

Roles and responsibilities – TSANA paper for discussion at ALN Task & Finish Group meeting 23 March 2015

1. TSANA comments and further recommendations are given in response to the Welsh Government authored “Background Paper for the third meeting of the TSANA and Welsh Government Task and Finish Group”.

General comments:

Terminology:

2. The White Paper, “Legislative proposals for additional learning needs” proposes that providers must use their “best endeavours” to provide the ALP specified in an IDP and must demonstrate “due regard” to the Code of Practice. For this reason, TSANA has used these terms within this document. However, we seek greater clarity about their meaning for the purpose of producing the strongest possible ALN framework.
3. We also seek clarity around the meaning of the term “involve” in relation to the involvement of children and young people in the system.

Responsibility to deliver ALP in its broadest sense:

4. TSANA strongly recommends that the Code of Practice outline that ALP does not simply refer to educational services and provision in their traditional and limited senses but also encompasses the additional provision a child, young person and/or their family and carers need to support them to access this provision. This additional support could be within an educational setting but it may well be provided by health, social care and/or other agencies. All providers and contributors to a child or young person’s ALP should be clear that support may need to be in place to access provision, and that this in itself is legitimate ALP. Access and support should be listed as an ALP on the IDP where needed. All relevant agencies should therefore be aware of their responsibilities and the duties upon them to deliver this support.

Delivering on children’s rights:

5. TSANA would like to see all agencies delivering on their duties to meet the rights of children and young people with ALN to have their needs met and to reach their potential. We are concerned that the Code of Practice may not be strong enough in requiring agencies to deliver for children and young people. For example, the paper directly refers to the “resources” available to LHBs to comply with requests from LAs to cooperate in meeting a child or young person’s ALN and circumstances when it may not be “reasonable” for the LHB to comply because of the resources involved. We believe this direction makes it far too easy for the LHB to shirk its duties to deliver on the rights of children and young people and sets a precedent in relation to duties on other agencies. The Code of Practice must provide robust and clear guidance to agencies in considering the feasibility of meeting a child or young

person's needs. This should involve the need to demonstrate due regard for the Code of Practice and the use of an informed framework around making decisions of non-compliance.

Integration of services:

6. TSANA would like to see greater emphasis on the involvement of other agencies in delivering the ALN framework, with particular reference to health and social care. Integration and multi-agency working must be a cornerstone of the delivery of the ALN framework and the Code of Practice should offer clear direction in this area. The 'Education, Health and Care Plans' in England sends a strong message about the importance of offering a package of support in the round to children and young people with SEN. The new ALN framework in Wales must offer parity in this respect, encouraging the cooperation of education, health and social care to deliver on ALN.
7. Whilst we understand that responsibility for social care lies with the LA, we believe the Code of Practice offers an opportunity to express how and when Social Services can and should be involved in delivering ALP.
8. Moreover, recent legislation - the Social Services and Well-being (Wales) Act 2014 – as well as ongoing legislative developments, such as the Local Government Bill and particularly the Well-being of Future Generations Bill, which puts Public Service Boards on a statutory footing, have significant implications in terms of shaping the integration agenda between LAs and LHBs. We would welcome the Welsh Government's view on how these legislative developments will impact on the delivery of the ALN framework and any opportunities they offer for strengthening joint work and integrated services to best meet an individual's well-being outcomes in the round.
9. The drive towards greater integration of services also provides an opportunity to streamline measurement frameworks and associated terminology. With the Social Services and Well-being Act placing importance on "well-being outcomes" and the Well-being of Future Generations Bill introducing the term "well-being goals", we believe there is merit in exploring the terms "outcomes" and "goals" in relation to a child or young person's ALN.

