

# Agenda – Children, Young People and Education Committee

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Meeting Venue:

Hybrid – Committee room 4 Tŷ Hywel  
and video conference via Zoom

Meeting date: 16 November 2023

Meeting time: 09.30

For further information contact:

Naomi Stocks

Committee Clerk

0300 200 6565

[SeneddChildren@senedd.wales](mailto:SeneddChildren@senedd.wales)

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## Private pre meeting

(09.15 – 09.30)

### 1 Introductions, apologies, substitutions and declarations of interest

(09.30)

### 2 Do disabled children and young people have equal access to education and childcare? – evidence session 11

(09.30 – 10.30)

(Pages 1 – 46)

David Davies, Professional Practice Lead for Wales, Royal College of  
Occupational Therapists

Pippa Cotterill, Head of Wales Office for the Royal College of Speech and  
Language Therapists

Leanne Evans, School Nurse and representing the Royal College of Nursing  
Wales

Abigail Wright, Senior Specialist Early Years Educational Psychologist and  
British Psychological Society Educational Psychology Lead for Wales

Attached Documents:

Research Brief

Paper 1 – Royal College of Occupational Therapists

Paper 2 – Royal College of Speech and Language Therapists

Paper 3 – Royal College of Nursing Wales

Paper 4 – British Psychological Society



## **Break**

(10.30 – 10.40)

### **3 Do disabled children and young people have equal access to education and childcare? – evidence session 12**

(10.40 – 11.40)

(Pages 47 – 52)

Dr Nick Wilkinson, Royal College of Paediatrics and Child Health Officer for Wales

Dr Claire Campbell, Royal College of General Practitioners

Attached Documents:

Paper 5 – Royal College of Paediatrics and Child Health Officer for Wales

### **4 Papers to note**

(11.40)

#### **4.1 P-06-1347 Review Additional Learning Needs policies & make compulsory to FULLY train all teachers and TAs**

(Pages 53 – 54)

Attached Documents:

Letter from the Chair of the Children, Young People and Education Committee to the Chair of the Petitions Committee

#### **4.2 Information from Stakeholders**

(Pages 55 – 56)

Attached Documents:

Letter from the Chair of the Children, Young People and Education Committee to the Minister for Education and Welsh Language

#### **4.3 Information from Stakeholders**

(Pages 57 – 58)

Attached Documents:

Letter from the Chair of the Children, Young People and Education Committee to Universities and Colleges Union (UCU)

#### **4.4 Do disabled children and young people have equal access to education and childcare?**

(Page 59)

Attached Documents:

Additional information from the NEU following the meeting on 25 October

#### **4.5 Cost of Living**

(Pages 60 – 71)

Attached Documents:

Letter from the Economy, Trade and Rural Affairs Committee to the Minister for Economy

#### **4.6 Information from Stakeholders**

(Pages 72 – 79)

Attached Documents:

Letter from the Chief Executive of Auditory Verbal UK

#### **4.7 Information from Stakeholders**

(Page 80)

Attached Documents:

Letter from the Director of the National Adoption Service for Wales

#### **4.8 Information from Stakeholders**

(Pages 81 – 82)

Attached Documents:

Briefing note from Children in Wales

#### **4.9 Do disabled children and young people have equal access to education and childcare?**

(Page 83)

Attached Documents:

Letter from the Chair of the Children, Young People and Education Committee to the Advisory Panel Members

#### **4.10 Services for care experienced children: exploring radical reform**

(Pages 84 – 85)

Attached Documents:

Letter from Cardiff Council

- 5 Motion under Standing Order 17.42(ix) to resolve to exclude the public from the remainder of this meeting, for the whole of the meeting on 23 November and for Items 1 and 2 on 29 November (11.40)**
  
- 6 Do disabled children and young people have equal access to education and childcare? – consideration of the evidence (11.40 – 11.45)**
  
- 7 Residential Outdoor Education (Wales) Bill – consideration of the letter from Business Committee (11.45 – 11.50)**
  
- 8 Welsh Government Draft Budget – Technical Briefing on Single Integrated Impact Assessment [SIIA] (11.50 – 12.50)**

Document is Restricted

Cyflwynwyd yr ymateb hwn i'r [Pwyllgor Plant, Pobl Ifanc ac Addysg](#) ar gyfer yr ymchwiliad: [A oes gan blant a phobl ifanc anabl fynediad cyfartal at addysg a gofal plant?](#)

This response was submitted to the [Children, Young People and Education Committee](#) for the inquiry: [Do disabled children and young people have equal access to education and childcare?](#)

AEC 30

Ymateb gan: Coleg Brenhinol y Therapyddion Galwedigaethol

Response from: Royal College of Occupational Therapists

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## About us

We're RCOT, the Royal College of Occupational Therapists. We've championed the profession and the people behind it for over 80 years; and today, we are thriving with over 35,000 members. Then and now, we're here to help achieve life-changing breakthroughs for our members, for the people they support and for society as a whole. Occupational therapists in Wales work in the NHS, Local Authority social care services, housing, schools, prisons, care homes, voluntary and independent sectors, and vocational and employment rehabilitation services.

Occupational therapy helps you live your best life at home, at work – and everywhere else. It's about being able to do the things you want and have to do. That could mean helping you overcome challenges learning at school, going to work, playing sport, or simply doing the dishes. Everything is focused on increasing independence and wellbeing.

It's science-based, health and social care profession that's regulated by the Health and Care Professions Council.

An occupational therapist helps people of all ages overcome challenges completing everyday tasks or activities – what we call 'occupations'. Occupational therapists see beyond diagnoses and limitations to hopes and aspirations. They look at relationships between the activities you do every day – your occupations – alongside the challenges you face and your environment.

Then, they create a plan of goals and adjustments targeted at achieving a specific set of activities. The plan is practical, realistic, and personal to you as an individual, to help you achieve the breakthroughs you need to elevate your everyday life. This support can give people a renewed sense of purpose. It can also open up new opportunities and change the way people feel about the future.

## **Our response**

### **Introduction**

- As occupational therapists we help people of all ages overcome challenges completing everyday tasks or activities – what we call ‘occupations’. This includes activities and routines that children and young people take part in at home, at school/nursery and everywhere else.
- 34 occupational therapists in Wales responded to a recent survey (July 2023) exploring children’s access to occupational therapy. We’ve drawn on findings from the survey and gathered information from children’s occupational therapy service leaders in Wales for this response.
- 85% of occupational therapists in Wales who responded to the survey work with children/young people at school or in an education setting.

### **The extent to which children and learners are currently able to access all parts of childcare and education provision, including the way in which the curriculum is taught and extra-curricular activities.**

- 59% of children’s occupational therapists in Wales who responded to our survey said they were unable to provide the level and type of OT children need to help them access education, fulfil their potential and take part in other activities of daily living. Timely help from an occupational therapist can help disabled and neurodivergent children and young people take part in learning, social and other activities alongside their peers.
- Occupational Therapists provide training & support to help educators and childcare providers understand and support children and young people’s physical, sensory and cognitive development. Training might focus on sensory needs, developing fundamental movement skills and approaches for handwriting. Since the pandemic occupational therapists have developed new ways to deliver information and training through websites, live and recorded webinars and provision of information packs. However, our capacity to offer in-person training has been limited by a huge increase in demand for occupational therapy assessments and advice.

- Occupational Therapists recommend strategies & approaches to help children and young people access education, but 66% said a reduction in the availability of support staff meant occupational therapists recommendations can't always be implemented. And pressure on teaching staff means they aren't available (physically or otherwise) to embed strategies into learners' daily routines. Some occupational therapy services are also reporting that school staff don't have time to access the training/information that is offered.
- 61% survey respondents work in services that offer information via a website, and 40% run a telephone advice line. Early access to specialist occupational therapy expertise via these routes means educators, parents/carers and others can receive information about reasonable adjustments quickly and can be signposted to other services if appropriate, whilst those who need a more individualised approach can be identified and prioritised. Our ambition is to expand access to occupational therapy telephone advice lines and websites across Wales, so everyone has easy, early access to occupational therapy advice when they need it.
- Occupational Therapists report that the cost-of-living crisis is affecting opportunities for children and young people to benefit from extra-curricular activities. 56% of Welsh survey respondents said families were cutting back of activities that would support their child's health, development and wellbeing (such as swimming lessons) due to their cost.

**The extent to which children and young people have been excluded from aspects of education or childcare due to their disability or neurodivergence.**

- Our members report that while learners attending special needs schools have access to breakfast club/afterschool and extra-curricular activities, young people attending additional learning needs (ALN) units within mainstream schools don't have the same opportunities - their parents are frequently unable to access wrap-around childcare support.
- Our members are concerned that private nurseries are difficult for children with special education needs and disabilities (SEND) to access to enable parents to go to work. They suggest there is inequitable access to funding for the additional support or equipment necessary to include children with



additional needs in settings across Wales - some areas will fund equipment/support while others will not.

- Members say that if specialist equipment (such as a specialist chair or toilet aid) is purchased by a nursery or early years setting, it belongs to the nursery/setting and does not automatically move with the child to another setting or to school. Gaps in provision of essential equipment can delay children's access to education and put their safety/wellbeing (and that of their carers) at risk.
- In some areas, partnership agreements across health and education are in place for the purchase and recycling of equipment to help children and young people access nurseries and schools. This isn't consistent across Wales.

**The extent to which families and children feel that they have been affected by direct, indirect or discrimination arising from disability.**

- Our members report that some parents feel discriminated against if they cannot access services that a child without a disability can.

**The impact of any lack of or limited access on a child or young person's mental health and well-being and educational outcomes.**

- 65% of Welsh survey respondents felt that limited access to occupational therapy has affected children and young people's mental health and wellbeing while 60% said limited occupational therapy input affected educational outcomes.
- Research shows that the mental health needs of children and young people who are neurodivergent or who have additional learning needs are not well served by school-based mental health support services or CAMHs. With skills in physical and mental health, occupational therapists can provide relevant, practical support to help this population group realise their potential.

- Our members are concerned that the '100% attendance' certificates given out in schools are discriminatory and unachievable for many children with disabilities who are prone to childhood illnesses and have to attend medical/therapy appointments. At times a whole class can lose out on a reward if 100% attendance is not achieved, meaning learners with additional needs are unfairly blamed by peers for something they can't control.

### **The barriers for schools and childcare providers in offering accessible provision.**

- Long waiting times for specialist, individual occupational therapy services in some areas means neurodivergent and disabled children with more complex needs/circumstances can't access timely help to take part in the daily activities they need and want to do, at school and elsewhere.
- We believe that every school should have access to an occupational therapist to help them embed positive physical and mental health opportunities into children and young people's daily routines, so they can realise their potential. In areas where the Local Authority has funded occupational therapists into schools/settings (for example in Neath Port Talbot), staff are better informed about strategies/approaches that enable students with lower level needs to access the wider school curriculum. Collaboration between occupational therapists and schools mean staff receive support to implement approaches such as Zones of Regulation, Smart Moves and Sensory Circuits. These interventions/approaches promote children and young people's development, prevent their needs from escalating and help children and young people take part in learning, social and other activities alongside their peers. Early, appropriate intervention also reduces demand on specialist occupational therapy services, meaning those with greater needs can access help sooner: *'Our school-based training and consultation service is highly effective in reducing need for direct OT input'* (RCOT survey respondent, July 2023).
- Delays in providing equipment/adaptations can be a significant barrier to children and young people's participation and engagement in education and elsewhere. Funding/budget restrictions, complex procurement systems/processes and lack of joined-up commissioning between health, education and social care must be addressed to ensure children and young

people have the equipment they need to access school environments and activities.

- Survey findings also indicate that teachers' lack of knowledge about sensory differences can affect children and young people's participation and behaviour at school and elsewhere. Occupational therapists can help teachers adapt to environments, routines and activities to ensure differences in the way children and young people notice, process and respond to sensory input are not a barrier to accessing education.

**How well disabled and neurodivergent children and their families are consulted or informed of the choices in education or childcare available to them.**

- Our members feel that the new ALN process is confusing and still bedding in. They say there aren't enough places so the choice of childcare/educational provision is minimal for this group of children and young people and must be improved.

**Whether parents of disabled and neurodivergent children and the children themselves receive effective information and support from local authorities and schools.**

- Our members suggest there needs to be improvement in this area. They feel that support can be minimal, and parents continue to have to fight for even this level of support.

**Whether disabled and neurodivergent children and parents of disabled and neurodivergent children have the same level of choice as other children and parents and what issues affect choice or school or childcare.**

**The extent to which there is adequate provision for children with different types of disabilities.**

- 97% of Welsh survey respondents reported an increase in demand for occupational therapy services over the previous 12 months (compared to 85% overall). Demand has risen annually since the pandemic as children

and young people's physical, learning, and mental health needs have become more complex.

- 59% can't provide the level and type of occupational therapy they feel children/young people need and deserve, causing further delays to their development.
- 30% reported an increase in the number of children and young people being referred to occupational therapy because lower-level needs weren't addressed earlier. Occupational therapy services must be resourced to match local population need so all children and young people can access occupational therapy when and where they need it, and to prevent needs from escalating and requiring more intense, costly input (from occupational therapy and other services) later.
- Our members report that the physical state of some of the older schools and education facilities in Wales continue to be a barrier to participation for children and young people with additional learning needs.

Cyflwynwyd yr ymateb hwn i'r [Pwyllgor Plant, Pobl Ifanc ac Addysg](#) ar gyfer yr ymchwiliad: [A oes gan blant a phobl ifanc anabl fynediad cyfartal at addysg a gofal plant?](#)

This response was submitted to the [Children, Young People and Education Committee](#) for the inquiry: [Do disabled children and young people have equal access to education and childcare?](#)

AEC 45

Ymateb gan: Coleg Brenhinol y Therapyddion Lleferydd ac Iaith  
Response from: Royal College of Speech and Language Therapists

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Thank you for the opportunity to give written evidence as part of the committee's inquiry on whether disabled children and young people have equal access to education and childcare. Our response is based on discussions with our members working in children's services across Wales and seeks to address the inquiry terms of reference around access, exclusion, impact of limited access on mental health, barriers to provision and the degree to which families have choice and adequate information about options. We also provide some context in terms of our views on the changing nature of the paediatric population and subsequent impact on provision.

## **Key points**

- Due to advances in medicine and technology, more children are living longer, often with more complex needs.
- There is an increase in demand for both special schools and specialist placements. Our members are concerned that health time provision calculated to support special school provision has not kept pace with this change.
- Members are reporting significant increases in neurodivergence and social communication difficulties.
- Demand for speech and language and therapy has increased by 30% since the pandemic.
- Staffing pressures within schools are impacting on the input and support that speech and language therapists (SLTs) feel they can provide for schools to deliver as part of their teaching activities. Lack of investment in speech and language therapy training places also raises concerns for the future.
- Concerns have been raised by members about the number of children who are on 'reduced timetables' and significant increases in numbers of parents electing to home educate their children.
- Best practice examples highlight the importance of education and health working in partnership to improve access for children with additional learning needs (ALN).

## **About the Royal College of Speech and Language Therapists (RCSLT)**

RCSLT is the professional body for speech and language therapists (SLTs), speech and language therapy students and support workers working in the UK. The RCSLT has 20,000 members in the UK (650 in Wales) representing approximately 95% of SLTs working in the UK (who are registered with the Health & Care Professions Council). We support speech and language therapists by providing leadership, setting professional standards, facilitating research, promoting better education, and training.

Speech and Language Therapists (SLTs) are experts in swallowing and communication difficulties. We work across health, education, social services, and justice supporting people at every age and stage of life from neonates to people approaching the end of life.

SLTs are experts in supporting children and young people with speech, language and communication needs (SLCN) and training the wider workforce so that they can identify the signs of SLCN, improve communication environments, and provide effective support.

### **Context**

#### ***Changing survival rates***

1. The number of babies admitted to neonatal units has seen an increasing trend due to advances in health care expertise and technology (RCPCH, 2015). Improvements in neonatal care have enabled increased survival of infants born preterm including the extremely preterm (<28 weeks' gestation) and those who have extremely low birthweight (Saigal and Doyle, 2008; Stoll et al, 2015). Prematurity can significantly increase the likelihood of motor, cognitive, educational, speech, language and communication, health and socioeconomic problems compared with infants born term (Cheong et al, 2019; Marlow et al, 2005). Specialist neonatal care capacity needs to keep pace with these advances to improve short and long-term outcomes for these babies (NICE, 2017). Successive audits of neonatal provision in Wales have highlighted Allied Health Professional (AHP) shortages within teams and lack of ring-fenced funding for therapies as a significant concern.

