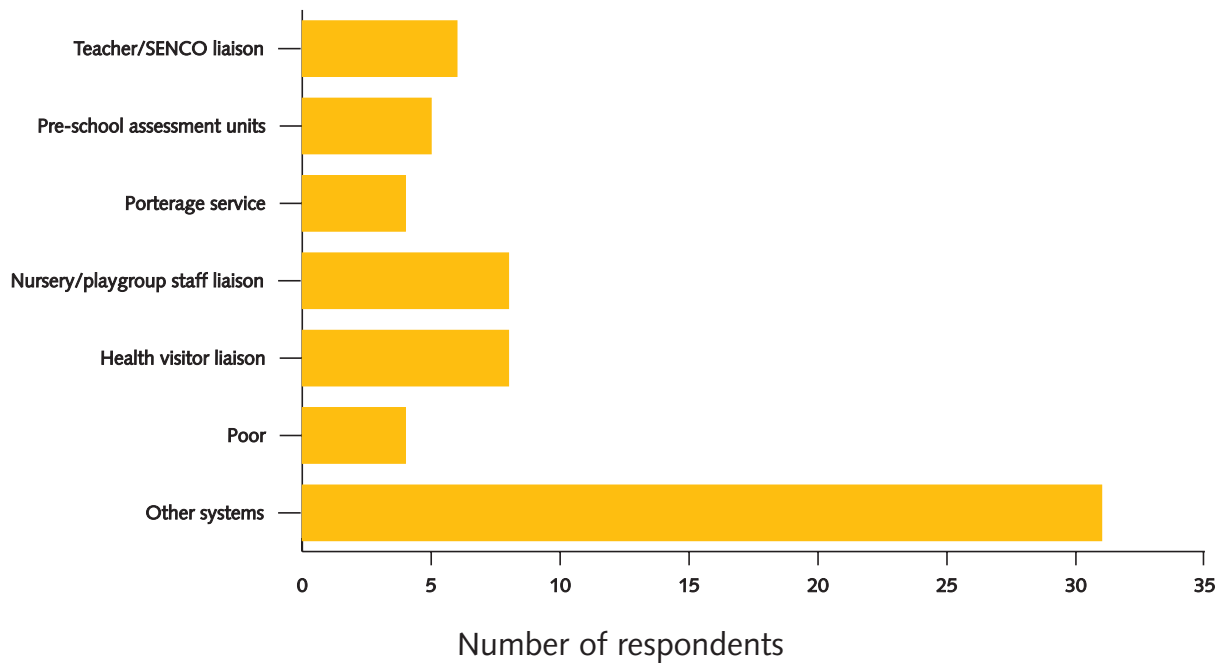
15. What support and training is available for teachers in the identification of children and young people with special educational needs?



*EP – Educational psychologist

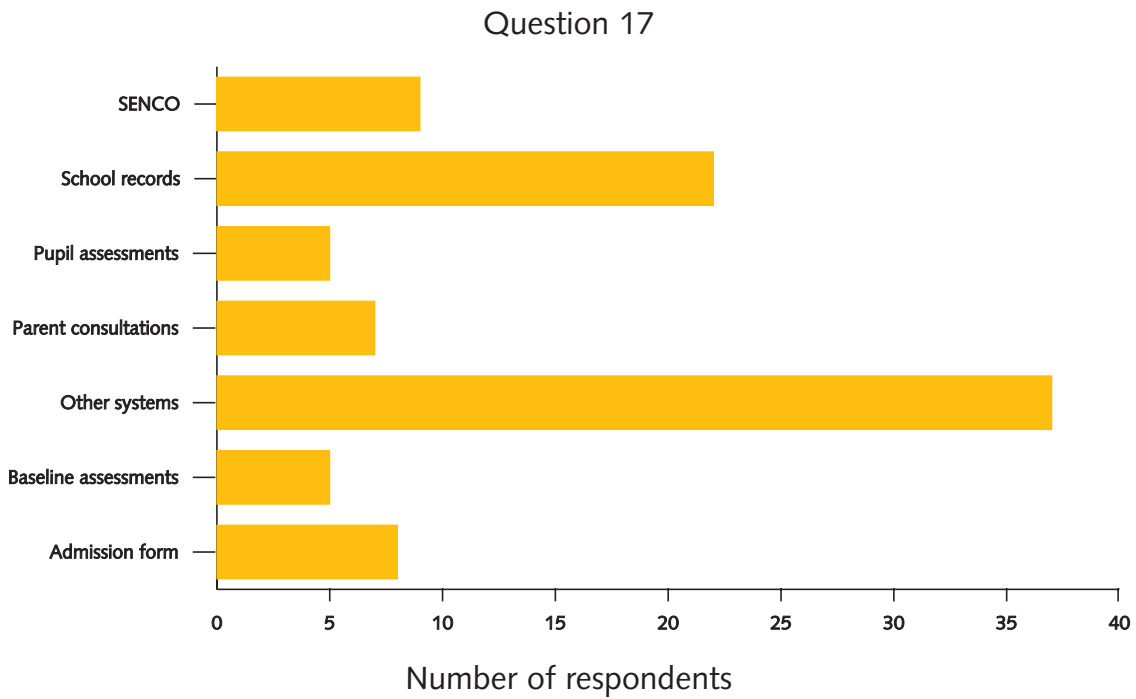
16. What systems are in place for pre-school registration and support?