ALN for young people post-compulsory school age:

10. As the SEN/ALN framework is extended to the 16-25 age group, there are wide-ranging implications for the delivery of support to young people with ALN in FEIs and specialist placements. TSANA understands that there will be a significant change to the way in which the Welsh Government funds ALN for young people 16 and above, with the Welsh Government's intention being to devolve funding to FEIs for supporting ALN students in mainstream FEIs, and to devolve funding for specialist college placements to LAs. TSANA would welcome the opportunity to learn more

about the Welsh Government's intentions in this respect in order to inform our recommendations and to ensure the process is clear and transparent.

11. Likewise, we would welcome the opportunity to hear the Welsh Government's intentions with regards the duties on post-compulsory school age provision outside the traditional educational context, such as for apprenticeships and Higher Education.

Involvement:

12. There is little reference to the responsibility of agencies working with children and young people with ALN to ensure the meaningful involvement of children, young people, their families and carers in all aspects of the ALN process. The Code of Practice should either include a specific section on involvement or should list this as an explicit responsibility for each agency. This could helpfully be linked in with directions and guidance around Person Centred Planning.

Welsh Government Ministers:

13. The ALN Code of Practice should set out roles and responsibilities for all bodies contributing to the ALN system. This must include reference to the Welsh Government's responsibilities with regards: quality assurance; ensuring a competent and consistent inspection regime that takes into account individual learning outcomes and effectiveness of support provided; and strategic leadership on workforce development, including ALN on the generic teacher training courses.

Local Authorities (LAs)

Comments on paper:

14. TSANA broadly agrees with the roles and responsibilities outlined in the paper but would like to draw attention to the following considerations:
15. TSANA agrees that the **LA should be ultimately responsible** for the ALN framework for **all** children and young people 0-25 with ALN and across **all settings**. This involves: identification/responding to a referral where another (statutory) agency has identified that a child has a need; preparation of the IDP; and ensuring needs are met through appropriate Additional Learning Provision (ALP). This should be explicitly stated in the Code of Practice, rather than/as well as stating this in relation to each age group or educational setting.
16. The paper states that the LA will be responsible for "determining if the child has ALN". The Code of Practice should specify that this will be done on the basis of a Person Centred assessment where all relevant and interested parties, including the child or young person and their family or carers, are invited to contribute evidence. The assessment must be holistic, assessing social, emotional, habilitation, health and educational needs. In determining ALN, the LA will have to comply with definitions of ALN as set out in the Code of Practice.

17. The paper suggests that, in practice, LAs will delegate responsibility for the day-to-day management of ALN for children of school age to schools and nurseries. TSANA would welcome clarity on this point within the Code of Practice, as it is essential that LAs retain key responsibilities. In particular, it is imperative that some children with ALN will continue to require input from the LA. LAs will also continue to retain responsibilities around reviewing the IDPs.
18. Health professionals are likely to be the primary contact for children of preschool age with health visitors and/or paediatricians most likely to identify an additional need for children in this age bracket. As we understand from the paper, health may identify ALN and be involved in specialist interventions through the ALP, but the LA would be responsible for acting on a referral from health, preparing the IDP and ensuring that ALP is delivered. A clearer statement about responsibility for the preparation and delivery of the IDP for children 0-5 is therefore needed.
19. Determining whether a young person over compulsory school age's ALN can be met in mainstream FE or if they require specialist post-16 provision should be achieved on the basis of an assessment of the young person's needs. Current wording leaves this unclear. Where specialist provision is deemed most appropriate, decisions about funding should be made with sufficient time to allow for adequate transition arrangements. Where possible, this should be made before the 31 March in the calendar year prior to a young person entering specialist provision in the September of that year.
20. The paper proposes that the LA will be responsible for preparing the IDP for young people attending mainstream FEIs. In line with our comments above, we would welcome further information with regards the Welsh Government's intentions for FEI in order to comment fully on this aspect of the ALN framework.
21. TSANA has concerns around the conflict of interest created by LAs being responsible for funding specialist FE placements, but not mainstream FEI placements for learners with ALN. Indeed, this creates an incentive for local authorities to encourage mainstream FEI placements.
22. As LAs are ultimately responsible for delivering on ALN, LAs will be required to provide ALP when education providers are unable to meet the child or young person's needs for reasons of budget, feasibility etc. There are several issues with the current wording:
 - a) It suggests that the school has to try, and fail, to meet the child or young person's needs before they refer to the LA. However, for many children and young people with complex or low incidence/specialist needs it will be evident from the outset that the education provider will be unable to meet their needs without the LA's input. Moreover, being subject to a 'failed' attempt to meet needs is likely to be detrimental

to a child's wellbeing and development. There should be a protocol to deal with these occasions.

