

Cofnod y Trafodion The Record of Proceedings

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

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

18/11/2015

[Trawsgrifiadau'r Pwyllgor](#)
[Committee Transcripts](#)



Cynnwys Contents

- 5 Cyflwyniadau, Ymddiheuriadau a Dirprwyon
Introductions, Apologies and Substitutions
- 5 Y Bil Drafft Anghenion Dysgu Ychwanegol a'r Tribiwnlys Addysg
(Cymru)—Sesiwn Dystiolaeth 1
Draft Additional Learning Needs and Education Tribunal (Wales) Bill—
Evidence Session 1
- 35 Y Bil Drafft Anghenion Dysgu Ychwanegol a'r Tribiwnlys Addysg
(Cymru)—Sesiwn Dystiolaeth 2
Draft Additional Learning Needs and Education Tribunal (Wales) Bill—
Evidence Session 2
- 57 Papurau i'w Nodi
Papers to Note
- 57 Cynnig o dan Reol Sefydlog 17.42 i Benderfynu Gwahardd y Cyhoedd o
Weddill y Cyfarfod
Motion under Standing Order 17.42 to Resolve to Exclude the Public
from the Remainder of the Meeting

Cofnodir y trafodion yn yr iaith y llefarwyd hwy ynnddi yn y pwyllgor. Yn ogystal, cynhwysir trawsgrifiad o'r cyfieithu ar y pryd.

The proceedings are recorded in the language in which they were spoken in the committee. In addition, a transcription of the simultaneous interpretation is included.

Aelodau'r pwyllgor yn bresennol
Committee members in attendance

Angela Burns	Ceidwadwyr Cymru Welsh Conservatives
Keith Davies	Llafur Labour
Suzy Davies	Ceidwadwyr Cymru Welsh Conservatives
Sandy Mewies	Llafur (yn dirprwyo ar ran Ann Jones) Labour (substitute for Ann Jones)
Lynne Neagle	Llafur Labour
David Rees	Llafur Labour
Aled Roberts	Democratiaid Rhyddfrydol Cymru Welsh Liberal Democrats
Simon Thomas	Plaid Cymru The Party of Wales

Eraill yn bresennol
Others in attendance

Lindsay Brewis	SNAP Cymru
Philippa Cotterill	Arweinydd Proffesiynol ar gyfer Gwasanaethau Therapi Lleferydd ac Iaith i blant Oedran Ysgol, Bwrdd Iechyd Lleol Prifysgol Aneurin Bevan Professional Lead for School Age children's Speech & Language Therapy Services, Aneurin Bevan University Local Health Board
Catherine Davies	Swyddog Polisi Addysg, Cymdeithas Llywodraeth Leol Cymru Education Policy Officer, Welsh Local Government Association
Dr Catrin Edwards	Swyddog Polisi ac Ymgyrchoedd Sense Cymru ac Aelod o Gynghrair Anghenion Ychwanegol y Trydydd Sector Policy and Campaigns Officer, Sense Cymru and Member of the Third Sector Additional Needs Alliance

Denise Inger	Prif Weithredwr a Chyfarwyddwr SNAP Cymru Chief Executive Director of SNAP Cymru
Nichola Jones	Pennaeth Cynhwysiant, Cyngor Sir Penfro, Cymdeithas Cyfarwyddwyr Addysg Cymru Head of Inclusion, Pembrokeshire County Council, the Association of Directors of Education in Wales
Catherine Lewis	Swyddog Datblygu Plant yng Nghymru a Chadeirydd Cynghrair Anghenion Ychwanegol y Trydydd Sector Development Officer, Children in Wales and Chair of the Third Sector Additional Needs Alliance
Dr Chris Llewelyn	Dirprwy Brif Weithredwr a Chyfarwyddwr Dysgu Gydol Oes, Hamdden a Gwybodaeth, Cymdeithas Llywodraeth Leol Cymru Deputy Chief Executive and Director of Lifelong Learning, Leisure and Information, Welsh Local Government Association
Debbie Thomas	Swyddog Polisi ac Ymgyrchoedd NDCS Cymru ac Aelod o Gynghrair Anghenion Ychwanegol y Trydydd Sector Campaign and Policy Officer, NDCS Cymru and Member of the Third Sector Additional Needs Alliance
Dr Alison Stroud	Pennaeth Therapi Lleferydd ac Iaith, Bwrdd Iechyd Lleol Prifysgol Aneurin Bevan a Pennaeth Swyddfa Cymru Coleg Brenhinol y Therapyddion Lleferydd ac Iaith Head of Speech & Language Therapy, Aneurin Bevan University Local Health Board and Head of Wales Office for the Royal College of Speech and Language Therapists

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

Sarah Bartlett	Dirprwy Clerc Deputy Clerk
Gareth Rogers	Clerc Clerk
Siân Thomas	Y Gwasanaeth Ymchwil Research Service

Dechreuodd y cyfarfod am 09:34.

The meeting began at 09:34.

Cyflwyniadau, Ymddiheuriadau a Dirprwyon Introductions, Apologies and Substitutions

[1] **David Rees:** Good morning. Can I welcome Members and the public to this morning's session of the Children, Young People and Education Committee, where we'll be taking our first public evidence on the draft Additional Learning Needs and Education Tribunal (Wales) Bill? Can I start by doing some housekeeping? If you have any mobile phones or electronic equipment, can you please make sure that they're either off or on 'silent' to make sure they don't interfere with the broadcasting? There's no scheduled fire alarm this morning, so, if one does occur, please follow the directions of the ushers to the gathering place. We've received apologies from Ann Jones, John Griffiths and Bethan Jenkins, and we have got Sandy Mewies substituting for Ann Jones, but we do not have substitutes for the other individuals. We'll now go straight into business.

09:35

Y Bil Drafft Anghenion Dysgu Ychwanegol a'r Tribiwnlys Addysg (Cymru)—Sesiwn Dystiolaeth 1

Draft Additional Learning Needs and Education Tribunal (Wales) Bill— Evidence Session 1

[2] **David Rees:** Can I therefore go to the first item, and can I welcome representatives of the Third Sector Additional Needs Alliance and SNAP Cymru to this this morning's meeting and evidence session? If I go through, left to right, can you introduce yourselves for the record—basically, the organisation you're representing and your post, please?

[3] **Ms Brewis:** My name's Lindsay Brewis. I'm vice-chair of SNAP Cymru and an ex-education adviser.

[4] **Ms Inger:** Good morning. I'm Denise Inger, and I'm chief executive of SNAP Cymru.

[5] **Ms Lewis:** Hello. I'm Cath Lewis, I'm development officer for disabled children at Children in Wales.

[6] **Dr Edwards:** Bore da. Catrin Edwards, Sense Cymru, ac rwy'n aelod o TSANA. **Dr Edwards:** Good morning. Catrin Edwards, Sense Cymru, and I'm a member of TSANA.

[7] **Ms Thomas:** Hello. I'm Debbie Thomas, I'm policy and campaigns officer for the National Deaf Children's Society, but I'm here today to represent TSANA, the Third Sector Additional Needs Alliance.

[8] **David Rees:** Thank you for that. The one other item is that we are bilingual; if you need simultaneous translation from Welsh to English, the headphones are there for you—it's on channel 1. If anyone requires amplification, then that's available on the headphones on channel 2. Okay?

[9] If that's the case, we'll go straight into questions, if that's all right with yourselves. The first questions that I have are from Angela Burns.

[10] **Angela Burns:** Thank you and good morning, everyone. Thanks very much indeed for coming and for your papers. The first set of questions that I'd like to go through are about the terminology and definitions of 'additional learning needs'. I'll be absolutely honest with you: this is an area where I get quite confused, because I've met people who don't, for example, put severe behavioural issues into 'additional learning needs', and I'd like your thoughts on how we define 'additional learning needs', and do you think that 'additional learning needs' is a better descriptor than 'special educational needs', which, of course, is what we've operated under for so long?

[11] **David Rees:** Catherine to start.

[12] **Ms Lewis:** I think in terms of the definition, if we can just come on to that, but just briefly, in terms of using the term 'additional learning needs' rather than 'special educational needs', I think it's something that we would favour. 'Special educational needs', over time, has become a term of stigma, it's been used as a term of abuse, and I think we would welcome a change in terminology. Would that be everybody else's view?

[13] **Dr Edwards:** Yes, we'd absolutely welcome that, and I think we'd also welcome the fact that there is the change from 'education' to 'learning', because we really welcome the idea that the proposed Bill is going to expand that definition, so that we're looking at learning in the round. 'Education' often has an association with the school setting, but this is going to be a 0–

25 framework, and we should be thinking about learning in the home, in school, in nurseries, in work placements and in apprenticeships, as well as just that traditional educational setting.

[14] **David Rees:** Does SNAP Cymru have anything to add to that?

[15] **Ms Brewis:** We prefer 'additional learning needs', and I think the term 'learning' enables the encompassment of things like severe and challenging behaviour unrelated to disability, because it interferes with learning, and, if it interferes with learning, it requires planned help.

[16] **Angela Burns:** Thank you, because that chimes with what I was hoping your answers were going to be. Can I just now ask you for a bit of clarification on what this covers, because traditionally it was very much medically based—and in fact, TSANA, you make that comment in your evidence paper—whereas, when we—. We throw around some statements, like, for example, '23 per cent of all schoolchildren have additional learning needs', but of course that varies, doesn't it, from perhaps somebody who is quite high on the autistic spectrum all the way through to a child who has got some social and emotional behaviours? So, I'd really like to understand what you think should be under that umbrella.

[17] **Ms Thomas:** I think it's a really important question, because it is unclear, and that's one of the things that worries me, actually, about the Bill—that I think the Bill passes a lot of responsibility over to schools and additional learning needs co-ordinators to make the decision about whether or not people fit into that definition. So, I think that, bearing that in mind, unless we have further guidance, we're going to end up with quite a big postcode lottery in terms of, this school would say that a child with mild hearing loss would fit into that definition, and that school might say that they're not. So, I think it's really important that we have firm statutory guidance.

[18] TSANA is particularly worried about low incidence needs, where ALNCOs in schools might not acknowledge—because they're low incidence by their nature, they might not have come across those disabilities before, and they might not acknowledge the need for a specialist to be involved in their assessment. So, I think, in terms of the definition that's in the Bill, I think it's broad, which is correct, but I think that we need more guidance. If we're going to continue to pass this responsibility so directly to schools, then we need more guidance about who should be encapsulated within that

definition.

[19] I can only ever talk in terms—. Well, I'll give an example, and I always give examples of deafness, because that's what I know, but, certainly, in terms of deafness, I would want to see all levels of deafness being encompassed within the definition, because a mild loss, even a temporary loss over a sustained period of time, can really have an impact on that child's education. But, to go back to my earlier point, I know that, at present, we come across a lot of ALNCOs, a lot of SENCOs, who tell me, 'We haven't got any deaf children in our school; we've got a child who uses a radio aid, but we haven't got any deaf children.' But a child who uses a radio aid is a deaf child, does have needs, would need an individual development plan. But, because they don't have that experience, they're not acknowledging that. So, I guess, to summarise what I'm saying, I'm saying that the definition in the Bill I'm quite comfortable with, but I think that we need more guidance to make sure that it's used appropriately.

[20] **David Rees:** Denise, you want to come in.

[21] **Ms Inger:** Yes, I would like to see the definition of 'additional learning needs' as wide as possible, and, in particular, if we look at looked-after children, although not necessarily all looked-after children, and children who are perhaps adopted, with attachment problems, and to recognise that the term 'additional learning needs' could cover all those children who have, or may have, additional learning needs at some time. So, although I'm asking for it to be very wide, I think it better to encapsulate all children who may need help, whether it's help for a short term, or whether it's help for a long term, for profound, multiple or complex needs. To ensure that we give the right support, at the right time, to all children that require it, that term 'additional learning needs' should cover those categories for children whose language is not Welsh or English, and so on. So, I think that we could use the term 'additional learning needs' because they will need support to learn for some time.

[22] **Angela Burns:** Can I just clarify one little bit of that, please? That is that, if I understood you rightly—. So, if we took the example of a looked-after child, would you say that they should have an IDP as a matter of course, even if they weren't displaying any signs of needing any additional help, based on the principle that the chances are that, at some point during their journey, they might need to resort to having extra support because of the fact that they are a looked-after child and have therefore been through a set

of circumstances that others may not have?

[23] **Ms Inger:** I would say that, if the child is progressing and reaching their own potential, then the need for a plan may not be necessary. But I do think that they should be highlighted—you know what I mean—and special attention given to make sure that they're not just progressing, but that they're progressing to their highest potential.

[24] **David Rees:** Lindsay, do you want to add to that?

[25] **Ms Brewis:** Just to add to that, one of the problems with proving that you've got an additional need is that you actually have to fail. I would like this new legislation to talk about—. It already talks about early intervention, and, if we're talking about children who are currently on things like school action and school action plus, as well as statemented children, this is a much easier way to go in and begin to sort things out. My own feeling is that we mustn't set the thresholds too high for support, and, in particular, with post-adoptive and looked-after children, where, in our experience—and we both work with adopted children as well with SNAP Cymru—at some point, that hits home for that child and disrupts their ability to learn. And, I just think, if we set the threshold to intervention at the point where the child displays need, then we cover those children. And, if we set the definition as 'anything that affects their ability to learn' then we cover all those children. And, I do think, and I agree with Debbie, that there are some conditions, such as acquired brain injury, such as cerebral palsy, such as deafness or visual impairment, where, automatically, even if it's considered to be mild in the medical sense, it will probably affect the child's learning, and we should be on our toes, always considering 'Should I do an IDP?', and that child should be there on a sort of watch list, if that makes sense.

