

# **COMMITTEE FOR EDUCATION & COMMITTEE FOR HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY**

## **Informal briefing event - Health Services and Access to the Education Curriculum**

**Wednesday 18/03/2015 at 6.00pm in Long Gallery**

### **PRESENT:**

**Members –** Michelle McIlveen MLA (Chairperson)  
Danny Kinahan MLA (Deputy Chairperson)  
Maeve McLaughlin MLA (Chairperson, Committee for Health, Social  
Services and Public Safety)  
Jonathan Craig MLA  
Robin Newton MLA  
Jo-Anne Dobson MLA

**Staff –** Peter McCallion (Assembly Clerk)  
Dr Kathryn Aiken (Assembly Clerk)  
Paula Best (Assistant Assembly Clerk)  
Kevin Marks (Clerical Supervisor)  
Alicia Muldoon (Clerical Officer)

### **Participants -**

South Eastern Health and Social Care Trust  
Belfast Health and Social Care Trust  
Southern Health and Social Care Trust  
North Eastern Education and Library Board  
Western Education and Library Board  
South Eastern Education and Library Board  
Southern Education and Library Board  
Blind Children UK  
Shine Charity  
Children's Law Centre  
Diabetes UK  
Royal College of Speech & Language Therapists  
SENSE - the Deaf/Blind Rubella Association  
Blind Children UKNI  
Guide Dogs NI  
College of Occupational Therapists  
The National Deaf Children's Society  
Children's Brain Injury Service  
Lakewood School  
Ceara Special School  
Glenveagh Special School  
Arvalee School  
St Gerard's Resource Centre  
Beechlawn Special School  
Rosstulla P.S  
Longstone School

## **Draft summary of issues raised**

### **Increasing Demand**

The Committees sought clarity on reported increases in demand for Special Educational Needs (SEN) and disability services for children in order to support access to the curriculum.

Participants confirmed that there have been significant increases in children needing SEN and other disability-related curricular access services. There was some debate in respect of the drivers of the increased demand with suggestions including: improved early detection at schools and pre-school; greater awareness by professionals of supporting services; longer survival rates for children with complex needs; the mainstreaming of children with SEN and medical conditions including diabetes; and in some cases, poor parental skills (manifesting itself through an increase in poor language attainment by children); a lower level of parental responsibility for children with educational difficulties; greater parental expectations; and an increase in children with complex needs including addiction problems – often but not necessarily linked to social deprivation groups.

Some participants also stressed that the nature of the increased demand was complex and varied considerably across Education and Library Board / Health and Social Care Trust areas and across educational phases. Reference was made to the growth of Special Schools which operate a number of different models often supporting children with very challenging needs. Participants highlighted a varying demand which in some cases was characterised by decreasing pressures for certain services e.g. there are reportedly a reduction in statemented children in post-primary. These participants felt that more agile curricular access services for children which recognised varying need were required.

### **Access Issues**

The Committees had previously noted access issues in respect of relevant services – including excessive waiting times for support and significant variation in services available to children. The Committees therefore sought clarity on the reasons underpinning these access issues.

Participants argued that access to relevant services was adversely impacted by the following factors:

- limited resources in schools, the ELBs and HSCTs.
- an absence of valid outcome measures. Reference was made to inappropriate Health and Social Care Board targets which are not focused on the efficient treatment of children;
- a variation in available services and practices across HSCT areas and across educational phases. Reference was made to the absence of definition for e.g. Occupational Therapy services and different treatment regimes for children aged 14 in different HSCT areas. Participants also mentioned geographical barriers to access where parents are unable to travel with their children to a regional support centre.;

- an absence of joined-up working between ELBs and HSCTs;
- a generally strong emphasis on diagnosis and assessment which consumes resources and leads to an unintentional reduction in support for curricular access services;
- a complicated statementing process which drives a statementing culture which can lead to pointless litigation/mediation processes and an increased focus on certain responses e.g. use of classroom assistants rather than on e.g. preventative expenditure. Reference was also made to unrealistic ill-informed parental expectations which fail to appreciate good provision at Stage 3 in schools and lead to demand for specialist support at Stage 5 of the statementing process.; and
- tracking problems and procurement inefficiencies related to specialist equipment e.g. special seating in schools.

### **Improving Access to Services**

The Committees sought clarity as to how access to relevant services might be improved.

Although participants recognised improvements in early intervention – participants referenced DE’s Early Years SEN pilot scheme - most felt that more should be done in this regard particularly for pre-birth to age 4.

Most participants referred to the need for greater planning of services and the need for improved consistency in delivery between HSCTs and ELBs – these participants argued that more joint funding / commissioning of services was required.

Some participants argued for greater centralisation and investment in expertise in a small number of local centres. Others contended that this may exacerbate geographical access issues for some children.

Participants discussed the value of formal Memoranda of Understanding or statutory Service Level Agreements between HSCTs and ELBs – some argued that this would ensure legal accountability and enforceability, preventing HSCTs from evading their responsibilities. Others contended that improved access could only be delivered through increased resources and better planned services. It was also argued that existing statutory obligations sometimes served to skew resources away from valuable preventative work - the effectiveness of which it might sometimes be difficult to assess.

In respect of the interface with schools/home, some participants argued for: greater specialist training at initial teacher education stage and through continuing professional development for teachers and teaching assistants in mainstream schools; greater involvement of principals in relevant health planning including the development of full service special schools; a review of the role of the SENCO; better home/school interface wrap-around programmes including tailored/bridging support for parents to help them manage their children’s needs; better support at key educational transitions; and more language attainment and other support for children for whom English is not their first language.

In respect of the statementing process some participants commented that although it is bureaucratic and may be prone to unnecessarily frequent legal and other challenges, it

can nonetheless provide appropriate, effective and efficient access to relevant services for children. However these participants conceded that as the percentage of children with statements is now considerably higher than originally envisaged, the process of assessment and annual review has become difficult to sustain. In respect of annual review, some participants reported that around 90% of statements are unchanged.

These participants suggested a revamped statementing process which focused less on assessment and more on delivery; which was child-centred; made best use of voluntary provision and which would alter the balance of support – with most children with SEN being managed by schools perhaps supported by open referrals to specialist services and most SEN children therefore never undertaking the statementing process with a much smaller percentage (perhaps only 2%) having formal statements of SEN.

These participants highlighted the benefit of a single decision-maker taking a consistent approach to the health and education needs of the child. They suggested that the proposed reduced number of statements might be time-bound with guaranteed access to specialist support including Multi-Disciplinary Support Teams – reference was made to good existing models e.g. orthoptic services linked to schools in SELB; LILAC programme in Fleming Fulton school; and COMET, a capacity building project in BELB.

Some participants called for changes to the relevant legislation in particular the definition of a child in need.

### **Other Comments**

Participants indicated some frustration in respect of DE/DHSSPS/HSCB's reported tendency to undertake and cease pilot schemes without explanation of the decision-making or accountability for the money or resources expended.

Some participants commented favourably on the provision of relevant services in other countries including India, Finland etc. Others disputed the favourable assessment of some of this provision and contended that Northern Ireland already has sufficient experience of working models of provision in order to inform policy-making.

Some participants also referred to specific issues relating to mental health provision in schools – commenting on excessive paperwork; limited resources and lengthy timescales.

Some participants argued that the Shared Education Bill should recognise children with SEN as a group with which others could engage in sharing.