b) The case of children and young people whose needs may not be considered "severe" or "complex" but will nevertheless require input from the LA:

- i. Children and young people with a single sensory loss and no other ALN will require input from a Qualified Teacher of the Visually Impaired or a Qualified Teacher of the Deaf, employed directly by the LA and delivered within the education provider's setting.
- ii. Children and young people with specific speech and language needs who need access to specialist assessment and intervention facilitated by the LA.

c) In cases where responsibility for provision may not be so clear cut, it is unclear what provision is in place to help education providers and LAs determine when the education provider has "taken all reasonable steps but is unable to meet the needs of a child whose needs are too complex". This will need to be clarified in order to prevent confusion about whether responsibility for ALP lies with the education provider or the LA.

23. We agree that it is important for LAs to review arrangements in both their own area and in other areas to inform development, share best practice and look for opportunities to improve delivery through joint work. However, the current phrasing is misleading and we suggest rewording to:

"This review **must** include a review of the LA's arrangements, and the provision made by maintained schools, maintained nurseries and PRUs, but LAs **must also** consult FEIs as part of this in order to coordinate their provision for children and young people with ALN." (emphasis added)

24. LAs must also be required to act if the impact monitoring reveals that the provisions are inappropriate or of an inadequate standard.

Additional comments and recommendations: LAs must

25. Demonstrate due regard to the Code of Practice. TSANA believes that LAs must demonstrate how they have adhered to the Code of Practice in order to improve accountability and transparency.

26. Use their 'best endeavours' to meet the ALN of children and young people in their area. LAs should be expected to document how they have achieved this.

27. Provide quality support for children and young people with ALN, ensuring a focus on individual outcomes.

28. Consider ALN in their role on Public Service Boards under the Well-being of Future Generations Bill and Social Services and Well-being Act.

Leadership:

29. Have strategic oversight for ALN in their area, including:
 - a) Ultimate responsibility for ALN
 - b) Delegating management and day-to-day responsibility for ALN to other bodies, where appropriate
 - c) Strategic planning for future needs
 - d) Planning and ensuring sufficient capacity in the system to support current and new children with ALN in schools.
30. Monitoring and evaluating ALN provision at a population level. This should include maintaining the Disability Index, in line with the current requirement on Social Services.
31. Maintain a centralised service for children with low incidence disabilities in their area. This could be provided on a regional basis, following LHB footprints if appropriate, or with a neighbouring LA, provided that sufficient provision is in place to meet local need.

Budget:

32. Designate an appropriate budget for fulfilling their duties with regards ALN, recognising the extended age range from 0-25. LAs must ensure the budget is apportioned appropriately between the LA and education providers to meet needs effectively. This must include adequate budget for adaptations and provision of equipment.
33. Maintain centralised LA funding for specialist support for low incidence needs. Caseload on a school by school basis will be low and very prone to fluctuation; a local authority area service, covering a wider geographical area, will help to retain specialist staff.
34. Invest in services to achieve long-term, sustainable ALN provision and services.
35. Clearly outline the responsibilities for ensuring funding of non-educational provisions. For example, LAs must ensure that transport to school is provided for children and young people when the local school is not the most appropriate school to best meet their needs. The funding of speech therapy is likewise a contentious issue that will need to be clarified. This could be achieved through pooling resources between LAs and LHBs to fund ALP.
36. Likewise, pooled resources between LA and LHBs should be encouraged where appropriate to deliver health and social care provision, such as preventative services under Social Services and Well-being Act, to meet ALN in the population.