09:45

[26] **David Rees:** Catherine.

[27] **Ms Lewis:** Just going back to your point about challenging behaviour, I think what we need to do is consider why the child is displaying challenging behaviour, and a lot of that might come from them getting frustrated; they're not able to understand what's going on in the classroom; it might come from the fact that they've got a learning disability of some sort that might not be evidenced at the time. Also, just to broaden the issue of the definition, we feel that the definition should encompass the child's social and emotional

development, and also look at the role of play, particularly for the child in the early years as well, and we don't feel that the definition at present is sufficiently broad to do that. So, we would look for a wider definition, rather than just looking at education.

[28] **Ms Thomas:** And I think that's really important when you're looking at early years as well, because learning through the family setting is going to set the child up for the future. In the first few years, children learn their language, and if you go to school and you haven't got your language skills in place, then you're automatically on the back foot. So, yes, I think that's really important. I also wanted to pick up on something that Lindsay was saying about not waiting for these young people to fail before giving them an IDP. But I would say, even more than that, we would want the IDP to be about enabling a child to reach their full potential. So, something that's wrong about the current system is that—

[29] **David Rees:** We'll be coming on to IDPs now shortly.

[30] **Ms Thomas:** Okay.

[31] **David Rees:** Right, I've got two short questions from Simon and Keith.

[32] **Simon Thomas:** The first question is when you were relating earlier about the teachers' role in this and the decision of what we now call the, AL—whatever it's called. [*Laughter.*]

[33] **Ms Thomas:** The ALNCOs.

[34] **Simon Thomas:** The SENCO, as it was. There was a statement from the Minister yesterday—I don't know if you saw that—that attempted to clarify this, and I just wondered if you felt that that statement had clarified it, or if you felt that the legislation was still not clear enough on this matter.

[35] **Dr Edwards:** I think we would absolutely welcome the Minister's statement yesterday, but I think it probably does point to the fact that, if people were starting to raise that question about the burden being placed on schools, then perhaps it isn't drafted clearly enough in the current draft Bill, so we would like to see that tightened up a bit. I think there is one particular section that I'm thinking of in relation to that, and that was around, if a school passes an issue of ALN on to the local authority, for reasons that they say they don't have capacity, or it wouldn't be reasonable for them to provide

that kind of support, it's still possible for the local authority then to say, 'Actually, we are directing you to prepare and maintain an IDP for that child.' So, I'm not quite sure that we've got the balance right. Absolutely it's right that we can't allow schools to just shirk responsibility and transfer to the local authority in all cases, but we need to make sure that the local authority can't always pass on that burden as well.

[36] **David Rees:** Catherine.

[37] **Ms Lewis:** Just coming in in terms of the role of the ALNCO, I think we do welcome the fact that the ALNCO has now been given sufficient kudos, basically, within the school environment, is going to be part of the senior leadership team, and is also going to be given time away from teaching to fulfil this really important role. We are concerned, though, about the amount of expectation that's going to be put on the ALNCO. If you look at the draft code of practice, there's a huge list of responsibilities, and we are really unclear how one person can fulfil that role, really. So, I think it does need to be looked at. In the early discussions we were having with the Welsh Government over the code of practice in the draft Bill, there was some discussion about there being a support co-ordinator to support the development of the IDP in addition to an ALNCO. Well, that role seems to have been dropped. That role could be similar to a key worker, maybe. So, I think that, though we recognise that the ALNCO was important, we do feel that they need some support in the school environment.

[38] **David Rees:** Okay. Keith.

[39] **Keith Davies:** Mine was the same point, actually, because Debbie said earlier that there was concern out there that it was the responsibility of the school, and what I wanted to say is really what Simon said. It was clear from the Minister's letter yesterday that local authorities can't abdicate their responsibility, and I think we've got to be clear on that one. And then we'll talk about health authorities later on, I think.

[40] **David Rees:** I'm sure you agree with that comment.

[41] **Ms Thomas:** Sorry, I haven't had a chance to see the Minister's statement because I wasn't actually working yesterday, so I didn't know about it. So, forgive me if this has been clarified, but my concern, and, I know, the concern of many people in TSANA, is that the schools are to be the gatekeepers, so to speak. So, it's not necessarily that local authorities would

shirk their responsibility, although that is a concern; it's more that, if the ALNCO doesn't acknowledge that that person needs to be passed up to the local authority, then you fall at the first hurdle, and the involvement of specialist professionals is so important in the development of these IDPs. That's what concerns me, that we're going to have front-line staff who, with the best will in the world, would want the best for the child, but, if they don't know that they should be consulting with someone at a local authority level, then that IDP is never going to meet the needs of the child.

[42] **David Rees:** Okay, we've stretched into IDPs, and will now go into IDPs and a question on that. I'll start with Aled.

[43] **Aled Roberts:** Yn gyffredinol, a ydych chi'n croesawu'r syniad yma o IDPs, a'r ffaith ei fod o'n cyfeirio at *school action* a *school action plus* hefyd yn dod â phob peth? Rwy'n meddwl mai un o'r problemau yr wyf i'n ymwybodol ohonynt ydy ein bod ni wedi dod i'r sefyllfa rŵan, o achos prinder adnoddau, lle mae pawb yn gweld bod yn rhaid ichi gael datganiad er mwyn cael unrhyw fath o gymorth. Felly, yn gyffredinol, a ydych chi'n croesawu'r syniad yma o IDPs?

Aled Roberts: Generally, therefore, do you welcome this idea of IDPs, and the fact that it refers to school action and school action plus also bringing everything? I think that one of the problems that I'm aware of is that we have reached a position now where, because of a lack of resources, everyone sees that you have to have a statement as a necessity for having any kind of support. So, generally, do you welcome this idea of IDPs?

[44] **Dr Edwards:** Mae'n rhoi hawl gydradd i bob plentyn sydd ag anghenion dysgu ychwanegol weld yr anghenion yna yn cael eu cyrraedd. Felly, mae dod â datganiad i ben a dod â *school action* a *school action plus* i ben, a chael system gydradd i bawb, rwy'n meddwl ein bod ni i gyd yn croesawu'r peth hynny.

Dr Edwards: It gives every child with additional learning needs an equal right to have those needs met. So, ending statements, school action and school action plus, and bringing in an equal system for everyone, is something that I think we would all welcome.

[45] **David Rees:** Anyone else want to add to that? Lindsay.

[46] **Ms Brewis:** I think that there are great things in this Bill: the aspiration; that the schools have been given money for many, many years to meet these

needs; and that this will provide a much more transparent, open, and accessible system for the staff of the school, and the families and the young person, to understand and discuss openly the needs of the young person. That young person is in school whether we have an individual education plan, an individual development plan, or a statement. That young person is still in school, and, actually, at the moment, there is a duty that that young person's needs are met. That hasn't changed. So, with the IDP, I think the important thing is that we ensure that the paperwork, and the administration of it, does not become burdensome. Meeting the needs has been the school and the local authority's duty since I can remember. So, that hasn't changed. This is a different way of meeting it. It's going to give more assurances to the young person and the family that, once that need has been identified and a level of provision has been agreed, it can't just be whisked away on a whim. That's the certainty that the IDP will bring over the IEP.

[47] Now, the problem is that, in order to gate-keep scarce resources—this is where I was talking about thresholds earlier—the threshold to get an IDP will be higher than to get on to school action, and we will actually miss the early intervention stage because of gatekeeping. And that's my concern.

[48] **Aled Roberts:** Rwyf newydd gofio y dylwn i ddatgan fy mod i'n gadeirydd llywodraethwyr mewn ysgol gynradd. Felly, rwy'n cydnabod y materion rydych wedi'u crybwyll.

Aled Roberts: I've just remembered that I should declare that I'm a chair of governors in a primary school. So, I do recognise the issues that you've raised.

[49] A oes rhai o'r teuluoedd rydych yn ymwneud â nhw yn poeni, hwyrach, wrth i ddatganiadau ddiflannu? Rydych wedi sôn am y bobl ar *school action* neu *school action plus*—o achos bod y trothwy yn codi, y byddan nhw'n colli allan. Ond a oes hefyd pryderon ymysg rhai teuluoedd eu bod nhw'n mynd i golli gwasanaethau sydd ar hyn o bryd yn cael eu cynnwys o fewn datganiadau?

Are some of the families you're involved with concerned, perhaps, as statements disappear? You've mentioned the people on school action and school action plus—because the threshold is being raised, they will miss out. But are there concerns among some families that they're going to lose services that are at present included in statements?

[50] **Ms Thomas:** Something that I was going to add on to what Lindsay was saying was that, in some ways, I really welcome the broadening out and the fact that it's backed up by a right of appeal for everyone. But my concern is

that we don't want children who are currently on statements with complex or strong needs to lose out through having an IDP that is dumbed down in order to meet the needs of everyone. And, forgive me, because I know it's relevant to IDPs, but it does link in to this. I think it's really important therefore to make sure that the IDP will work for the more complex cases, as well as the less complex cases.

[51] **David Rees:** We're on IDPs now, so it's okay.

[52] **Ms Thomas:** Yes, but it—. That's great.

[53] **David Rees:** Catherine.

[54] **Ms Lewis:** Sorry, I was just going to say, in terms of the IDP, I think there's a recognition within the code of practice of there being a different level of IDP in terms of the complexity of the child, which I think is right. I'd assume that children who'd be on school action or school action plus would have a lesser IDP than children with more complex needs. We mentioned earlier the issue in terms of the responsibility of the local authority. I think one thing the Minister's statement yesterday did clarify was the fact that children with more complex needs would actually be passed to the local authority. That was my understanding of it, which I think again we would welcome. From my point of view, the children with more complex needs will always get the support. It's the children with lesser-level needs, whose learning needs might not be so obvious—the fact that they will need extra support, but it hasn't been picked up—those are the children we need to ensure that they get appropriate support in the school environment.

[55] **David Rees:** Okay. Aled.

[56] **Aled Roberts:** A ydych yn **Aled Roberts:** Do you think that the meddwl bod y Bil drafft a'r cod draft Bill and the code of practice ymarfer efo digon o fanylion ynglŷn â have enough detail in terms of what's beth sy'n ddisgwyliedig o fewn y expected within these IDPs? There is cynlluniau yma? Mae yna rhestr o a list of what should be included. beth a ddylai gael ei gynnwys. A Would it be better if there was some fyddai'n well pe byddai rhyw fath o kind of template? I'm aware that dempled? Rwy'n ymwybodol bod there are inconsistencies between anghysonderau rhwng siroedd ynglŷn counties in terms of policies. But, â pholisïau. Ond, yn waeth na hynny, worse than that, there are mae anghysonderau rhwng ysgolion. inconsistencies between schools.

Mae plant efo union yr un anghenion yn derbyn gwasanaeth mewn un ysgol a nad ydynt yn ei dderbyn mewn ysgol arall. Felly, a ydych yn meddwl bod angen cael mwy o gyfarwyddyd, hwyrach, gan y Llywodraeth yn ganolog?

[57] **Dr Edwards:** Mae TSANA o'r farn y byddai templed ar gyfer yr IDP yn beth da. Byddwn i'n licio gweld y *consistency* yna ar draws awdurdodau lleol, ar draws ysgolion, fel bod modd hwyluso'r *transition* o un ysgol i'r llall neu o un sefydliad i'r llall neu o un awdurdod lleol i'r llall. Hefyd, mae'n gymorth wedyn pan ydych yn gorfod herio'r IDP am ryw reswm—fe fyddai'r un disgwyliadau. Byddai'n haws herio.

Dr Edwards: TSANA is of the view that a template for the IDP would be a good thing. We would like to see that consistency across local authorities and across schools, so that we can facilitate that transition from one school to another or from one institution to another or between local authorities. Also, it's helpful then when you need to challenge the IDP for some reason—there would be the same expectations. It makes it easier to challenge.

[58] **Aled Roberts:** Yn olaf— **Aled Roberts:** Finally—

[59] **David Rees:** Denise wants to come in.

[60] **Aled Roberts:** Sorry, Denise.

[61] **Ms Inger:** Yes, just to say there that we'd agree with that and we think it's absolutely essential that we have a template across Wales. Just to say that I'm very proud of my country, but we are only the size of Birmingham, so it is possible, we think, that we could have one template that would cover the whole of the country, so that we're talking about the same thing. Our experience in SNAP Cymru comes from dealing with eight authorities and then 22 authorities, and it's not easy. It's not easy for the professional to work through all the different acronyms and different things that are outside of the code now. We have school action, school action plus, school action plus plus, school action plus star, school action plus resource agreements; that's just to give an example. The language itself is a barrier for parents.

10:00

[62] Just to go back to an earlier question, yes, families are worried about losing their statement because they feel that they've had a fight to get it. But, at the same time, they also tell us that the statement hasn't changed, it doesn't reflect the child's needs, it's out of date. There are so many other negative things that they're also saying about the statement itself. So, given that they would have support and they're fully involved in the transition from statement to IDP—which is not going to happen overnight, we are promised, you know what I mean—and the beginning of the IDP itself, I think that that will be something better in that sense. But, certainly, we absolutely need to have guidance that is quite clear: this is what the system is in Wales, in every local authority and in every school. That's transparency for you. We'll all know what we are supposed to be talking about.

