

Agenda – Children, Young People and Education Committee

Meeting Venue:

Committee Room 1 – Senedd

Meeting date: Wednesday, 18 January
2017

Meeting time: 09.15

For further information contact:

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Committee Clerk

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09.15 – 09.30 – Informal meeting

1 Introductions, apologies, substitutions and declarations of interest

(09.30)

2 Cabinet Secretary for Health, Well-being & Sport and the Minister for Social Services & Public Health – General Scrutiny session

(09.30 – 11.00)

(Pages 1 – 28)

Welsh Government

Vaughan Gething AM, Cabinet Secretary for Health, Well-being & Sport

Rebecca Evans AM, Minister for Social Services & Public Health

Dr Sarah Watkins, Deputy Director for Mental Health, Vulnerable Groups and
Offenders

Dr Frank Atherton, Chief Medical Officer

Albert Heaney, Director of Social Services and Integration

Attached Documents:

Research Paper

CYPE(5)-02-17 Papur | Paper 1



Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales

3 Additional Learning Needs and Education Tribunal (Wales) Bill – evidence session 2

(11.00 – 12.00)

(Pages 29 – 38)

Denise Inger, Chief Executive Officer – SNAP Cymru

Debbie Thomas, Policy and Campaigns Officer – National Deaf Children’s Society

Tim Ruscoe, Public Affairs Officer Wales – Barnardo’s Cymru

Zoe Richards, Young Person and Carer’s Manager – Learning Disability Wales

Angie Contestabile, Policy and Campaigns Officer – Sense Cymru

Attached Documents:

Research Paper

CYPE(5)-02-17 – Papur | Paper 2 – TSANA

CYPE(5)-02-17 – Papur | Paper 2a – SNAP Cymru

4 Paper(s) to note

(12.00)

Letter from NUS Wales to the Cabinet Secretary for Economy and Infrastructure

(Pages 39 – 40)

Attached Documents:

CYPE(5)-02-17 – Papur | Paper 3 – i'w nodi | to note

Letter from the Cabinet Secretary for Education – Further information on Pathways to Success

(Pages 41 – 42)

Attached Documents:

CYPE(5)-02-17 – Papur | Paper 4 – i'w nodi | to note

5 Motion under Standing Order 17.42(ix) to resolve to exclude the public from the meeting for the remainder of the meeting.

(12.05)

6 Inquiry into Statutory Advocacy Provision – Consideration of draft report

(12.05 – 12.25)

(Pages 43 – 56)

Attached Documents:

CYPE(5)-02-17 – Papur | Paper 5 – preifat | private

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**CHILDREN, YOUNG PEOPLE AND EDUCATION COMMITTEE GENERAL
SCRUTINY SESSION**

Date: 18 January 2017 – 9.30-11.00

Venue: Senedd, National Assembly for Wales

Purpose

This paper provides an update on the areas of focus and issues relating to children and young people across the Health, Well-being and Sport Ministerial portfolio.

Overview of portfolio focus in relation to Children, Young People and Education

This Government has demonstrated its commitment to children and the importance of a cross-portfolio, partnership approach to deliver improved outcomes for children across Wales by appointing a Cabinet Secretary for Communities and Children.

The Minister for Social Services and Public Health and I have met with the Cabinet Secretary for Communities and Children to ensure there will be a joint approach to delivering on agreed priorities for children in the new Programme for Government.

We will continue to drive improvements across health and social care during 2017 and will judge progress through improved outcomes for children as set out in our Early Years, Health, Public Health and Social Services Outcomes Frameworks.

Across our portfolios, the evidence tells us that there needs to be a continued focus on addressing inequalities. It is still the case that the health prospects of children are closely linked to the socio-economic position of their families. As highlighted by the recent report into Adverse Childhood Experiences, good quality parenting plays a central role in delivering improved outcomes for children. We will work across Government to provide appropriate support and advice to parents delivered through services such as the Healthy Child Wales Programme. There is a growing body of evidence that shows the greatest value is derived from effective intervention in the early years. There will be a continued focus on delivery in this area through the Maternity Strategy, effective screening and immunisation programmes, the 10 Steps to a Healthy Weight Programme, the introduction of the Healthy Child Wales Programme and the development of the 1,000 Days Programme.

If we are to fully support children across Wales to maximise their potential we need to support good mental and physical well-being, as exemplified through the Together for Children and Young People Programme and the ongoing initiatives to improve children's diets and increase their activity levels in line with the Chief Medical Officer's recommendations.