Cooperation:

37. Cooperate with other LAs to provide and/or commission regional services where appropriate, such as in the case of provision for low incidence conditions.
38. Cooperate with LAs in Wales and cross-border to provide specialist or specialist residential placements.
39. Cooperate with LHBs to:
 - a) Share information about children and young people who may have ALN
 - b) Provide care and support services for children and young people with ALN to help them meet their well-being outcomes under Social Services and Well-being Act
 - c) Support strategic needs assessment, including as part of responsibilities under Part 2 of Social Services and Well-being Act – Population Assessment and Report
40. Cooperate with LAs and LHBs to commission or provide in-house services, including specialist support and therapies, such as clinical treatments and delivery of medications, speech and language therapy, sensory teams, assistive technology, personal care, CAMHS, OT, habilitation training, physiotherapy, nursing support, specialist equipment etc. This could include highly specialist services needed by only a small number of children which are commissioned at a national level.
41. Cooperate with LAs and liaise with other services when a child or young person moves to reside in another authority to ensure the smooth portability of the IDP and ALP.

Involvement:

42. Involve children, young people, parents and carers in all aspects of planning and delivery.
43. Ensure awareness and understanding of children, young people, parents and carers regarding their role in assessment and review and their right to provide evidence. Parent Partnership schemes could assist in delivering this and LAs should make use of, and support, the scheme running in their area. Where children, young people and/or parents and carers have submitted evidence to LAs to support their position, LAs should demonstrate how they have regarded this evidence.
44. Consult children, young people, parents and carers in designing and commissioning services to ensure they best meet the needs of the population they serve.
45. Ensure that any access requirements are met so that families can participate in meetings.

Information, advice and advocacy:

46. Provide comprehensive, accessible information to children, young people, parents and carers about:
 - a) The ALN system nationally
 - b) ALN in their area
 - c) Independent and third sector organisations that offer support
 - d) Rights and entitlements, including the right to request an IDP and to have an IDP reviewed
 - e) Feedback and dispute resolution processes.
47. Provide or commission an independent advice service of an agreed standard.
48. Commission an independent advocacy service of an agreed standard.
49. Where the child or young person has complex needs and requires input from a variety of organisations, provide a single contact/support coordinator for children, young people, parents and carers to access information about the child/young person's IDP and ALP. This could take the shape of the independent supporter within the SEND system and be further developed to reflect the Welsh context. TSANA would welcome further discussion with the Welsh Government about how the appointment of a support coordinator is made.
50. Establish a timely dispute resolution process. This must be fully accessible to meet any access, information or communication parents or carers may have as well as being accessible and approachable to children and young people with ALN.
51. TSANA believes there is a role for the Welsh Government to play in setting direction and guidance on the functioning of LA dispute resolution processes to ensure a level of consistency across Wales and to make best use of resources. We would welcome the opportunity to hear the Welsh Government's thinking around dispute resolution in exceptional circumstances, such as fast-tracking when a child or young person has a terminal illness or their needs are rapidly escalating.

Assessment:

52. Must provide timely assessment and intervention.
53. Respond appropriately to referrals, triggering assessment.
54. Adhere to the principles of Person Centred Planning (PCP).
55. Coordinate assessments: delegate responsibility to the appropriate provider, where applicable, making it clear who will have the statutory responsibility for providing each element of ALP; invite the correct people; give reasonable time to collect evidence and respond; commission specialists where necessary (e.g. specialist

teachers of children with sensory impairments; speech and language specialist teachers; LHB speech and language therapists).

56. Clearly identify the support (type, quantity and regularity of support and who will provide it) within the IDP.
57. Respond appropriately to requests to review an IDP prior to the set review date.
58. Demonstrate due regard to evidence provided to them as part of an assessment and use this evidence and recommendations to inform the preparation of the IDP and delivery of ALP.