Question 16



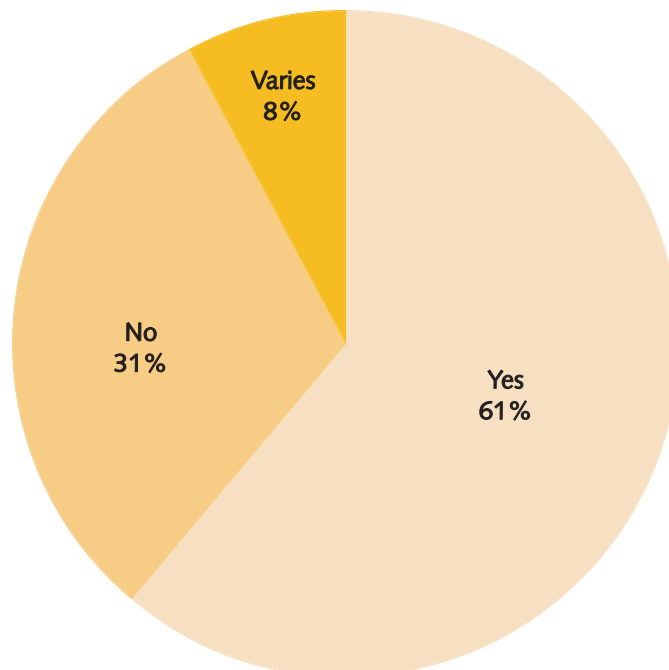
Other systems included educational psychologists, advice booklets, meetings with parents etc.

17. What systems are in place in schools for collating relevant information upon registration?




“Other systems” included Link staff inform, medical forms, SEN meetings and SEN register etc.

18. Do you consider that the SEN Code of Practice for Wales is applied appropriately and effectively in schools? If not, please give reasons.



Question 18



There was an acknowledgement that the application of the SEN Code of Practice varied in schools and that this was largely due to differentiation in pupil numbers and available provision. Some felt that a lack of specialist staff, time and resources and bureaucratic burdens obstructed professionals in their effective and appropriate application of the Code. Insufficient resources were unable to accommodate the increasing numbers of pupils with SEN. NHS therapy provision in some authorities was thought to fail to comply with the Code: in some cases there was a severe lack of provision and some SEN pupils were not receiving therapy, due to reasons stipulated above.

Many cited a lack of co-ordination between all agencies involved and commented that it was important that clarification was provided on the responsibilities of the various agencies involved.


Several respondents were of the view that it was important that pupils were active participants in the Individual Education Plan (IEP) planning meetings with their teachers. Many consultees called for increased parental involvement in general.

Some teachers felt that all responsibility for meeting the needs of pupils with SEN fell entirely onto schools as a result of the SEN Code of Practice for Wales.

19. Are schools working in partnership with parents?

Many schools/teachers believed that they were working hard with and for parents/children and provided examples of interaction with parents: coffee mornings, parents' evenings, school 'open door' policy, parent/teacher discussions of the IEP and take-home work packs for pupils to work at home with their parents. Several submissions stated that it was sometimes difficult to encourage reluctant parents to come into the school environment to discuss needs and approaches.

