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 65**

Ymateb gan: RNIB Cymru Response from: RNIB Cymru

## **About RNIB Cymru**

- 1. RNIB Cymru is Wales' largest sight loss charity. We provide support, advice and information to people living with sight loss across Wales, as well as campaigning for improvements to services and raising awareness of the issues facing blind and partially sighted people.
- 2. There are currently 106,980 people in Wales living with sight loss (1). This includes an estimated 1,935 children and young people aged 0-25 years (2).
- 3. Sight loss impacts on every aspect of a person's life, including their ability to access education. Since 80% of learning comes through our sight, it is essential that the needs of students with sight loss are recognised and that there is the right support in place. The potential impact of even a relatively moderate visual impairment is significant.
- 4. There are approximately 1500 learners in Wales who are blind or low vision, equating to approximately 0.2% of the school population (3). These learners need specific interventions in order to access and achieve in mainstream education. There is no specialist school for learners with visual impairment in Wales.
- RNIB Cymru welcomes the opportunity to comment on the Welsh Government's Additional Learning Needs and Education Tribunal (Wales) Bill.
- 6. RNIB Cymru is part of the Third Sector Additional Needs Alliance (TSANA). This evidence paper specifically focuses on the issues that are relevant to

children with vision impairments and should be read alongside TSANA's submission with regards broader issues affecting all children with ALN.

Consider the general principles of the Additional Learning Needs and Education Tribunal (Wales) Bill and whether there is a need for legislation to deliver the Bill's stated policy objectives;

- 7. As outlined above, we fully support the need for reform and agree with the general principles of the Bill. We do have some concern as to whether the first overarching objective of the legislation will accommodate young people who choose to pursue learning outside of the school or college setting, such as through apprenticeships, work-based learning and volunteering opportunities that build life skills and employment prospects. We believe that all young people 16–25 should have access to the same support that they could expect in a school setting.
- 8. We fully support replacing the term SEN with ALN because the term 'learning' has the potential to acknowledge that children and young people learn beyond the boundaries of 'education' in its more formal and statutory sense.
- 9. Whilst this change to ALN is less stigmatising, it needs to be clearly defined with an entry threshold that is understood by all and which entitles children and young people to additional support.
- 10. Given the preponderance of cross border movements between England and Wales, we welcome the reference in the document to the English legislation as there is so much cross-over in the border regions of Wales.
  - Consider any potential barriers to the implementation of the key provisions and whether the Bill takes account of them;
- 11. Children and young people with vision impairment (VI) who require support to access learning opportunities are likely also to require similar support to access social activities.

- 12. For children and young people with VI this is through the provision of a Qualified Teacher in Vision Impairment, who is specially trained to enable children and young people to access and learn about the world around them and who have experience in supporting their holistic development.
- 13. Children and young people with VI may often have a range of disabilities and health needs, which require input from several specialist services across health, social care and education at any given time. This support must be carefully co-ordinated for maximum impact.
- 14. We believe that there needs to be closer working between health and social care to ensure that specific health developmental and learning needs are identified early and this requires willingness for Health and Social Care to be fully engaged.
- 15. Habilitation training teaches a child or young person with sight and/or hearing loss the crucial movement and living skills they need to achieve independence in their daily lives. As habilitation spans across a child or young person's learning, social and independence skills, it often does not fit clearly within any single agency's responsibilities.
- 16. Agencies will need to work together to ensure that a child or young person receives the appropriate habilitation training without delay; this will involve effective collaboration and clarity about what is being funded and by which agency.
- 17. We fully support the appointment of the Education Clinical Liaison Officer and the strong emphasis on increased collaboration.
- 18. We also fully support the duty on Health to consider whether there is a service / treatment likely to be of benefit to addressing the learners ALN and in securing that if required.
- 19. Anything that affects a child's ability to learn and develop should be addressed and so there is a strong argument that the Bill should include medical needs.