## ***Demand for special school provision and specialist base placements is increasing***

2. In recent years, there has been a consistent increase in the percentage of children with Additional Learning Needs (ALN) attending special schools rising from 4.1% of pupils in 2013/14 to 9% of pupils in 2022/23 (Stats Wales, 2023). Our members are concerned that health time provision calculated to support special school provision has not kept pace with these changes.
3. There is concern about increasing populations of children with significant social communication difficulties. These children may not understand or use any spoken language creating a major barrier to learning and to functioning effectively outside the home. Local authorities are working hard but struggling to meet the increase in demand for specialist placements.

## ***Post-COVID demand for speech and language therapy***

4. 33% of children in Wales with additional learning needs have speech, language, and communication needs (SLCN). SLCN is the most common type of learning need in Wales ([Welsh Government, 2023](#)). It is widely acknowledged that Covid and the lockdowns it has entailed have had a significant impact on the lives of children, particularly those in deprived areas. The average child has missed 84 days of school. Children of all ages have had reduced opportunities to interact with others and experience new places which are key to developing essential skills in speaking and understanding. The Speaking Up for the Covid Generation: ICAN report has revealed that the majority of teachers surveyed across the UK had serious concerns about the impact of the pandemic on children's speaking and understanding (ICAN, 2021). Intelligence from our members suggests that demand for children's speech and language therapy has increased 30% since the pandemic.
5. Children and young people's speech and language therapy services are also witnessing levels of neurodivergence on a scale not seen before. Our members report significant SLCN as part of the presentation of children and young people.

## ***Inquiry terms of reference***

The extent to which children and learners are currently able to access all parts of childcare and education provision, including the way in which the curriculum is taught and extra-curricular activities.

6. Communication difficulties can create a major barrier to accessing educational, childcare, and social opportunities. The majority of social and learning opportunities are through verbal or written language, and children who are not performing as their peers therefore struggle. There is a training need for teachers and childcare providers to help reduce these barriers. This is particularly true of children with severe communication difficulties who are starting school with no or extremely limited language understanding or use. Local authorities have put resource into providing support and training for this, but there is considerable variability in provision.
  
7. In some areas, children are not able to access the same education provision without a formal diagnosis despite high needs. For example, being placed on the neurodevelopmental pathway may enable access to specialist teacher resources and additional funding. Given the length of certain waiting lists, it may take many years to access diagnosis which then affects provision such as access to specialist resource bases. Services must be needs-led rather than diagnosis or label-led.
  
8. With regards to Autism and Attention Deficit Hyperactivity Disorder (ADHD), in the absence of a learning disability, young people's 'behaviour' is often misunderstood and wrongly managed due to a lack of understanding of what is underlying the behaviour and how the young person is experiencing the world and their ability to communicate their experience to others. Our members report that parents may feel stigmatised and judged by other parents and teachers due to this lack of understanding.

The extent to which children and young people have been excluded from aspects of education or childcare due to their disability or neurodivergence.

9. Concerns have been raised by members about the number of children who are on 'reduced timetables' where they are attending school for only a short period each day. This is commonly applied for children with Autism and/or learning difficulties attending mainstream education. We acknowledge that some children starting school require a more gradual start but are concerned to hear that children are routinely being kept on reduced hours for extended periods of terms or even years. Children may



attend for 1 or 2 hours where their peers are attending for a full session or day. This provides children who are already at a disadvantage in socialising and learning with reduced opportunities to learn or socialise.

10. Members also highlight the increase in parents choosing to home educate and potential reasons behind these decisions as evidenced by Welsh Government data (Welsh Government, 2022), suggesting that parents of children with ALN may be over-represented within this group. It is essential to better understand the data on elective home education.

#### The impact of any lack of or limited access on a child or young person's mental health and well-being and educational outcomes.

11. Attending school for reduced hours provides children with less opportunity to learn to socialise outside the home, and to learn. The impact on neurodivergent young people's mental health is significant – the reasons for this can be many but the most common ones mentioned by members are increased likelihood of bullying and breakdown in social relationships with peers leading to social isolation. Members also referenced the link with anxiety about school leading to school refusal.
12. Taking a long-term view, we have consistently raised concerns about the extremely high prevalence of SLCN amongst young people within the criminal justice. The most recent data suggests that 71% of young people sentenced within the youth justice system in England and Wales had SLCN (Ministry of Justice, 2021). Many young people who enter the criminal justice system have been excluded from school or accessed alternative education provision and thus have been denied access to mainstream education. Some alternative provision may be individual and therefore offer the child or young person little in social opportunities which education is so important in providing.

#### The barriers for schools and childcare providers in offering accessible provision

13. In order to make the curriculum as accessible as possible for children, teachers require knowledge of how best to support children and time to make or obtain resources and support the child. Understanding with regards the breadth of neurodivergence and the need for a tailored and individual approaches varies. Often provisions are still based around diagnostic siloes. For example, language disorder but not autism, autism but not ADHD. This runs counter to our growing understanding of

neurodiversity, the co-occurrence of more than one diagnosis and even if a diagnostic threshold is not met, the likelihood of other neurodivergent traits that need to be understood. Language disorder falls under what we now understand as neurodivergence and so is highly likely to co-occur with other neurodivergence.

14. There may be significant benefit in improving understanding of SLCN amongst pupils. Our RCSLT colleagues in Northern Ireland are currently developing Buddychat – a fantastic video-based resource for schools that increases awareness of communication needs amongst children so that schools become more positive communication environments. Please see this [video](#) for more information.
15. Our members tell us that children with significant social communication difficulties/SLCN are now accessing mainstream provision who previously would have received specialist provision. Due to reductions in support staff and pressures on teachers, many of these children and young people are doing so without any additional support, or less additional support than would have potentially been expected previously. This is impacting on the input and support that SLTs feel they can provide for schools to deliver as part of their teaching activities. For example, members report that they are keen to visit and support/train staff in school, but this is only effective if there is capacity for follow-up and carryover from school staff. This is creating a vicious circle whereby mainstream schools may then feel unsupported/unable/unqualified to support children with significant SLCN, leading to consequences such as further reductions to school timetables and increased pressure on local authorities to offer more specialist placements.
16. We have also consistently raised concerns about workforce planning for the speech and language therapy profession in Wales (RCSLT, 2023) and whether we are training enough speech and language therapists to meet future need. Our records suggest that there are less SLTs per head of the population in Wales than any other part of the United Kingdom. We believe sustained increases in commissioning numbers are required so we can best support the third of children and young people with ALN who have SLCN.
17. There are several examples of services which are seeking to improve partnership working between education and health. The Communication

Intervention Team (ComIT) is a long-established service within the Sensory and Communication Support Service set up for children with SLCN in the 5 local authorities in Gwent. ComIT aims to meet the additional needs of children and young people with a non-clinical diagnosis and primary need of Speech, Language and Communication when that need is severely impacting on the child's learning. The Team consists of Advisory Teachers, Speech and Language Therapists and Specialist Teaching Assistants. Each local authority has a named lead professional who liaises with ComIT and identifies appropriate schools and pupils for ComIT Intervention (at universal and targeted levels). The team can work individually or with groups of children by using thorough identification and support processes. In addition, Cardiff and Vale University Health Board have recently re-started their joint referral process with Cardiff Local Authority Speech, Language and Communication team. Under the new system, Cardiff mainstream schools will make a referral which will be jointly triaged by speech and language therapy and SLCN leads in the local authorities who will then decide which team is best placed to provide the support that is needed. A number of special schools have service level agreements with speech and language therapy for enhanced provision at a targeted level to ensure that good practice is embedded in school life. We believe such examples need to be more widespread across Wales to improve access.

How well disabled and neurodivergent children and their families are consulted or informed of the choices in education or childcare available to them

18. Members have highlighted that very often neurodivergent children and young people have neurodivergent parents and this is often not considered in terms of the way that information is conveyed to families. For example, information is mostly written and not visual, communication styles are often not adapted to consider potential neurodivergence in the family and the way family members may best receive and interpret information. Often judgements are made. For example, "that parent is rude" when in fact they may be just more direct and blunter in their delivery, "that parent is a nightmare in meetings" when in fact the parent may have a need for detail and a high degree of predictability to be able to manage in a stressful situation.

Whether disabled and neurodivergent children and parents of disabled and neurodivergent children have the same level of choice as other children and parents and what issues affect choice or school or childcare

19. Our members report that most children with disabilities are advised by the local authority where they should be placed for education and are not

provided with a choice. A focus on processes can also limit choice and the ability of children to access the educational placements they require. For example, some local authorities insist on two-person centred care planning meetings taking place between September and March before decisions can be taken on whether a special school is appropriate. Delays within processes may mean that some children will learn extremely late as to whether they have been accepted onto placements which can then affect transition preparation.

The extent to which there is adequate provision for children with different types of disabilities.

20. There is concern about increasing populations of children with significant social communication difficulties or autism. These children may not understand or use any spoken language creating a major barrier to learning and to functioning effectively outside the home. Local Authorities are working hard but struggling to meet this increase in demand for specialist placement.

**Further information**

21. We hope this paper will be helpful in supporting the committee discussions around access for disabled children to education and childcare. We would be happy to provide further information if this would be of benefit. Please see below our contact details.

**Confirmation**

This response is submitted on behalf of The Royal College of Speech and Language Therapists in Wales. We confirm that we are happy for this response to be made public.

## **References**

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Cyflwynwyd yr ymateb hwn i'r [Pwyllgor Plant, Pobl Ifanc ac Addysg](#) ar gyfer yr ymchwiliad: [A oes gan blant a phobl ifanc anabl fynediad cyfartal at addysg a gofal plant?](#)

This response was submitted to the [Children, Young People and Education Committee](#) for the inquiry: [Do disabled children and young people have equal access to education and childcare?](#)

AEC 73

Ymateb gan: Coleg Nyrsio Brenhinol Cymru

Response from: Royal College of Nursing Wales



### About the Royal College of Nursing

The Royal College of Nursing is the world's largest professional organisation and trade union for nursing, representing over 500,000 nurses, midwives, health visitors, healthcare support workers and nursing students, including over 29,500 members in Wales. RCN members work in both the independent sector and the NHS. Around two-thirds of our members are based in the community. The RCN is a UK-wide organisation, with National Boards in Wales, Scotland and Northern Ireland.

The RCN represents nurses and nursing, promotes excellence in nursing practice and shapes health and social care policy.

### Key points

- Most children with additional learning needs (ALN) go to mainstream schools in the UK. However, the proportion attending special schools has risen every year since 2013–14, even though the overall number of children assessed as having ALN has fallen since 2003.
- In a recent National Education Union Cymru member survey, 89% of respondents said that they had received either 'no training' or 'some training but not enough' in preparation for the Additional Learning Needs (ALN) reform.
- More opportunities are needed for learning disability nurses to work with children and young people.
- Only a minority of children and young people with a learning disability are likely to encounter a learning disability nurse. For this reason, all nurses need to have an awareness of their needs. The Improvement Cymru Learning Disability Education Framework for healthcare staff could be a model for increasing awareness of all educational staff (including, but not limited to, nurses) in relation to the needs of

children and young people with learning disabilities and, their role in meeting such needs.

- Investing in the education of learning disability nurses, both at pre-registration (undergraduate) and post-registration level, is essential for ensuring people with learning disabilities can be supported at every stage of their lives, including at school.

## Access to education

The [Additional Learning Needs and Education Tribunal \(Wales\) Act 2018](#) (ALN Act) introduced a new Additional Learning Needs (ALN) system which began to replace the preceding Special Educational Needs (SEN) system in September 2021. In this document, “ALN” is used to refer to needs of children classified as having additional needs under either system, unless specifically referring to the SEN system itself.

The ALN Act also contains duties for relevant bodies to have due regard to the UN Convention on the Rights of the Child (UN CRC) and the UN Convention on the Rights of Persons with Disabilities (UN CRPD). This does not apply to UN CRPD Articles 24(2) (a) and (b), which guarantee the right to inclusive education, due to the UK Government’s reservation. The UK was one of only two countries to include such a reservation.

Research has shown that disabled children benefit socially and academically from being educated in mainstream schools.<sup>1</sup> Most children with additional learning needs (ALN) do, in fact, go to mainstream schools in the UK. Less than 10% attend special schools and, in Wales in 2020-21, the percentage of children with ALN attending special schools in Wales was only 5.6%.

However, that proportion has risen every year since 2013-14<sup>2</sup>, when only 4.1% of pupils with ALN attended special schools. Moreover, the underlying number of pupils with ALN attending special schools has risen every year since at least 2003<sup>3</sup>. This trend is surprising, given that the overall numbers of children considered to have ALN relating to severe or profound learning disabilities *fell* somewhat between 2003-4 and 2015-16, whilst those relating to mild or moderate learning disabilities fell significantly.<sup>4</sup>

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<sup>1</sup> Wang, H.L. (2009). Should all students with special educational needs (SEN) be included in mainstream education provision? - A critical analysis. *International Educational Studies*, 2(4), 154-161.

<sup>2</sup> StatsWales. (2023). *Pupils with additional learning or special educational needs by sector and year*. <https://statswales.gov.wales/Catalogue/Education-and-Skills/Schools-and-Teachers/Schools-Census/Pupil-Level-Annual-School-Census/Special-Educational-Needs/pupilssen-by-sector-year>

<sup>3</sup> StatsWales. (2023). *Pupils with additional learning or special educational needs by sector and year*. <https://statswales.gov.wales/Catalogue/Education-and-Skills/Schools-and-Teachers/Schools-Census/Pupil-Level-Annual-School-Census/Special-Educational-Needs/pupilssen-by-sector-year>

<sup>4</sup> StatsWales. (2016). *Pupils with special educational needs by major need and year*. [Pupils with special educational needs by major need and year, to January 2016 \(gov.wales\)](https://statswales.gov.wales/Catalogue/Education-and-Skills/Schools-and-Teachers/Schools-Census/Pupil-Level-Annual-School-Census/Special-Educational-Needs/pupilssen-by-sector-year)



It is important to distinguish between the number of children in mainstream schools who have ALN and those *classified* as having ALN. The reported number of children with ALN in mainstream education in Wales decreased by 20% between 2020/21 and 2021/22. However, the Welsh Government has stated that this reduction is due to previous statistics including some children inappropriately under the SEN system.<sup>5</sup> The reduction of 18,000 children in mainstream education is accounted for by a changing definition and a consequent reduction of children recorded as having lower or moderate ALN. There may also have been an impact from the pandemic and children consequently not being seen or assessed face to face as they would have been previously. The underlying population of children, however, has not changed. This has significant implications, since it is unlikely their needs have changed, and yet they may not have access to specialist support.

In 2019, the ONS found the percentage difference between disabled and non-disabled people in Wales attaining a degree was 13.7%.<sup>6</sup>

## Childcare

Despite schemes in Wales such as Flying Start offering family-focused support, families continue to face barriers in finding the help they need. Mencap reported that families have told them they experience difficulties in:

- finding out what their child's needs are once they suspect a problem
- finding good quality information about their child's needs and opportunities to develop and access support
- finding good quality support to meet their needs and the needs of their child in the early years
- finding professionals who have the right skills and attitudes to work well together to meet their child's additional needs.<sup>7</sup>

Early years services, in particular health visiting, are imperative to ensuring every child has a successful start to life and their family members feel supported. It is important that every child has access to this key service. Health boards must evaluate what services they provide and ensure they are following a 'no wrong door' approach.<sup>8</sup>

Children and young people with a learning disability, their families and carers, too often, still face complicated and stressful experiences navigating through services. The 'no wrong door' approach prevents individuals being 'bounced' between services who cannot agree who is best placed to provide care for the

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<sup>5</sup> Senedd Research Service. (2022). *Identifying Additional Learning Needs: Has the bar been raised or was it previously too low?* [Identifying Additional Learning Needs: Has the bar been raised or was it previously too low? \(senedd.wales\)](https://www.senedd.wales/identifying-additional-learning-needs-has-the-bar-been-raised-or-was-it-previously-too-low/)

<sup>6</sup> Office for National Statistics. (2019). *Disability and education, UK: 2019*. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/bulletins/disabilityandeducationuk/2019>

<sup>7</sup> Mencap. (2016). *Early Years - what we think*. <https://www.mencap.org.uk/about-us/what-we-think/early-years-what-we-think>

<sup>8</sup> Children's Commissioner for Wales. (2020). *No Wrong Door: bringing services together to meet children's needs*. [https://www.childcomwales.org.uk/wp-content/uploads/2020/06/NoWrongDoor\\_FINAL\\_EN230620.pdf](https://www.childcomwales.org.uk/wp-content/uploads/2020/06/NoWrongDoor_FINAL_EN230620.pdf)

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individual. The Children's Commissioner describes the 'no wrong door' as a wrap-around approach which see the individual, their families, and carers at the centre of care and expresses that it is not the responsibility of the individuals or their families to navigate complex systems. There is a need for health boards to invest in health services for children with a learning disability.