[63] **David Rees:** Debbie, do you want to come in on that?

[64] **Ms Thomas:** Yes, just to echo, really, what Catrin and Denise have said. We think it's really important that we have a template, not just for portability and for all the other reasons, but also for transparency. It's really important to help parents to see that they are getting what they should be getting in the IDP if it meets a template. But, to come back, one of the things you asked within your question was whether we were happy with the guidance in the code of practice on what should be in the IDP. It is actually something that TSANA has been speaking to the policy officers about, and some of the things that we suggested we are pleased to have seen included. However, the thing that really concerns us is the section on additional learning provision. It's really important that that's set out very clearly in an IDP, and, at the moment, the code of practice I don't feel does that, for two reasons: (1) it's important to separate out short-term objectives from ongoing support that a child will always need and that won't necessarily change as things are reviewed. Otherwise, those ongoing support needs could be lost if you are just looking at short-term objectives. And (2) the other thing that concerns me is that it seems to set out this ability for people to be able to put into an IDP as an action, 'I will speak to speech and language therapy to see whether or not we can get speech and language therapy'. If that's what goes into the IDP, then parents will be losing rights, so I'm concerned that those things need to be tightened up, as does the provision to change an IDP. We need to make sure that, yes, they need to be flexible and we need to have this ability to change them, but that needs to be done in proper consultation with parents. I'm concerned that, in the legislation and in the code at the moment, we don't have enough detail

around that area either.

[65] **David Rees:** Okay. Aled, your last question.

[66] **Aled Roberts:** Hefyd, mae'n debyg y buasai templed yn delio â phryderon ynghylch or-fiwrocratiaeth. Mae yna un sir efo dogfen sydd yn 30 tudalen; un arall, hwyrach, efo rhywbeth sy'n—. Ond a gaf i ofyn i chi—? Yn yr ysgol lle rwy'n llywodraethwr, mae SENCO ers rhyw bum mlynedd wedi bod yn aelod o'r uwch dîm rheoli, a rydym yn gweld budd o hynny. Ond mae'r SENCO, mae'n debyg, yn yr ysgol honno ar fin ymddeol, ac rydym yn wir bryderu ynglŷn â'r arbenigedd sydd ar gael. O ystyried bod yna llawer iawn mwy o gyfrifoldeb ar gyrff llywodraethol, sy'n dibynnu ar gyngor gan y SENCO yn yr ysgol unigol, a ydych yn hyderus bod digon o arbenigedd o ran 'lencos'—beth yr ydych yn eu galw?

Aled Roberts: It's also likely that a template would deal with concerns with excessive bureaucracy. One county has a 30-page document; another with something that's—. But can I ask you—? Within the school where I'm a governor, there has been a SENCO for five years that has been a part of the senior management team, and we see great benefit from that. But the SENCO in that school is about to retire, and we are very concerned about the expertise that's available. Given that there is a lot more responsibility on governing bodies, which depend on advice from the SENCO within the individual school, are you confident that there is enough expertise in terms of 'lencos'—what do you call them?

[67] **David Rees:** Lindsay, you were shaking your head there, so do you want to answer first?

[68] **Ms Brewis:** ALNCOs, we call them.

[69] **Aled Roberts:** ALNCOs. Right, okay.

[70] **Ms Brewis:** I did a special education degree in the University of Wales a long time ago, so I'm one of the few people with a first-class honours degree in special education needs, because the course was cut. So, the expertise that was being passed on through my lecturers to me and my cohort isn't now being passed on. SENCOs are teachers first and foremost, not special needs specialists. I've spent an awfully long time becoming experienced—not expert, but experienced, in a wide range of special needs. Your SENCO who is coming up to retirement has packed into her teaching life a wide range of

knowledge and understanding of special education needs. But there is no one place to go to get that. They can't go on a course, and maybe we need—. I know we are going to have a SENCO course, but, actually, I think we need an additional learning needs course so that people begin to spot the symptoms. When I was an education adviser, I went to a school where a child was about to be expelled for bad behaviour. I immediately spotted that this child might have psychomotor epilepsy, because I was an experienced special educational needs teacher, and suggested that they just send him back to have a check-up. He did have psychomotor epilepsy, and his 'bad behaviour' was a manifestation of that. This is exactly what my colleagues down here have been saying: even our best teachers can't always spot some of these very hidden disabilities, and so access to assessment is going to be key to helping our SENCOs and our teachers and our local authorities meet needs. If we don't have access to proper assessment, we're going to miss needs, children will become troubled and then troublesome.

[71] **David Rees:** Debbie.

[72] **Ms Thomas:** I think you're absolutely right to point to the fact that there is so much that hinges of the role of the ALNCO, and my feeling is that, with the system set up as it is at the moment, if you have a good ALNCO, you're likely to have a good individual development plan; if you have an ALNCO who hasn't come across your disability before, then you're likely to have a poor IDP, which I don't think is fair. I think, for that reason, TSANA has really strongly recommended that there's proper training of ALNCOs to make sure that they are aware of the IDP process but also that they're aware of a range of—that they have basic awareness-raising in a range of specific disabilities. We can never expect them to become experts in everything—I wouldn't want them to be—but what we do need them to do is to know the different specialist professionals that are available and when they need to contact them. I wouldn't expect an ALNCO to be a specialist in deafness; I would expect them to refer to a teacher of the deaf, but it's important that they know that a teacher of the deaf is there to refer to. So, the training is crucial in order for them to know who they can go to and who they should go to for different disabilities.

[73] **David Rees:** Catherine.

[74] **Ms Lewis:** I would certainly echo Debbie's points and Lindsay's point in terms of the role of the ALNCO, but I would also advocate that, whereas the ALNCO is a very important person within the school, you shouldn't just vest

all responsibility in the ALNCO. I think there needs to be some disability equality training for all staff within the school and to try and upskill all teachers and all staff in terms of recognising a child's additional learning needs and in terms of responding to that as well. So, I think it needs to be wider than just the ALNCO. It needs to be a whole-school approach.

[75] **David Rees:** And Denise.

[76] **Ms Inger:** Just to say again what Catherine said earlier, to recognise that the ALNCO needs some support underneath that role, we think, so that they can do the role properly, and also to recognise that, yes, there is an intention to have an ALNCO qualification, but that will take time, but to recognise that the ALNCO will need to meet with their peers and to share good practice. I think that's the way in the future that they will learn and gain better experience, and we'll get much more cohesion and quality across the board for children.

[77] **David Rees:** Okay. Sandy, do you want come in with a supplementary?

[78] **Sandy Mewies:** I'd like to come in on the particular point that's been raised, but I'd also like to make a comment on IDPs. I'm a bit of a cuckoo in this nest today; I don't sit on this committee, so I'm quite new to what goes on. However, I was a lay inspector of special schools in a past life, so I have some experience, and I also chair the cross-party group on vision support here in the Assembly. One of the issues that concerns that group in particular—and I've talked to the Minister about it—is that there's an age threshold that's being reached in Wales for specialist teachers of children with vision loss. Because of integration, of course, we need to have those specialist teachers coming through now. We're having talks about—. The training goes on in Birmingham, I think, but it's about training places and how people can access what's going on.

[79] So my question is: do you think—? I mean even what we're talking about now is process. It's not going to work if the people aren't there to carry it out, so do you think that there are going to be enough people in our school system, or coming through the system, who will be able to implement what I think is a very good and innovative way of working? Are the people ready and waiting there to be carrying that out?

[80] The second question I had is about the template—the single template, or the simple template. Again, I'm assuming you've talked about that as

being a way perhaps of achieving consistency within Wales. Who would be drawing up that? I'm just wondering who's going to draw up that consistent template, then. We've got 22 local authorities at the moment, and 22 local education authorities, lots of people with different ideas, who work in the system and have got a lot to offer. So, who do you think should be doing that?

[81] My third question is: do you think there is a danger that—

[82] **David Rees:** That's extended it a couple. [*Laughter.*]

[83] **Sandy Mewies:** Sorry?

[84] **David Rees:** That's extended it. You go on and answer those two questions, and I'll come back to the third question.

[85] **Sandy Mewies:** Well, it links in very easily, actually.

[86] **David Rees:** Okay. Go on.

[87] **Sandy Mewies:** My third question, really, is: children and young people with complex and developing needs, and needs that are not recognised, because there are some needs that are just not recognised, and there are some that no-one can put a name on because they are very, very unusual. Now, how will this template, or the system, cope with those people and ensure that their individual development plan is monitored and changed as time goes on?

[88] **David Rees:** Can I take those in two parts? Can we look at the staffing levels and the skills in the first instance? Then we'll come back to the two second parts, which were on the template and the identification of special circumstances.

[89] **Dr Edwards:** Yes. If I could pick up on the first part of the question, we absolutely recognise that there is a shortage of qualified teachers for the visually impaired, also teachers of the deaf and teachers holding a mandatory qualification in multisensory impairment as well. So, it is a real concern, and it's something that we need to start working on now. I know that colleagues are doing that, but I think that's not a reason why we shouldn't be implementing changes.

[90] **Sandy Mewies:** Oh no. I know.

[91] **Dr Edwards:** There are smarter ways that we can work in Wales. We're a small country. We can think about working regionally and getting local authorities with certain specialists to work across authorities, if that's appropriate. That's something we should be encouraging. I think the same goes for additional learning needs co-ordinators as well. Yes, we may have a shortage in some specialisms at the moment, though I'm sure that our workforce is excellent for the most part, but it's also about that new deal for the workforce where we're thinking about raising awareness of ALN across the whole of the workforce so that all teachers are able to support that ALNCO in delivering on their duties.

[92] **David Rees:** Has anyone got a different view?

[93] **Ms Inger:** I'd just like to add to that inasmuch as we must recognise that we are where we are, but it is important that we recognise the need for training across all those disciplines. In particular, I'd like to raise the issue of the Welsh language as well across all the additional learning needs. We recognise that, again, we are where we are, and we are moving forward, but I think that the Bill—the code—needs to give a commitment to the Welsh language across those specialisms. I think that's really important, particularly for a child with additional learning needs, or a child for whom perhaps the community will be far more important than someone who is going to be able to travel the globe in their life, if you like. The language becomes more important to a child with additional learning needs. I'd just like to have that there.

[94] **David Rees:** Okay. I'm conscious about time, and we've still got quite a few questions. I will just move on to the next set of questions from Sandy, which was about the template and the specific identification of some conditions, which may not be well known. Anyone want to comment upon them? Lindsay?

[95] **Ms Brewis:** If we have a simple template—and we already have one; it's called a statement of special educational needs: 'What are the child's needs? What is the provision to meet needs? How is this going to happen? And are there any other needs that are going to be met by people outside of education?' It's a very simple template. It's complicated because it has 50 pages of reports attached to it. Now, if you're a child with very complex needs, you may need 50 pages of reports attached to it, but, if you're a child

with simpler needs, that template still stands, and we've already got a template. I don't know—. We can still go through a person-centred planning process to make sure that the child is central to the process, and I absolutely think that's wonderful, but why take away a template we already have to replace it with 30 pages of something else?

[96] **Sandy Mewies:** Can I just clarify that? My question was: how would you get agreement on the template?

[97] **Ms Brewis:** The Welsh Government would dictate it.

[98] **Sandy Mewies:** Well, that is an answer to my question, but would everybody be happy about that?

10:15

[99] **Ms Brewis:** No.

[100] **David Rees:** Debbie.

[101] **Ms Thomas:** I was going to say in answer to your question that I think that Welsh Government should dictate it. However, I think it should be developed. There are already working groups set up where that could be developed with representatives from local authorities on board, and also TSANA representing it, as well. I think that it really must be in the code to make sure that it happens and that it is consistent. But it has to come from the Welsh Government, otherwise you will end up with arguments and 22 different forms.

[102] **David Rees:** I think we've got a viewpoint now. Are there any comments on the last part, the last question, that Sandy put about the conditions that are not often known?

[103] **Dr Edwards:** I think that actually takes us back to the definition of additional learning needs. We need to make sure that that's a functional definition and that it doesn't rely on having a diagnosis or a medical condition. If we can get the definition of ALN right, then I think those children with very complex, unknown or rare low-incidence needs should be covered, as well.

[104] **Sandy Mewies:** That was very useful. Thank you, Chair.

[105] **David Rees:** We'll move on now to the collaboration and multi-agency working area. Lynne, can you start off here?

[106] **Lynne Neagle:** Thank you, yes. I'm conscious that some of us discussed this last week, but I think it's useful to have it on the record today. Can you tell me to what extent you think this Bill will actually deliver collaboration between agencies, particularly with the health service?

[107] **David Rees:** Debbie.

[108] **Ms Thomas:** I think that it's quite disappointingly weak in terms of the duties that it places on collaborative working. Specifically, the duty placed on health is that health only has to provide what is written in the plan, so the cynical part of me says that surely you're going to get some health professionals going, 'Whatever you do, just don't write that in the plan, because then we don't have to actually deliver it'. So, I think it's problematic, the duty that's in the Bill, and we need more.

