



Committee for Education: Special Education Needs and Disability Bill

Submission by the College of Occupational Therapists

The College of Occupational Therapists is the professional body for occupational therapists and represents over 30,000 occupational therapists, support workers and students from across the United Kingdom of who about 900 are in Northern Ireland. Occupational therapists are regulated by the Health Care Professions Council. There are in the region of 100 occupational therapists working with children and young people with special educational needs in Northern Ireland.

Occupational therapists work holistically and are outcome focused. They have multi-dimensional training that addresses the physical, psychosocial, sensory processing, developmental levels and needs of children and young people. Occupational therapists will spend time finding out about the child's and family's typical daily life and what they want, need or are expected to do. They will then work together with the child, family and other key people to evaluate what helps or hinders their involvement in daily life roles. Together, possible solutions will be developed, such as exploring alternative ways of doing things or making changes to the environment to support participation.

The College would like to make the following comments to the proposed legislation.

Clause	Comment
Clause 1: Duty on the Authority to have regard for the views of the child	The College agrees with this clause and it is good to see strengthening of the child's participation in the process. Along with this we hope there will be strengthening of measures to ensure that the child is able to exercise that voice such as having the information in an accessible way and facilitation to communicate those views.
Clause 2: Duty of Authority to publish plans relating to its arrangements for special educational provision	<p>The College cannot see a duty to cooperate between the Department of Education and the Department of Health and Social Services to draw up this plan.</p> <p>It is needed to ensure there is identification of the demographics of need so services can be planned and arrangements made through joint planning. More children with complex needs are surviving and will need a lifetime of services and this requires being factoring in at many levels.</p> <p>From the College's perspective this must include identifying and planning the occupational therapy workforce and resources needed for the provision of the statutory requirements of Education both for</p>



	<p>the interventions for children with special needs and also to respond to Tribunal requirements.</p> <p>Another area is the present arrangements in place, for the management of equipment. The lack of integrated planning and provision results in a costly resource being inefficiently used. Occupational therapists are also concerned about the constraints of the current system causing them to be unable to meet the required 'duty of care' in relation to follow up of equipment due to lack of integrated equipment services.</p> <p>The lack of such agreements also affect Children's transport arrangements, where unclear accountability creates confusion and anxiety for service users, families and schools</p> <p>The College would ask to include a duty to develop integrated service agreements with health or a duty to collaborate or cooperate with health, to plan and provide services for children with special educational needs in education. This would ensure that services are considered from the child and family's perspective and leaner processes to enable efficiency savings.</p>
<p>Clause 3: Duties of Boards of Governors in relation to pupils with special educational needs</p>	<p>It is positive that others involved in supporting the child's education are made aware of the child's special educational needs as this may also lead to more overall positive school environments generally. However this must be coupled with the necessary awareness raising, training and information. Occupational therapists can provide training for schools to enable them to identify special educational needs, provide first response help and can also advise schools to ensure that school environments facilitate inclusion. There is currently limited resources allocated for this and this would need to be factored into planning to enable this proposal to have maximum impact.</p> <p>We agree with change so that teachers in the school take 'reasonable steps to identify and provide' for those with special educational needs. This change makes this a stronger duty. We would be concerned</p>



	<p>however that it may result in many more referrals so it again links back to points made regarding the necessary working at an integrated level between Education and Health and the provision of adequate staffing resources.</p>
<p>Clause 4: Duty of Authority to request help from health and social care bodies</p>	<p>The change in this duty from 'may' request to 'shall' request is a stronger duty on the Authority to request the relevant help.</p> <p>The College is concerned this stronger duty, although beneficial for the child, will put further expectations on occupational therapists. This change of onus from 'may' to 'shall', will result in effect, Education planning services to be carried out by Health. The current proposals requires one body '<i>Education</i>', to make plans for services provided by another body, '<i>Health</i>' but does not provide for service level agreements or integrated planning.</p> <p>The College would like to see this clause being 'Duty of Authority and Department of Health and Social Services to cooperate in the joint planning and commissioning of services.'</p> <p>There must be joint planning and working between Education and Health as well as other relevant government departments in relation to resources and provision of services.</p> <p>Current definitions and artificial boundaries caused by this legislation will force the need to define what is an educational need in relation to accessing the curriculum, and what is specifically a health and social care need as the funding streams for resource allocation are different. Clarity is required to deem what the functions are that Education feel that Health are responsible for. This must be clear otherwise this legislation is going to create confusion and increasing pressure at the front line of both Health and Education.</p> <p>Occupational therapy provision within Education is one example where the impact</p>



	<p>of this lack of planning has been very evident. Occupational therapy has been provided by long standing 'good will' arrangements. There have been increases in number of students but there is no integrated planning to consider the workforce and other implications. This has resulted in fluctuations in availability of therapy to schools and accommodation within schools as well as attendance at Tribunals. This legislation is an opportunity to create a different context of cooperation and collaboration.</p> <p>Strategic workforce planning at the level of service delivery is required to ensure integration as well as address significant gaps across areas such as;</p> <ul style="list-style-type: none"> - neonatal care -early years intervention -child and adolescent mental health -learning disability and -justice services <p>Health and Social Care have their own duties and obligations. What we would like to see is a duty to cooperate across departments to ensure integrated service provision.</p>
Clause 5: Assessment of needs: reduction of time limits	
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Clause 7: Child under 2: appeals against contents of statement or failure to make statement	
Clause 8: Mediation in connection with appeals	The College asks if this will require occupational therapists to attend these mediation meetings. This will be another time factor for occupational therapists
Clause 9: Rights of child over compulsory school age in relation to special educational provision	
Clause 10: Rights of child over compulsory school age in relation to disability discrimination claims	
Clause 11: Appeals and claims by children: pilot scheme	
Clause 12: Appeals and claims by children: follow-up provision	
Clause 13: Definition of "child" for the purposes of special education	



Clause 14: Interpretation of this Bill	
Clause 15: Commencement, transitional provisions, etc	
Clause 16: Short title	
Schedule	
Financial Effects of the Bill	The College believes that at present there is no clear ownership of who is taking responsibility for resources which are being expected by Education but are not planned for or resourced by either Education or Health. This impacts not just the resources such as workforce but also related aspects of service such as equipment.