## Barriers for schools in offering accessible provision

The ALN system began to replace the SEN system in September 2021 with the intention of creating a unified system for supporting learners from 0 to 25 with ALN.<sup>9</sup> In a National Education Union (NEU) Cymru member survey carried out shortly before the introduction of the new system<sup>10</sup>, 89% of respondents said that, in preparation for ALN reform, they had received either no training or not enough.

Disabled people have the same right to access public services as their non disabled peers. However, in order to ensure equal access and outcomes (as is required under the Equality Act 2010) there is a need to make reasonable adjustments. It is also important that sufficient learning disability nurses are available to support people with a learning disability, and that *everyone* who works with people with learning disabilities understands the complexities of providing care for someone with a learning disability and their responsibilities in relation to providing such care.

The education and childcare workforces will encounter and be responsible, directly or indirectly, for people who have a learning disability. It is important that, in carrying out their roles, all staff understand how to make reasonable adjustments under the Equality Act 2010 and care for or communicate with someone with a learning disability to ensure that their needs are identified and met in a timely and appropriate manner. This includes teachers and childcare workers, but also school nurses, who have a key role to play here but may not have had specific education in this area.

A pivotal way for ensuring the general workforce are aware of the needs of people with a learning disability is to provide educational opportunities for them to develop their understanding. This is already happening in the health sector with the implementation of the Improvement Cymru Learning Disability Education Framework for health care staff. It is also being explored in the social care sector.

The Framework was developed by the University of South Wales<sup>11</sup> following the Paul Ridd Foundation's successful petition for mandatory learning disabilities

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<sup>9</sup> Welsh Government. (2022). *The additional learning needs transformation programme: frequently asked questions*. <https://www.gov.wales/additional-learning-needs-transformation-programme-frequently-asked-questions-html>

<sup>10</sup> National Education Union Cymru. (2021). *Make learning fair and equitable - background briefing*. <https://neu.org.uk/sites/default/files/2023-06/Wales%20manifesto%20Ask%20One.pdf>

<sup>11</sup> Improvement Cymru. (2021). *Learning disability educational framework for healthcare staff in Wales*. <https://phw.nhs.wales/services-and-teams/improvement-cymru/newsand-blog/publications/learning-disability-educational-framework/>

training for health care staff.<sup>12</sup> Paul Ridd had severe learning difficulties and died in an NHS Wales hospital in 2009. The care he had received was later found to have contributed to his death.<sup>13</sup> The Paul Ridd Foundation campaigns to raise awareness of the issues people with a learning disability experience when accessing health care. The Learning Disability Education Framework should reduce the risk of diagnostic overshadowing, which occurs when someone's behaviour, or a change in their health status, is wrongly attributed to a learning disability instead of a health condition. Diagnostic overshadowing can lead to a failure to offer treatment to people with a learning disability in circumstances where a non-disabled person would be treated.

The Framework introduces three tiers of competence. Its lowest ("foundation") tier is applied to all staff in health care settings including receptionists, administrative staff, porters, managers and board members. The foundation level covers many areas, but this means that all staff should, for example, understand that all behaviour has meaning, and that behaviour is a means of communication.

At each level of competence, the Framework provides a comprehensive analysis of the values, knowledge and skills that are required of the general workforce to provide care and support for those with a learning disability.

Similar frameworks, with a foundation tier for all staff and more advanced tiers for those in closer or more regular contact with disabled children and young people, could help to promote the health and wellbeing of disabled people and reduce the discrimination they experience.

## Learning disability nurses

There are approximately 16,000 children with a learning disability in Wales.<sup>14</sup> The true number is likely greater. A child with a learning disability is more likely to face challenges with physical and mental health, family poverty and difficulty at school.<sup>15</sup>

Multi-agency working is an essential part of a school's day-to-day support for pupils with disabilities. The range of external agencies and specialist services that schools work with varies considerably between schools, depending on the range and complexity of their pupils' needs. It may include specialist nurses, speech and language therapists, occupational therapists, representatives from

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<sup>12</sup> Paul Ridd Foundation petition prompts debate over health inequalities. (2019, November 6). *BBC News*. <https://www.bbc.co.uk/news/uk-wales-50304722>

<sup>13</sup> Paul Ridd Foundation. *About Paul*. <https://paulriddfoundation.org/paulsstory/>

<sup>14</sup> Mencap. *How common is learning disability?* <https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/how-common-learning-disability>

<sup>15</sup> Mencap. (2016). *Early Years - what we think*. <https://www.mencap.org.uk/about-us/what-we-think/early-years-what-we-think>

local health boards, child and adolescent mental health services (CAMHS), and many more.<sup>16</sup>

A learning disability nurse provides specialist health care and support for people with a learning disability, their families and staff teams. Children with a learning disability are between 2.5 and 4.5 times more likely to have fair or poor general health as reported by their main carer. Even this may underrepresent their poorer health compared with the general population: carers of people with learning disabilities tend to estimate that the person they care for is healthier than medical examinations suggest.<sup>17</sup> By adulthood, health screening reveals high levels of unmet physical and mental health needs,<sup>18</sup> and approximately 98% of all people with a learning disability have been prescribed medication. The average number of medications prescribed is 6.2.<sup>19</sup>

However, identifying and treating the health needs of a person with a learning disability can be complicated by communication difficulties, unusual presentations of symptoms, and diagnostic overshadowing. Learning disability nurses have knowledge and skills other professionals may not in relation to identifying and responding to such needs. This highlights why learning disability nurses have such an important role to play in providing long-term care and reducing health inequalities.

Some children's learning disabilities are identified at birth. Children who do not have this experience may face a long wait for their learning disability to be recognised, and they can face challenges accessing the right educational support. Their disability may only be identified when they are older and the impact has become clear.

Learning disabilities can be difficult to identify very early in life,<sup>20</sup> but this only illustrates the importance of the knowledge and skills of learning disability nurses who are experts in the early identification of needs. If appropriate services and support are provided early, then the impact of disability may be reduced or eliminated. Learning disability nurses have a key role in identifying needs and in planning, delivering and arranging support to reduce or prevent these adverse impacts and support the child's development, wellbeing and quality of life.

Learning disability nurses are not the only people responsible for caring for an individual with a learning disability, but they do bring specialist knowledge and

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<sup>16</sup> Estyn. (2020). *Pupils with special educational needs in mainstream schools: a good practice report*. <https://www.estyn.gov.wales/system/files/2022-01/Pupils%20with%20special%20educational%20needs%20in%20mainstream%20schools.pdf>

<sup>17</sup> Emerson, E. & Baines, S. (2010). *Health Inequalities & People with Learning Disabilities in the UK: 2010*. [https://strathprints.strath.ac.uk/34862/1/vid\\_7479\\_IHaL2010\\_3HealthInequality2010.pdf](https://strathprints.strath.ac.uk/34862/1/vid_7479_IHaL2010_3HealthInequality2010.pdf)

<sup>18</sup> Emerson, E. & Baines, S. (2010). *Health Inequalities & People with Learning Disabilities in the UK: 2010*. [https://strathprints.strath.ac.uk/34862/1/vid\\_7479\\_IHaL2010\\_3HealthInequality2010.pdf](https://strathprints.strath.ac.uk/34862/1/vid_7479_IHaL2010_3HealthInequality2010.pdf)

<sup>19</sup> Learning Disability Mortality Review (LeDeR) programme. (2020). *Annual Report 2020*. <https://www.england.nhs.uk/wp-content/uploads/2021/06/LeDeR-bristol-annual-report-2020.pdf>

<sup>20</sup> Oxfordshire County Council. *Learning disabilities: coping with a diagnosis*. <https://fisd.oxfordshire.gov.uk/kb5/oxfordshire/directory/advice.page?id=Dp9uBGpwbPg>

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expertise that is invaluable when providing care and support for an individual with a learning disability. They also facilitate the coordination of care and support services.

In its 2018 Improving Lives Programme<sup>21</sup>, the Welsh Government recognised that there is a lack of learning disability nurses in special schools, and a lack of access to them in mainstream schools. This situation persists in 2023. School nursing is an advanced nursing qualification, and a school nurse may have originally qualified in any of the four fields of nursing (adult nursing, children's nursing, mental health nursing or learning disability nursing). To better support children with a learning disability and their families, more school nursing posts should be filled by learning disability nurses, while school nurses from other nursing backgrounds need access to education relating to the needs of children with a learning disability. The Welsh Government should increase the currently small numbers of new learning disability nurses educated each year.

It is also important that learning disability nurses are able to work alongside many other staff, including health visitors, midwives, community nursing teams, paediatric wards, child and adolescent learning disability services, child and adolescent mental health services, and palliative care. There are already examples of some specialist child and adolescent learning disability services working alongside CAMHS, for example in Aneurin Bevan University Health Board. This should be the norm.

It is essential that there is a workforce able to provide the right services and deliver the right level of support at the right time for people with a learning disability.

In Wales, nursing student numbers are decided by the Welsh Government. The numbers have increased overall, but the places commissioned for learning disability nursing remain at 87, having risen in 2022 after spending four years static at 77.<sup>22</sup> Despite these low numbers, Welsh education providers have been unable to recruit even this many students for at least four years.<sup>23,24</sup>

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<sup>21</sup> Welsh Government. (2018). *Learning disability improving lives programme*.

<https://www.gov.wales/sites/default/files/publications/2019-03/learning-disability-improving-lives-programme-june-2018.pdf>

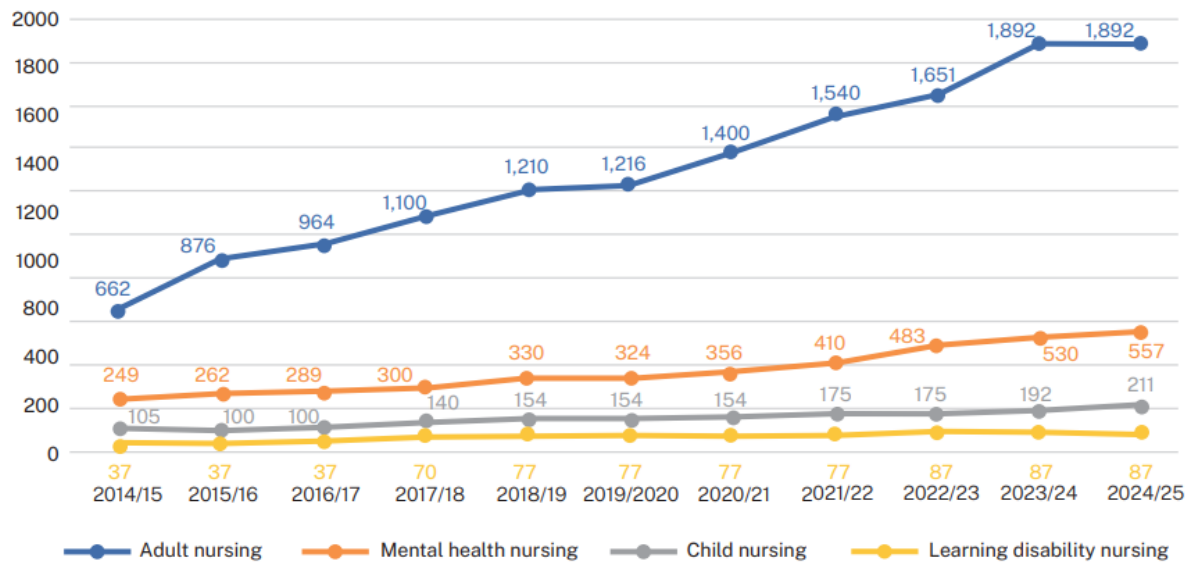
<sup>22</sup> Royal College of Nursing Wales. (2023). *Nursing in Numbers 2023*. <https://www.rcn.org.uk/Professional-Development/publications/rcn-nursing-in-numbers-english-uk-pub-011-188>

<sup>23</sup> Health Education and Improvement Wales. (2021). *NHS Wales Education and Training Plan for 2022/23*. <https://heiw.nhs.wales/files/education-and-training-plan-2022-23/>

<sup>24</sup> Health Education and Improvement Wales. (2022). *NHS Wales Education and Training Plan for 2023/24*. <https://heiw.nhs.wales/files/heiw-etp-2023-24/>

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Graph: Student places commissioned by Welsh Government on pre-registration nursing degrees, 2014-15 to 2024-25. Source: UCAS.



It is also important to note that even the numbers of student places commissioned by the Welsh Government underrepresent the actual need for learning disability nurses. This is partly because Health Education and Improvement Wales (HEIW) routinely recommends figures well below those requested by health boards, but it is also because even those requests may exclude demand in the independent sector.

Tackling this must include an overall investment in learning disability nursing from every health board. Health boards should give specific and conscious attention to ensuring the wider health needs of children and young people with learning disabilities are appropriately prioritised and addressed. This should include learning disability nurses working with children and families from birth (or when learning disability is identified) if they have needs that require the specialist knowledge and skills of a learning disability nurse. There must be more emphasis on making the role of a learning disability nurse visible and seen as an attractive career for younger people.

The skills, knowledge and expertise of learning disability nurses must be maximised to ensure high-quality services and interventions for children with learning disabilities and their families. A ‘no wrong door’ approach would ensure services are wrapped around the individual and their family rather than asking them to navigate a very complex system.

Cyflwynwyd yr ymateb hwn i'r [Pwyllgor Plant, Pobl Ifanc ac Addysg](#) ar gyfer yr ymchwiliad: [A oes gan blant a phobl ifanc anabl fynediad cyfartal at addysg a gofal plant?](#)

This response was submitted to the [Children, Young People and Education Committee](#) for the inquiry: [Do disabled children and young people have equal access to education and childcare?](#)

AEC 58

Ymateb gan: Cymdeithas Seicolegol Prydain

Response from: British Psychological Society (BPS)

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# BPS Consultation Response

## Do disabled children and young people have equal access to education and childcare?

29 September 2023

This submission sets out the British Psychological Society's (BPS) response to the Senedd's Children, Young People and Education Committee's call for evidence to inform their inquiry into neurodivergent and disabled children and young people's access to education and childcare.

The BPS is the representative body for psychology and psychologists throughout the UK. We are committed to providing and disseminating evidence-based expertise and advice, engaging with policy and decision makers, and promoting the highest standards in learning and teaching, professional practice and research. Psychology has an important role to play in government policy and improving lives of the public. We are a registered charity with a total membership of around 60,000 – over 1,600 of whom are in Wales.

Our response comes from clinical, counselling and educational psychologists with expertise working with children, in health, education, and community settings. Some are parents of children with additional needs so also speak with lived experience.

We acknowledge that in Wales we have pioneering legislation and policies to support people with Additional Learning Needs (ALN), and we fully endorse the principles behind the ALN reforms and its commitment towards ensuring inclusion for all. But we worry that the introduction of these measures haven't been matched with adequate resources and with support for those who should be champions for change. We also feel that there is a lack of clarity, consistency and a shared understanding in the language used across the range of professionals working with children, young people and their families.

We believe that the reforms were delivered around a time when there wasn't enough awareness and understanding about inclusion and inclusive practices across education, health and community settings. This means that the ALN Code of Practice and some of the pathways are not working for families because there isn't a shared understanding about what individual's rights and needs are (whilst valuing and celebrating inclusion and diversity) coupled with services being 'service' led rather than 'person-centred' led.