[109] We need duties—. A lot of these young people, particularly in the early years, will be identified and come into contact with health prior to education. I'm a mum of a two-year-old, and the only professional that I see is a health visitor. So, if my daughter were to have a problem, it would likely be her that would be referring me on. So, I think there need to be stronger duties on health to refer on to local authorities, and duties for local authorities to follow up on those referrals. But we need a lot more information in the code and in the Bill around their responsibilities, because it's just not there, at the moment. So, I don't think this collaboration is going to happen.

[110] **David Rees:** Denise.

[111] **Ms Inger:** I think there is an opportunity to strengthen it using the early years development and assessment framework. If we have a duty on the sharing of information and the identification of needs and carry that forward, then we should have a good transition from early years into school. There's an opportunity there, but I'm not quite sure that it's clear, yet, that it's in the Bill. But there are other things working alongside the Bill that we're not seeing, yet, written into the Bill, or into the code. It is there, and there is an opportunity to do that, but, clearly, we need to have much more clarity on the health authority assessments, where they are needed in early years and in the early intervention of emerging ALN, such as an accident, or late

diagnosis.

[112] **David Rees:** Lynne.

[113] **Lynne Neagle:** Yes. Can I just ask, then, what would you suggest we recommend be changed in this Bill to actually nail down the co-operation of the health service?

[114] **David Rees:** Catherine.

[115] **Ms Lewis:** I think there needs to be a duty, really, placed on health to actually be involved in the process. So, it's the way the Bill is written. It talks about sharing information and collaboration, but it's not the same as having a duty. I think, picking up on Debbie's point earlier, health can sort of negate their responsibility by not agreeing that provision be put in the IDP, and that, really, lets them off the hook.

[116] My background, previously, is as a social worker working with disabled children, and I really couldn't do my job in terms of working as a social worker without working with professionals from health and education. I think it's vice versa, as well. People within education can't do their jobs unless they work with other professionals. In terms of an operational level, you get that sort of through-flow of information and support quite well, but, in terms of strategically, I think that does need to be looked at. In terms of the duty placed on health, it does need to be firmed up.

[117] **David Rees:** Okay. Catrin.

[118] **Dr Edwards:** I'm just thinking, actually, of social care, but I'm wondering whether I'm jumping the gun, now.

[119] **David Rees:** It's collaboration by the agencies, so—

[120] **Dr Edwards:** I was disappointed to see that there's very little mention of the social services and wellbeing Act and how that ties in with the ALN Bill. I think a lot of children and young people with additional learning needs will also have social care needs, and, for many of them, for example, a child with multisensory impairment, they might require an intervener—a specialist communicator or communication support worker at school. They will then need exactly the same support outside of school through social care to access the community and to spend time with friends.

[121] The social services and wellbeing Act does state that one of the personal wellbeing outcomes that somebody could be working to, a child or an adult, would be involvement in work or education. It seemed to me that that opened up the possibility for the ALN Bill to be joining in a bit better with that Act. There's hardly a mention of the social services and wellbeing Act in the code of practice or in the Bill, and that seems like a missed opportunity to me. I think we're working in silos when we should be working for the benefit of the child or the young person. We should be looking at their needs holistically, not in terms of those separate services that we see—those statutory bodies that exist outside, but actually don't exist so much—. Those boundaries aren't so clear for the child and young person or their family. They just see lots of different professionals coming in. They want to just be speaking to one and they want to have one integrated plan to meet all of their needs.

[122] **David Rees:** We've got a couple of other questions on the same topic from Aled—a short question—Simon—a short question—and Angela.

[123] **Aled Roberts:** Rwyf i jest eisiau eich herio chi ar y ffaith eich bod chi'n delio â diffyg parodrwydd iechyd i ymwneud â'r sefyllfa drwy jest roi cyfrifoldeb arnyn nhw. Yn Lloegr, mae yna gynlluniau ar y cyd rhwng addysg ac iechyd, felly mae cyfrifoldeb fan yna yn Lloegr, ond rwyf wedi bod yn siarad efo pobl yn Lloegr sydd yn dweud bod yn union yr un anawsterau rwan â chyn i'r sefyllfa yna fodoli. Felly, rwyf i jest eisiau eich herio chi: os ydym ni'n mynd i ddelio â'r problemau yma jest trwy roi cyfrifoldeb ar iechyd, onid oes angen inni gael gwahanol ddiwylliant, i ddweud y gwir, wrth symud ymlaen? Rwy'n cytuno'n llwyr efo beth ddywedoch chi ynglŷn â gwasanaethau cymdeithasol.

Aled Roberts: I would just like to challenge you on the fact that you are dealing with a lack of willingness in the health sector to be involved by just placing a responsibility on them. In England, they do have joint plans between health and education, so a responsibility exists there in England, but I have been speaking to people in England who say that they have exactly the same difficulties now as they had prior to that situation. So, I'd like to challenge you: if we are going to deal with these problems just through putting a responsibility on the health sector, then we need to have a different culture, don't we, moving forward? I agree entirely with what you said about social services.

[124] **Dr Edwards:** Rwy'n meddwl ei **Dr Edwards:** I think it's fair to say

bod hi'n deg dweud nad yw'r system yn berffaith yn Lloegr ar hyn o bryd, ond mae'n gam ymlaen ar beth sydd gyda ni ar hyn o bryd. Mae lot fawr o rieni'n dweud wrthym ni eu bod nhw'n gweld rhywun proffesiynol yn dod o addysg, yn dod o iechyd ac yn dod o wasanaethau cymdeithasol. Maen nhw'n dod ar wahân; nid ydyn nhw'n integreiddio. Mae angen cael un cynllun sy'n gweithio i ddiwallu anghenion y plentyn neu'r person ifanc.

[125] Ond, gyda hynny mewn golwg, rwyf i jest yn meddwl bod angen newid, oherwydd fel mae'r Bil wedi ei ddrafftio ar hyn o bryd, mae'r *explanatory memorandum* yn dweud mai un o brif ddibenion y Bil yw *increased collaboration*, ond wedyn mae'n dweud nad ydym ni wir yn cynnig unrhyw newidiadau neu unrhyw *duties* newydd ar y byrddau statudol. Felly, rwyf i yn cwestiynu sut ydym ni'n mynd i gael newid mewn diwylliant i gael systemau integredig heb ein bod ni'n rhoi mwy o *duties* ar y cyrff yma.

[126] **Aled Roberts:** A oeddech chi'n credu yn wreiddiol ein bod ni'n mynd i gael cynllun integredig, felly, a bod hynny wedi newid rhywle ar hyd y ffordd? Os felly, a oes unrhyw esboniad wedi cael ei wneud o pam mae yna wedi bod newid meddylfryd o ran y Llywodraeth?

[127] **David Rees:** Catherine.

that the system isn't perfect in England at present, but it is a step forward from what we have at present. Many parents tell us that they see a professional coming from education, coming from health and coming from social services. They come separately; they are not integrated. We need to have one plan that works to meet the needs of the child or the young person.

But, with that in view, I think that there is a need for change, because, as the Bill has been drafted at present, the explanatory memorandum says that one of the main objectives of the Bill is to increase collaboration, but then it says that we don't really propose any changes or any new duties on the statutory boards. So, I do question how we're going to have a change of culture to have an integrated system without us placing more duties on these bodies.

Aled Roberts: Did you think originally that we would have an integrated plan, therefore, and that that has changed somewhere along the way? If so, has any explanation been given as to why a change of mindset has happened on the part of the Government?

[128] **Ms Lewis:** I think, in terms of the early discussions we had with the Welsh Government, there was this idea of an integrated plan. We haven't really been given any explanations why. I would imagine it comes down to resources in terms of the present climate, financial austerity, et cetera. In terms of multi-agency working, we have got some very good examples of multi-agency working that's already taking place. There's the Welsh Government-funded early support programme, which is a programme that supports disabled children from 0 to five years of age, which is all about placing the child and the family at the centre and having all agencies working together. At the other end of the spectrum, we do have the Real Opportunities programme, which, again, is supporting young people in terms of transition to adulthood. There was also the Welsh Government-funded transition key worker programme, which again looked at the idea of all agencies working together to support the young person. Unfortunately, I feel that all that learning from all those programmes has just been dispensed with. So, I think it's something we do need to look at in terms of good practice.

[129] **Ms Thomas:** I don't know whether this fits within this discussion, but I'm going to raise it, because it kind of does. I feel that we've talked about multi-agency working in terms of health and social care, but the other thing that upsets me about the Bill is that it only applies to 0-25 if you're in further education. I would really have liked to see collaboration in terms of apprenticeship providers and higher education services as well. I think it's really unfair that people in the 16-25 age group attending an apprenticeship or higher education would really benefit from an individual development plan and would need that support, but under this Bill, they aren't going to get it. I struggle to see why we have that in Wales. I know in England their education, health and care plan does cover apprenticeships. I don't see why we've dropped that in Wales.

[130] In terms of higher education, I think that's particularly important given the recent proposals that are coming out to place more responsibility on universities themselves to meet needs and to restrict the disabled students allowance. So, I think the IDP stepping in in higher education would really greatly help that situation as well. So, I'd echo what my colleagues have said, but I also wanted to widen out the discussion to look at apprenticeship providers and higher education as well.

[131] **David Rees:** Okay, thank you. Simon.

[132] **Simon Thomas:** Rwyf jest eisiau dychwelyd i iechyd, a gofyn: faint ydych chi'n meddwl mai diffyg mewn adnoddau sydd y tu ôl i strwythur y Bil? Achos os ydych chi'n edrych ar y memorandwm esboniadol, mae'n glir iawn nad oes modd gweithio mas beth yw cost y broses yma i iechyd. Mae pob rhan ohono yn dweud nad oes modd amcangyfrif y costau, ac yn ei dro, nid oes modd chwaith amcangyfrif unrhyw gostau ychwanegol a fydd yn cael eu rhoi, yn enwedig ar ôl 16, ar iechyd. Oherwydd hynny, mae'n anodd gweld unrhyw fath o ddehongliad neu esboniad o pam neu sut mae iechyd yn mynd i gyrraedd unrhyw nod arbennig. Am wn i, mae gosod dyletswydd yn agor y drws i fwy o gostau. Felly, a ydych chi yn bryderus? Rydych chi wedi crybwyll, neu 'hint-io', at hwn; ond beth yw'r pryder sydd gennych chi fod modd i'r byrddau iechyd osgoi cyfrifoldeb o dan y Bil fel y mae?

Simon Thomas: I just wanted to come back to health for a moment and ask you: do you think it is a lack of resources that is behind the structure of the Bill? Because if you look at the explanatory memorandum, it's very clear that there's no way of working out the cost of this process for health. Every part of it says that it's impossible to estimate those costs, and then in turn, neither is it possible to calculate any further costs for health, especially post-16. So, because of that, it's difficult to see any sort of explanation as to why or how the health sector is going to reach any particular goal. Setting a duty like that does open the door to more costs, as far as I'm concerned. So, are you concerned? You have already mentioned this, but what are the concerns you have in relation to health boards avoiding responsibilities under this Bill as it stands?

[133] **David Rees:** Lindsay.

[134] **Ms Brewis:** Thank you. I think one of the things that we're losing in moving into this new Bill is the ability of the local authority to require other people to provide at least a report, because at the moment, through statementing, there is a duty on health and social care to provide at least a report through the statementing process, even if it is, 'I don't have an involvement with this child'. But we're losing that ability to require, and I would like to see that the more complex children and the very young children who are likely to be actually more complex as they grow up, because early identification often means that, if you see it early, it's going to develop into something—I'd like to see, with those children whose IDP is owned by the local authority, the local authority being able to require those reports from other services. If we start with the requirement that, if the child is taken over

by the local authority, the educational psychologist is automatically involved—they're probably the best person to know which sorts of reports they need to require.

[135] I'm not going to say right now, 'Every statement, every one that is sent, please tell me', but I think if we allowed the education psychologist professional discretion, fed in by, obviously, the parents' views, the school's views, the young person's views, and give them the authority to require a report from another professional, I think we would go a long way towards containing the duty to be involved, but ensuring that young people don't slip through the net.

[136] **David Rees:** Denise, and then I want to move on.

[137] **Ms Inger:** I'd just add, on the cost, just to remind everyone, the cost of health not helping, and social care, is, you know—we only have to look at our youth justice and prison population; unfortunately, the correlation between youth justice and looked-after children and SEN or ALN, as we know it now, is there. We can see how much it costs. If we look at the mental health costs in this country with what we're doing now, it is at this level, through this ALN Bill, that we can start to reduce those costs and the cost to society overall. So, I know it's difficult, but the information and the research is there to say it is costing us dearly now because we are not meeting needs in a holistic way and in the best way that we can. With this Bill, we do have an opportunity, if we can get real collaboration, and we can only have that if there is a clear duty on all our services.

10:30

[138] **David Rees:** I'm conscious of the time; we're getting close to the end. I want Angela to come in and then I want to bring Suzy in as well.

[139] **Angela Burns:** It's been really interesting, because honestly I never thought I'd be speaking from a slightly different position, because I've always thought that health was the blocker to this Bill coming to the table. Listening to the session we had last week and what you've said today, reading evidence, and talking to the many constituents who have been to see me on this very important issue, one of the concerns is that I fear we could end up with something incredibly unwieldy. We don't have capacity in the system. You mentioned educational psychologists, and I think we've got 217 in Wales at present, or some startlingly low number.