Language:

59. Ensure all processes within ALN system, including assessment, review and provision, are available in Welsh and English, with particular focus on ALP.

Education institutions

60. The Code of Practice would benefit from having setting-specific information, detailing the roles and responsibilities of maintained nurseries, maintained schools, special schools PRUs and FEIs individually.

Comments on paper:

61. Maintained schools will be “required to take all reasonable steps to prepare an IDP and deliver the ALP in the IDP”. We believe this phrasing would benefit from further explanation and clarity with regards the meaning of “all reasonable steps”. Is this the same/stronger than “best endeavours”? Who will determine whether a school has taken the appropriate steps? Likewise, we suggest that the term “appropriate” be included here; education providers must prepare an IDP with the **appropriate** ALP to best meet the child or young person’s ALN.
62. As the Welsh Government is proposing that the drafting of many IDPs is delegated to schools, there will be significant implications for schools, both in terms of time and training needed. As such, TSANA would welcome further information from the Welsh Government on how training needs for schools will be met.
63. The paper does not reference the responsibilities of specialist schools in relation to the preparation of the IDP and the delivery of ALP. TSANA recommends that specialist education providers should be required to cooperate in the development of the IDP and required to use their best endeavours to deliver the ALP listed in the IDP.
64. The paper outlines the principle that day-to-day responsibility for preparing the IDP and delivering ALP for children and young people whose ALN would typically be described as “not severe or complex” should lie with the maintained schools,

nurseries and PRUs in which the child or young person is placed. With regards this issue, we have concerns about the terminology used and its implications for placing full responsibility on education providers to meet the needs of some children and young people whose ALN may not be considered “severe or complex”.

65. Definitions of “severe” and “complex” and corresponding thresholds for access to specialist support will be important as an impairment may be moderate but its impact may be severe. We are concerned that children and young people with specific needs not defined as severe or complex may not access timely input from specialist services provided by the LA – relying only on provision from their education provider – until the impact worsens and their learning and wellbeing deteriorates. The use of disability specific pathways would help address this issue.
66. Moreover, there are instances within the current framework where children and young people with needs that may not be considered “complex” receive support from the LA due to the specialist nature of their need. For example, children or young people with a single sensory loss with no other ALN may not have “complex” needs and yet their ALP is likely to be provided by the LA (through the provision of specialist teachers of children with sensory impairments) as opposed to being met by the school, since specialist knowledge is required for these low incidence disabilities.
67. For these reasons, the phrase “not severe or complex” is not appropriate here. We suggest amending to:

“This means that in relation to children and young persons whose needs **can be appropriately met by the education provider alone**, a local authority’s involvement **may often** be minimal with the school, nursery or PRU being responsible for preparing the IDP and delivering the ALP. **The education provider must seek advice from a local authority on low incidence needs, such as sensory impairment.**” (emphasis added to denote change)
68. The paper indicates that those children and young people who currently have a Statement of SEN will also require the input of the LA as well as the input of their education provider to meet their ALN. We agree that this is likely to be the case, however there are practical considerations that will need to be thought through to ensure that LAs and education providers are clear about who is responsible for each listed ALP.
69. For example, the proposals set out in the White Paper indicate a single system where all children and young people with ALN have an IDP, rather than the current 3-tier approach. Without the ‘statement’ to set the needs of certain children and young people apart, how will education providers and the LA determine whether, or to what extent, the LA needs to be involved in supporting the delivery of ALP? Will

there be a threshold? How will the IDP specify the LA's and education provider's responsibilities?