*Before we can improve access to education for children who are neurodivergent or disabled, we urgently need to join up education, health, communities, and social care so that we view things in the same light, are speaking the same language, and are in agreement with the terminology. Fragmentation between or within organisations weakens the opportunities to build capacity and creativity to support children and families.*





**1. The extent to which children and learners are currently able to access all parts of childcare and education provision, including the way in which the curriculum is taught and extra-curricular activities.**

Neurodivergent and disabled children have more difficulty in accessing many parts of education provision in mainstream schools, compared with non-disabled and neurotypical children. The ONS report *Disability and education, UK: 2019*<sup>1</sup> highlights that:

- 21.8% of disabled people had a degree in 2019 compared with 38.0% of non-disabled people;
- Disabled men were three times less likely to attain qualifications than non-disabled men;
- Individuals with severe or specific learning difficulties were the disabled group least likely to have a degree (7.0%), a difference of 14.8 percentage points in comparison with the disabled population on average; and
- Disabled people who were “limited a lot” were more likely to have no qualifications than non-disabled people (10.7% compared with 6%).

Schools are well aware of this disparity, and under the Equality Act 2010 they must take positive steps where they can so that disabled pupils can access and participate in their education and other activities<sup>2</sup>. Schools are allowed to positively discriminate on behalf of disabled children but only in some cases are required to do so.

But we are concerned that if the ethos of education is centred on “learning” and not “wellbeing and inclusion”, which we feel will always take precedence, then we will never attach the same quality to those with disabilities, and neurodivergent and disabled children will continue to have lower attainment rates than non-disabled children.

*Schools and communities must be given resources and ongoing support to ensure that they can meet children’s needs, rather than looking for alternative provision because they aren’t equipped. This is a child’s right as set out by the ALN Code of Practice. We would like to see education settings and support services adopt a needs-led approach for the individual where everyone involved in children’s educational attainment agrees on what “inclusion” and “equity” actually mean and more importantly from the child and their family’s perspective. Unfortunately, we witness that provision is based on what the services have (or don’t have) and work within these confines.*

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<sup>1</sup> [Disability and education, UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

<sup>2</sup> [Equality Act Advice Final.pdf \(publishing.service.gov.uk\)](https://publishing.service.gov.uk) (p.11)



## 2. The extent to which children and young people have been excluded from aspects of education or childcare due to their disability or neurodivergence.

According to the Equality and Human Rights Commission, disabled children in Britain are more likely to be permanently or temporarily excluded than non-disabled children,<sup>3</sup> and we are concerned that the rate of exclusions in Wales continues to rise.<sup>4</sup>

We do acknowledge that exclusions are often due to unavoidable barriers; for example being unable to physically take part in sports, plays, or extra-curricular activities. But we worry that some schools are overlooking the impact that this can have on a child, and that many schools fail to listen to the child to come up with innovative solutions to enable inclusion and equity.

*We think that schools should consider how to deliver effective solutions to tackling exclusions rather than letting the child simply observe as a bystander. Schools need ongoing support so that their default response is always about how they can ensure child-centred, creative/supportive solutions to inclusion, so that exclusion should never be an option.*

Neurodivergent children and those children who have experienced trauma are also often excluded, mainly because their behaviour is considered “challenging”. Head banging and an inability to swallow are two examples of behaviours that are often misinterpreted for bad behaviour or a ‘problem within a child’. But we find that these behaviours actually help a child to regulate themselves and prevent experiencing further challenges. We need to interpret and understand these behaviours in what they are conveying, so that we can provide the right support from those that can help.

*Staff must be given adequate training and ongoing support to ensure they use solution-focused and strengths-based approaches. This will allow them to tune into the needs of the child, support and build on strengths and interests, and avoid exclusions where possible. Key to this is an understanding about relationships and relational approaches.*

## 3. The extent to which families and children feel that they have been affected by direct or indirect discrimination arising from disability.

Neurodivergent and disabled children can experience discrimination on a number of levels, including social isolation, bullying, harassment, and negative stereotyping. If they are deliberately excluded from events due to ‘challenging behaviour’ or physical constraints, this will further impact their ability to integrate with classmates, will negatively impact on their overall experience of school, and will have an effect on their psychological and educational development.

We are very concerned about how ‘challenging behaviour’ is ‘managed’ in schools and the impact of restraining a child has on their emotional and mental wellbeing. As previously stated, we believe that behaviour should be understood, supported, and accepted rather

<sup>3</sup> [being-disabled-in-britain-executive-summary.pdf \(equalityhumanrights.com\)](#)

<sup>4</sup> [School exclusions and managing ‘challenging behaviour’ – Welsh Government assessment | Human Rights Tracker](#)



than managed. We are concerned that data are not regularly collected so its use can't be monitored or reduced.<sup>5</sup> Children often try to get their needs met through behaviour, and excluding or isolating them only adds to challenges and results in bigger needs 'to be met'.

*We feel that restrictive practices in schools (including restraint) should be avoided at all costs.*

We know that policies are developed with non-disabled and neurotypical children in mind, but they should be developed with all children in mind - with their voice and rights at the centre. We feel that schools can go some way to reduce discrimination by ensuring that their existing policies can be flexible to meet the needs of those with disabilities or who are neurodivergent. There should be an ongoing commitment to ensure that we are thinking about how we support this from the systemic (policies) to the individual level. For example, it is practice in some schools to inform children of their new teachers on transition day as it is deemed to be unfair for some children to know in advance of others. We feel that this discriminates disproportionately against neurodivergent children, where knowing information in advance is important in managing transitions and anxiety levels.

*There must be some flexibility for staff when carrying out school policies and guidance so that they are truly fair, equitable, and act in the best interests of the child, based on their unique strengths, interests and support needs.*

#### **4. The impact of any lack of or limited access on a child or young person's mental health and well-being and educational outcomes.**

Our members tell us that many more children and young people appear more anxious since the pandemic, either because of the pandemic and/or due to the increasing needs of society and communities, and that we are experiencing higher numbers presenting in mental health services. What is most alarming is the increase in the number of very young children in pre-school settings (between 3 – 5 years) with complex 'challenging behaviour'. Since a return to normality post-Covid, we worry that schools aren't equipped to deal with this rise.

Our members are also seeing many children in CAMHS who, while waiting for a mental health diagnosis, weren't able to access what they needed from mainstream school. It's vital to identify a child's needs early and to take swift action to provide tailored support.

Many children and parents wait years for a mental health or ALN diagnosis only to find that a diagnosis is not the panacea they had hoped. A diagnosis simply provides confirmation often regarding what they already know, rather than the additional support the child needs.

*We would like to see more early advice and support available within the whole community without the need for a 'referral' or 'label'. Mental health support must be person and needs-led rather than diagnosis-led, where support is tailored to the individual, taking the holistic view of what is important to the child at that time. We would also like Welsh Government, local authorities, schools, communities, and families to access reliable, psychologically*

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<sup>5</sup> [School exclusions and managing 'challenging behaviour' – Welsh Government assessment | Human Rights Tracker](#)



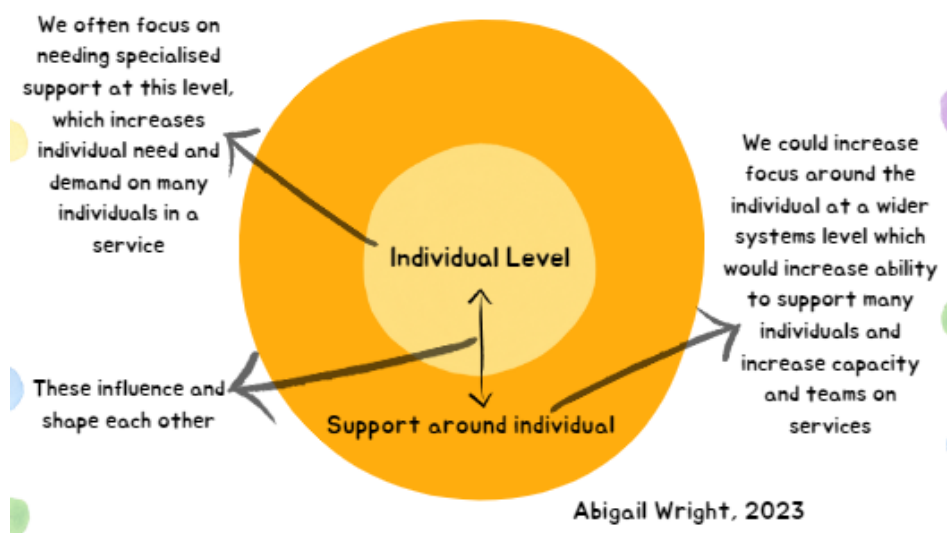
*informed information and support when they need it. This will go some way in ensuring that many of our concerns raised in this submission are addressed.*

## 5. Whether parents of disabled and neurodivergent children and the children themselves receive effective support from local authorities and schools

The type and quality of support provided by local authorities and schools will differ widely across Wales. The more successful ones are those which are integrated with communities, third sector, and health services. As we previously stated, it's important that there is clarity across all organisations about what "inclusion" means so that collectively we can provide truly equitable services.

Education Psychologists work within local authorities and schools and key to our role is to help explore the factors within a child's context and how these impact on them, and we do this through applying a variety of different theories and frameworks. We often use systems theory to make sense of a situation, to understand what is important to and for a child in their context, then work on what is working well for supporting them.<sup>6</sup>

We think the visual below highlights in simple terms the importance of a systems level approach.



Psychologists take a holistic approach and we have the skills to help make a difference and facilitate change, including helping to move away from more deficit or negative language that can create further challenges for children and their families. This is why we believe that Educational Psychologists should have a wider role in developing higher-level policy and in

<sup>6</sup> Key to this is Bronfenbrenner's Ecological Systems Theory.



decision-making. But there is a gap in the EP workforce across Wales, which is impacting on the level of support that can be provided for children that need it.

*We would like to see more Educational Psychologists employed by local authorities to enable a systemic change through our involvement and collaboration with many professionals, for a wide range of children. We would urge the Welsh Government and local authorities to review the current number of Educational Psychologists trained and employed in Wales.*

*We would also recommend a wider review into the workforce. We are concerned that we didn't see an increase in resources for health services within the ALN reforms and we would like to see the Welsh Government review how health services and local authorities are currently able to meet demand. This review must focus on strengthening collaboration and allowing support provided to be creative in meeting the needs. We would like the Welsh Government to consider workforce issues, particularly around recruitment and retention of staff within schools and local authorities. We see staff wellbeing as a significant issue impacting on children. Support staff, such as TAs and those in childcare settings, are working hard without the value and recognition with pay. We would like to see their expertise and involvement better acknowledged so that we don't continue to see many leaving the profession.*

We question how schools set outcomes, targets and provisions for neurodivergent children. We often find that these are not always appropriate for all children's needs; what we must do is to meet children at where they are developmentally and psychologically. If outcomes don't continually ensure this, we are at risk of making it appear that neurodivergent and disabled children are not developing or 'failing'.

We are also worried that masking has serious consequences for a child's development and attainment. This is when an autistic child consciously or subconsciously suppresses or hides their autistic identity in order to fit in to social situations. Masking causes a variety of issues that can impact on a child's wellbeing, such as increased worries/anxieties, decreased level of happiness, and difficulties with their identity. It's important that schools listen to the expertise of the child's parents/guardians to gain an insight into what behaviour is normal for them. We are concerned that masking does hide the true extent of many children's disabilities and that some schools may refuse to acknowledge that there is a problem.

*Outcomes and targets must ensure equity (as opposed to 'equality' per se) so that children who are neurodiverse aren't encouraged to behave like other children but are valued for being themselves. Targets must be meeting the child "where they are at", in line with the ethos of the new curriculum.*

### Early Intervention

Early advice and intervention around ALN is key to ensuring that those children likely to experience poor outcomes get the best support to improve their chances to succeed in school. Three approaches that could be adopted further in Wales are below:

- E-PATs, or Early Positive Approaches to Support programme, is an eight week group session led by a professional to help support families of children aged five and under with disabilities. The



programme seeks to improve parental psychosocial wellbeing, access to services and support, and positive approaches to behaviours that challenge. It's based on the premise that the parent/care giver is the expert on their child. In Neath Port Talbot, a multi-agency playgroup for pre-school aged children focuses on providing meaningful advice that is based on needs at the time and that can lead to meaningful change for families, based on their best hopes. This is a pilot group that is having some positive early feedback from families.

- The Cerebra Report, Investing in Early Intervention<sup>7</sup> highlights that gaps in attainment between those with a learning disability and those without can be reduced. It provides examples of good practice, such as the family connector roles in Newham, London - paying parents with lived experience to provide emotional support to parents with children with LD; and family hubs where families can access peer-to-peer support, information and advice. But crucially, they stress the importance of health and social care working together to intervene in a timely way.
- “Early Positive Approaches” to working with families who have children with an intellectual disability is being employed in Cardiff and the Vale Health Board. The small team has been developing support mechanisms through the consideration of ableism, unconscious bias, prejudice and assumptions (which are aspects often considered central to the counselling psychology role). This has enabled the service to start to challenge how systems currently work, encouraging more joint formulation, and embedding joint working within teams stretched across health and the local authority.

*We feel that more work needs to be done in the community to generate support to families early on. For those children and families waiting for an ALN diagnosis or support, communities should be set up to provide activities such as playgroups, to help build stronger networks and build a child's confidence. There should be better signposting to existing support networks provided by community groups and local and national charities. We would also like to see best practice in early detection and intervention being adopted in schools and communities more widely across Wales, and to encourage multi-agency working and wider collaboration.*

## **6. The extent to which there is adequate provision for children with different types of disabilities.**

The needs of children and young people with ALN and physical disabilities can be vastly different depending on the individual. When factoring in co-morbidities it's clear to see the degree of complexity in supporting specific needs. What we need to ensure is that we develop services in a way that meets people's needs holistically, aligning and collaborating – with people at the centre – in line with the NEST framework and principles. If we don't do this, we are at risk of separating out needs that highly impact on each other.

Furthermore, if we continue to develop systems around neurotypical children, many mainstream schools will continue to be ill-prepared to meet the provisions for neurodivergent children. Dinah Aitken et al. states that “Neurodivergent people ... can struggle in these

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<sup>7</sup> [EARLY-INTERVENTION-REPORT-A4-FINAL.pdf \(cerebra.org.uk\)](https://www.cerebra.org.uk/early-intervention-report-a4-final.pdf)



systems because of the mismatch between the way their brains process information and the way the system implicitly expects them to operate”.<sup>8</sup> She suggests adopting a neurodiversity-affirmative approach in schools, which sets an expectation that needs naturally vary and we need resources to accommodate these variations. “A considerable added bonus of taking a universal design approach to classroom supports is that undiagnosed pupils can also benefit” as well as those waiting for a clinical diagnosis.<sup>9</sup>

While schools may not have resources to be wholly inclusive, if they don’t attempt to include neurodivergent pupils into mainstream education we will see a continued rise in them attending specialist education, which goes against the aim of the ALN Reforms.

We are particularly concerned around the lack of provision for children with sensory needs, which we are seeing all through the ages. Specifically related to neurodivergent children, the support early on and post diagnosis is usually focused on assessing and understanding social communication and interaction, but sensory needs can be equally as significant. “Sensory Integration Support” can help staff understand what has happened or is happening for a child’s sensory system that can impact on their behaviour. Many children with sensory processing difficulties overlap with neurodivergent children, learning difficulties and developmental trauma. The emphasis should be on how we ensure the right support around the child’s sensory environment and providing adaptations. It’s proven to be a successful intervention and is highlighted in NICE Guidance 2013 updated in 2021.

*We need more health care and educational professionals trained in sensory needs. Without appropriate advice and support related to sensory needs, there can be incorrect assumptions made about a child resulting in inappropriate referrals, or inappropriately focused support. Often sensory needs are a key need for preschool children.*

Many children with physical disabilities regularly require GP or hospital appointments, which impacts on their school attendance and ability to learn. There is access to education in hospitals for those requiring longer stays, but the provision is patchy and children in these settings struggle to engage.

## Conclusion

Wales is leading the way through policy and legislation to improve the experiences of neurodivergent and disabled children, but more must be done to ensure that services are joined-up with a common understanding across health, social service, education and the community around what inclusion and equity mean. To truly understand this, we must listen to children and their families on what works best for them as individuals. But schools can’t do this unless they work flexibly with their own policies and guidelines, and with the appropriate support and resources, to ensure that every child is given the best possible chance to succeed.