[140] **Ms Brewis:** And very few of them speak Welsh.

[141] **Angela Burns:** So, if they're going to have to look at every child and look at how we might move them forward, that could be an issue. But, with regard to health, speaking from, for example, the Pembrokeshire perspective, in order to get a statement there, you need to involve a paediatric consultant. They are as rare as hen's teeth at present. In Ceredigion, they have a completely different model, so they have a slightly shorter waiting time, for example, for the diagnosis of autism. You might have an individual—

[142] **David Rees:** Can you get on to the question?

[143] **Angela Burns:** Yes, sorry. You might have an individual who actually has something that's quite clear, like a need for help and support for deaf issues. So, what I wanted to understand is: do we have to have everybody involved in absolutely everything, or are there smart ways that we can short-circuit the system so an ALNCO standing in a school with a particular individual can say, 'Do you know what, forget that lot; I'm just going to go straight to this person, or to that person', and that that ALNCO has the statutory responsibility and the ability to say, 'You will help, and you will help', rather than pushing it all up, expecting the umbrellas to do it and then pushing it all back down again. Does that make sense?

[144] **Ms Thomas:** I think it comes back to something that TSANA recommended initially, way back when we first started these discussions with policy advisers, and something that was initially in proposals and seems to have, unfortunately, been dropped, and that's provision pathways. We, in TSANA, were very willing to work with the Welsh Government to develop provision pathways to do exactly that—to make it clear about the different specialist professions that you might want to approach for different disabilities to make those decisions quicker and easier. Unfortunately, that hasn't made it into this final iteration.

[145] **Angela Burns:** Would that answer your concerns?

[146] **Ms Brewis:** No, it doesn't really, because I can imagine a new ALNCO who has done the training, but who doesn't have that—. When I was talking about the educational psychologists, I was only talking about those for whom the local authority owned the IDP—the more complex people. I wasn't talking

about it being a blanket duty. They could read the paperwork, talk to the parents and say, 'I don't need to go there', exactly what you've said. But, only at that level of understanding of professionalism could you actually ask people to make those life-altering decisions. I believe putting that on to schools would frighten anyone from ever becoming a SENCO or ALNCO.

[147] **Angela Burns:** My concern there—very quickly, sorry, Chair—is that we merely move the immense queue for support from a place to another place, and I'm trying to think of ways we can get the help to the child and try to circumvent the amazing queues, because we don't have capacity in the system. Sandy made a very good point—all the Bills in the world aren't going to change that in the next five to 10 years. We've got to slowly build that capacity up. You made the comment about the lack of degree-level training for people, which is incredibly important. We're fighting to keep Cardiff University able to provide the educational psychology course. If that goes, then we're absolutely stuffed in Wales, basically, because nowhere else provides it.

[148] **David Rees:** I'm going to have to stop you, because you're making comments and I'm conscious of the time. I want to give Suzy a chance to ask about the early years.

[149] **Suzy Davies:** As I say, one and a half questions, but I'll try to make it as easy as possible because you've answered quite a few of the things I wanted to ask. One or two of you have mentioned that the early support programme and the early years development framework aren't articulated in this Bill, and also that the key transition worker for older people is not specifically articulated in this Bill. Is this idea of a 0 to 25 framework just an illusion?

[150] **Ms Thomas:** I think so. I think it's something that we all welcome; we all wanted to see a 0 to 25 Bill. But, unfortunately, in terms of what we've got in front of us, I don't feel that it actually delivers on that. The detail around how it's going to even work in an early years setting isn't there, and it pretty much relies on the parent to self-refer as far as I can see. And parents, with the best will in the world, are not going to know about this system in order to refer into it. I think it's there in title, but not there in substance.

[151] **Suzy Davies:** Is it—I'm trying to cut us down on time—that a fair reflection, do you think, or have you got anything you'd like to that? Sorry, Chair, you say who speaks.

[152] **David Rees:** Yes. Lindsay.

[153] **Ms Brewis:** I don't think it's an illusion to have from 0 to 25. I wouldn't expect to see particularity within the Bill, because something better might come along next year.

[154] **Suzy Davies:** There's an awful lot of particularity for three to 16-year-olds.

[155] **Ms Brewis:** There's a lot of particularity, yes, but not on methodology. There's a particularity about what must happen. I believe every 0 to three-year-old identified should have someone able to do key working, and I think that could be identified in the Bill, because that person then helps the family co-ordinate and makes sure things happen. I think that could be, but I don't think we can put in—. We're not saying schools must use this reading scheme—

[156] **Suzy Davies:** No, no. We don't want to—

[157] **Ms Brewis:** —and I think that we can use the code and other aspects to refer people to what is currently very good practice and should be the first thought. I would like to see the code used to explain, particularly in early years and in post-16, how it's going to happen. But I think it's very hard and I think key working for the under-threes—if I wanted one thing in the Bill, I'd want key working.

[158] **Suzy Davies:** That's very helpful—to do it so succinctly as well. My other half question is: you mentioned earlier—I think it was Catrin—*[Interruption.]* No, in fairness, I've only asked one. The social services Bill—does that sweep up any of your concerns regarding the potential post-16 pathways here?

[159] **Dr Edwards:** In what regard?

[160] **Suzy Davies:** There are many rights given in that Bill to people across the ages. I know you were worried that this is just too further education institution-based. Does the social services Bill deal with needs as well?

[161] **Dr Edwards:** It certainly helps, but if you think about a young person, for example, with multisensory impairment who might need access to a

specialist education college across the border, then, yes, the social services Bill might be able to support them to get the supported living they need to go alongside that, but it's not going to give them the access to that specialist college.

[162] **Suzy Davies:** Okay, so the social services Bill is too specifically drawn to include incidentally an education specialist.

[163] **Dr Edwards:** Yes.

[164] **Suzy Davies:** That's what I was coming to. Thank you.

[165] **David Rees:** Thank you. The last question is from Keith on dispute resolution.

[166] **Keith Davies:** There's a new tribunal being set up. Do you think that will be good enough to sort out the problems that parents have with the provision that's given for their children?

[167] **David Rees:** Denise.

[168] **Ms Inger:** I will speak from 30 years' experience of disagreement resolution, and I will say to you that 50 per cent of our work is at school level. A very small percentage will go into what we know as formal assessment now. But disagreement resolution—the avoidance of disagreement resolution that's in the Bill now—we recognise that as something where we need early intervention before anything. So, parents need information, advice and support. I don't want to seem biased about SNAP Cymru, but, you know what I mean, that support needs to be, we believe, independent, at arm's length. And we do believe that we should be able to avoid parents and young people feeling the need to go to the arbitration of the special educational needs tribunal for Wales as much as possible. But, where there are agreements, most of that should be sorted before we go. We should only be seeing something about a placement issue in an educational tribunal, everything else should be sorted at a much lower level. I think we are going to have some difficulties, because things change and people are worried all the time. As I said when I started, the biggest issues are already at a school level, and I think that we can hold them if we have much more early intervention, good information and an explanation to engage the families. Schools, or any institution, can't do this alone; we need the families there, we need the young people themselves taking

responsibility, and we need the other services. Within that, we need the resolution of issues as they arise, rather than going to tribunal. But I do believe that disagreement resolution is absolutely vital.

[169] **David Rees:** Debbie.

[170] **Ms Thomas:** Just to come back on that, I think, as Denise has said, the tribunal is just part of the answer. I don't think that the Bill and the code go far enough in terms of disagreement resolution. We'd like to see minimum standards so that there's some consistency across Wales in terms of advocacy and disagreement resolution services that people can expect, and that's not in place at the moment. I think that's really important.

[171] I'm pleased that the ability to take a case to tribunal has been widened out to pretty much anyone wanting an IDP, which is really important. However, I would like to see the tribunal backed up with powers to act, which they don't have at the moment and I think they could really do with some extra teeth, particularly in local authorities where similar situations keep coming up. But I don't think we can solely rely on disagreement resolution and tribunal services to completely monitor the reforms and monitor the system. I think we also need to be looking at other quality assurance methods, and I'm concerned that we're not doing that enough. Estyn is barely mentioned at all in these documents. I think there's a duty on Estyn to do one thematic report five years after this comes in. To my mind, that's not good enough. We need to be involving Estyn in making sure that these systems and structures are working appropriately.

[172] **David Rees:** Thank you for that. We've way exceeded our time. Can I thank you very much for your evidence this morning, it's been very helpful to the committee? You will receive a copy of the transcript and, if you see any factual inaccuracies, please let the clerks know as soon as possible. Once again, thank you very much for your time.

[173] We'll have a five-minute break now while the witnesses leave and the next set of witnesses come in.

*Gohiriwyd y cyfarfod rhwng 10:43 a 10:51.
The meeting adjourned between 10:43 and 10:51.*

**Y Bil Drafft Anghenion Dysgu Ychwanegol a'r Tribiwnlys Addysg
(Cymru)—Sesiwn Dystiolaeth 2
Draft Additional Learning Needs and Education Tribunal (Wales) Bill—
Evidence Session 2**

[174] **David Rees:** Can I welcome Members and the public back to this morning's session, as we go into our second evidence session this morning, looking at the draft Additional Learning Needs and Education Tribunal (Wales) Bill? Can I welcome representatives from the Welsh Local Government Association and from the Aneurin Bevan Local Health Board this morning? I'll just ask you to introduce yourselves, if I go left to right.

[175] **Dr Llewelyn:** My name is Chris Llewelyn, director of lifelong learning at the WLGA.

[176] **Dr Stroud:** I'm Dr Alison Stroud, and I'm representing Aneurin Bevan university health board, but, for clarification, I've also met some of you as the Royal College of Speech and Language Therapists' policy officer for Wales.

[177] **Ms Cotterill:** I'm Philippa Cotterill, representing Aneurin Bevan university health board, where I'm professional lead for school-age children in speech and language therapy.

[178] **Ms Jones:** I'm Nichola Jones, the head of inclusion in Pembrokeshire, and I'm representing the Association of Directors of Education in Wales inclusion.

[179] **Ms Davies:** I'm Catherine Davies, and I'm an education policy officer at the WLGA.

[180] **David Rees:** Thank you very much for that, and if it's okay with you, we'll go straight into questions. We'll start with Simon Thomas.

[181] **Simon Thomas:** Diolch. Mae'r **Simon Thomas:** Thank you. I'll be cwestiynau yn Gymraeg, os ydych chi asking in Welsh, if you need—. angen—.

[182] Fel yr ydych chi'n ei wybod, As you know, the Government itself mae'r Llywodraeth ei hunan yn says that the current situation, the

dweud nad yw'r sefyllfa bresennol, y gyfundrefn bresennol, yn addas i'w diben ac felly mae wedi cyhoeddi Bil sydd ar y ffurf ddrafft ger ein bron ar hyn o bryd. Yn gyntaf oll, felly, a ydych chi'n cytuno nad yw'r sefyllfa bresennol yn addas, ac a ydych chi'n meddwl bod y Bil drafft yn cynnig yr atebion i unrhyw broblemau sydd i'w cael ar hyn o bryd?

[183] **David Rees:** Chris.

[184] **Dr Llewelyn:** A gaf i fynd yn gyntaf? Diolch yn fawr, Gadeirydd. Yn ein tystiolaeth ysgrifenedig, rŷm ni wedi cytuno ag egwyddorion y Bil drafft, hynny yw ein bod ni'n cytuno â'r syniad o greu fframwaith integredig unol ynglŷn â darpariaeth. Mae'n ein taro ni bron bod yna gonsensws ar draws y gwasanaethau, ac yn benodol y tu mewn i lywodraeth leol, gyda'r syniad o adnewyddu, fel petai, y fframwaith statudol. Ond mae yna amheuan gyda ni, neu mae yna bryderon ynglŷn â pheth o'r manylion, yn enwedig efallai ynghylch goblygiadau ariannol yn y cyd-destun presennol pan fo yna gymaint o bwysau ar gyllidebau cyhoeddus. Ond, gan ddweud hynny, efallai fod cyfnod o bwysau ariannol yn gyfnod addas i edrych ar sut y gallwn ni weithio ar y cyd yn fwy effeithiol ac yn fwy effeithlon, a sut y gallwn ni greu fframwaith sy'n fwy integredig, sydd o fudd i'r sawl sy'n defnyddio'r gwasanaethau, yn hytrach na'r cyrff sy'n darparu'r gwasanaethau. Felly,

current regime, is not fit for purpose and has therefore published a Bill in the draft form before us at this time. So, first of all, do you agree that the current situation is not fit for purpose, and do you think that the draft Bill offers the solutions to any problems that we have at present?