The majority of parents who responded to this question said that they had experienced a lack of help/interest from schools in their children's needs. Some felt that they had had to be assertive and complain to ensure that their child's requirements were at least partially met. Some parents said



that they had developed a good rapport with teaching staff and other professionals at their children's schools.


It was also noted that the lack of clarity surrounding differential responsibilities of schools and LEAs often interfered with effective partnerships between schools and parents.

Multi-agency Working

20. How do you consider that access to speech and language therapists and other therapists and social services professionals could be improved?

Many suggestions were provided by respondents, including:

- Address the recruitment/retention issues surrounding SALTs;
- Increase the number of SALT personnel and increase contact time and access;
- SALTs could be employed by LEAs/NHS services to be accountable to LEAs;
- Address the prime and ultimate responsibility anomaly between health and education sectors. Prime and ultimate responsibility to be vested to LEA for provision of therapy services;
- SALT provision should be part of education and not health provision;
- SALTs could be attached to schools on a named-school/cluster basis;
- Increase number of Welsh-speaking SALTs;
- Provide funds for schools to sub-contract to providers;
- Need more on-site visits to schools from health professionals. Children should be assessed on-site in schools and not off-site in clinics;
- More feedback required from social services personnel;
- Holistic, multi-agency assessment should occur on one-site e.g. at children's centres;
- More access to SALTs at secondary school level;
- Need statutory access to SALT provision in the further education sector;

- 
- More opportunity to network amongst professionals. Allow more joint planning of integrated work schemes;
 - Shortcut referral procedures; and
 - Increase Child and Adolescent Mental Health Services (CAMHS) support alongside SEN provision.

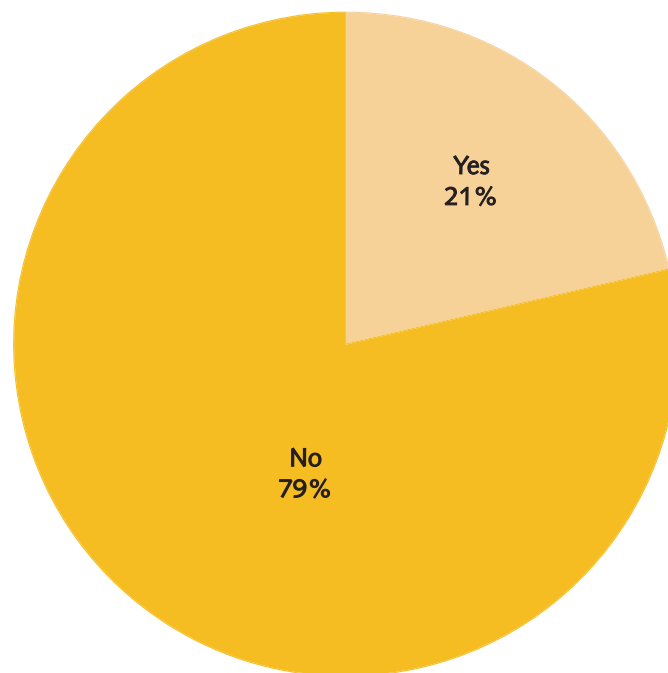
21. How does your setting collaborate with health visitors in the identification of and support for children and young people with special educational needs?

NHS Trusts directly manage health visitor services. Collaboration varied between schools - it appeared to be more prevalent in the early years setting with home visits a regular feature. Some schools/teachers said that they had regular contact with health visitors, others liaised with health visitors on an ad hoc basis/as and when required. It is notable that this varied greatly amongst respondents.

22. How does your setting collaborate with portage workers? Is this arrangement satisfactory?

According to responses, portage workers were a feature of pre-school and special school settings. One suggestion was that portage workers could be made a part of the educational setting. Staff turnover sometimes meant uncertainty and re-adjustment for children. Some respondents said that the use of portage workers in their settings was incorporated as part of a multi-agency approach.

23. Do you consider that there is effective collaborative planning, training and review of support for children and young people with special educational needs? If not, how could this planning process be improved?