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<sup>8</sup> [Neurodiversity-affirmative education: why and how? | BPS](#)

<sup>9</sup> [Neurodiversity-affirmative education: why and how? | BPS](#)

# Agenda Item 3

Cyflwynwyd yr ymateb hwn i'r [Pwyllgor Plant, Pobl Ifanc ac Addysg](#) ar gyfer yr ymchwiliad: [A oes gan blant a phobl ifanc anabl fynediad cyfartal at addysg a gofal plant?](#)

This response was submitted to the [Children, Young People and Education Committee](#) for the inquiry: [Do disabled children and young people have equal access to education and childcare?](#)

AEC 49

Ymateb gan: Coleg Brenhinol Pediatreg a Iechyd Plant (Cymru)

Response from: Royal College of Paediatrics and Child Health (Wales)



Royal College of  
Paediatrics and Child Health

*Leading the way in Children's Health*

## Children, Young People and Education Committee's inquiry into 'Do disabled children and young people have equal access to education and childcare?'

September 2023

### Summary

All children and young people have a right to education under the United Nations Convention on the Rights of the Child (UNCRC, Article 28).

Education supports the healthy development of a child, their personality, talents and physical and mental abilities. Education settings provide a haven for children which can deliver appropriate safeguarding and uphold children's rights. However, in practice children and young people with a disability continue to experience discrimination, difficulties with accessibility and bullying which can exacerbate existing mental ill-health and/or present new challenges.

The Welsh Government, local authorities and schools need to ensure schools are a safe, inclusive environment capable of meeting every child's needs.

### Recommendations

1. The Welsh Government, via the Disability Rights Taskforce, should champion the Social Model of Disability and ensure it is embedded across all policies, including health and education.
2. The Welsh Government should adopt an asset-based approach to supporting children and young people with a disability which empowers and enables them to thrive.
3. The Committee should consider those awaiting a diagnosis and the 'Missing Middle' (children and young people with disabling forms of distress) within this inquiry as to how education and health settings could better meet their needs.



## Disabled children and young people's right to education

The 2021/22 Health Behaviour in School-aged Children Survey detailed nearly one in five (18%) of young people reported having a long-term health problem or disability that limits their day-to-day activities.<sup>1</sup> Those with less family affluence were more likely to report having a long-term health condition (21% in FAS 1 (low)), compared to 16% in FAS 3 (high).<sup>2</sup>

All children and young people have a right to education under the UNCRC, Article 28. The Equality Act 2010 prohibits direct and indirect discrimination to those who have a disability and specifically references education (Section 6). The terminology and rights-based approach to disability is well established but children and young people with a disability continue to experience challenges.

Welsh Government statistics show that during the last academic year, 18.1% of pupils (ages 5-15) were persistently absent in maintained schools, rising to 34% for those eligible for free school meals.<sup>3</sup> Over two-third (67.6%) of absences were 'authorised' with the most significant reasons for authorised absences being 'illness' (42.7%) with a further 3.6% for 'doctor and/or dentist appointments'.<sup>4</sup> Unfortunately using the current statistics it is not possible to explore the attendance of those with a disability or whether an 'illness' is chronic or a seasonal cold. That said, it is well known that children with disabilities and chronic conditions, both mental and physical, can experience difficulties in attending school, due to their condition, but also due to requiring support to meet their needs.

Despite legislation, children and young people still face challenges that children without a disability do not. An example of this is accessibility. Over a third (38%) of local authorities report not having enough childcare for disabled children in their local authority area.<sup>5</sup>

To overcome this, there should be a prioritisation of the needs of all children and young people. This should take the form of adopting a social model of disability, supported by an asset-based approach to health and care. This will focus on the strengths of both the young person and community which in turn will help empower and enable children and

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<sup>1</sup> <https://www.shrn.org.uk/wp-content/uploads/2023/04/SHRN-2021-22-National-Indicators-Report-FINAL-en.pdf>

<sup>2</sup> <https://www.shrn.org.uk/wp-content/uploads/2023/04/SHRN-2021-22-National-Indicators-Report-FINAL-en.pdf>

<sup>3</sup> <https://www.gov.wales/attendance-pupils-maintained-schools-5-september-2022-24-july-2023>

<sup>4</sup> <https://www.gov.wales/attendance-pupils-maintained-schools-5-september-2022-24-july-2023>

<sup>5</sup> <https://business.senedd.wales/documents/s122062/Report.pdf>

young people to fulfil their potential, be it in education or extra curriculum activities. Conversations regarding the needs of children and young people must include the individual - and advocate as applicable - and where at all possible involve their families or carers.

The social model of disability focuses on what disabled young people can do when barriers, i.e. physical barriers, are removed.<sup>6</sup> For example, a young person using a wheelchair may experience difficulties in participating in an extracurricular activity if the chosen venue is inaccessible, i.e. not fitted with a ramp, sliding doors or a lift. To overcome this and allow for social participate a disability 'friendly' venue would facilitate their involvement.

The Welsh Government established the Disability Rights Taskforce following the Covid-19 pandemic. The taskforce aims to remove inequalities experienced by disabled people in society and is exploring embedding the social model of disability in Wales. Children and young people are a 'workstream' of this taskforce, and education would be central to this. It is important that this work is undertaken without delay, involving those with lived experience, charities and health and education professions and with the fully support of the Government.

To support the social model of disability, an asset-based approach to health and care should be adopted. The approach seeks to build on social, cultural and environmental resources and is based on co-production which looks to combine formal health and social care services with communities and informal networks – whether that's in education, health or social care. At the heart of the asset-based approach is valuing the skills, strengths and successes of individuals and communities, recognising the importance of achieving a balance between service delivery and community building, as well as meeting people's needs and nurturing their strengths and resources.<sup>7</sup>

In Scotland the asset-based approach has been developed over the course of 10 years<sup>8</sup> and has come a long way in sharing, illustrating and embedding the values of this way of working.<sup>9</sup> However, it is recognised that despite much progress, there remains challenges with embedding the approach.

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<sup>6</sup> <https://www.disabilitywales.org/social-model/>

<sup>7</sup> [Asset-based approaches in practice: the Scottish experience | Local Government Association](#)

<sup>8</sup> [Asset-based approaches to health improvement \(iriss.org.uk\)](#)

<sup>9</sup> [Asset-based approaches in practice: the Scottish experience | Local Government Association](#)

The combination of delivering a social model of disability across Wales, supported by an asset-based approach to health and care, could greatly reduce the obstacles in an individuals way and enhance their ability to fully participate and reach their full potential.

### **Recommendation One**

The Welsh Government, via the Disability Rights Taskforce, should champion the Social Model of Disability and ensure it is embedded across all policies, including health and education.

### **Recommendation Two**

The Welsh Government should adopt an asset-based approach to supporting children and young people with a disability to empower and enable them to thrive.

## **Obtaining a diagnosis**

Once a formal diagnosis of a disability has been established, the rights of children and young people are protected in legislation. However, it is also well documented that waiting times are extensive. Obtaining a diagnosis can be a complex and time-consuming process which is often delayed. This is in part due to professional capacity, lack of resources and guidance and more recently the Covid-19 impact. Even getting onto a waiting list can prove challenging in itself.<sup>10</sup> So what support and protection is provided for a child or young person in the interim?

For example, the wait time for a child referred for an assessment for autism and/or ADHD is extensive. In March 2023 an FOI revealed that the wait time for an assessment ranged between 47 weeks to 166 weeks across Wales.<sup>11</sup> If support is not provided due to the absence of a formal diagnosis, or the inability to join the waiting list this could have a significant impact on a child's education.

While a child or young person is awaiting an assessment and a potential diagnosis, be it physical or mental, it is imperative that evidence-based

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<sup>10</sup> <https://senedd.wales/media/dfqbfajl/cr-ld15079-e.pdf>

<sup>11</sup> FOI data published in Health Board disclosure logs. Betsi Cadwaladr did not hold this data. Some Health Board separate wait times for ADHD and Autism, others do not.

interventions and support are put in place. The support should focus on empowering the individual towards increasing autonomy, independence and agency. This should include ensuring the individual and their families and carers understand their options and how to navigate appropriate services.

Support for a child or young person should not necessarily be linked with them receiving a formal diagnosis (covered by the Equality Act 2010) but rather what is required to meet their needs at any given time.

The Welsh Government, local authorities and schools need to ensure schools are a safe, inclusive environment capable of meeting every child's needs.

## **'The Missing Middle'**

The Committee should consider 'The Missing Middle' within this inquiry. Those children and young people whose health is impacted by a multitude of factors causing distress - often *disabling* but not necessarily diagnosed as a *disability*.

The Missing Middle is predominately defined for those with mental health difficulties, but it equally applies to young people with physical health manifestations. The Missing Middle can have physical and mental health disabilities, which would be covered under the Equality Act 2010, or disabling pain and/or health conditions, which may not be.

These young people have distress, often a disabling form of distress, attributable to a multitude of factors, but who do not have access to the guidance or support they need. These factors, often undisclosed or unrecognised, may include adverse events and experiences, neurodiversity, carer roles, attachment disorders, family discord, bullying, unhealthy sleep patterns and diets, and adverse thoughts and behaviours. They often occur in combinations and result in a loss of agency, of schooling, physical activity and routines. In turn this can lead to impacts on physical health, such as obesity, social isolation, disrupted family life and a potentially spiralling decline with further effects on sleep, anxiety, depression and withdrawal. Simply put, this population's needs are not well met.

“As clinicians, in order to break the cycle and empower the young person and family to self manage, this starts with time and a

sensitivity to their confounding factors, a confident and sometimes collaborative assessment, and effective explanations and signposting...this early intervention stops the spiral of decline, avoids embattlement and prevents excess referrals within a conventional system that cannot cope.” **Dr Nick Wilkinson, RCPCH Officer for Wales**

To support the missing middle there needs to be more of an emphasis on embedding the NEST framework<sup>12</sup> and improving the integrated system of accessible support within health, social care, education and justice.

### **Recommendation Three**

The Committee should consider those awaiting a diagnosis and the ‘Missing Middle’ (children and young people with disabling forms of distress) within this inquiry, and how education and health settings could better meet their needs.

### **About RCPCH Wales**

The RCPCH works to transform child health through knowledge, innovation and expertise. We have over 500 members in Wales, 14,000 across the UK and over 17,000 worldwide. The RCPCH is responsible for training and examining paediatricians. We also advocate on behalf of members, represent their views and draw upon their expertise to inform policy development and the maintenance of professional standards. We are grateful to the Health and Social Care Committee for the opportunity to help inform scrutiny of the Welsh Government’s plan to Transform Planned Care Service and Reduce Waiting Times.

For further information please contact Sarah Williamson, Policy and Public Affairs Manager (Wales), [Sarah.Williamson@Rcpch.ac.uk](mailto:Sarah.Williamson@Rcpch.ac.uk)

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<sup>12</sup> <https://www.gov.wales/next-framework-mental-health-and-wellbeing-introduction>

# Agenda Item 4.1

**Y Pwyllgor Plant, Pobl Ifanc  
ac Addysg**

**Children, Young People  
and Education Committee**

Jack Sargeant MS  
Chair, Petitions Committee

**Senedd Cymru**

Bae Caerdydd, Caerdydd, CF99 1SN  
SeneddPlant@senedd.cymru  
senedd.cymru/SeneddPlant  
0300 200 6565

**Welsh Parliament**

Cardiff Bay, Cardiff, CF99 1SN  
SeneddChildren@senedd.wales  
senedd.wales/SeneddChildren  
0300 200 6565

23 October 2023

Dear Jack,

Petition P-06-1347 Review Additional Learning Needs policies & make compulsory to FULLY train all teachers and TAs in regulation techniques

Thank you for your letter dated 2<sup>nd</sup> October, it was noted and discussed at our meeting on 12<sup>th</sup> October.

We were grateful to you for bringing this petition to our attention. As you are aware we are conducting an inquiry into childcare and education access for disabled children and young people. The issues raised by the petitioner regarding the ALN training for Teachers including those in Initial Teacher Training and Teaching Assistants has also been highlighted in our evidence gathering.

We agreed that the information submitted should be considered as part of the evidence for the inquiry and will be published as a consultation response.

If the petitioner is content for you to share their contact details with us, we will keep them informed throughout the course of the inquiry.

Thank you again for drawing this petition to our attention.

Yours sincerely,



Jayne Bryant MS  
Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

# Agenda Item 4.2

**Y Pwyllgor Plant, Pobl Ifanc  
ac Addysg**

**Children, Young People  
and Education Committee**

Jeremy Miles MS

Minister for Education and Welsh Language

**Senedd Cymru**

Bae Caerdydd, Caerdydd, CF99 1SN

SeneddPlant@senedd.cymru

senedd.cymru/SeneddPlant

0300 200 6565

**Welsh Parliament**

Cardiff Bay, Cardiff, CF99 1SN

SeneddChildren@senedd.wales

senedd.wales/SeneddChildren

0300 200 6565

25 October 2023

## **Free School Meals**

Dear Jeremy

At our on 14 September we noted email correspondence from nine national children's charities expressing their concerns that the free school meals programme during the school summer holiday would not be running.

We understand that some local authorities did run some form of holiday food programme, and would like to know exactly what programmes did run over the summer holiday period, and the levels of participation.

As you will be aware, in our report on the 2023/24 Draft Budget we recommended that the free school meals programme should be guaranteed throughout the 2023/24 budget period, up to and including the February 2024 school holiday. As costs of living pressures continue to bite on families across Wales, it is concerning that one of the actions taken to help with these issues was stopped so closely to the summer holidays.

We would appreciate a response by 6 December.

Yours sincerely,





Jayne Bryant MS  
Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

# Agenda Item 4.3

**Y Pwyllgor Plant, Pobl Ifanc  
ac Addysg**

**Children, Young People  
and Education Committee**

University and College Union (UCU)

**Senedd Cymru**

Bae Caerdydd, Caerdydd, CF99 1SN  
SeneddPlant@senedd.cymru  
senedd.cymru/SeneddPlant  
0300 200 6565

**Welsh Parliament**

Cardiff Bay, Cardiff, CF99 1SN  
SeneddChildren@senedd.wales  
senedd.wales/SeneddChildren  
0300 200 6565

25 October 2023

Dear Colleagues,

Thank you for your letter dated 10<sup>th</sup> July, it was noted and discussed at our meeting on 14<sup>th</sup> September.

Unfortunately at present, the Committee doesn't have capacity to conduct an inquiry into the state of higher education in Wales. However Members were concerned with the issues you raised in your letter. We agreed that I would raise these issues with the Minister for Education and Welsh Language when I next meet him.

As you are aware there was a recent announcement regarding UK's relationship with Horizon Europe. We would be interested to hear your views on this announcement and what you think this will mean for universities in Wales.

Please send your responses to seneddchildren@senedd.wales We look forward to hearing from you.

Yours sincerely,



Jayne Bryant MS

Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.



## Agenda Item 4.4

Following the evidence session on 25<sup>th</sup> October, NEU provided additional information for the inquiry into Do disabled children and young people have equal access to education and childcare – **NEU resources on disability inclusion**

<https://neu.org.uk/advice/classroom/teaching-resources/full-story>

# Agenda Item 4.5

**Pwyllgor yr Economi,  
Masnach a Materion Gwledig**

**Economy, Trade, and  
Rural Affairs Committee**

Vaughan Gething MS  
Minister for Economy

26 October 2023

**Senedd Economy, Trade and Rural Affairs Committee: Cost of living pressures and the Young Person's Guarantee**

Dear Minister

At its meeting on 28 September the Committee discussed cost of living pressures and the Young Person's Guarantee. This was a follow-up to a session held in November 2022. The meeting focused in particular on the impact of cost of living pressures on young people and their future education, employment and training opportunities. Evidence was taken from Careers Wales, the Welsh Local Government Association (Leader of Denbighshire County Council), CollegesWales and the National Training Federation Wales (NTFW).

**Annex A** to this letter sets out some key findings and points on which we would welcome a response. Following the session I received a letter from a civil engineering company in North Wales which raises some pertinent issues relating to apprenticeship recruitment and retention in the construction sector. I have therefore also attached this correspondence, and Annex A seeks a response on those specific issues.

Given the cross-cutting nature of responsibilities for delivering these key commitments in the Programme for Government, I am also copying this letter to the Minister for Education and Welsh Language for his consideration, and to the Chair of the Senedd's Children, Young People and Education Committee for information.