Dr Llewelyn: May I go first? Thank you very much, Chair. In our written evidence, we have agreed with the principles of the draft Bill, in that we agree with the idea of creating a unified integrated framework that will be inclusive in relation to provision. It does strike us that there is consensus across the services, and particularly in local government, with regard to refreshing the statutory framework, as it were. But we have some doubts, or rather concerns, about some of the detail, especially in relation to the financial implications, perhaps, in the current context, when there is so much pressure on public budgets. But, in saying that, a period of financial pressure is perhaps a suitable time to be looking at how we can work together more effectively and more efficiently, and at how we can create a framework that is more integrated and which benefits those who use the services, rather than the bodies that provide the services. So, this focus on the needs of the individual and the families is certainly

mae'r ffocws yma ar anghenion yr unigolyn a'r teuluoedd yn rhywbeth y byddwn ni'n ei groesawu. Ond, fel yr ydych wedi ei glywed yn barod y bore yma, mae lot fawr yn dibynnu ar fwy o drafodaeth ynglŷn â'r manylder. Rŷm ni'n croesawu'r ffaith bod y Llywodraeth wedi bod yn trafod y maes hwn gyda ni ers peth amser, a hefyd bod y partneriaid eraill yn rhan o'r drafodaeth honno. Felly, o ran yr egwyddorion, yr ydym yn cytuno, ond mae yna bryderon gennym hefyd.

something that we would welcome. But, as you have already heard this morning, a lot depends on more discussion regarding the detail. We welcome the fact that the Government have been discussing this area with us for some time, and also that the other partners are part of that discussion. So, in terms of the principles, we are agreed on that, but we do have concerns also.

[185] **David Rees:** Nichola, do you want to add anything?

[186] **Ms Jones:** Yes, I think we just need to remember the journey. So, I think the 'Statements or Something Better?' projects that the Welsh Government's initiated, those projects—there were five projects—were set up to look at finding a less bureaucratic and more user-friendly way of matching additional needs resources. I guess a big bit of that was: do we need to go through a long statutory process to then enforce resources to individual children? I guess the journey of some local authorities is that they've removed that barrier by putting in place a system that allows for resources to be allocated to children and young people without the need for a statement. I guess what we've seen, where that's happened, is that you take away the long waiting period, you take away unnecessary assessments in some cases, and I guess it's a much quicker process. So, that was where we started in terms of 2009.

[187] **David Rees:** Alison, do you want put the health board perspective or health perspective?

[188] **Dr Stroud:** Yes. Thank you. Again, the Aneurin Bevan university health board and the NHS Confederation in general broadly support the Additional Learning Needs and Education Tribunal (Wales) Bill, particularly in its ambition to improve outcomes for children with ALN, and particularly in its ethos, focus and desire to move away from entitlement to an input without regard to what outcome that will have for the child. So, we do broadly support the Bill.

[189] While acknowledging that the Bill is still in process, we do have some concerns where we think there needs to be further thought and clarity. Again, referring back to some of the previous work that has been done in Wales, and funded by Welsh Government, we had from 2005 to 2008 pilot projects—joint pilot projects for speech, language and communication needs. Those proved very successful. Bridgend have got good examples. Aneurin Bevan university health board have got excellent examples of where agencies now collaborate. Together, they've built up a shared integrated pathway for children, with health clearly having responsibility for the specialist end. Health resources are provided under prudent healthcare principles to do the most good and the least harm to the most number of people and children within the population within resource. So, we have that duty to provide to individual children at the specialist level, but the joint pilot projects have made us work more inclusively with our local authority and school partners. I believe that, across Wales now, there are training programmes for schools. Sometimes, the local authority purchase and provide for their schools. I'll hand to Pippa in a minute to explain how that works on the ground and the outcomes it's having for children. But, for speech therapy health services, it's reduced the flow and demand into the specialist level because the decision of whether the health profession is the one to manage the risk of harm for that child or reduce the functional impact for that child of their speech, language and communication difficulties is more clearly established between the school as the referrer before it gets to health. So, our waiting lists have dropped, so, you get more timely access to the specialist service. Whereas, with the old system, I think, you all, as Assembly Members, probably had shedloads of complaint letters from people having to wait up to two years for access to a specialist service, our average waits in Aneurin Bevan are about six weeks now, with a 14-week maximum standard.

11:00

[190] So, there's been much improvement done without legislation. As head of speech and language therapy at Aneurin Bevan, I used to employ a complaints manager every day. She's now gone, because we don't need her anymore. I understand that there hasn't been a tribunal for speech, language and communication within the Gwent area for two years, and that, the tribunals across Wales, there's only been one in the last year for speech, language and communication. So, the success of those Welsh Government funded pilot projects has been immense.

[191] Additionally, we like to think about the early years prevention, because prevention is much better than cure. Seventy per cent of young pre-school children in socially deprived areas have got identifiable significant—

[192] **David Rees:** We will be going on to early years.

[193] **Dr Stroud:** Oh, okay. So, I will hand over to Pippa to describe the—

[194] **David Rees:** We'll come back to the collaborative agency, as well; that's going to be coming up shortly.

[195] **Dr Stroud:** Fine.

[196] **David Rees:** Simon, do you want to come back on anything?

[197] **Simon Thomas:** Just one specific thing, then, before we come to the more detailed discussion. Based on the pilots that you've talked about, and based on the experience so far, do you think that what's been proposed in this draft Bill puts the right duties on the right bodies to deliver and continue to deliver on the basis of that experience? Accepting that there might be—. Resource issues are resource issues, but, in principle, is that the right architecture?

[198] **Dr Stroud:** We would wonder whether the legislation is—. The devil will be in the detail within the code of practice. But there could potentially be a risk. These services have been built up with trust building between parents as co-producers, all the agencies, and there is a risk, I think, that legislation could, inadvertently, unbalance that, but the detail will be—

[199] **Simon Thomas:** That would be if it was to be unbalanced in terms of where it places duties or—

[200] **Dr Stroud:** Yes. The designated medical officer role might be one where it would actually cause more problems than it solves, so there needs to be clarity about what that role is. I think you've heard evidence already that there's a critical shortage of community paediatricians in Wales, and not all of these children have a paediatrician. So, whatever that role would be, it may be an extra that's not needed and an extra demand on a resource that's already under critical pressure, for example.

[201] **David Rees:** Nichola, you were nodding your head there. Do you want

to add?

[202] **Ms Jones:** I guess what I would say is that there does need to be a lead professional, I think, in health. I think the way that health organise themselves—certainly, you know, working in several local authorities, it's different in each authority. So, I think, as long as there is a lead person in health—. I think that's what's been brought in that's new that's very positive, in my opinion, and, I think, that of my colleagues. But, as my colleague has said, the devil is in the detail and we do need to see how that would work its way through. There was something else I was going to mention, but I'm sure it'll come back.

[203] **David Rees:** It's all right; we'll come back. Chris, obviously a lot of duties will be placed upon local authorities.

[204] **Dr Llewelyn:** I think, in terms of the question, my view is that the architecture is broadly right. But, as has been said, it is a case of working through the detail and working collaboratively, as we have with the various partners so far, in getting through the detail, and, accepting the point that we are where we are in terms of resources, but keeping an eye on resources, as well, so that we can deliver whatever it is that we do put in place and that it is manageable.

[205] **David Rees:** Since you've gone on to talk about collaboration and multi-agency, we'll move on to that area. Lynne.

[206] **Lynne Neagle:** Yes, thank you. One of the biggest concerns that has been raised with us by third sector representatives is that the Bill doesn't put a duty on health. There's a section that talks about health agreeing to provide things, but there's no actual duty. We've had a call that, actually, the Bill should include a statutory duty on health to deliver particular services. Can I get everybody's comments on that?

[207] **David Rees:** Let's start off with Alison.

[208] **Dr Stroud:** Yes, okay. As healthcare professionals, we do have a duty already to provide to people who are referred to us, if we can manage the risk of harm and reduce the functional impact for the person referred. That is our duty and we have performance measures to do that within a timely fashion, et cetera. So, those duties are already there within health legislation.

[209] **Lynne Neagle:** Okay, so you don't think it should be added to in this Bill, then? Because, at the moment, the only thing specified is, if the health service agrees to provide something as part of the IDP, then that should happen. But the point that's been made to us is, if the health service don't agree, then there's not going to be any compulsion for that service to be provided. So, all the onus remains on the local authority and schools.

[210] **Dr Stroud:** But if the health profession has accepted a referral and assessed and, in their clinical judgement, they are the profession that will be, in terms of prudent healthcare, the one that can make the difference and manage the risk of harm and reduce functional impact, then they have a health duty to provide that.

[211] One example that might be helpful is a very medical problem, say a child who cannot feed orally. So, they would be referred into health, they would see the multidisciplinary team, they would get possibly an alternative means of feeding, and the health duty is provided for that person and the risk of harm is managed and the functional impact is reduced for that person—so, risk of pneumonias is reduced. But, then, when the child is in school, the health professionals will train the others around that child, who are every day feeding that child, how to manage that, and the parents. Therefore, they would discharge their duty at that point, because others can manage it. The others that are managing that risk—feeding every day in a modified way—would know when the risks start to escalate, or they can no longer manage that functional impact, and would know when to refer back into the specialist level and have a speedy access to that level.

[212] **David Rees:** Nichola, can I ask a question on how you see it from a directors of education aspect?

[213] **Ms Jones:** Right. Well, two hats. One would say, 'I'd love that', from the point of view that, if we were to say, 'Well, if it's specified—'. Because one of the arguments is that health can say that this should happen, and what's happened traditionally or in the past in some local authorities is that education had to pick up the bill. We're working in really different ways now. That does happen in some local authorities and you'll usually find they're the authorities with the higher rates of referrals into tribunal. But, let's be honest, I think a lot of us are saying: 'Put your money on the table. What have we got to spend? What has health got? What has education got?' We need to spend this in a really different way, because we know we're not going to have the same amounts of money. We know that every local

authority has to make cuts. We've got to make effective and efficient delivery of services, and there's such appetite out there. So, my colleagues—not just this health board, but other health boards—are working in very, very different ways. I would say that the gains—. So, where we're having sometimes, 'Oh, we've got a child who needs x, y or z', because we're working more in a collaborative and building-capacity model—. So, that's the bit where we go out and we do the consolation; we don't individually assess every child, which is where I think this model is trying to get to. It's wanting to move towards building the class teacher's capacity to identify that youngster, ideally in the nursery and reception. So, I can give you an example of some fantastic work going on with speech and language therapy, who have now developed an early identification and intervention tool in nursery. Now, my expectation is that that's going to pick those kids up then, and we shouldn't have these ones coming through further down the line.

[214] If we get that in place for all of our additional needs areas, we're investing to save. So, that model then—. We're saying that, I think, traditionally, we've had concerns from families saying, 'Well, I'm not getting what my child needs', because I think there's been separate ways of working and therefore separate requests. I don't know whether colleagues want to add to that, but does that make sense?

[215] **David Rees:** I think the question, I suppose, is that the current model you're talking about is consensus. It's an approach that is put in place. I think the fear is that, the way the Bill is written, if the health authority or health board does not agree to an input into the IDP, then there is no requirement for them to do anything in the IDP that somebody else may put into it. Should that requirement take place?

[216] **Ms Jones:** But I guess it fits, then, with where are we going with—. Because it's talking about collaboration and it's talking about integrated services, so my question, if you're thinking 10 years down the line is, 'Let's sort the integrated stuff out and let's get the budgets all in the one place.' I know that's probably maybe too much of a task, but we've got the well-being Bill, we've got the mental health—you know, 'Together for Children and Young People'. There are lots of things going on and if they were all joined up and talking, couldn't it be brave enough and big enough to incorporate something around who are going to be the budget holders? It's been talked about for a long time, so I guess, to me, it's a wider issue than what you've said, really.

[217] **Dr Llewelyn:** Can I come in, Chair? I agree with what's been said. I think it's one of those sort of contestable issues. The concern has been raised with us as well in terms of: if health colleagues don't agree with the IDP then they can back off. But I think what's also being depicted here is that this is about a new approach and a new way of working, and a different kind of culture as well. You've heard the phrase used already this morning—this idea of a developing and learner-centred approach, where the learner using or receiving the services receives a joined-up service where the distinction between the different providers isn't evident. I think it does take some time to change approaches and to change cultures and to bring that kind of coherence. But, as I say, I think it is one of those issues that can be contested. It's clear that there are some concerns around it, but it may be that, as we progress and as we develop a more collaborative culture, and in terms of the code of practice and as the detail emerges, it may be that we can overcome some of those concerns.

[218] **David Rees:** Lynne, do you want to come back?

[219] **Lynne Neagle:** No. I was just going to say that what you're saying is great, but it all does depend on goodwill and people being willing to work together, and we know that we've got very patchy provision in some areas. So, are you worried about that? You are basically saying we should go forward on the basis of goodwill and collaboration where we have got an option here to recommend that we try and nail this down a bit.

[220] **Ms Jones:** My view would be that we're in danger if we're not careful, and of almost division. So, however it is written—I agree with what you're saying—I think there needs to be something weaved in that puts a duty and responsibility with health, but somehow it has to be weaved in such a way that it doesn't isolate the two parties. So, for instance, where it's working really well—and, as I say, it is in certain areas; for others, it's not working that well, so how do we move them into a position of getting to this good model where waiting times are right down and the families feel that they are getting the support and they're therefore not contesting and going to tribunal, et cetera?

[221] **David Rees:** Can I ask a question? Where it's working well, there is no problem if a duty was imposed? I suppose—

[222] **Ms Cotterill:** What we're talking about is where services are combined, so the knowledge and expertise of personnel from health and education have

been formed and they're upskilling staff in schools and maintained educational settings to manage speech, language and communication needs, but all are prior to, during and after specialist-level work from health. This raised awareness and capacity building in education, and the integrated pathways that have been formed with health have had very positive results for some children attending specialist resource bases for children with speech, language and communication needs, where early identification of those needs has led to the requirement only of short-term attendance in those bases, and children have been able to return to mainstream settings at the end of the foundation phase or early in key stage 2.