70. Likewise, for those children currently on School Action Plus, we seek clarity on the responsibilities of education providers to liaise, coordinate and cooperate with external agencies to deliver a child or young person's ALP. It would be helpful to provide guidance to schools on how and when to involve support from beyond education, including around thresholds or trigger points that signal the necessity to involve other agencies. Again, disability specific provision pathways would assist with this.
 71. As noted previously, we require further information with regards intentions for FE in order to comment fully. For example, what will be the FEI's role in developing the IDP?
 72. We agree that Governing bodies should be required to appoint an ALNCO and that this should be a statutory requirement. We would also expect to see a duty on Governing Bodies to appoint a member of the Board to be responsible for ALN, who should meet with the ALNCO on a termly basis.
 73. We agree that Governing bodies must not discriminate against children or young people with ALN and must admit the child/young person if the school is named on the IDP. The Code of Practice should further make reference to education providers' duties under the Equality Act: education providers must admit children with an IDP where: the IDP names that school; states that a school matching its description would meet the child or young person's needs; or where reasonable adjustments could be made to accommodate the child or young person to meet their needs.
- Additional comments and recommendations:** All education providers must
74. Foster an inclusive ethos and work together for the benefit of children and young people.
 75. Demonstrate due regard for the guidance contained in the Code of Practice.
 76. Use their best endeavours to provide the ALP outlined in an IDP.
 77. Recognise that ALN is a 'whole school' issue and that each member of staff is responsible for contributing to ALP by preparing, delivering and reviewing IDPs. Staff must be adequately trained and supported to fulfil their roles, including: basic training around awareness of ALN; implementation of the school's ALN policy; and specific training for staff responsible for a child or young person with ALN who requires specialist support.

78. Communicate with, and involve parents and carers to: ensure they are aware when the school identifies or suspects that a child or young person might have ALN; inform them about proposed interventions and ALP; inform them of their child's progress.
79. Ensure appropriate resourcing of ALN, including: adequate and appropriate staffing; responsible apportioning of budget to meet ALP, including the provision of equipment or adaptations.
80. Cooperate with other agencies by sharing appropriate information; referring appropriately to the LA where a child or young person has been identified as having ALN or where an assessment is required; support other agencies to deliver ALP in the school setting.
81. Governing bodies should appoint a 'responsible person' to whom day to day responsibility for ALN is delegated. This likely to be the Head Teacher and/or ALNCO in most cases.
82. Keep records regarding ALN.
83. Produce an ALN policy statement or plan that
 - a) Acknowledges their responsibilities under the ALN Act and Equalities Act
 - b) Details how they work with other agencies
 - c) Report annually to parents and LA on provision, including evaluating and developing ALN provision. Reports to parents should be accessible and jargon-free
 - d) Details whole school staff training on ALN.

Maintained schools:

84. Appoint an ALNCO from within the Senior Management Team (SMT) and appropriately resource, train and support the ALNCO.

FEIs:

85. Cooperate with the LA by sharing information regarding ALN.
86. Ensure a member of SMT is responsible for ALN.
87. Establish an equivalent role to the ALNCO, which is part of the SMT, and has relevant experience and receives appropriate training.
88. Cooperate in the production of IDPs and utilise IDPs effectively.

ALNCOs

Comments on paper:

89. We agree that the ALNCO should be a qualified teacher – too often, the SENCO role has been given to junior members of staff, including non-teaching staff, who, despite their best intentions, may not have sufficient experience or influence within the school to best meet the needs of children with ALN.
90. TSANA strongly recommends that the ALNCO is not only a qualified member of staff but is also a member of the SMT. This will ensure that ALN is given credibility and authority within the school and that it is mainstreamed amongst all school concerns.
91. In addition to their extensive experience as a qualified teacher, warranting their appointment to a role on the SMT, we agree that the ALNCO should have wide-ranging practical experience of supporting learners with ALN in the classroom environment.
92. The new SEND Code of Practice for England requires all newly appointed SENCOs, and SENCOs new to post in their current school who have held the position of SENCO for less than 12 months at another education provider, to undertake a postgraduate qualification in SEN of a minimum of 60 credits. They are required to complete this qualification within 3 years. Similarly robust requirements will need to be made of all new ALNCOs in Wales.
93. Experienced ALNCOs should also be expected to engage in relevant training and professional development. A more condensed form of training or qualification could be made available to this group.
- Additional comments and recommendations:** ALNCOs responsible for:
94. Coordinating ALP within the school, including coordinating and cooperating with external agencies named on the IDP.
95. Ensuring the child or young person with ALN is involved in the IDP process.
96. Monitoring the emotional and social wellbeing and progress of the child or young person.
97. Ensuring that relevant staff inform and involve parents.
98. Ensuring the IDP is in place and acted upon.
99. Advising and supporting colleagues: ensure teaching staff understand their responsibilities and how to deliver and monitor ALP; managing the ALN team at larger education providers; sharing best practice
100. Monitoring and advising on appropriate use of school ALN budget

