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Llywodraeth Cymru
Welsh Government

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Lynne Neagle AM, Chair
Children, Young People and Education Committee
National Assembly for Wales
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Dear Lynne,

As part of our engagement framework on the additional learning needs (ALN) transformation programme, the ALN Health Expert Group was set up in December 2016 and reports directly to the ALN Strategic Implementation Group.

The ALN Health Expert Group is made up of representatives from all health boards, including a range of health professionals involved in supporting learners with ALN, as well as local authorities and headteachers. It has been tasked specifically with advising us on the practical role of the health service in the new ALN system and effective delivery of the new statutory requirements on NHS bodies, all of which will inform the next version of the ALN Code. The Group has made a number of recommendations in relation to health matters to date, which will be fully considered and, where appropriate, reflected in the revised ALN Code, which will itself be subject to a full public consultation in due course.

You are aware the Group advised that the Designated Education Clinical Lead Officer (DECLO) role, as set out in the current draft of the Code, should be strengthened by clarifying the strategic responsibilities of the role. The Group is clear that the DECLO will not be responsible for managing the delivery of day to day activity of assessing, arranging or providing Additional Learning Provision (ALP), these operational functions must be embedded in the whole service. The Group has

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

recommended that the DECLO role must be undertaken by a person directly under Board level to enable escalation of issues to the Board and to ensure compliance of the Board's statutory duties is monitored. It is expected that the DECLO will have the seniority and autonomy to champion ALN within the health board and meet regularly with relevant partners, including with the relevant Director in the local authorities to ensure successful multi-agency delivery of services.

The Group has recommended that to complement the DECLO role, a 'health coordinator' should be in place at the appropriate local level and act as a point of contact for schools, local authorities, parents and children and young people, and to signpost them to the correct health professionals. The Group has advised that pre-school coordination should be undertaken by the child's health visitor or community child health nurse. In line with the School Nursing Framework for Wales, the specialist community public health nurse should coordinate health involvement by acting as a point of contact for local authorities, schools and further education institutions to sign post to the relevant health contacts/ services, escalating any gaps in workforce to the DECLO if necessary.

The Health Expert Group has fully supported the change in approach from the current system and recommended that to support the person-centred ethos of the new individual development plan (IDP) model, health interventions and advice should be focussed on the outcomes expected for the child in a given period of time. Health professionals will use language that parents, children, young people and education practitioners can understand, avoiding jargon, acronyms and unnecessary medical terms. The Group advises that all health evidence provided by health professionals to local authorities, early years settings, schools and further education institutions should be standardised, and consistent with the mandatory content to be included in IDPs. The Group has advised that a template for health evidence should be created to support professionals to focus on what can be achieved (outcomes, goals and timed interventions) and ensure the person co-ordinating a child's IDP can easily add health evidence to the plan. The expert group will now develop a standardised template for health evidence, which would be included in the Code in due course. We are happy to share this with you once agreed.

It is important that all professionals listen to parents, carers, children and young people and fully involve them in the decisions made about the child or young person. Development of an IDP with parents and learners is essential in setting realistic expectations and goals. The Group has advised that all evidence reports should be shared with families and with all other relevant health professionals.

The Group is aware of the significant call on health professionals to attend assessment and review meetings, and has recommended that involvement should be prioritised with appropriate attendance depending on need. For example, for children with non-complex needs requiring low level health interventions through

school-maintained IDPs, it is recommended that health professionals should not be expected to attend all of the review meetings (for example where health ALP is maintained at the same level). Health professionals' attendance at meetings should be prioritised when health ALP is planned to change or if it is known a parent has a specific concern to raise.

There is limited data collected on ALP at health board level and this is not comparable between health boards. The Group advises that consistent data should be collected from the health service and sent to the DECLO to provide a coherent picture of health ALP for children and young people with ALN. This information should cover both activity and information on whether the intervention supported the achievement of goals. The DECLO should ensure this information is used for strategic planning purposes to ensure services are based on need. The Group will continue to discuss what information should be collected by all health boards and guidance on this will be included in the Code.

Speech and language therapy is the most widely provided health intervention to support children and young people with ALN. The Group note that communication and speech and language development is not simply the preserve of the NHS, but should be seen as a cross-cutting issue – needing collaboration and good communication across all sectors. Capacity must be built at all levels (universal, targeted and specialist) to support earlier interventions.

The Group recognises effective dispute avoidance and resolution is key to avoiding conflict and that more preventative work is needed to stop cases escalating to Tribunal level. Parents should be part of the decision making and goal setting to minimise the potential for unnecessary disputes. The Group is developing a flowchart to be included in the Code that sets out the pathways for avoiding and resolving disputes. The flowchart will set out how health and local authorities should work together, including how the DECLO will support dispute resolutions. We would be happy to share this with the Committee in due course.

Where privately-sourced health assessments are provided as evidence to the Tribunal, the Group agreed that evidence from the NHS should also be sought by the Tribunal, where it is not already provided. The Group also agreed that all evidence should focus on how services can contribute to achievement of the child's outcomes to support the Tribunal's use of potentially conflicting assessments. Further consideration of the mechanics of this is underway.

Finally, the Committee has been previously updated on the ALN health pilots. To date, work has been focussed on developing pathways. The operational phase of the pilots will commence this summer and will inform the work of the Group. It is intended that health boards build on their current models to test the ideas presented

to the Group. We intend to pilot new models to support the delivery of the ALN system in two health boards as follows:

- Abertawe Bro Morgannwg University Health Board will pilot the role of a health coordinator for pre-school children with developmental delay, and/or complex health needs, and develop an integrated model in the health board to ensure a holistic approach to assessment which will set out a successful transition into nursery/school. This will include identifying the DECLO and how and what type of issues the clinical co-ordinator would escalate to the DECLO. It will test the front-line health coordinator role recommended by the Health Expert Group, including to:
 - advise professionals on development of the IDP during the pre-school period,
 - co-ordinate meetings regarding transition into school,
 - support the ALN Co-ordinator with co-ordination of meetings for children and young people of school age and for transitions such as moving to comprehensive school and leaving school,
 - develop 'nurse led' clinics with a clear pathway by which medical professionals are accessed.

- Abertawe Bro Morgannwg University Health Board will also run a project with ten schools in the health board area to support the early identification of children with speech, language and communication difficulties and put in place the support they need as early as possible. The funding will be used to deliver training to staff on the use of an innovative tool to screen children's speech and language development on entry to nursery; and train them on activities/interventions to facilitate the development of speech, language and communications skills within the curriculum. It aims to reduce late and/or inappropriate referrals to speech and language therapy (SLT) and community Paediatricians through the provision of a mechanism for early identification of potential additional learning needs.

- Aneurin Bevan University Health Board will second two speech and language therapists to pilot a model for allied health professionals to work with children in special schools. This model sets out an approach for universal, targeted and specialist services delivered by both health and local authorities. Aneurin Bevan University Health Board will support the trial of the model with therapies in special schools in other health boards as part of this work. In addition the project will scope how the model could be translated into mainstream schools and develop draft guidelines for mainstream schools.


We hope that the Committee finds this update helpful and we will continue to ensure the Committee is provided with updates during the progress of the Bill through the Assembly's legislative process.

Yours sincerely,



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