Kind regards,

**Senedd Cymru**

Bae Caerdydd, Caerdydd, CF99 1SN  
SeneddEconomi@senedd.cymru  
senedd.cymru/SeneddEconomi  
0300 200 6565

**Welsh Parliament**

Cardiff Bay, Cardiff, CF99 1SN  
SeneddEconomy@senedd.wales  
senedd.wales/SeneddEconomy  
0300 200 6565

*Paul Davies*

**Paul Davies MS**

Chair: Economy, Trade and Rural Affairs Committee

We welcome correspondence in Welsh or English

CC: Jeremy Miles MS, Minister for Education and Welsh Language

Jayne Bryant MS, Chair, Children, Young People and Education Committee

## Impact of cost of living pressures on young people's decisions

Careers Wales shared anecdotal evidence from careers advisers about choices being made by young people as a result of cost of living pressures, including concerns around contributing to overall household income, and parental influence on young people's choices because of how it might affect their parents' access to benefit payments. This is influencing choices young people are making as they are opting to go into low-skilled higher-paid jobs, rather than staying at college or on apprenticeship schemes. The cost and availability of transport remains a significant barrier, along with the cost of food and meeting other up-front costs, with Careers Wales reporting a 'perfect storm' of factors that are leading to young people making short-term decisions which will impact their longer term career prospects.

There was recognition from CollegesWales and the NTFW of positive changes since the Committee looked at this issue a year ago, including increases in further education enrolment and in numbers accessing Jobs Growth Wales Plus. The increase in the Educational Maintenance Allowance and other allowances for learners were welcomed, but it was felt that improvements in some data were still masking problems for students facing financial hardship and pressure to contribute to household income.

For example, CollegesWales described how their deprivation fund is being utilised to prioritise support for students struggling with costs. The NTFW described young people having to leave the family home to ease household costs and 'sofa surfing', while other learners were contributing to household income from their allowances, leaving them with less disposable income. The Welsh Local Government Association (WLGA) representative noted that engaging with the former 'semi-transient' young people was particularly difficult.

### More support for upfront costs

While support is provided to young people retrospectively, for example to claim for travel costs, Careers Wales reported that young people are struggling to meet up-front costs due to a lack of disposable income. Another example given was meeting the up-front cost of getting required ID. Careers Wales said it has increased its support fund due to increased demand.

**Recommendation 1:** Careers Wales recommended that more needs to be done to address the problem of up-front costs acting as a disincentive to young people accessing employment and training opportunities. The Committee would welcome a Ministerial response on what more Welsh Government can do to address this particular issue of meeting up-front costs.

Evaluating the Young Person's Guarantee (YPG) – better data

Careers Wales offered to share data it was collecting on college leavers with the Committee. The need for a better dataset across all delivery partners, including regional data to assess where gaps are and where more support can be best targeted, was a critical issue raised by witnesses.

**Recommendation 2:** Collaboration on data-sharing is vital to evaluate the success of the Young Person's Guarantee (YPG), and the Committee would welcome more information on how Welsh Government is addressing this, and ensuring that data is shared effectively across the partners to inform future delivery of the YPG.

CollegesWales stressed the challenge with delivering the YPG is providing all young people with accurate and impartial advice about the full range of support and programmes available under the YPG umbrella. They noted this was something picked up in both Dr Hefin David MS's recent report on transitions to employment and Sharron Lusher's independent report of the Vocational Qualifications Review Board.

**Recommendation 3:** NTFW said that, with regard to the provision of accurate and impartial advice on the range of support and programmes available under the YGP umbrella, the partnership between Careers Wales and training providers needs to be "re-strengthened". The Committee would welcome you outlining what action you will take to help achieve this.

#### The Apprenticeship target and retention and completion rates

Welsh Government's published learner outcome measures show the completion rate of apprenticeships has fallen from 81 per cent in 2018-19 to 66 per cent in 2021-22. Careers Wales identified a number of reasons for this, including that many young people were giving up apprenticeships to take paid employment that would allow them to earn double the hourly rate they would earn as a year one apprentice, or even to take on seasonal jobs, which the Leader of Denbighshire County Council identified as a particular issue. An Engagement and Progress Coordinator (EPC) in West Wales reports that salary rates in part-time jobs make apprenticeships a "hard sell". Reduction in completion rates will also include some employers who have stopped offering apprenticeships, and **some employers have also advised Careers Wales that it is hard to sustain the right level of supervision for apprenticeships, or that lower productivity within the business is a barrier.**

The work being done by UCAS to promote apprenticeships was cited by Careers Wales as a 'chink of light', as evidence suggests interest being shown from some of the most disadvantaged parts of Wales.

**Recommendation 4:** The Committee would welcome more information on what assessment has been made of employers who have stopped offering apprenticeships, and the reasons for that, including the issues raised by Careers Wales around supervision and productivity, and what actions are being taken to address those barriers for employers.



## Changes to frameworks and essential skills requirements

Concerns about the very low completion rates for care sector apprenticeships were raised, particularly as this is an area of high demand from employers. Careers Wales said action to amend the essential skills requirements had helped with some of the completion rates, but the other challenges around salary rates elsewhere and transport costs still remain. The Committee has also received evidence of changes to formal entry standards and skills requirements being an issue in the construction sector (see in more detail below).

The NTFW said that the process of Welsh Government agreeing new apprenticeship frameworks needs to be quicker and more responsive to employers' needs. **Delays in framework approval were identified as a problem, and the NTFW said it needs an employer-focused team, and rather than extending some existing frameworks there should be more focus on what employers are saying they need, and to publish a new framework.** Providers highlighted the importance of work with Qualifications Wales to adjust the length of stay for courses appropriately in areas such as construction, to help with retention rates.

**Recommendation 5:** The Committee would welcome more information on how concerns highlighted around the design and approval process for apprenticeship frameworks, the responsiveness of the process and the involvement of employers in that process, are being addressed.

### Apprenticeships for plant operatives

The Committee has received correspondence from Jones Bros Ruthin Co Ltd (at Annex B) a leading civil engineering company raising specific concerns about changes to the apprenticeship frameworks for plant operatives. These include a recent decision by Welsh Government to cease funding the Level 2 apprenticeship and transition to a Level 3 apprenticeship framework, which unlike Level 2, includes a requirement to attend 700 hours of classroom-based learning over 3 years whilst being paid wages. While understanding the rationale, the employer says that a 'significant proportion' would struggle with the increased academic demands and this will negatively impact on recruitment numbers. They raise a number of problems with delivering the new framework that demonstrate "the practical implementation of the Level 3 framework appears to have been inadequately considered", and believe that the shift to focus on academic learning could discourage more practical individuals from pursuing civil engineering careers.

The company also highlighted the stipulation that plant operative apprentices must work over 51% of their time in Wales as a barrier. The company is actively pursuing projects in England and Scotland due to a decline of infrastructure investments in Wales, which they say would reduce the number of projects where they could employ apprentices whilst adhering to the 51% rule.

Recommendation 6: The Committee has been made aware that a leading civil engineering company in Wales is seeking a revaluation of the Level 3 Apprenticeship Framework given the practical challenges they highlight, and for flexibility in meeting the 51% working time rule in Wales. The Committee would welcome a response from the Minister on these specific points.

#### Parity of esteem for vocational qualifications and progression pathways

Careers Wales said that one of the biggest issues they face is demonstrating to parents, rather than young people themselves, that apprenticeships can compare equally to a traditionally academic pathway, with some parents being "quite single-tracked in terms of thinking that if you want to get on, you do A-levels and then you do a degree".

Recommendation 7: Careers Wales accept that more needs to be done to demonstrate, to parents in particular, that it is possible to progress between the apprenticeship levels for a full career pathway, including up to degree apprenticeship level. These concerns are not new, but the Minister's views on how to proactively address this barrier would be welcomed.

#### Addressing barriers relating to benefit payments

Careers Wales, the WLGA and the NTFW all reported this as an issue. The NTFW acknowledged that the Welsh Government has done some positive marketing this year, but feel **there is an opportunity for the Welsh Government and the Department for Works and Pensions to add to that messaging, to highlight to parents that allowing young people to join a Jobs Growth Wales Plus programme and access increased allowances will not impact their universal credit.**

The NTFW also note that some parents will support the young person to join a Jobs Growth Wales Plus programme, but then discourage them from going into employment due to the impact on their benefits, so a bigger discussion is needed regarding how to address this issue. Working Denbighshire is engaging with parents but said the statistics demonstrate that take-up is still not as high as it could be.

Recommendation 8: The Committee would welcome a response from the Minister on what more can be done by both Welsh Government and the Department for Work and Pensions to address barriers to the take-up of programmes offered under the Young Persons Guarantee due to concerns about the impact on household benefit payments.

#### Regional and rural-urban disparities

The divide between rural and urban areas of Wales in terms of both provision of apprenticeships and access to them was highlighted by CollegesWales, the NTFW and Careers Wales. In particular, the **lack of available transport options and/or transport costs**, were identified as a major issue for learners in mid and west Wales. This was seen as more of an issue than Welsh language provision, although

Careers Wales also said more can still be done to promote awareness of opportunities to learn in Welsh, and for young people to understand the demand from employers for bilingual employees.

**Recommendation 9:** The Committee would welcome a Ministerial response on the work being done to promote greater awareness both of the opportunities to continue learning in Welsh and the high demand from employers for bilingual employees.

Prohibitively expensive transport costs mean that some young people are reliant on parents. We were given the example of a 17 year old on an NHS apprenticeship who was wholly dependent on the parent taking them to and from work. In this instance a flexible programme could be offered to the apprentice, but this will not always be the case. CollegesWales also provided a stark example of an apprentice learner in Pembrokeshire, who due to the cost of travel to and from their employer in Milford Haven, had to work for two and a half hours before earning any take home pay. In rural areas some people may need to move to live with other family members to access training or walk long distances. Careers Wales said that schools, colleges, providers and careers advisers were reminding young people of Welsh Government's MyTravelPass scheme for bus and rail, but sometimes getting to a discounted service in the first place was more of a problem for young people.

Careers Wales noted that equality of access is more of a problem with any training programmes in more sparsely populated rural areas. Lack of funding was identified as an issue to address disparities, and the NTFW identified the need for geographical uplifts to funding to help young people with accessing training and jobs, including for those from more deprived backgrounds and with self-declared disabilities. Lisa Mytton from the NTFW also highlighted that Jobs Growth Wales Plus was the only post-16 programme which did not receive the 5% cost of living increase this year.

**Recommendation 10:** The Committee would welcome the Minister's response on the prioritisation of uplift funding to address the specific regional and rural/urban disparities it has highlighted in access to education, training and employment opportunities across Wales.

### Consistent careers advice from primary level

The Welsh Government's 'Young Person's Guarantee national conversation report' found that schools had failed to prepare young people and that careers advice was sporadic and aimed more at those who were more academic. Careers Wales said they were surprised at that feedback, advising that they do work in primary schools to offer intensive support, and have developed some resources to support primary teachers. They emphasised the importance of repeated engagement with young people.

### Supporting transition by linking schools with employers

Dr Hefin David's recent work on transitions to employment identified pockets of good practice, but there is a disconnect between schools and employers which is affecting the ability to give young people a full picture of the opportunities available to them. CollegesWales highlighted the initiative

being undertaken in West Wales in relation to linking schools, employers and providers on skills for the offshore wind energy sector. However, there is a need to scale up good practice across Wales.

Careers Wales have access to an employer database which schools currently lack. Colleges have people employed to seek out employers, but schools do not have access to this pool of employers, and rely on an informal network of parents who are employers or have links with employers. There would be mutual benefit for schools offering access to pupils aged 11 to 16, and colleges offering schools better access to employers. Careers Wales advised they have access to an education business exchange database of 10,000 employers which could be developed into a work experience database - they could facilitate a greater link between further education and schools, and would welcome that approach, but would need a directive from the Welsh Government.

**Recommendation 11:** The Committee recommends that Welsh Government provide clear direction to ensure that colleges and schools are working together to help learners progress into employment, including through a service level agreement (SLA) on information sharing and exchange between Further Education and schools, with Careers Wales acting as an 'honest broker' in this regard. The Committee recommends this requirement for an SLA on information sharing and exchange is included in Welsh Government remit letters for Careers Wales and the Commission for Tertiary Education and Research.

#### **Awareness of the Employment and Enterprise Bureaus**

CollegesWales gave some positive headline figures on the success of the bureaus in helping further education students into work placements and with essential skills for employment, but NTFW said more work needed to be done to raise awareness among young people of the existence of the bureaus.

**Recommendation 12:** The Committee would welcome a response from the Minister on what work is being done by the Welsh Government to further promote the existence and role of the bureaus, beyond the presence on the Business Wales website.

#### **Job-coaching as part of transition support for pupils with additional needs**

Careers Wales see a role for themselves in job coaching initiatives such as that offered by the Engage to Change project at Cardiff University for those with additional learning needs, but identified funding as a potential barrier to extending this work, now that project is at an end.

**Recommendation 13:** It was noted that both Jobs Growth Wales Plus and Communities into Work+ programmes provide support to young people with additional needs, however the Committee would welcome more information from the Minister regarding future plans for job coaching initiatives and for Careers Wales's involvement in them.

## Other Barriers to Education, Training and Employment

Careers Wales identified increased absenteeism; problems accessing children educated otherwise than at school; and patchy data-sharing between local authorities as being additional barriers to reaching some young people. They reported concerns about reaching the target numbers of young people in the coming months, beyond the 'peak time' to access them at the start of the academic year.

Careers Wales also raised the difficulties of engaging with young people with behavioural, severe anxiety or other mental health problems, low confidence and low self-esteem, and those who are very isolated and rarely if ever leave the home. It was recognised that Jobs Growth Wales Plus is devised to be flexible to adapt to meet the needs of these hardest-to-help young people, to build up attendance and confidence gradually, to provide 'niche provision' to address specific issues such as debt and budgeting advice, and reaching out to young people in specific settings such as boxing clubs. The opportunity to keep re-engaging with these young people in a 'long game', and the importance of partnership working in the Youth Engagement and Progression Framework was emphasised.

**Recommendation 14:** The Committee would welcome any further information the Ministers for Economy and Education can provide on how the Welsh Government is applying lessons learnt in implementing the Young Person's Guarantee and the Youth Engagement and Progression Framework, to further flex support to address the additional barriers identified by Careers Wales and other witnesses.

Anthony (Tony) Murphy  
Head of HR & Business Management Systems  
Jones Bros. Ruthin (Civil Engineering) Co. Ltd  
Ty Glyn, Canol Y Dre,  
Ruthin,  
Denbighshire  
LL15 1QW  
anthonym@jones-bros.com  
01824 703661

27<sup>th</sup> September 2023

Mr. Paul Davies MS  
Chair of the Economy, Trade and Rural Affairs Committee  
Senedd Cymru - Welsh Parliament  
Cardiff Bay  
Cardiff  
CF99 1SN

Dear Mr. Paul Davies MS,

**Subject: Concerns Regarding Changes to Apprenticeship Frameworks for Plant Operatives**

I hope this letter finds you well. I am writing to you on behalf of Jones Bros. Ruthin (Civil Engineering) Co. Ltd, a leading civil engineering company based in North Wales. As the Chair of the Economy, Trade and Rural Affairs Committee in the Senedd, we believe you can help us address a pressing issue that has recently emerged in our industry.

Jones Bros has been a prominent figure in the field of civil engineering for several decades, and we have consistently invested in the development and retention of a highly skilled workforce. One of the cornerstones of our approach has been our commitment to apprenticeship schemes, which have played a pivotal role in shaping the careers of numerous individuals and supporting our operations.

Our apprenticeship programs have been integral to our ability to self-deliver many of our projects, as they enable us to grow a workforce of professionally qualified Engineers, Ecologists, Surveyors, Plant Operatives, and other professional support roles. Over the years, we have taken great pride in our training initiatives, including our 4-year Higher Engineer apprenticeship scheme and our Operative training scheme, which was formerly a Level 2 Plant Operative apprenticeship.

We have successfully delivered the Plant Operative Level 2 apprenticeship in-house at our accredited training centre for over a decade. This approach allowed us to train apprentices on various plant equipment within our facilities and according to our timeframes. These apprenticeships have been a crucial part of our strategy and have yielded excellent results.