- 20. The main challenge to achieving the aspirations of the Bill will be access to adequate funding and resources. We believe that there is a need to identify at the opportunities for shared budgets between education, health and social care where the identified level of individual need is complex.
- 21. Another barrier to implementation is the lack of parity between services currently available across Wales, for example there is unequal access to speech and language therapies and edpsychs and sensory impairment services are extremely stretched.
- 22. We believe that the availability of services will need to be addressed as IDPs will be portable across local authority boundaries without review, so there will be a need for a minimum number of specialist support staff within Local authority areas.

#### Are there are any unintended consequences arising from the Bill;

- 23. RNIB Cymru fully supports an inclusive education system, where this is appropriate to the individual needs of the learner. There will be many children and young people with VI who will benefit and thrive in mainstream settings and we are concerned that these children may lose out if schools use a precautionary approach due to perceived budgetary or resource implications.
- 24. We would also highlight the need to safeguard provision for low incidence / high need pupils. For example, totally blind pupils will always need a high level of support for some education subjects in terms of production of materials in alternative formats, time for independence and mobility skills. These all need to be factored into the IDP and appropriate finance made available.
- 25. The Welsh Governments move from 13,000 statements to 105,000 statutory plans is an ambitious one and there are risks that those with the

greatest needs could miss out on the support they need, if resources are spread too thinly.

# The financial implications of the Bill (as set out in Part 2 of the Explanatory Memorandum

- 26. As outlined above, if this Bill is to achieve its aspirations, additional finance and resources will have to be made available. It is estimated that the number of IDPs will rise from 13,000 to 105,000 plans and this will have a significant impact on resources as increased identified needs will inevitably impact on the cost of providing appropriate support.
- 27. These additional demands will not be purely financial, but in hidden costs such as time needed by staff, ALNCo, Medical practitioners etc to write, agree and maintain the plans and it is important that resourcing is adequate.
- 28. We would also highlight the need to ensure that assessments and provision is made on the basis of what is needed by the child and not on what the local authority or provider is able to offer.

Consider the appropriateness of the powers in the Bill for Welsh Ministers to make subordinate legislation (as set out in Chapter 5 of Part 1 of the Explanatory Memorandum.

- 29. We believe that this legislation should have the flexibility to adapt and change to reflect changing requirements and so it is appropriate for Ministers to be able to make supplementary legislation to support the Bill if required and also to amend any aspect that fails to work.
- 30. The use of subordinate legislation is preferable to the complete shake up and revision of the entire system as is currently happening.

## **Specific Issues:**

Whether the WG's 3 overarching objectives (3.3) are the right objectives and if the Bill is sufficient to meet these

31. We fully support the overarching objectives, although it's recognised that the 'devil will be in the detail'. We will work closely with Welsh Government to ensure that the code of practise enables the Bill to meet its aspirations.

Whether the WG's 10 core aims (3.5-3.16) are the right aims and if the Bill is sufficient to achieve these

- 32. As indicated above, delivery of the core aims will depend on the details within the code of practise and we welcome Welsh Governments willingness to work with us to develop the current draft.
- 33. We have some concerns that the Bill does not adequately represent the full 0-25 age range, in terms of Higher education, apprenticeships and work experience for example, but hope that there will be some positive moves to address this aspect of the Bill during the course of this inquiry.
- 34. We fully support the need for a template IDP to ensure consistency of delivery across learning establishments and local authorities and to facilitate the portability of the IDP across Local Authority boundaries.
- 35. We firmly believe that a template approach will have the added benefit of supporting children, young people and their families to be clearer about their rights and entitlement to support.
- 36. Several versions of the template could be produced to ensure that it is both age and ability appropriate for the child or young person in question, but the content/sections of the template should be standard.
- 37. We welcome the aim to increase collaboration and the creation of a Designated Educational Clinical Lead Officer (DECLO) for each health

board is to be welcomed. We also believe that this is an opportunity to encourage wider potential for collaboration in this area through designated social services leads to ensure continuity and to align objectives across all relevant services.

- 38. In terms of avoiding disagreements and disagreement resolution we fully support the framework in the Bill to address these issues, but believe that it is important to safeguard the relationship between the parent / carer and the school and for them to work together to avoid any need for disagreement in the first place.
- 39. We fully support the aim for a mandatory code of practise which has clear, legally enforceable parameters which are not open to interpretation. We look forward to working closely with Welsh Government and officials to ensure that the content meets the needs of all children and young people with additional learning needs.