101. Maintaining accurate and up to date knowledge of local provision and services, including contacts in external agencies
102. CPD: Making connections with other ALNCOs in the area to share learning and best practice; engage in continuous training and arrange or commission appropriate training for staff-team, where appropriate.
103. ALNCOs must have timetabled non-contact time to carry out their duties.

Other agencies

Comments on paper:

104. In relation to the identification of children under compulsory school age who may have ALN, the paper notes that the LHB must inform the LA. This is particularly important for children 0-2, for whom health is likely to be the primary provider. However, the LA may also need to secure specialist support at this early stage, such as teachers of children with sensory impairment, to ensure early and timely intervention.

Additional comments and recommendations: Agencies must

105. Demonstrate due regard for the Code of Practice.
106. Use their best endeavours to deliver ALP.
107. Use a PCP approach and involve the child or young person and their families or carers.
108. Make referrals for an IDP where they have reason to believe a child or young person may have an ALN.

Local Health Boards: must

109. Alert parents to the child's potential ALN prior to informing LA.
110. Appoint a Designated Medical Officer to lead on ALN.
111. Participate in multi-agency meetings.
112. Combine assessments, where appropriate, with other agencies.
113. Inform parents of any voluntary organisations who could support or assist.
114. Deliver provision as agreed in IDP.

Social Services: must

115. Appoint a lead who is accountable for ALN and has relevant knowledge/training in ALN.
116. Participate in multi-agency meetings, including representation from the corporate parent in the case of Looked After Children.
117. In line with the Social Services and Well-being Act, for 16-17 year old and 18 year olds, involvement of parents or carers changes.
118. Combine assessments, where appropriate, with other agencies.
119. Identify opportunities to support carers.
120. Deliver provision as agreed in IDP.

Third Sector

Comments on paper:

121. There should be recognition in the Code of Practice that the Act does not place statutory duties on the third sector and the Code of Practice's status as guidance in this respect.
122. We agree that "the voluntary sector can provide a range of support for the child, young person and parent to help them understand ALN and the process". However, we would like to stress that third sector provision does not detract from the LA's statutory duty to ensure that children, young people, their families and carers are able to understand and participate in the ALN process.

Additional comments and recommendations:

123. Should inform LAs, with the permission of the family, if they identify a child or young person who they suspect may have ALN and share information as appropriate.
124. Recognised for its strength in developing user-led initiatives that support children, young people, their parents and carers to exercise voice and control over the services and support they receive.
125. The third sector is well-positioned to offer provide independent advice, consultancy, mediation and advocacy services for children, young people, parents and carers.
126. Third sector organisations may provide specialist services and expertise – for example, offer specialist assessments – that may not be available to LAs in-house. LAs can procure services from third sector organisations where the LA cannot provide these directly.

127. May offer specialist training to inform awareness of and/or practices to support provision for low incidence or complex conditions.