**Jones Bros Ruthin (Civil Engineering) Co Ltd**  
Ty Glyn, Canol Y Dre, Ruthin, Denbighshire, LL15 1QW  
**Tel:** 01824 703661 **Email:** information@jones-bros.com **www.jones-bros.com**

Registered in England and Wales: 00983459



Over the last 10 years Jones Bros has recruited more than 308 apprentices with an 87 to 90% completion rate.

One of the key points of concern arises from the recent decision by the Welsh Government to cease funding the Level 2 apprenticeship and transition to a Level 3 apprenticeship framework. While we understand the rationale behind this change, we are confronted with several challenges that need to be addressed.

Under the Level 3 framework, apprentices are required to attend 700 hours of classroom-based learning at college over three years, during which we would need to continue paying their wages. Unlike the Level 2 framework, which had no formal entry standards, the Level 3 apprenticeship expects learners to have a good basic understanding of English and Math. It is recommended that they develop further formal skills in these areas, such as Essential Skills or GCSEs.

Up until this point, our only requirements for prospective plant apprentices have been that they must be at least 18 years old, possess a valid driver's license, and be willing to work away from their place of residence.

The Level 3 apprenticeship does not require specific formal entry criteria. Nevertheless, on the City & Guilds Skills for Wales website, you can find information regarding Construction – Plant Operations Level 3, which outlines the following details:

“There are no formal English and maths entry requirements for these qualifications. But it is expected that learners will have a good basic understanding of English and maths. It is recommended learners develop further formal English and Maths skills, such as Essential Skills or GCSEs to support successful progression with this programme”.

Our experience indicates that a significant proportion of apprentices who successfully completed the Level 2 framework would struggle with the increased academic demands of the Level 3 apprenticeship. Many of these individuals might not even complete the Level 3 due to their difficulties with English and Math. Given our history with such applicants, we believe they would be reluctant to sign up for the Level 3 apprenticeship, making it challenging to maintain our previous recruitment numbers.

Moreover, the Level 3 apprenticeship extends the overall duration by almost a year compared to the Level 2, and the requirement for apprentices to spend over 700 hours in college further complicates our ability to run the program effectively, given the diverse and widespread nature of our projects across the UK.

Furthermore, we would like to highlight that the additional 700 hours of learning required in the Level 3 apprenticeship framework introduces learning objectives that would typically be covered at a much later stage in a civil engineering career, typically as individuals progress into site supervision roles. The standard entry level for personnel on civil engineering project sites is the Site Supervision Safety Training Scheme (SSSTS), followed by advancement to the Site Management Safety Training Scheme (SMSTS). The transition period between completing the Level 2 apprenticeship we had been delivering and entering into site supervision roles is vital. During this period, less academically inclined operatives have the opportunity to gain valuable hands-on experience on construction sites. This practical experience greatly enhances their chances of building a successful and fulfilling career in the civil engineering industry.

We believe that the shift to the Level 3 framework, with its focus on academic learning, could inadvertently discourage individuals who are more practically inclined from pursuing careers in civil engineering. It is

**Jones Bros Ruthin (Civil Engineering) Co Ltd**

Ty Glyn, Canol Y Dre, Ruthin, Denbighshire, LL15 1QW

Tel: 01824 703661 Email: [information@jones-bros.com](mailto:information@jones-bros.com) [www.jones-bros.com](http://www.jones-bros.com)

Registered in England and Wales: 00983459



essential to acknowledge the importance of practical experience in our industry and find a way to strike a balance between academic knowledge and on-the-job skills development.

In the third year of the Level 3 apprenticeship, apprentices must complete a practical project on all four machines within the apprentice framework. Each project requires an assessor to carry out two site visits, resulting in a total of eight visits per apprentice. Currently, we do not possess the necessary resources to handle this workload alongside the number of apprentices we employ.

Another significant challenge is the stipulation that Plant Operative apprentices must work over 51% of their time in Wales. With a decline in infrastructure investments in Wales, we are actively pursuing projects in England and Scotland, which inevitably reduces the number of projects where we can employ apprentices while still adhering to the 51% rule.

Our primary concern is that the practical implementation of the Level 3 framework appears to have been inadequately considered, leaving us with numerous unanswered questions regarding the future of the individuals we have been offering opportunities to for over a decade.

Considering these challenges, we kindly request your support in addressing the following issues:

- Revaluation of the Level 3 Apprenticeship Framework: We urge the Welsh Government to reconsider the move to the Level 3 apprenticeship framework for Plant Operatives considering the practical challenges it presents to employers like Jones Bros.
- Adaptation to Changing Work Opportunities: Given our expanded operations in other parts of the UK, we ask for flexibility in meeting the 51% working time requirement in Wales.

We kindly request your support in addressing these concerns and finding a way to ensure that the apprenticeship framework aligns with the realities of the civil engineering field. Your assistance in advocating for these necessary adjustments will contribute to the continued growth and prosperity of the industry while providing opportunities for individuals from diverse backgrounds to succeed within it.

Thank you for your attention to this matter, and we look forward to your response. If you require any further information or would like to discuss this issue in more detail, please do not hesitate to contact me at [anthonym@jones-bros.com](mailto:anthonym@jones-bros.com) or 07768 375714.

Sincerely,



Anthony (Tony) Murphy  
Head of HR & Business Management Systems  
Jones Bros. Ruthin (Civil Engineering) Co. Ltd

**Jones Bros Ruthin (Civil Engineering) Co Ltd**  
Ty Glyn, Canol Y Dre, Ruthin, Denbighshire, LL15 1QW  
Tel: 01824 703661 Email: [information@jones-bros.com](mailto:information@jones-bros.com) [www.jones-bros.com](http://www.jones-bros.com)

Registered in England and Wales: 00983459





# Agenda Item 4.6



Bignell Park Barns  
Chesterton  
BICESTER  
OX26 1TD

82-86 Jamaica  
Road  
Bermondsey  
LONDON  
SE16 4BA

Jane Bryant MS  
Chair of Children, Young People and Education Committee  
Welsh Parliament  
Cardiff Bay  
Cardiff  
CF99 1SN

Dear Ms Bryant,

I am writing to you as the Chief Executive of Auditory Verbal UK (AVUK), a leading and award-winning charity supporting deaf children to have the same opportunities as their hearing peers to request the opportunity to meet with you to discuss how we can work together to improve outcomes for deaf children in Wales.

As a supporter of young children, including those with special educational needs and disabilities, I know that you appreciate the value of early intervention programmes in providing improved outcomes for children.

By way of an introduction, AVUK supports deaf babies and children to learn to listen and speak through a highly specialist, evidence-based, early intervention programme called Auditory Verbal therapy. AVUK is the only charity in Wales that provides this family centred approach and supports parents and carers with the tools to support the development of their deaf child's speech and language. We are proud to deliver Auditory Verbal therapy directly to a small number of deaf children under 5 in Wales.

But with the majority of deaf children falling behind their hearing peers and at high risk of social exclusion, bullying, poor mental health and lower employment prospects, there has never been a more important time to invest in effective and early support to tackle the root cause of disadvantage.

While Wales has one of the best Newborn Hearing Screening Programmes in the world and state of the art hearing technology (hearing aids and cochlear implants) available to babies and young people on the NHS, deaf children are not reaching their full potential and we are not currently maximising the investment being made in screening and technology. But it does

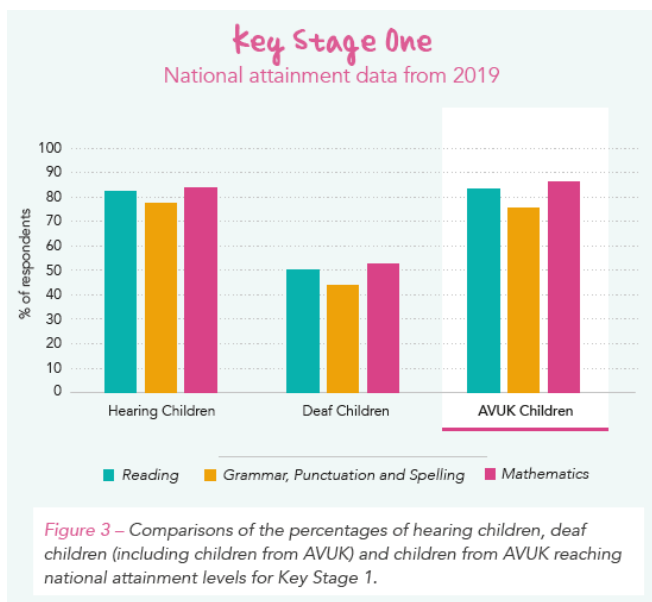


[www.avuk.org](http://www.avuk.org)  
+44 (0)1869 325000

Auditory Verbal UK is a registered charity  
(charity no: 1095133 in England & Wales and charity no: SC052499 in Scotland).  
Registered company number: 4569764.  
Auditory Verbal UK is the operating name of the Auditory Verbal Centre

not have to be this way. When deaf children have access to early and effective support, following early diagnosis and access to technology, outcomes are transformed.

The benefits of Auditory Verbal therapy are clear. Approximately 80% of children who attend our Auditory Verbal programme for at least two years achieve the same level of spoken language as their hearing peers, rising to 97% of children without additional needs. The majority attend mainstream school and are attaining educational outcomes on a par with hearing children. The full return on investment in diagnosis and hearing technology is being realised for these children. They are getting an equal start at school and the health and education benefits are lifelong.



However, at present, over 92% of deaf children under the age 5 that could benefit from Auditory Verbal therapy are unable to access it. There are no qualified Auditory Verbal therapists working in the NHS and local services in Wales.

But with support and investment from the Welsh Government, we can change this. With an investment of only £800,000 over the next years we can train a small proportion of the current public sector workforce of speech and language therapists, audiologists and teachers of the deaf to embed 12 specialist therapists in the NHS and local services in Wales. We are

currently working with a small number of speech and language therapists and teachers of the deaf across Wales who have begun their training in this specialist approach. Two teachers of the deaf, based in North Wales are about to complete our foundation level training specialist approach but we need to expand the numbers in training to support all those who could benefit, across Wales.

By enabling all deaf children under the age of 5 to have the opportunity to access an Auditory Verbal programme, we can help transform outcomes for deaf children and unlock £152 million of economic benefit, rising to £11.7 billion within the next 50 years across the UK, through improved quality of life, employment prospects, lower costs of schooling and avoided injuries. Other developed countries like Australia, New Zealand and Denmark already provide state funding of AV therapy and Wales should strive to match this investment.

Recognising that healthcare is a devolved issue, AVUK is proactively working with the Welsh Government and Assembly Members to enable all deaf children in Wales to have the opportunity to access Auditory Verbal therapy. I would therefore welcome the opportunity to meet with you to discuss how we can work together to achieve this. Please let me know when a suitable time would be to arrange a meeting.

I look forward to hearing back from you.

Kindest regards,

Anita Grover  
Chief Executive  
Auditory Verbal UK



[www.avuk.org](http://www.avuk.org)  
+44 (0)1869 325000

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## Auditory Verbal therapy: Transforming outcomes for deaf children in Wales



**What is Auditory Verbal therapy?** A specialist early intervention that supports deaf babies and children to learn to listen and talk.

**What are the benefits?** Deaf children can achieve the same level of spoken language and education outcomes as their hearing peers.

**Can everyone access Auditory Verbal therapy?** No, unfortunately 92% of deaf children in the UK who could benefit are currently unable to access Auditory Verbal therapy.

**Who is Auditory Verbal UK?**

- We are an award-winning charity that supports deaf babies and children to learn to listen and speak through Auditory Verbal therapy.
- We are the only charity in Wales that provides this specialist, family centred, approach and equips parents/carers with the tools to support the development of their deaf child's speech and language.
- We are currently campaigning for the Welsh Government to enable all deaf children to have the option to access Auditory Verbal therapy.

**What is the HearUsNow campaign?**

Our **HearUsNow** campaign is calling for the Welsh Government to:

- Ensure Auditory Verbal therapy can be accessed via publicly funded services. Recently public research showed that almost 4 in 5 (76%) adults in Wales believe Auditory Verbal therapy should be available to all children via publicly funded services like the NHS.
- Train a small proportion of the current public sector workforce of speech and language therapists, teachers of the deaf and audiologist to embed 12 specialist Auditory Verbal Therapists in the NHS and local services.
- **It is estimated that £800,000 over the next 10 years is needed to train the required number of Auditory Verbal therapists** so all deaf children in Wales have the option to access an Auditory Verbal programme and for Auditory Verbal UK to support the most vulnerable children in Wales direct, whilst the specialist workforces is being trained.

## What is the situation in Wales?

- There are around **270 deaf children under 5 in Wales**. These children are currently falling behind their hearing peers and are at high risk of social exclusion, bullying, poor mental health and lower employment prospects.
- **There are currently no certified Auditory Verbal therapists in Wales**. To ensure that every deaf child has the opportunity to access an Auditory Verbal programme close to where they live or via telepractice, **there needs to be 12 specialist therapists in Wales**.
- AVUK provides the internationally accredited training programme in this approach and has a proven track record of training practitioners across the UK and internationally.
- AVUK is currently working with a small number of speech and language therapists and teachers of the deaf across Wales who have begun their training in this specialist approach.

It takes 3- 5 years to train in this specialist approach whilst working with deaf children. Two professionals from South Wales recently completed our foundation course (the first six months of training) and two Teachers of the Deaf based in North Wales completed our foundation course last year.

## How can I help support deaf babies and children today?

### 1. Meeting with us

There is a strong chance that there are deaf children in your constituency who are not achieving the outcomes that we know are possible and whose lives could be transformed by Auditory Verbal therapy.

- We would be keen to meet with you to discuss the need in your local area and how we can expand the availability of Auditory Verbal therapy so that deaf children in your constituency can have the opportunity to access it through publicly funded services.

### 2. Urging the Welsh Government to Hear Us Now

Please help us raise awareness of Auditory Verbal therapy and rally our cause in Parliament by;

- Writing to the Minister for Health and Social Services to request they meet with AVUK and the children and families they support.
- Submitting written or oral questions asking the Welsh Government to urgently increase access to Auditory Verbal therapy to ensure it is an option on the patient pathway for all deaf children under 5.
- Enter the ballot to try and secure a short debate entitled 'That This House Has Considered the Provision of Auditory Verbal therapy Across the UK'.

*AVUK is able to support you with the above through providing draft letters, parliamentary questions, and sharing our expertise.*

### 3. Writing to NHS Wales and NICE

- To raise the issue of lack of access to Auditory Verbal therapy through public services and to work with NHS Wales to influence the National Institute for Health and Care Excellence (NICE) to amend the guidelines to include the provision of Auditory Verbal therapy. Template letters can be found on our website for [NHS Wales](#).
- To raise with NICE why there has been a delay in their review on cochlear implants which was due in 2022. The review was undertaken as a result of a recommendation from NHS England in 2009 as part of its work to assess the cost-effectiveness of cochlear implants. NICE recommendations also apply to NHS Wales.

### 4. Sharing our campaign

- Please consider sharing the draft tweet below on social media to increase support and awareness:
  - *"I am delighted to spotlight @AuditoryVerbal who are helping create a sound future for deaf children. All deaf children should have the opportunity to access Auditory Verbal therapy through publicly funded services. #HearUsNow [www.avuk.org](http://www.avuk.org)"*



### Deaf children and their families being supported in Wales

Auditory Verbal UK currently supports three children (two families) in Wales.

Jed and Zach\*, twins from Porthcawl, are almost three years old and are both on an Auditory Verbal programme thanks to a bursary from The Moondance Foundation. Jed and Zach have profound bilateral hearing loss, which was diagnosed at birth after the Newborn Hearing Screening Programme, as well as a rare genetic condition which affects their heart. The boys were fitted with bilateral cochlear implants at the age of two, with surgery delayed by a year because of the global pandemic. Their family joined an Auditory Verbal programme at AVUK in February 2022 and are currently having monthly appointments to support the development of their listening and spoken language, and together with our Family Support Manager, we have been supporting them to access the statutory services that are available to them.

Greta\* joined an Auditory Verbal programme in early 2022, with her place also being funded by The Moondance Foundation. Greta, who is 3 and a half years old and lives in Cardiff, has profound hearing loss and had bilateral Cochlear Implant surgery in 2021 at Cardiff hospital. Since February 2022, Greta's family have been working with a certified Auditory Verbal therapist in monthly appointment to support Greta to use her technology to learn to listen and speak.

Auditory Verbal UK has supported a number of children from Wales who have now graduated from the programme.