[223] This is where that trust has been built between parents, education and health, and, without that trust, parents previously were likely to fight to get and to keep specified input without reference to the outcomes. I think the important shift is for these outcomes, and we very much welcome that, where we're also able to give justification for decisions made. I think that's an important thing: that we're able to say that the individual development plan is focused on an outcome rather than an input level, and that we can give justification for that and remove that as a source of disagreement. But there are the integrated pathways, so education are doing what they're doing, and those children might come into health services and then go out, and then come back in again, and that there is that fluidity.

11:15

[224] **David Rees:** Okay, Lynne? Angela.

[225] **Angela Burns:** Yes. Thank you very much indeed for your paper. I'm probably slightly more confused now than I was after the first session, actually, because I have listened very carefully to what you've said, but there are lots of different thoughts sort of all pinging their way around my head about this issue of collaboration. So, if we just start with teachers—you know, these multitasking and absolutely amazing people who are going to be, in the next five to 10 years, putting a new curriculum into Wales's schools, upskilling themselves, going through new teacher training. We're looking at continuous professional development, and now we're going to train them to replace some aspects of health and become the prime identifiers of what is wrong with an individual child that's sitting in front of them. So, I have a real concern about that.

[226] When we spoke to the third sector people earlier on in this evidence

session I did actually sort of slightly jump the hat that I've just put on now and sort of said that, actually, I was concerned that we were putting too much into health, because health is under-resourced and there are capacity issues. We know, for a start, in Pembrokeshire, that we don't have very many paediatricians around who will actually be able to enable the access of service because you have to go through a health pathway. One of the things that one of the third sector people was saying was that they were talking about progression pathways. So, I just wanted to unpick a little bit about this collaboration, because we've talked about the funding and, of course, that will underpin everything, but I'd like to try and understand how it could actually happen on the ground. I think that speech and language, in some ways, is kind of easy in that it's got a beginning, a middle and an end, but there are an awful lot of conditions and issues that young people have, especially social, emotional and behavioural issues, that don't fit into a beginning, a middle and an end. They are very amorphous and they need all sorts of different people at different times to help. You need to have one person, and I'm not sure where that person is, who is going to have the strength and the capability, or the clout—the stripes on the shoulders—to say, 'I need your help today', and 'I need your help next week'. I just wondered—. Nichola.

[227] **Ms Jones:** Can I answer that? There are lots of developments, and there are so many parts to what you've just asked. I think the first thing, to be clear, is when the 1994 code of practice came—from, you know, the Warnock days—everybody welcomed that. That was all about the role of the ALNCO—or the SENCO, as it was then. Then we had the 2004 Welsh code, and that shifted it to what was the role of—. You know, every teacher is a teacher of special needs. So, did we address that balance? The issue that we've got is: yes, at the end of the day, you've got a class teacher who's managing a class of however many children, and we do have to build their expertise. My experience is that they do have those gut reactions. It's what they do with them. So, there's no quick cure. What we've got to do is build capacity. So, the model, which I think we've tried to allude to, is that rather than, 'We've got an issue now with this one young person. I'm not quite sure about it. I don't really know what to do', we build the capacity of individual teachers to be able to say, 'Right, the first thing I can do is put a checklist in'. I'm sitting on the expert foundation phase group, actually, and raised the awareness of the work that's being done in different local authorities about putting in a quick screener—something that you can download from an app—and then putting in an electronic quick assessment that gives you some quick things that you can do. Because actually, that's the reality of it. There

are not going to be all these lovely packages individually because we wouldn't have that capacity.

[228] That said, you're absolutely right because, of course, then we've got different types of ALN. So, it is very confusing. We've got behaviour, we've got speech and language, we've got autism, but what we need to do is position our teams in a different way. I think, in the traditional model, they go up through this graduated response. So, 'I think I've got a hunch. I've got something not quite working; I need to get an expert in'. Actually, you try a few things first, get in there really, really early, and what we do is position our teams around groups and clusters of schools. So, this was the part of the work that Bridgend piloted with Pembrokeshire as part of the pilot projects. We built something called team around the child, or team around the pupil, and that was all about inclusion services. It was the speech and language therapist, it's the educational psychologist, it's your advisory teachers for behaviour and some of those key areas all meeting with the school to say, 'Let's have a look at your youngsters. Where are the needs? How are we then going to deploy our services?' Part of the shift is no longer will they just work with individuals, but, actually, 'We're going to work in-house, with your whole school, building capacity'.

[229] If you look at the research, for example, in Canada, we've had Cheryl Missiuna come over for the work that's done with occupational therapy, and, actually, they've been able to manage with a lot fewer occupational therapists in Canada, because they're deploying that sort of model, and I think that's what we've been trying to talk about. How you capture that—. Certainly, that's what's working in some authorities. This is where, because some of us are on the group, aren't we, for putting some input into writing the code—. How you capture that is going to be critical, in my opinion, but that's just my view.

[230] **Angela Burns:** Can I just ask one question before Alison comes in? You referred quite a bit to—and I probably misquote you very slightly—'to do no harm', to ensure that the person is safe, et cetera, and so you provide help in order to enable that, but I would argue with you that, in terms of education, what we're all about is maximising the life chances. So, you can have a child where you could give them the intervention that they need in terms of learning difficulties that would ensure that they are okay, but, actually, what they need is that little bit of extra intervention or support from somewhere—you know, it could be medically based or it could be behaviourally based, whatever it might be—that would enable them to maximise.

[231] Two quick examples. I've had parents say to me that they've been told that they have a child who has needs but the needs aren't bad enough for them to have any extra help, so they've got to muddle through the system. So, that person's never going to achieve the best that they can be. Another great example is actually, when you look at post-16, particularly young people with autism, where there are provisions available locally that are okay, but, again, that young person will be so much suited to going somewhere perhaps further away that's going to cost more money to the local authority, but would actually be exactly right for them. So, you could argue that, as long as they're okay and safe, then that's fine, but that's not the principle of education, is it? Given how many of our young people are put in the 'have some kind of issue with accessing the curriculum' bracket—it's almost a quarter of them—are we talking about just managing to get them through it, or are we actually talking about trying to make them the best that they can be, so that they can have good lives?

[232] **Dr Stroud:** I think the answer is both 'yes' in some ways and 'no' in some ways. It's not just about managing the risk of harm, but it's also reducing the functional impact. Do you want to take this one in terms of specific language impairment, or—? While Pippa thinks about it, it's about the outcome that you can achieve. So, speech therapy will be delivered in short episodes of care for as many years as it takes, as long as outcomes are still happening and achievable and also, to an element, worth the gain that you're getting for the cost that you're putting in. There has to be an eye to resource, as well. What has happened is the ethos of those two seemingly initially opposing values are coming together much more in the collaborative work that's been happening in Bridgend and Aneurin Bevan, at least.

[233] **Ms Cotterill:** I think it's about the outcomes happening where the child is, as well, and the enabling role that maybe a speech and language therapist has in supporting staff to enable that child to access the curriculum in the school setting. It's not about taking the child out of that setting and doing that, it's about that being done in that setting. Aspects of that are both around changes in the child and changes in the people around them and the adaptations to the environment, and I think that's what's been built on, and where it's within the ability of those education staff to be able to take those things on board to support that child throughout, rather than just for a short time for speech and language therapy. I think, obviously, we've moved very much away from, 'Take the child out and just do this for half an hour' or something like that, trying to put it into the setting, so that all of that can

continue within the setting, rather than just focusing on that relationship between a speech and language therapist and a child, because it's much, much wider than that. I think education staff have got an appreciation of that and that they're able to continue that work.

[234] **Ms Jones:** I think one part of what you were asking, Angela, was around those more complex youngsters who, you know, possibly need something further afield—out of county. The issue we've got is that when we commission a lot of these places, they are private companies. I've a bit of an aversion to some of that, because some of my experiences have been that they haven't always been the best value for money. Capacity—I'd love to just be able to focus on, you know, asking, 'What can I commission locally?' That would certainly bring local jobs and it would be better for those youngsters, because they would be closer to their homes. So, we are trying to think these things through. It is the day job and, you know, I think that's an area that is a challenge for us as to how we have the time to do some of those things. But it's certainly something that, as groups of local authorities, we are considering as to how we commission so that, exactly what you're saying, those kids get a really good deal, then, as they move on, you know, into—

[235] **David Rees:** I want to move on, because—

[236] **Ms Jones:** Sorry.

[237] **David Rees:** But I also want to remind ourselves that we are focusing on what the Bill is and what it will deliver, not some of the issues you are facing today. The big question is whether the Bill will improve those, in one sense.

[238] **Ms Jones:** But, in a sense, that is part of the up-to-25 issue.

[239] **David Rees:** Aled and then Simon.

[240] **Aled Roberts:** Mae'n rhaid imi ddweud, nid wyf yn adnabod yr hyn sy'n cael ei awgrymu inni'r bore yma. Nid wyf i'n deall pam nad yw'r gwasanaeth iechyd yng Nghymru yn awyddus i weld bod yna gynlluniau ar y cyd, neu, hwyrach, os ydy'r cynllun dal yn eistedd efo llywodraeth leol, **Aled Roberts:** I have to say that I don't recognise the issue that has been suggested to us this morning. I don't understand why the health service in Wales isn't eager to see joint plans, or, perhaps, if the plan still sits with local government, that there is a responsibility on them,

bod yna gyfrifoldebau arnyn nhw, achos mae'r rhai sy'n ymwneud ag anghenion ychwanegol wedi bod yn eithaf clir efo ni y bore yma bod yna achosion lle, heblaw bod yna gyfrifoldeb yn cael ei roi ar y gwasanaeth iechyd, mae yna wasanaethau sydd ddim ar gael. Rydym ni i gyd wedi eistedd trwy ymchwiliad ar CAMHS, er enghraifft. Ffigurau CAMHS fis diwethaf yw'r gwaethaf erioed, bron, o'r rhai sydd yn aros mwy nag 16 wythnos. Felly, os ydy o'n ddigon da i Loegr bod yna gyfrifoldeb yn cael ei roi ar y gwasanaeth iechyd, pam nad ydy o'n ddigon da i rieni a phlant yma yng Nghymru?

because those involved with ALN have been quite clear with us this morning that there are cases where, unless a responsibility is imposed on the health service, there are services that are unavailable. We've all sat through an inquiry into CAMHS, for example. The figures for CAMHS last month are the worst ones ever, almost, in terms of those waiting more than 16 weeks. So, if it's good enough for England that there is a responsibility imposed on the health service, why isn't it good enough for parents and children here in Wales?

[241] **Dr Stroud:** Shall I take that one? I'm not an expert on CAMHS, so, if I may—the health board will be putting further evidence in before the 18 December deadline. However, through health, there is a national strategy to improve CAMHS, because, you know, there are difficulties with that service and there is new investment into health to sort that issue out.

[242] **Ms Jones:** Can I just come in there? I have been working for 'Together for Children and Young People', which is the strategy that's looking at mental health services. I'm the chair of a group that's looking very much, again, at early identification and putting in the lower tiers, because what we're seeing is that it's a similar problem that we've faced in other areas of health, like occupational therapy, having a three or four years waiting list, or autistic spectrum condition, where we've got a three or four years waiting list. But, we've got speech and language, which is down to two months—four weeks, and that's the model that we've described today around speech and language. We need to shift that into other areas of working. So, there's a real appetite for that. I think the CAMHS people recognise—and they've got a working group. So, I would envisage, over time, that we can develop the good work that has taken place through the investment that the Welsh Government gave to the partnership working between speech and language therapy and education. Just to say—

[243] **Aled Roberts:** But the health service, for example, had not ring-fenced CAMHS spending, and part of the money that's going in, in reality, is only to replace moneys that have been taken out over previous years by the health service. So—

[244] **David Rees:** Can I remind you we are still focusing on ALN and not on other services?

[245] **Aled Roberts:** I'm actually questioning why—you know, do you not accept that there are people who, quite clearly, are of the view that, without the duty being placed on the health service, given the reduction in resources—basically they say that the service will not be offered. We still have, in my area, children who are leaving primary school at 11 years of age who have not been tested for dyslexia, for example. So, it's not the 'We're all working really well together' that we actually see on the ground as Assembly Members.

11:30

[246] **David Rees:** Can I put it in this way: obviously, you've described some examples of good working practices and how collaboration has been effective; is there a difficulty in a situation of placing a duty upon health boards in this Bill that would challenge that? I suppose that's the question we're asking.

[247] **Ms Jones:** Would we lose anything.

[248] **David Rees:** Yes, would a duty lose anything? What you're saying is, 'I don't see it'.

[249] **Ms Jones:** We wouldn't lose anything. I'm just saying we need to be careful in terms of putting sides and territories evolving—that's the bit—and for you to understand that there is this partnership working and that's really what we need to be aiming towards. It's the challenge—isn't it—to the local authorities, and it's usually down to people. So, yes, I guess a duty and legislation.

[250] **David Rees:** Okay. Chris.

[251] **Dr Llewelyn:** Yes, I think you touch on an important point, and there is clearly some dispute about this and it is a contestable issue. As I mentioned

earlier, we've had authorities say to us that they would like to see a firmer duty on health, but it's clear that opinion is divided. Part of this scrutiny process and of the discussion that's taking place between local government, health colleagues and the Welsh Government in developing the Bill and the code of practice is a case of finding a solution to this and resolving the debate that is taking place at the moment. So, I think it's clear that we need to look at this in more detail and that more discussion needs to take place.