Question 23

Those respondents that **agreed** that there was effective collaborative planning, training and review of support for children and young people with special educational needs offered the following comments/suggestions:

- Planning was effective but there was a need for more resources; and
- The annual review of statements was felt to work effectively.

Those respondents that **disagreed** that there was effective collaborative planning, training and review of support for children and young people with special educational needs offered the following comments/suggestions:

- Need to incorporate an element of SEN training/awareness in Initial Teacher Training (ITT) courses;
- Need joint commissioning of services and inter-agency planning/budget holders to attend planning meetings. Training needs to be on an inter-agency basis, with particular regard to the planning process;

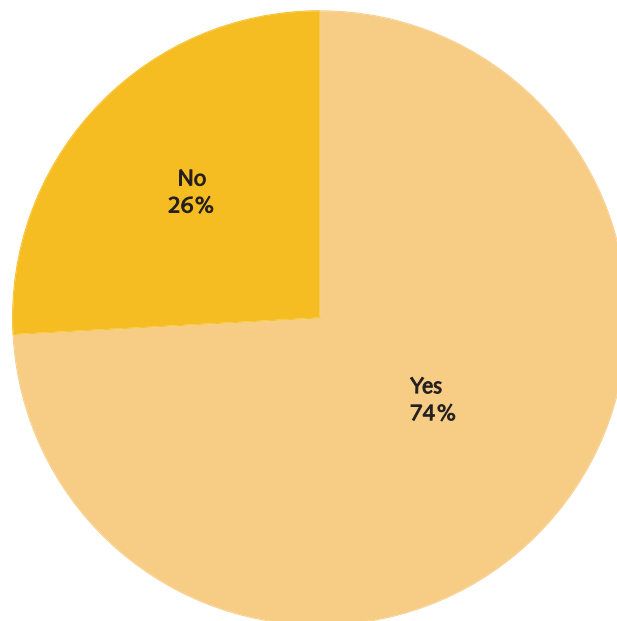
- 
- Need fixed multi-disciplinary teams - more co-ordination and communication required between teams and services;
 - Need a 'one stop shop' approach and a multi-agency unified assessment service;
 - Increase resources, decrease bureaucracy;
 - Audit resource requirements and acknowledge continuum. Create a central database of pupils with SEN;
 - Requirement for Welsh medium assessment documents to reduce administrative burdens;
 - Need to retain staff at LEA with SEN expertise;
 - LEAs to listen to views of parents; and
 - Educational psychologists to deliver appropriate strategies.

24. If possible, please give an example of good practice in multi-agency working.

Partnership working amongst professionals from the health, education and social services/welfare sector appeared throughout many responses. Schools or local authorities would take the lead in such partnership working. **Annex 4C** cites some prominent examples. Some parents and teachers felt that the annual review meetings were an example of good practice in multi-agency working.

Language


25. Do you consider there are factors that currently hinder the early identification of special educational needs for children and young people whose first language is not English?



Question 25

Respondents to this particular question felt that there was a severe deficit in the availability of therapists able to speak Welsh and languages other than English. It was felt that there were insufficient numbers of multi-lingual professionals able to accommodate the specific needs of the black and minority ethnic community. There was felt to be little or no supporting literature/information for languages other than English and in some cases, Welsh.

Many expressed the view that in spite of liaison/support from Ethnic Minority Achievement Service(s) (EMAS), there was limited access to interpreters and limited partnership opportunities with parents in the black and minority ethnic communities. Some teaching and health professionals asserted that there was often difficulty in ascertaining whether a child's potential difficulties were attributed to difficulties surrounding the language of the assessment (sometimes a child's second or third language) or attributed to one other or more SEN. Some professionals felt that it was difficult to undertake a fair assessment of a child using his or hers second/third language.



26. What support is available for children and young people with special educational needs whose first language is Welsh.

There was an overwhelming response to the question in that in many local authority areas, there was a chronic shortage of Welsh-speaking health professionals, in particular speech and language therapists and many children were not able to undertake therapy in their/their parents' language of choice. Some authority areas in North Wales did have Welsh speaking personnel available but this was not the case in many other parts of Wales. It was also asserted that there was no residential school in Wales for deaf children and young people. There was also a need for a decision to be made on the status of British Sign Language through the medium of Welsh.