It will always be our aim to deliver specialist health services to the children who need them, but we must focus on prevention if we are to continue to make a positive impact on our children's lives both in the short term and into adulthood.

Additional Learning Needs and Education Tribunal (Wales) Bill

The Additional Learning Needs and Education Tribunal (Wales) Bill was introduced before the National Assembly for Wales on 12 December 2016. The Bill brings together the existing, distinct systems for supporting children, young people and young adults in schools and further education. It creates a single legislative system to support learners with Additional Learning Needs (ALN) aged between 0-24 years.

Central to the reforms is the establishment of the Individual Development Plan (IDP), which will replace, and meet the requirements of, all existing statutory and non-statutory educational plans, including statements of special educational needs (SEN), Learning and Skills Plans and school and college based plans.

A key objective of the legislative reforms is the improvement of multi-agency partnership working surrounding the identification of ALN and the planning and delivery of effective additional learning provision.

The Bill sets out a number of provisions to ensure that NHS Wales (a local health board or NHS trust) plays a full but proportionate part in the new system:

- A health body will be required to refer to local authorities for consideration any pre-school aged child they believe might have ALN, if the health body is satisfied that doing so would be in the best interests of the child;
- A health body will be required to provide local authorities with information, or other help, for the purpose of exercising their functions under the Bill, unless doing so would be incompatible with the body's own duties, or have an adverse effect on the exercise of the body's functions;
- Following an assessment of clinical need, a health body will be required to secure the provision identified within the IDP where that treatment or service is likely to be of benefit for the child or young person;
- Local health boards will be required to designate a suitably qualified and experienced Designated Education Clinical Lead Officer (DECLO) to quality assure the provision and co-ordination of health professionals' involvement in the delivery of advice and services for individuals with ALN. The purpose of this strategic role will be to strengthen liaison and joint action between the health and education services, assist in the removal of any barriers to partnership working, ensure that IDPs contain evidence based health interventions and that health boards discharge their collaborative duties.

Officials from the health and education departments have worked closely to amend the Bill to take account of the consultation responses received on the draft Bill in 2015.

Engagement with stakeholders continues through the ALN Health Expert Group, created to advise the Welsh Government on the development of the statutory code of practice to be issued under the Bill. This will include further development of the role of the DECLO, including piloting the DECLO in some health boards during the current financial year (funding for which has been agreed by the Cabinet Secretary for Education and Minister for Lifelong Learning and Welsh Language).

The Bill is part of a package of reforms set out in the ALN Transformation Programme which includes a suite of legislation and policy reforms to improve the experiences and outcomes of learners with ALN.

CAMHS

On 24 November, the Committee received a briefing from Carol Shillabeer, Chair of the Together for Children and Young People Programme, on the progress being made by the Programme in examining the way in which CAMHS works with its partners to provide for the emotional and mental health needs of children and young people. This followed a scrutiny session with the Cabinet Secretary and Minister in September, where CAMHS progress was considered.

Over the last year, we have been working with the NHS and partners to consolidate and build on the progress made since 2015. The 2017-18 budget made available an additional £20m for all-ages mental health services bringing the mental health ring-fence to over £629m. This includes a dedicated £0.5m to expand all-ages Eating Disorder Services. Whilst discussions are at an early stage, our intention is, among other things, that this funding will be used to expand the remit of existing adult specialist Tier 3 Community Eating Disorder Teams to work with older adolescents with eating disorders in order to provide continuity of care at transition into adulthood.

Waiting times have been an area which the Committee has focused on in the past and all health boards are reporting they are either currently compliant, or will be compliant in 2017, with the 28-day CAMHS referral target set in April 2016.

In relation to CAMHS, statistics show is that in the 12 months to October 2016, there has been an increase of 16% in the number of referrals to CAHMS, compared with the previous 12-month period. However, comparing the data from October 2015 with October 2016, there has been a 31% decrease in those waiting over 4 weeks and a 44% decrease in those waiting over 26 weeks. This is a result of the hard work of partners involved in the Together for Children and Young People Programme, and the almost £8m of annual new investment in CAMHS we have made. It takes time to recruit staff, embed new services and improve existing services, but the statistics clearly show that despite increased referrals, waiting times are improving significantly.

Statistics can only provide a snapshot of quantitative information. To describe the cultural shift in the way in which CAMHS is delivering its services and is becoming more centred on the needs of the young person we need to look at the shape of services. New crisis intervention teams now operate across Wales, providing emergency assessment and interventions at weekends, during evenings and the night, where before they operated primarily during working hours. Links are also being made across existing services by the new early intervention in psychosis teams. These provide seamless intensive care for young people aged 15 to 24 experiencing the most severe mental illness by 'holding and supporting' the young person, providing continuity of care and building relationships rather than abruptly transferring them between services at the age of 18.