[252] **David Rees:** Sandy.

[253] **Sandy Mewies:** I was very interested in the close collaboration that you've been talking about between social services and health, for example, because they've worked in silos, as anybody in local government has known, for many, many years, and the efforts to draw them together have been hard. I wasn't here to hear the previous evidence—and it's a problem for me—but I think I can understand the third sector's difficulties in this, and the other sectors—the third parties, I should say—that have expressed their doubts. It seems that there's a duty, as you said, on health bodies, which they seem to be embracing in some areas, to deliver additional learning provision that's in the IDP, but the health board have to agree to do that. Now, those of us who know how the system for carers has operated for many years know you can be someone with a partner and you can ask the local authority to assess both your needs, but the local authority has never had to provide for those needs. That's the way things have worked in some ways, so I can understand these difficulties. If health bodies have a duty to deliver the ALN provision specified in the IDP, they still have to agree it beforehand, before the need that's been identified can go in the IDP. Now, I find that strange.

[254] **David Rees:** Any comments?

[255] **Dr Llewelyn:** I think that's a concern that has been raised, and I think that needs to be talked through and pursued.

[256] **David Rees:** Is it your view then that, actually, you feel that there is a concern and that is still an area of discussion that has to be taken forward?

[257] **Dr Llewelyn:** Yes.

[258] **Sandy Mewies:** Okay, thank you.

[259] **David Rees:** Thank you. I'm conscious of the time, and I want to move

on to cover a couple of things. I'll go to Suzy on the early years aspect.

[260] **Suzy Davies:** If I can, I'll ask a segue question first on this issue of the duty and the potential difficulty of health boards not agreeing to a particular activity to be entered into the IDP. You mentioned earlier, Alison Stroud, about a considerable proportion of very young children in deprived areas being identified as having certain needs. Now, many of those areas will be covered by Flying Start provision, where you have, primarily, the health visitor, but other professionals involved, or at least in contact, with children. Is there any kind of perverse incentive here for health visitors to start identifying particular problems at a very, very early age, if at some point down the line their colleagues are going to have to decide whether they are going to agree to something going into an IDP or not? I'm hoping that the answer is 'No'.

[261] **Dr Stroud:** I'm hoping that the answer is 'No' as well. As part of this whole integrated pathway that I've been mentioning, the early years end and the Flying Start end have been crucial as well to prevention. There's been early language guidance now written by professional speech and language therapists using the best evidence from international evidence, which is now advising local authorities on that best evidence. The results and the outcomes for—. Between 50 and 70 per cent of children from socially-deprived areas have got, at those early years, identifiably lower speech, language and communication levels than their peers from non-socially-deprived areas. The work now with Flying Start is shifting so that up to 80 per cent of those needs have disappeared by the time they're getting into school.

[262] **Suzy Davies:** Bearing that in mind—and I don't dispute what you said at all—are you all disappointed that the Bill itself is not a little more detailed on what the requirements are for children in early-years settings? This applies to local authorities as well, because even though we're talking about pre-statutory education age, obviously local authorities are involved in quite a number of nursery settings, for example. My view at the moment is that there's very little guidance to anybody; I wondered what your views were.

[263] **David Rees:** Nichola, you seemed to be nodding in agreement with that.

[264] **Ms Jones:** We've just come from—was it last week—the working group, and clearly those were the issues we were raising. There is still a lot of detail,

I think, to be written into the code of practice. So, from my point of view, and, I think, other colleagues who went to that meeting, I'd say we are nowhere near where we would need to get to where you'd feel all of that detail has been ironed out and included. So, there's a lot of work to be done would be my view. I agree with what you said.

[265] **Dr Llewelyn:** I'd agree with that, but I think that's where we are in terms of—. I mentioned earlier that in terms of many of the principles behind the draft Bill, we are supportive, but there's a lot to be developed and a lot of further discussion, in terms of the detail, to take place.

[266] **Suzy Davies:** Yes, because I think you mentioned that the architecture was 'broadly right'—I think I've quoted you accurately there—but I would say that early years are building blocks, and if you haven't got your foundations right, it doesn't matter how good the architecture is on top of it.

[267] **Ms Jones:** I totally agree, and I think that's where local authorities and health colleagues would say 'Invest in the pre-school'. Because of the amount of work that's been done through Flying Start and the work that's grounded there with the evidence base, we need now to be joining that up as well. So, there's still that—. You've mentioned that's a new—. But I think, when we're talking about silos, all of these things need to be weaved together.

[268] **Suzy Davies:** Do we need to do anything with the Bill to acknowledge work that's actually developing in a policy area? I mean, Flying Start is funded via local authorities; I would have thought you'd have something to say on this.

[269] **Ms Jones:** I think that could be written in. And, as I say, I think there's a lot—

[270] **Suzy Davies:** Maybe not name-check Flying Start, because that might actually have a different name and a different iteration in the future, but—

[271] **Ms Jones:** That intervention work that is going on currently, therefore in relation to poverty, you know—

[272] **Suzy Davies:** Okay, thank you for that.

[273] **Dr Stroud:** In terms of how much outcome you get from that, that's a

very small investment compared to some of the bigger spends. It's really spending the money wisely, isn't it? Prevention is so much better than cure.

[274] **Ms Jones:** Iram Siraj, the professor that's been working with the Welsh Government—it was interesting talking to her a couple of months ago. From her point of view, that's going to solve all our early preventative work, because, you know, the money's all been invested. But, actually, that is a sort of ring-fenced amount, so now what we need to do is to build on that and what already exists for those youngsters who can't access that.

[275] **Suzy Davies:** My challenge to this, before I move on to something else, is that additional learning needs are no respecters of background, and actually there are significant parts of Wales that don't have access to all this early intervention. Perhaps a Bill is the right place to nudge it in that direction.

[276] I just want to take you to the other end, now, of statutory education—the post-16 provision. I wondered, Chris and Catherine in particular, whether you thought local authorities are the best placed to transfer responsibilities for young people with educational needs after they finish their statutory entitlement to education, rather than Welsh Government or somebody else dealing with it.

[277] **Dr Llewelyn:** Um—

[278] **Suzy Davies:** Come on, you're skint; tell us how you can afford this.

[279] **Dr Llewelyn:** Well, I think there is an issue there. If I can separate them out. I think, as far as the principle—I think there is something in the idea of managing, running and organising services as close to the point of delivery as possible, and that those people who receive the services have as much of a say as possible in the way they're provided and run and so on. So, in that sense, I think there's an argument for doing it at a local authority level, but I think there's clearly an issue in terms of expanding the capacity in terms of the range of provision that the Bill deals with in terms of 0 to 25, and, as well, there's further discussion that's needed in terms of how, in practice, it would work, and what the cost implications would be as well in terms of the assessments that are currently undertaken by Careers Wales, and that that responsibility would fall to local authorities. What would happen if FE providers weren't able to meet the prescribed level of provision? The responsibility would then fall back on the local authority. So, as I say, I think

the principle is a reasonable one, and is right, but I think there is a significant resource implication, and we need further discussion around that detail.

[280] **Suzy Davies:** Are you—well, ‘concerned’ is perhaps the wrong word, but are you considering how you might, even now, as local authorities, contribute to the learning of post-16 young people outside the FE area? The previous witnesses were talking about apprenticeships and higher education institutions, which is suitable for some young people. This is quite a big obligation to take on if you’ve not had it before. Can you give us some kind of indication in terms of how to meet the capacity problem? Even if you had billions of extra pounds, as Sandy pointed out in earlier contributions there aren’t necessarily people trained to fill the roles that would be needed yet.

[281] **Dr Llewelyn:** I think you’re right. I don’t know, but maybe Nichola or Catherine are in a better position to respond, but I think that, in terms of the obligation on FE colleges, as is currently identified, we need more discussion on how we would deal with that, and if FE providers, and the colleges, weren’t able to meet the needs of individual learners, and the responsibility fell back on local authorities, then how would authorities meet that responsibility? It does need significantly more discussion.

[282] **Suzy Davies:** It certainly needs a very good working relationship, going back to the collaboration with businesses for example. I don’t want to occupy too much time on this, but it’s about how to accommodate something like that in a Bill, if that’s of help to you.

[283] **Ms Jones:** I think it’s really important. And I think, when they’re saying until 25—. One of the issues that the Welsh Government have got—and I think they want to give the money back to local authorities—is where we’ve got the out-of-county youngsters at 18 then moving off—we touched on it earlier—how do we collaboratively work with our social care colleagues, because, usually, we have got those children with disabilities, who would rightfully need that additional support? So, you’ve got that element, but then, equally, we’ve got those youngsters who should be entitled to a really good education from school. So, I think, bringing it all together—

[284] **Suzy Davies:** I understand that, but how can the Bill help?

[285] **Ms Jones:** It should be able to, but I think it’s the detail, and, again, I think the overall vision I would applaud, but I haven’t seen any real detail yet.

[286] **Suzy Davies:** I know there are strong views on whether, on the face of the Bill—

[287] **David Rees:** I'll stop it at that, because I'm conscious that time has now caught us up. Are there any final, desperate questions that Members may have? Go on, Aled, I'll give you the last one.

[288] **Aled Roberts:** A gaf i jest ofyn un cwestiwn ar y manylder, felly? Roedd y tystion cynharach yn dweud bod angen templed ynglŷn â'r cynllun datblygu unigol, yn hytrach na rhestr o beth ddylid cael ei gynnwys. Ydych chi'n credu hynny, achos roedd yna drafodaeth yma ynglŷn â phwy fyddai'n paratoi'r templed? Mae peryg, wrth gwrs; rydym i gyd yn ymwybodol bod diffyg cysondeb o awdurdod i awdurdod ar hyn o bryd ynglŷn â beth sy'n cael ei gynnwys. Hefyd, a gaf ofyn i chi: lle ydych chi'n gweld y cyfrifoldeb yn eistedd—efo'r awdurdod lleol yn hytrach na'r corff llywodraethol—yn dilyn datganiad y Gweinidog ddoe?

Aled Roberts: May I just ask one question on detail, therefore? The earlier witnesses said that a template was needed in relation to the individual development plan, rather than a list of things that should be included. Do you believe that, because there was a discussion here about who would prepare the template? There is a danger, of course; we are all aware that there is a lack of consistency between authorities at the moment regarding what's included. Also, may I ask you: where do you see the responsibility lying—with the local authority rather than the governing body—following the Minister's announcement yesterday?

11:45

[289] **David Rees:** He always sneaks two questions in when he says one last one. [*Laughter.*] Chris, do you want to answer that question?

[290] **Dr Llewelyn:** I think Nichola is probably in a better position to answer than me in terms of the operational detail.

[291] **Ms Jones:** I would turn again to the pilot project that took place. As Denise from SNAP would be aware, we piloted a model in Bridgend—well, there were four local authorities involved—and I felt that that covered everything that was needed. I think your big issue—. And what it does really well is that it's a fantastic vehicle, I have to say, for joining social care and

health colleagues all together to have one plan. Those are the pluses. The second bit was about whose responsibility it is. One question we were talking about outside was this thing of 'Are we going to have school action and school action plus statements?' You know, that stepped approach doesn't seem to be there. But we do feel that there needs to be something in place that says, 'Actually, at this point, this now becomes the responsibility of outside agencies', albeit whether it's a local authority or health or social care. So, that, to us, does need to be in there, and I think in terms of the working group that we went along to last week, our recommendation to it was, 'Please, please, please—this is about three days' work with a group of people across Wales to say, "Look, this is what a young person looks like where they're universal and the school can cater; this is what a young person would look like if they needed additional support from outside agencies".' We've got to get that clarity right, because otherwise I think you do have undue pressure and potentially all sorts of fights going on. That's the very thing you want to avoid.

[292] **David Rees:** Okay, thank you for that. Time has caught us up. Could I thank you all very much for your evidence this morning and your attendance? You'll all receive a copy of the transcript. If there are any factual inaccuracies, could you please let the clerks know as soon as possible? So, once again, thank you very much for your time this morning.

11:47

Papurau i'w Nodi Papers to Note

[293] **David Rees:** Whilst our witnesses are moving out, shall we do papers to note? The paper to note is a letter from the Minister for Communities and Tackling Poverty following the meeting we had with her on 22 October. Are Members happy to note that? Thank you very much.

Cynnig o dan Reol Sefydlog 17.42 i Benderfynu Gwahardd y Cyhoedd o Weddill y Cyfarfod Motion under Standing Order 17.42 to Resolve to Exclude the Public from the Remainder of the Meeting

Cynnig:

Motion:

bod y pwyllgor yn penderfynu that the committee resolves to gwahardd y cyhoedd o weddill y exclude the public from the cyfarfod, yn unol â Rheolau Sefydlog remainder of the meeting, in accordance with Standing Orders 17.42(vi) a (ix).

*Cynigiwyd y cynnig.
Motion moved.*

[294] **David Rees:** I go to item 5: in accordance with Standing Order 17.42(ix) the committee resolves to meet in private for the remainder of this meeting. Are Members content for that to happen? Thank you very much. We'll go into private session.

*Derbyniwyd y cynnig.
Motion agreed.*

*Daeth rhan gyhoeddus y cyfarfod i ben am 11:48.
The public part of the meeting ended at 11:48.*