27. What support is available for children and young people with special educational needs whose first language is neither English nor Welsh?

Please also see question 25

It was generally asserted that there was local authority provision for these services, namely EMAS and second language English services. Screening tools were felt not to be 'minority specific'. Some submissions stipulated the fact that in some cases children and families from black and ethnic minority communities felt isolated due to communication difficulties. Often parents were unable to pursue follow-up activities in the home because of language difficulties or where parents had a SEN themselves. Due to language barriers/communication difficulties, many families did not know where to access support and information.

Resources

28. Is there sufficient funding for the early identification and intervention of each of the four areas of special educational needs in:

- Infancy
- Early years
- Children of primary school age
- Children and young people of secondary school age

A vast majority of respondents categorically stated that there was insufficient funding available for the early identification and intervention of SEN through the various settings. It was stated that there was no funding available for the assessment of autism. Many felt that there was a need for a pay scale for learning support assistants, as the current arrangements were too transient.

29. How could funding be used more effectively in each of these phases?

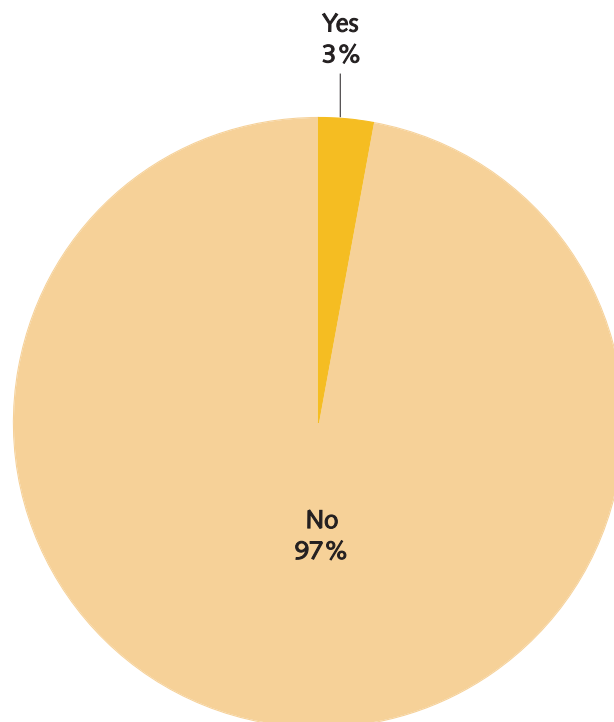
Some respondents felt that an increase in funding should be targeted at the infancy/early years end in order that intervention could be exacted as early as possible, thus helping to diminish exclusion later on in education. It was felt that some SEN needs became unnecessarily severe due to late non-identification of problems and a lack of intervention.

Other suggestions were also put forward by respondents:


- Funding to be driven by need not targets;
- Delegate funding for SEN directly to schools;
- Multi-agency training/collaboration - teams sharing resources and working on a shared-school clustering basis;
- Pool multi-agency specialists for outreach work/'one stop shop' setting;
- Ringfence funding for multi-agency work/provision;
- Increase general number of specialist personnel i.e. full time SENCOs for each school;
- Cluster support SENCOs for early years settings;

- Increase number of Learning Support Assistants (LSAs) available/ introduce pay scale;
- Develop database/audit of needs at LEA level;
- Smaller class sizes;
- Standardise statutory assessments;
- Extend portage services;
- Increase educational psychologists' time in early years settings;
- Reduce bureaucracy for teaching staff and other professionals;
- Target pupils with 1:1 support; and
- Funding for early identification in infancy and early years (outside Surestart) should be more readily/easily obtainable.

30. Is the supply of relevant professionals in each of these phases adequate to meet current needs for early identification and intervention? If not, please suggest possible solutions.



Question 30



Nearly all respondents stated that there were simply not enough professionals to meet current or indeed future needs for early identification and intervention. There was a requirement for more staff and dedicated contact time, this was especially significant in relation to Welsh-medium provision.

Possible solutions suggested were:

- Make use of special schools' staff expertise;
- Organise work experience placements for years 11-13 with SALTs and educational psychologists;
- Increase number of counselling staff (non-teachers) for behavioural problems;
- Increase the number of trainee teachers for deaf children and young people;
- Allow SENCOs to train for a nationally recognised qualification in SEN;
- Bridgend LEA working on specific project with research funding with Leeds University.