In relation to the neurodevelopmental target of 26 weeks, health boards inform us that they are on course to achieve this in 2017. However, as this is a new target we need to establish a formal reporting mechanism and clear definitions in line with NHS information standards and governance arrangements. This is in hand and we anticipate formal reporting to commence from the spring of 2017.

The Committee has shown interest in CAMHS inpatient admissions, in particular the position in the North Wales Adolescent Service (NWAS) and Carol Shillabeer has shared a briefing on the current NWAS position.

The Welsh Government's position is clear, having invested significantly to develop dedicated CAMHS inpatient provision in recent years, the default position should be for young people to be cared for in one of the two CAMHS units unless there are strong reasons otherwise. In recent years, the south Wales unit has opened the second high care ward to provide for more young people experiencing the most severe mental illness. However, recently, the unit has had to curtail admissions whilst it provided intensive support for one acutely ill young person. This was provided in line with clinical need and the unit remains fully operational at this time.

To ease the pressure on NWAS, Betsi Cadwaladr University Health Board (BC UHB) has initiated a small community team so children with Eating Disorders can be looked after at home. This frees bed-space, easing the pressure to send young people out of the area. BC UHB has also used part of the new CAMHS investment to expand its psychiatric out of hours rota to ensure specialist availability to assess in a timely fashion and reduce the need to admit to adult wards. We have also funded expanded community intensive treatment teams so more children can be cared for in their community without recourse to hospitalisation or shorter periods when inpatient care is needed. This has meant more children being cared for in Wales, closer to their homes and reduced out of area placement costs.

Childhood obesity

Most four to five year olds in Wales are a healthy weight (72.9%). However, one in four is overweight or obese, and this level has not changed in the three years since data collection started. This is unacceptably high.

We know this will continue to rise during primary school, and the majority of children who are obese will remain obese into adulthood. There is also a clear correlation between levels of deprivation and rates of overweight or obesity.

In our Programme for Government, we make clear our commitment to tackle obesity. Whilst the Ministerial portfolios for Health, Well-being and Sport, and Social Services and Public Health bring together a number of key elements of this agenda, it requires wider cross-portfolio action to create the environment and the opportunity for people to make healthier lifestyle choices. This will include working with Education on the revised curriculum and on school food standards. The Minister for Social Services and Public Health recently met with the Cabinet Secretary for Education to strengthen collaborative working on improving the health and well-being of children. An early action is to support primary schools implement the Daily Mile, an innovative and simple initiative to increase levels of physical activity during the school day.

It is important learners are emotionally and physically ready to learn. There is evidence¹ that well-being is strongly linked to educational outcomes. Children with higher levels of emotional, behavioural, social, and school well-being, on average, have higher levels of academic achievement and are more engaged in school, both concurrently and in later years. The implementation of the six new Area of Learning Experiences (AoLEs) will be central to the new curriculum, one of which will be Health and Well-being.

We have already introduced nutritional standards in some of our public settings, such as schools and hospitals, and we are developing similar approaches for other settings including early years. This will also be supported by working with the National Procurement Service for Wales to ensure that nutritional specifications are factored in to the central procurement mechanism for the public sector.

Public Health Wales continues to work closely with the Welsh Government and health boards to develop effective early interventions which include the [10 Steps to a Healthy Weight](#) campaign which was launched March 2016. The campaign aims to align action across the system to address the factors which lead to overweight and obesity.

Sport Wales continue to work with a range of partners and stakeholders across Wales with the aim of providing more and better quality opportunities for young people to take part in sport and physical activity. The Dragon Sport and 5 x 60 programmes in particular encourage young people to take part in extra-curricular sport-related activities.

We will continue to work with health boards to ensure the effectiveness of the All Wales Obesity Pathway which sets out the approach for the prevention and treatment of obesity in Wales, including specifications for the design of the interventions for children.

We support the Nutrition Skills for Life Programme which aims to equip Communities First; Flying Start and Social Workers with the skills to promote healthy eating and incorporate healthy lifestyle messages into their work.