Naasir\* from South Glamorgan was on an Auditory Verbal programme at AVUK between 2016 and 2020. Naasir has additional needs associated with executive functioning, emotional regulation, self-monitoring, organisational and planning skills. During Naasir's time on the programme, he began to close the gap between his language age and chronological age and his final Pre-School Language Scales (PLS) assessment showed he had made 10 months' total language progress over the previous 6 months. Naasir's Mum said: "AVUK is extremely knowledgeable and helpful to parents to look outside of the box... we had full care with AVUK. I really felt supported."

Lily\*, who also lived in South Glamorgan, was on the programme for 20 months between 2010 and 2011. Her first assessment on joining AVUK's family programme at the age of 3 years, showed Lily had spoken language equivalent to a child aged 2 years and 1 month. With each passing the month, the gap between Lily and her typically hearing peers would have widened. However with Auditory Verbal therapy, Lily's parents were able to support accelerating Lily's spoken language development such that by 4 years old, she had a language age of 4 years and nine months, supporting her to have the same opportunities in life as her hearing peers.

\*Names have been changed.

## The situation

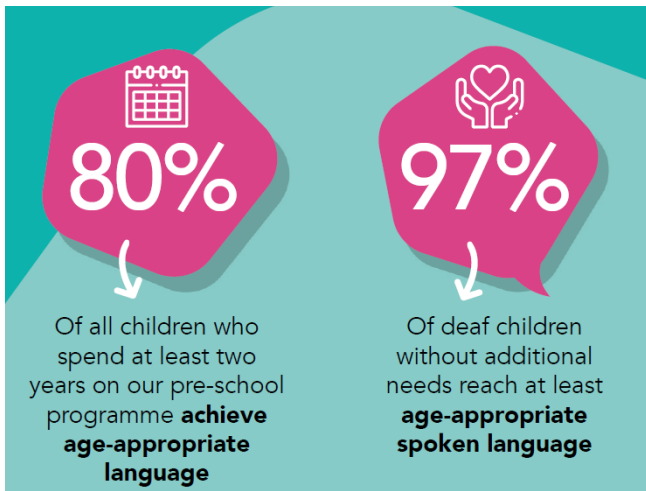
Deaf children in Wales currently face the prospect of lower academic achievement, lower employment, and are at higher risk of poor mental health, bullying and social exclusion.

But it doesn't have to be this way. When deaf children and their families have access to early and effective support opportunities are transformed. Early support should be available to all deaf children, whether their parents choose to communicate with spoken language, sign language or both.

For deaf children whose families want them to learn to listen and talk, early and effective support is vital to achieving the outcomes that we know are possible and maximise the investment already being made in newborn hearing screening and hearing technology.

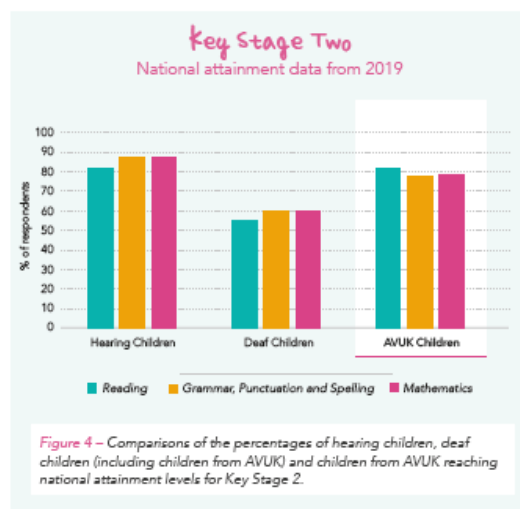
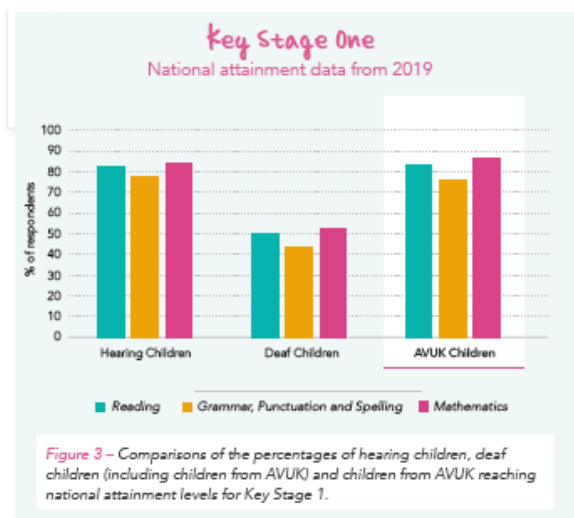
## Auditory Verbal therapy

Auditory Verbal therapy is an early intervention, family-centred coaching programme which equips parents and caregivers with the tools to support the development of their child's listening and speaking. The evidence-based specialist therapy supports deaf children process the sound they get from their hearing technology, like cochlear implants and hearing aids, to develop language so they can learn to talk like their hearing friends.



The benefits of Auditory Verbal therapy are clear. Approximately **80%** of children who attend an Auditory Verbal programme for at least two years achieve the same level of spoken language as their hearing peers, rising to **97%** of children without additional needs. The majority of these children attend mainstream schools and are attaining educational outcomes on a par with hearing children (as show in graphs below). The full return on government investment in diagnosis and hearing technology is being realised for these children. They are getting an equal start at school

and the health and education benefits are lifelong.



Watch the '[Power of Speech](#)' event in the House of Commons, celebrating what deaf children can achieve.

The mission: it's time to end the postcode lottery for Auditory Verbal therapy and ensure it is an option for all deaf children.

**Contact us:** To read more about AVUK, please visit: [www.avuk.org](http://www.avuk.org). If you are interested in contributing to our campaign or would like any further information, please contact Victoria Bishop-Rowe, Head of Communications and Engagement at Auditory Verbal UK, on [victoria.bishop-rowe@avuk.org](mailto:victoria.bishop-rowe@avuk.org) or call 0203 763 6490.



# Agenda Item 4.7



Gwasanaeth  
**Mabwysiadu**  
Cenedlaethol

National  
**Adoption**  
Service

27th October 2023

Dear Chair,

## **The National Adoption Service Annual Report for 2022/23**

I am very pleased to provide you with a copy of the 2022/23 Annual Report of the National Adoption Service for Wales (NAS). This report and the children and young people's version are both available on our website.

[National Adoption Service - Publications \(adoptcymru.com\)](https://adoptcymru.com)

As you will be aware, NAS is the Wales-wide collaborative for adoption services in Wales, led by local government. It brings together local government adoption services into five regional collaboratives, third sector adoption services and other key partners such as health and education to provide and improve adoption services across Wales.

2022/23 has been yet another busy and successful year for adoption services across Wales. Services have continued to recruit adopters, place children, and provide support to ensure these newly created families have the best start and can access support at other times should they need it. This is the case despite the challenges following the Covid-19 pandemic, alongside difficulties in public finances and the cost of living.

The Adoption UK annual Adoption Barometer findings show Wales is performing well compared to the other three UK nations.

I hope you enjoy the report and make it available to relevant staff within your organisation.

Yours sincerely,

**Suzanne Griffiths,  
Director,  
National Adoption Service**



PLANT YNG NGHYMRU  
CHILDREN IN WALES

## Annual Child and Family Poverty Survey Findings 2023:

### School Transport: Summary

The following information provides a summary of school transport issues in relation to poverty, as identified by practitioners and professionals across Wales. This information has been provided to Children in Wales through our [Annual Child & Family Poverty Survey Findings report 2023](#). The report looks at the impact of poverty across many aspects of children's lives, not just education. Crucially, through these surveys, children, young people, practitioners and professionals are able to share their views and experiences of poverty in Wales and to highlight the current impact and issues that are being faced on a daily basis in Wales.

**Transport costs and availability** are identified as one of the top 5 poverty related issues in the survey. This affects not just those in rural areas, but also those in more populated locations. The most common areas of impact cited in the surveys, relate to **education**, employment and childcare.

*“Transport costs affecting parents abilities to take children to school. Not all homes are within the school catchment areas and many schools have closed leaving villages without a school and then the public transport is not arranged around school timetables etc. It is impossible for many families.”*

With families struggling financially to meet even their basic needs, increasingly, families are reducing the number of days that their children attend school, thus reducing transport costs and therefore increasing their budget for other areas, such as essential items including; food; energy; and rent.

*“Sharp increase in families not being able to transport their children to school...families are unable to afford to take their children to school 5 days a week”.*

In relation to **associated costs of education**, practitioners and professionals identified the affordability of school transport as increasingly difficult for families. In 2022, just 5% identified this as having the greatest financial impact on families, however, in 2023, this figure significantly increased, with 12% of practitioners identifying that **school transport costs are difficult for families to manage**.

Practitioners and professionals noted that there is a tangible **inequity of opportunity** for children and young people living in poverty. For many, **getting to school was difficult** as not all children are entitled to free school transport. These costs directly correspond to the **rise in flexible schooling requests**, or in some cases, full-time home schooling. With families increasingly unable to afford transport, practitioners identified this as one of the reasons for more children being absent from school. This was cited as reducing access to educational opportunities and a cause of inequity. Practitioners identified that school provides more than *“just education”*.



*“Families are requesting a flexible schooling plan (a mixture of mainstream school and home schooling) in order to try to overcome this”.*

The impact of these costs are tangible, resulting in an increasing number of children being absent from school. This is also likely to affect the emotional health of children as they may feel increasingly isolated, have reduced access to peer support or fall behind with their school work. Those in receipt of free school meals are also impacted by reduced school attendance, as are those who receive educational support or additional learning provision.

*“Families are simply not sending children to school if they cannot afford the transport costs.”*

The cost of getting to school for disabled and additional learning needs children, is also cited as difficult or prohibitive. Whilst some are able to access funded, individual transport, others do not meet the current criteria and this cost is borne by their families.

The impact of reduced school attendance may also affect parents. For example, increased food costs; increased stress and anxiety; and reduced availability for work whilst home schooling.

Whilst the cost of living increase has exacerbated this situation, it should be noted that our previous surveys show that school transport costs have always been an issue for many families living in poverty or on low incomes. This is not just a post-pandemic issue.

**Practitioners are calling for school transport to be addressed:**

- Free transport for all learners in full-time education
- Increased accessibility to school transport
- Increased availability of school transport for those living in rural areas.

**Children and young people themselves, also stated the need for free school transport.**

**For further information, please contact:**

Karen McFarlane | Policy Officer: Poverty and Vulnerable Children  
Children in Wales

[Karen.mcfarlane@childreninwales.org.uk](mailto:Karen.mcfarlane@childreninwales.org.uk)

[Children in Wales | Putting children at the heart of our work](#)

# Agenda Item 4.9

**Y Pwyllgor Plant, Pobl Ifanc  
ac Addysg**

**Children, Young People  
and Education Committee**

Advisory Panel Members

**Senedd Cymru**

Bae Caerdydd, Caerdydd, CF99 1SN  
SeneddPlant@senedd.cymru  
senedd.cymru/SeneddPlant  
0300 200 6565

**Welsh Parliament**

Cardiff Bay, Cardiff, CF99 1SN  
SeneddChildren@senedd.wales  
senedd.wales/SeneddChildren  
0300 200 6565

30 October 2023

Dear Panel Members,

On behalf of all the Members of the Committee, I would like to thank you for taking time to be on our Advisory Panel.

We know how important this inquiry is to you and many other families. We thank you for sharing your stories and for speaking openly about your experiences.

We as a Committee are committed to making a difference for families, children and young people and this will be reflected in our recommendations we will make to the Welsh Government.

A big part of this inquiry are your stories and we couldn't do it without your voice. We are truly grateful for your time.

Once again thank you for joining the Panel. We look forward to your contributions to the Committee's work.

Yours sincerely,



Jayne Bryant MS  
Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

# Agenda Item 4.10

## SWYDDFA CYMORTH Y CABINET CABINET SUPPORT OFFICE

Fy Nghyf / My Ref: CE:0043988

Dyddiad / Date: 01 November 2023

Jayne Bryant MS  
Chair  
Children, Young People and Education Committee

Via email: [seneddchildren@senedd.wales](mailto:seneddchildren@senedd.wales)

Annwyl / Dear Jayne,

### Welsh Government funding of the Family Drug and Alcohol Court (FDAC) Pilot

Thank you for your correspondence dated 25<sup>th</sup> September in relation to the above. Your enquiry has been passed to me as the Cabinet Member with portfolio responsibility for this matter. Please accept my apologies for the delay in responding.

The Cardiff and Vale of Glamorgan Family Drug and Alcohol Court pilot was funded by the Welsh Government for a period of 2 years which concludes at the end of November 2023. As the programme for parents can last for approximately 20 weeks, it was necessary to ensure that all parents had the opportunity to complete the full programme within the timescales of the pilot and so the project stopped taking new referrals in June /July of this year.

The Welsh Government also funded CASCADE to undertake a research evaluation of the pilot and the outcomes of that evaluation will be available in early 2024. It is anticipated that the outcomes of the evaluation will help shape and inform the future planning of drug and alcohol services for parents going through the family courts within Wales.

Some confusion may have arisen regarding your impression that the funding of the pilot was withdrawn. Due to the time discrepancies between the end of the pilot and completion date of the CASCADE Evaluation report, Cardiff and Vale of Glamorgan local authorities requested that the Welsh Government consider extending the FDAC pilot funding for a period of 1 year. This was to allow sufficient time to circulate, review and consider any learning from the evaluation report prior to the cessation of the pilot and the disbanding of the team.

Your information is processed under the Data Protection Act 2018 to fulfil Cardiff Council's legal and regulatory tasks as a local authority. For further information on what personal data we hold and how long we keep it for, please view our Privacy Policy; [www.cardiff.gov.uk/privacynotice](http://www.cardiff.gov.uk/privacynotice). If you have concerns about how your data has been handled, contact the Council's Data Protection Officer via [dataprotection@cardiff.gov.uk](mailto:dataprotection@cardiff.gov.uk). Your information has been shared with Xerox in order to contact you today. For further information on how Xerox manage personal data, please view Privacy Policy; [www.xerox.co.uk/en-gb/about/privacy-policy](http://www.xerox.co.uk/en-gb/about/privacy-policy)

#### GWEITHIO DROS GAERDYDD, GWEITHIO DROSOCH CHI

Mae'r Cyngor yn croesawu gohebiaeth yn Gymraeg, Saesneg neu'n ddwyieithog. Byddwn yn cyfathrebu â chi yn ôl eich dewis, dim ond i chi roi gwybod i ni pa un sydd well gennych. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

#### WORKING FOR CARDIFF, WORKING FOR YOU

The Council welcomes correspondence in Welsh, English or bilingually. We will ensure that we communicate with you in the language of your choice, as long as you let us know which you prefer. Corresponding in Welsh will not lead to delay.



STRONGER  
FAIRER  
GREENER



Neuadd y Sir  
Caerdydd,  
CF10 4UW  
Ffôn: (029) 2087 2088  
[www.caerdydd.gov.uk](http://www.caerdydd.gov.uk)  
County Hall  
Cardiff,  
CF10 4UW  
Tel: (029) 2087 2087  
[www.cardiff.gov.uk](http://www.cardiff.gov.uk)

As this hadn't been factored into the Welsh Government's budget planning it was decided by the Welsh Government that any extension to the pilot was not feasible within their current budget constraints and that any decisions regarding the future of FDACs in Wales should be informed by the evaluation.

Although no new referrals were accepted into the FDAC pilot from July 2023 (to ensure that all families were timetabled to conclude within the FDAC pilot timeframe) a small number of families may require an extension to the 'Trial for Change' stage of the programme and if this is agreed this date would surpass the pilot end date.

For these families a community intervention plan will be recommended with FDAC trained staff from the regional Integrated Family Support team continuing to support the family through the FDAC process.

I hope this clarifies the position in relation to the temporary nature of the funding of the FDAC pilot by the Welsh Government, the necessity to conclude the programme in a safe way for families, and the intention that any future plans in relation to FDACs in Wales will be informed by the research that has been commissioned by the Welsh Government.

Yn gywir / Yours sincerely,

A handwritten signature in black ink, appearing to be 'Ash', with a horizontal line underneath it.

**Y Cyngorydd / Councillor Ash Lister**  
**Yr Aelod Cabinet dros Wasanaethau Cymdeithasol (Gwasanaethau Plant)**  
**Cabinet Member for Social Services (Children's Services)**