31. What tests are available in each of these phases to facilitate the early identification of special educational needs?

Numerous tests were cited in the submissions, those that were regularly referred to include baseline assessments; NFER NELSON; British Ability Scales; Glannau Menai, Neale Analysis, Dyslexia screening and paediatric assessments. The introduction of neo-natal screening was also mentioned.

It became apparent on analysing responses to this question that awareness of and use of tests varied between respondents, especially in the primary and secondary sectors. Some respondents advocated the need for a common approach to testing (in schools).

32. Are these tests available in languages other than English?

Most respondents who provided answers to this question said that there were tests available in languages other than English. Many confirmed the existence of Welsh Language tests but the view of many people was that there was shortage of appropriately qualified professionals to administer the tests and support children and their families. The same could be applied to languages other than English and Welsh. For example, some respondents argued that access to tests in minority languages were scarcely available and often hindered as there was a deficit in the number of professionals able to administer such tests.

Conclusion

Many respondents including parents, young people and education and health professionals felt that they were expending a significant amount of effort in supporting and developing children and young people with SEN. At the same time, others felt that children and young people were not receiving the support and provision that they are entitled to as set out in the SEN Code of Practice for Wales.

Direction provided by the SEN Code of Practice was generally welcomed but practical support was needed to realise the obligations of the Code and meet children's and young people's needs. The general message from the consultation was one of a call for increased resources/specialist personnel, co-ordination between agencies and clarification on responsibilities of various agencies involved.

June 2004

Please note:

Views expressed in this report are representative of those people who responded to the consultation questionnaire.



Annex 4A






Annex 4A

List of respondents


ABCD and AWEMA
Ability Net
ACCAC
Acton Park Junior School
Alexandra County Primary School
Anonymous Parents
Ashgrove Special School
Association of Welsh Community Health Councils
Bishop Vaughan Catholic Comprehensive School
Blaenclydach Infant School
Bridgend County Borough Council
Briton Ferry Special School
Bryn Celynnog Comprehensive School
Caerleon Comprehensive School
Caldicot School
Cardiff High School
Care Co-ordination Network
Carmarthenshire NHS Trust
Cefn Primary School Pontypridd
Child Care Disability Team, Neath Port Talbot County Borough Council
Chwarae Teg
Close Primary School
Clwyd Community Primary School
Clwyd Community Health Council
Community Services, Pontypridd & Rhondda
Concerned Parent
Conwy & Denbighshire NHS Trust
Conwy Federation of Community Health Councils
Copperworks Infants School
Corneli Primary School
Deeside College
Dyslexia Institute Wales
Dyslexia Institute, Cardiff



Education Psychology Service
Education, Culture and Leisure Department, Gwynedd County Council
Elfed High School
Environment Agency Wales
Fitzalan High School Cardiff
Flintshire LEA
Fochriw Primary School
Gwent Community Health Council
Gwent Healthcare NHS Trust
Hafod y Wern Junior School
Hawarden High School
Heronsbridge Special School
Hillside Nursery
Hillside Primary School
Hwyel Dda Junior School
Isle of Anglesey County Council
Johnstown Junior School
Llanbedyr Primary School
Llandrindod High School
Llanedeyrn Primary School
Llanedeyrn High School
Llanfair Primary School
Llanidloes High School
Lwyny Infants School
Mantell Gwynedd
Marlborough Infants School
Meirionnydd Community Health Council
Monmouthshire County Council
Monmouthshire Local Health Board
Moorland Primary School
NCH Pembrokeshire Children's Centre
Neath & Port Talbot Community Health Council
Neath Port Talbot College
Newbridge Comprehensive
North East Wales NHS Trust
NUT Cymru
Pantside Primary Newbridge



