

Cynulliad Cenedlaethol Cymru | National Assembly for Wales
Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and
Education Committee

Bil Anghenion Dysgu Ychwanegol a'r Tribiwnlys Addysg (Cymru) | Additional
Learning Needs and Education Tribunal (Wales) Bill

ALN 10

Ymateb gan | Response from: British Academy of Childhood Disability

- 1 The British Academy of Childhood Disability is a pan-disability organisation that includes paediatricians, psychiatrists, nurses, allied health professionals, parent carers, non-government organisations and other experts involved in providing services for disabled children and young people. It is the disability special interest group of the Royal College of Paediatrics and Child Health and the UK arm of the European Academy of Childhood Disability.
- 2 The British Academy of Childhood Disability warmly welcome this new person-centred legislation, which should improve and simplify both the assessment of additional needs for children, young people and their families and also make the appeals or tribunal process clearer.
- 3 The change of terminology to Additional Learning Needs is positive, as is the extension of the age range up to 25 years.
- 4 The introduction of the unified individual development plan is to be welcomed, especially as it includes safeguarding the provisions for children and young people with a spectrum of needs, not just those with high levels of need. It is to be welcomed that the plan will be incorporated into the PEPs for children and young people with additional need who are also in public care so that both plans and reviews can be fully integrated.
- 5 It is imperative that it is clearly set out in law which children and young people will require the IDP to be made and maintained by a local authority and when it can be made and provided for within the early years, school or college setting. There must be clear expectations and requirements so that a child does not 'fall between two stalls'

leading to unnecessary delay in meeting needs or anger and disappointment at the process.

- 6 Learning from the English experience of EHC Plans, implemented in 2014, it would be best for all those involved if there was a single mandatory format for the unified individual development plan. The English system of allowing each local authority to develop their own format has meant inconsistency in information and lack of clarity leading to confusion for children and young people, parents and professionals. It has made it especially challenging if a child moves authorities and also causes difficulty for the Tribunal in deciding what is reasonable and appropriate.
- 7 Increased participation of children and young people as well as parents in the process is very welcome.
- 8 A focus on tangible outcomes is very welcome.
- 9 Making the whole process simpler will be welcomed by families and professionals.
- 10 It is good to see the process encourages collaboration across agencies.
- 11 Section 3.12 of the supporting explanatory memorandum rather implies that most children and young people will not need health involvement because their additional learning needs are not health related. This cannot be assured or assumed unless each child or young person has a comprehensive health assessment to identify and unmet health needs, some of which may be 'hidden', for example, undiagnosed chromosomal or genetic conditions, neurodevelopmental conditions such as autism spectrum, disorders of attention, developmental coordination disorder etc. It is essential that a comprehensive health assessment is part of the process of identification of the child or young person's multifaceted needs. This should be with a paediatrician for those under 18 years of age and there needs to be clarity about who will provide the health assessments for those aged 18–25 years.

- 12 The appointment of a Designated Education Clinical Lead Officer in every area is welcome, as is the appointment of designated Additional Learning Needs Coordinators in all educational settings.
- 13 Early resolution of disagreements will be definitely welcomed by families, who do not want everything to be a fight, with clear and consistent rights of appeal.
- 14 Underpinning the Bill with a mandatory code should ensure greater equality of access to high quality interagency services. It is unfortunate that it was not ready for public consultation alongside the Bill as one would inform the other.
- 15 Section 3.16 and 3.120 of the supporting explanatory memorandum again state that the minority of cases will have health-related additional learning needs. Unless robust plans are in place to comprehensively assess all children and young people with additional learning needs from the health perspective, then opportunities to proactively identify associated medical or developmental conditions may be missed. This is a significant concern. How will the school or education team know when to ask for health assessment if this is not offered to everyone?
- 16 The other issue that the proposed arrangements do not seem to address is that of children and young people with medical needs in schools. These may range from children and young people who require regular or occasional medications, through to children and young people with long term health conditions that require specific reasonable adjustments, staff training and support, including in the use of technologies, in order to keep them safe and well e.g. children and young people with feeding tubes, tracheostomies, insulin pumps, complex disabling conditions etc.
- 17 It is the strong view of the British Academy of Childhood Disability that meeting the needs of children and young people with medical needs in schools should be afforded the same protections in legislation as for

children with additional learning needs. Without legislation, there will be variation in practice that will result in inequalities in outcomes for children and young people.

- 18 The Welsh Assembly previously issued guidance in 2010 that extended their expectations from merely administration of medication to supporting children and young people with all types of medical needs. *[Access to Education and Support for Children and Young People with Medical Needs](#)*
- 19 The ‘medical needs’ guidance could easily be enshrined in law either by a clause on the face of the Bill or by Regulation backed up by giving the guidance statutory status, thus equalling the status of the promised Code on Additional Learning Needs.
- 20 In summary, the British Academy of Childhood Disability welcomes the Additional Learning Needs and Education Tribunal (Wales) Bill, but believe it is too vague about the requirement for comprehensive health assessments for all children and young people with additional learning needs, leaving this up to the education team to decide who needs a health assessment and who does not, ‘in their best interests’. This will lead to inequalities in outcomes and will miss opportunities to correctly identify health and developmental conditions for which interventions may be helpful. The BACD has produced guidance for paediatricians regarding the quality of health assessment that should be offered where children and young people have additional learning needs. This can be found at: www.bacdis.org.uk/policy/SEND.htm
- 21 There is also a missed opportunity to legislate to protect children and young people with medical needs in education settings. The British Academy of Childhood Disability believe that the Guidance issued to education settings in Wales should come under the same legislative umbrella as Additional Learning Needs, so that children and young people with medical needs can be assured that their needs will be fully met in all settings, to give the best chance of achieving the best possible outcomes.