Transitions

Comments on the paper:

128. It would be helpful to have explicit statements surrounding each body's responsibilities during transitions. The first bullet point – “For those children who have an IDP before they attend an education setting the LA will be responsible for transferring the IDP and all relevant information to the education setting” – is helpful in this respect as it places responsibility directly with the LA, as opposed to the LHB or any other provider delivering ALP. Similarly direct attributions of responsibility would support bodies to understand what is required of them in each transition.
129. For example, the second bullet point could be rephrased as follows:
- For those children moving from primary to secondary education settings:
 - Both education providers are responsible for ensuring a child's smooth transition from primary to secondary school.
 - Primary schools must inform secondary schools when a child with ALN will be moving to their school at the earliest possible opportunity.
 - Secondary schools should liaise closely with their feeder primary schools and arrange induction days for transferring pupils in the summer term.
 - Primary schools should identify where a child is likely to need extra support to make a smooth transition and should plan this accordingly. This could include inviting staff from the secondary school to attend an IDP review meeting taking place in year 6.
130. We welcome the reference to planning centred on the individual, including their aspirations and abilities.
131. The paper proposes that the LA is responsible for identifying the need for a placement at an ISC and for securing that placement, but is not responsible for funding ALN support within an FEI. Bearing in mind that such placements can be expensive, there is a potential conflict of interest here, with the risk that young people with ALN who could potentially benefit from being placed at an ISC may not have this ALP included in their IDP. As with all decisions around the best possible ALP to meet a child or young person's needs, decisions about the appropriateness of placing a child or young person at an ISC should follow a multi-agency review/assessment, involving both the child or young person and their families or carers where appropriate. This should support decision-making about ALP that has the child or young person's best interests at heart.
132. The paper suggests that FEIs will be responsible for planning a young person's transition following their time at the FEI. We would welcome more information in the

Code of Practice about the duties on FEIs in order to effectively fulfil this responsibility.

The Year 9 review

133. TSANA agrees that Year 9 reviews should continue to serve as the review where planning for moving towards adulthood and adult services begins. This should include exploring post-compulsory education options, employment and independent living skills.
- a) The review should take a PCP approach. This should involve the young person appropriately and sensitively.
 - b) Sufficient information should be given to the young person and parents/carers prior to the review to enable them to participate meaningfully.
 - c) Careers Wales should continue to be invited to these meetings where appropriate and lead on transition to further learning, training and employment.
 - d) Social services must be invited where appropriate.
 - e) The current Code of Practice states that Health should be invited. This should be strengthened to 'must, where there is reason to believe that the young person has a health need'.

Additional comments or recommendations:

134. When a child or young person is moving from one education setting to another, sufficient notice should be given to the receiving education provider to ensure that staff can be trained or appointed to provide the ALP detailed in the IDP.
135. We would welcome discussions around the provision of IDPs for young people who move on to undertake further training or apprenticeship schemes.

Timely identification

Comments on paper:

136. We strongly welcome the reference to 'timely' identification. This highlights that ALN can develop or manifest at any point in a child or young person's journey through education, not only during the early years. It also points to the importance of identifying and meeting ALN as swiftly as possible to maximise a child or young person's ability to reach their potential.
137. There must be a system in place for reporting concerns before a child or young person falls too far behind. This will support the 'timeliness' of identification.
138. Parents should be supported to request an IDP assessment where they suspect that their child may have ALN.
139. Key professionals and agencies should be supported to recognise signs that a child or young person may have ALN. There should be a duty to make referrals for an IDP assessment in these cases.

140. The current Code of Practice identifies several trigger points that might indicate a child or young person has ALN. The trigger points outlined in the existing Code of Practice are important, but it is worth noting that several of these 'triggers' refer to an already identified ALN as opposed to the identification of ALN. Additional 'trigger points' should be added to assist timely identification of ALN and so that IDPs can be in place before the child's attainment levels are affected. These could include:
- a) The child or young person displays or expresses low self-esteem or low self-worth
 - b) The child or young person appears distant or disengaged
 - c) Indications of sensory loss: failure to follow instructions; withdrawal from group activities; uncharacteristic touching of objects/walls to aid mobility or to explore the environment; problems with balance; repositioning within the classroom (closer to the front, for example); rubbing eyes; straining to hear, etc.
141. Again, we would like to recommend Provision Pathways as another tool that could helpfully identify trigger points for various ALN.