Parent of Dyslexic Children
Parent User of Services
Pembroke Primary School
Pembroke School
Pembrokeshire Children's Centre
Penrhos Primary School
Pentrehafod Comprehensive School
Pentrenglyn C P School
Portfield School
Powys County Council
Powys Local Health Board
Principal Education Psychologist
Pupil Inclusion Unit, Port Talbot County Borough Council
Rhosymedre Junior School
Rhyl High School
Richmond Park School
Royal College of Paediatrics & Child Health
Sandfields Comprehensive
SENCOs
SNAP Cymru (2)
Specialist Teacher of Deaf
St Christopher School Wrexham
St Illtyd's Catholic High School
St Mary's Catholic Primary School
St Oswald's VA School
The Alun School
Torfaen Local Education Authority (2)
Towyn Junior School
Traveller Education Service
Vale of Glamorgan County Borough Council
Waunfawr Primary School
Welsh Language Board
Wepre Primary School
Willows High School
Ysgol Belmont Special School
Ysgol Bryn Elan
Ysgol Bryngwyn



Ysgol Cefn Coch
Ysgol Conwy
Ysgol Delyn Special School
Ysgol Dewi Sant
Ysgol Esgob Morgan
Ysgol Glanrafon
Ysgol Gyfun Gymraeg Glantaf
Ysgol Gymraeg Brynmawr
Ysgol Gynradd Llanfair ym Muallt
Ysgol Heol Goffa
Ysgol Maes Dyfran
Ysgol Maes y Dre
Ysgol Twm o'r Nant
Ysgol Uwchradd y Creuddyn



Annex 4B



Education and Lifelong Learning Committee
Policy Review of Special Educational Needs
Additional Sheet for detail from: Question 7

If possible, please give an example of good practice in early identification of special educational needs.

Submission Reference No:	Respondent	Example
49	Deeside College	Experience and assessment facilities
50	North East Wales NHS Trust	Core co-ordination in Wrexham. Much work ongoing in Flintshire to replicate best practice - Local Health Boards and Joint Flexibilities projects ongoing.
68	Merthyr Tydfil County Borough Council	Health Authority, EY and CCP working with portage services
87	Educational Psychology Service (Pre-School) - SEN Joint Committee, Caernarfon	Multi-agency team (pre-school)
88	Anglesey LEA	An early years SEN group has been established to consider in which ways further collaboration can be further improved.
91	Caldicot School	LAS computer system to diagnose speech and language difficulties

Annex 4B

Submission Reference No:	Respondent	Example
100	Gwent Healthcare NHS Trust	The Child Development Team brings Health, Education and Social Services together in a timely fashion, for joint assessments, diagnosis and care planning of a child with identified needs.
102	Flintshire LEA	Infancy: Newborn hearing screening All phases: Autism Co-ordination Panel; Flintshire Assessment Framework; Primary Special Needs Team Meetings
116	Powys County Council	Use of DISCO testing for suspected autism
134	Monmouthshire LEA	Early identification by Surestart through joint working with Health/Social Services and LEA e.g. crèche for children with possible developmental delay. Early identification by Early Years SEN/Transition Co-ordinator of children living in Monmouthshire who are below school age attending playgroups, private nurseries (in one case out of county).

General Comments:

- Speech and Language difficulties assessed by DEST;
- Secondary schools' liaison with primary schools (i.e. passing of information);
- Autism awareness improved;
- Developmental assessments by health visitors;
- Neo-natal hearing screening;
- AMBDA training (dyslexia)
- Baseline testing
- Health visitor intervention;
- Various multi-agency teams;
- Surestart project.



Annex 4C



Education and Lifelong Learning Committee
 Policy Review of Special Educational Needs
 Additional Sheet for detail from: Question 24

If possible, please give an example of good practice in multi-agency working.

Submission Reference No:	Respondent	Example
15	Bryn Celynnog Comprehensive School, Pontypridd	School liaises with behaviour support, Social services, Health Service, Police, Youth Offending Team, Educational Psychologists etc
50	North East Wales NHS Trust	Wrexham Maelor's Children's Assessment Centre
60	Stephen Dart, Specialist Teacher of the Deaf, St Cyres School, Penarth	Work collaboratively with other teachers of the deaf in LEA with EP/SLT/Audiology clinics. Joint planning, recording and target framework we use to support IEP for hearing impaired/deaf children.
64	Acton Park Junior School, Wrexham	Area support teacher; multi-agency meetings
71	Pembrokeshire Children's Centre	The centre is a multi-agency funded centre, managed independently by NCH. The centre holds the joint specific needs register, a key worker system operates and it endeavours to co-ordinate services for children with SEN.
77	Torfaen LEA (1)	Multi-agency intervention support teams to support looked after children.