The provisions for collaboration and multi-agency working, and to what extent these are adequate

- 40. We believe that the role of specialist education professionals, in particular qualified and experienced teachers of visually impaired learners, is of particular importance to the success of the ALN legislation.
- 41. The Mandatory Qualification (MQ) for teaching children with sight loss has been made mandatory in England and we would wish the same for Wales. The only University which currently provides the MQ course in the UK is in England (Birmingham) and it is oversubscribed.
- 42. We believe that there should be mandatory Qualifications for Teachers of VI, (QTVI) and that there should be a module added to the course to reflect Welsh policy and curriculum demands.

Whether there is enough clarity about the process for developing and maintaining IDPs and whose responsibility this will be

- 43. The IDP should shift emphasis from diagnosis to need, which is a positive outcome i.e. not everyone with the same diagnosis or condition requires exactly the same response. Individual tailoring of the IDP and a genuine person centred approach to planning must be the priority.
- 44. Currently, the Bill is extremely ambiguous as to whether responsibility for the IDP lies with the local authority or Governors and we believe that there is a need for greater clarity on the responsibilities of respective roles.
- 45. We have concern over the skills and training required by Governing bodies should decisions on whether or not a child or young person has ALN be made by them and this should be clearly addressed in the code of practise.
- 46. We are aware of anecdotal evidence In England that some Academy schools are avoiding learners with ALN. As a consequence, parents with children or young people with Vision Impairments do not want Education Health and Care plans (IDP equivalents) as they are perceived to be an obstacle to accessing to the school of choice, which leaves the child/young person unsupported. We do not want this to happen in Wales.

#### Whether the Bill will establish a genuinely 0-25 system

- 47. We believe that the Bill has the potential to establish a genuine 0–25 system. Currently however, there is a lack of clarity on what happens in the early years. Intervention for children with VI has to start from birth to stimulate vision. It is not currently clear which professional lead will be responsible for co-ordinating an IDP for this age group until they are have reached a school setting.
- 48. There are substantial training requirements for mainstream staff, especially at pre-school and FE level. There is also a shortage of specialist

- staff (e.g. QTVIs / Teacher of deaf (TODs)) to support pupils in the school age range. We are concerned that expanding their involvement to preschool settings and FE will stretch an already tight resource.
- 49. The Bill currently doesn't take into account childcare providers / non-maintained settings for pre-school children, although it will streamline the transition into FE (ability to transfer an IDP, equipment, support).
- 50. In order to make the Bill genuinely 0-25 it needs to include Higher Education, work based learning and apprenticeships.

## The capacity of the workforce to deliver the new arrangements

- 51. The roles and responsibilities of the ALNCo are vast and expansive. Whilst it is right and proper to be ambitious for the role and to set high expectations, we are concerned that the ALNCo role will be excessive and burdensome. The pressure of making the new ALN framework work should not be shouldered entirely by the ALNCo. We believe that the role should be clearly defined and carry higher status, including no teaching duties to free up their time,
- 52. Consideration also needs to be given to the fact that the specialist workforce (e.g. QTVIs, and TODs) is dwindling, resulting in possible restrictions on levels of support available. We believe that there is a real need for workforce planning, additional funding, training and ongoing support to be made available to accompany the implementation of the new system.

## The proposed new arrangements for dispute resolution and avoidance

53. We welcome the right to appeal and believe that giving families and learners with all degrees of ALN the right of appeal to Tribunal should help to make local authorities more accountable from the beginning of the process

#### References

- (1) Pezzullo L, Streatfield J, Simkiss P, and Shickle D (2016). The economic impact of sight loss and blindness in the UK adult population. RNIB and Deloitte Access Economics. Manuscript submitted for publication.
- (2) ONS (2012). Statistic based on mid-2012 population estimates and using the 0.2 per cent prevalence estimate.
- (3) Emerson, E., & Robertson, J., (2010) 'Estimating the number of people with co-occurring vision and hearing impairments in the UK' Lancaster: Centre for Disability Research.