Annex 4C

Submission Reference No:	Respondent	Example
82	Torfaen LEA (2)	Garnsychan Partnership
99	SNAP Cymru	Carmarthenshire Inclusion Service and training for autism (Carmarthenshire)
100	Gwent NHS Trust	Child Development Teams have recently developed several joint training initiatives. Joint education and health working group on the SEN Code of Practice.
102	Flintshire LEA	Moderation Panel; Childcare Panel; Behaviour Planning Group; and Integrated Disability Service.
103	Port Talbot LEA	Joint training days where specific agencies put forward overview of working practice and their particular perspective on cases.

General Comments:

- Regular school meetings and teamwork in schools;
- Termly and annual review meetings;
- Multi-agency meetings;
- Core group meetings for children on child protection register;
- Residential placements for those with moderate learning difficulties (requiring multi-agency support);
- Collaborative training in school setting;
- SECOND Chance project - Cardiff;
- Dyslexia Institute - partnership projects - schools and prisons, training for teachers alongside dyslexic children);
- Joint training between agencies effective.



Annex 5





Annex 5

School Visits

St. Christopher's Special School, Wrexham

The school caters for 226 pupils aged 6-19 who have special education needs. All pupils have learning difficulties. In most cases these arise from developmental delay and are moderate or severe. The school provides for a significant number with autistic spectrum disorder and for others with emotional and behavioural difficulties. Many pupils have speech and language difficulties. Disabilities and learning difficulties catered for at the school include: moderate and severe learning difficulties; profound and multiple learning difficulties; autism; physical disabilities; hearing and visual impairment; speech and communication difficulties; emotional and behavioural difficulties.

The school is organised into five departments; junior, middle, senior, the behaviour support unit, and the independent living department. Pupils travel to the school from Wrexham and from areas outside the authority. Some 28 pupils travel from beyond the local authority boundary.

Mynydd Isaf Junior School, Mold, Flintshire

This is a mainstream primary school with 307 full time pupils. There are 18 children with special education needs in the school. The speech and language resource provides therapy for 12 pupils.

Ysgol Y Drindod, Wrexham

This is a mainstream school, with a special resource unit. Facilities at the school include a multi-purpose room for smaller learning groups, the sound and light room for those with sensory, movement or concentration difficulties, the soft play room to promote physical development and the hydrotherapy pool for therapeutic work. There are currently 25 full time pupils and one part time pupil at the school.



Brynteg Comprehensive School, Bridgend

This is an 11-18, mixed community school. There are 2,068 pupils on roll, including 404 in the sixth form. There are currently two pupils with statements, 65 on school action and 124 on school action plus with learning difficulties. There are also 13 pupils with emotional and behavioural difficulties on school action and 78 on school action plus. Pupils with SEN benefit greatly from being fully included in all aspects of the curriculum and school life.

The school operates a Dyslexia Resource Centre. Most of the 21 pupils make significant progress in reading and spelling as well as in confidence and self-esteem. Individual Learning Plans (ILPs) provide well-considered, precise learning targets which are given to subject teachers together with pupils' Individual Action Plans (IAPs). Pupils make good progress in mainstream lessons particularly where they are supported by the two support assistants. The Developmental Co-ordination Difficulties Initiative (Dyspraxia), devised and delivered by a trained support assistant, gives pupils valuable additional help with fine, gross motor and organisational difficulties. Pupils bring friends to some of the lunchtime sessions.

Héronsbridge Special School, Bridgend

Héronsbridge is a special school that provides day and residential education for pupils aged three to 19 years, who have statements of special educational needs (SEN). Provision is made to meet a wide range of SEN. At the time of the inspection the report noted: 70 pupils have severe learning difficulties, 43 have autistic spectrum disorder, 38 have profound and multiple learning difficulties (PMLD) and 11 have speech and communication difficulties. Others have general learning difficulties. On entry, because of their SEN, pupils are, markedly, less able than average. About 20 per cent of pupils come from outside the LEA area and a very small number, seven, are resident at the school, mostly boarding from Monday to Friday.