Together with the other UK health departments, we continue to work with the UK food industry to influence the availability of healthier products, encourage the use of the UK Government's front of pack nutrition labelling scheme and responsible promotion and marketing. We welcomed some of the actions in the UK Government's Childhood Obesity Strategy such as the sugar levy on sugary drinks and a voluntary programme for sugar reduction for the food industry, in line with the approach taken for salt. However, we would have liked to have seen stronger action at a UK-level, such as tougher action on sugar, and on advertising of unhealthy foods to children.

¹ Gutman and Vorhaus (2012), 'The Impact of Pupil Behaviour and Wellbeing on Educational Outcomes' https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/219638/DFE-RR253.pdf

We also welcome the new restrictions on the advertising of food and soft drinks products that are high in fat, salt or sugar (HFSS) to children across non-broadcast media. We do not think the new restrictions go far enough and will continue to press for a complete ban on advertisement of HFSS products across all media, including television, which may be viewed by our children.

The Minister for Social Services and Public Health and I have written to the Secretary of State for Health in England outlining our concerns in relation to both issues highlighted above.

Having said all of this, we recognise that tackling obesity is not something the Welsh Government can do alone. It requires joint action from a wide range of organisations from the public, private and voluntary sectors and from the individuals themselves.

Healthy Child Programme

The emerging evidence shows that investment in the early years of life has significant positive impact on a child's health, social and educational development and their long term outcomes. The health service has a fundamental role in supporting families so children are in a position to fully realise their potential.

The Programme for Government, Taking Wales Forward, includes the Healthy Child Wales Programme, which provides a universal health programme for all families with children up to the age of seven.

All Welsh health boards began to implement the HCWP from 1 October 2016. Health boards will have two years to fully implement the move to the all Wales universal schedule for health visiting and school nursing.

The HCWP includes a consistent range of evidence-based preventative and early intervention measures, and advice and guidance to support parenting and healthy lifestyle choices. The HCWP sets out what planned contacts children and their families can expect from their health boards; from maternity service handover to the first years of schooling. These universal contacts cover three areas of intervention; screening, immunisation and monitoring and supporting child development.

Introduction of the HCWP delivers on the actions from *Building a Brighter Future: The Early Years and Childcare Plan*.

1,000 days

The First 1,000 Days Collaborative Programme aims to maximise outcomes for children during the first 1,000 days of life (conception to the second birthday). The First 1,000 Days Collaborative Programme, led by Public Health Wales, recognises this critical time of life in heavily influencing the development of children and their health and well-being trajectories across the lifecourse, the high return on investment for services and society more broadly.

There are three outcomes for the Programme, namely:

- The best possible outcome for every pregnancy;
- Children in Wales achieve their developmental milestones at two years of age; and,
- Children are not exposed to, or harmed by, multiple adverse childhood experiences (ACEs) in the first 1,000 days.

Two pathfinder sites were identified (Wrexham and Torfaen) where an initial mapping of the current 'system' around pregnancy and early childhood was completed.

The initial developments in both Wrexham and Torfaen have involved gaining a better understanding of the existing first 1,000 days system locally. Further detailed multiagency mapping and engagement activity has identified opportunities for improving the current system in respect of prevention and earlier intervention.

Project groups have been established in both sites to take this work forward, and these are linked to local governance and accountability structures, such as their respective Public Service Boards.

Key work areas currently underway include:

- Identifying the most important risk and protective factors impacting on the outcomes, and assessing their prevalence in Wales;
- Strengthening the core assessments delivered during early pregnancy, in order to be able to identify and respond to risk and protective factors earlier during the first 1,000 days of the child's life. Examples include scoping an approach which identifies exposure (including parental history of exposure) to ACEs during early pregnancy, supporting staff to feel confident to ask the questions as part of routine enquiry, and be able to support or refer appropriately for early intervention; and,
- A review of Welsh academic research activity which relates to the Collaborative Programme's outcomes. The output will help to inform future research and evaluation collaboration opportunities.

Immunisations

Childhood immunisation rates remain at the top of international benchmarks and are comparable with the best in the UK. The latest annual data shows uptake of established routine immunisations in one-year-old children was over 95% for the eighth consecutive year and uptake rates for five-year olds was over 90%

The Public Health Outcomes Framework 2016-17 includes an indicator that children should be up to date with relevant immunisations by the age of four years.

Public Health Wales continues to work with health boards to improve uptake. A key area identified for further attention is the follow up of children who do not respond to routine invitations at general practices at the scheduled ages.

Major Health Conditions Delivery Plans

Six of the major health conditions delivery plans have either recently been, or are in the process of, being refreshed.

The cancer, heart disease, diabetes, end of life care, critically ill and stroke delivery plans have been refreshed and will all be published by February.

The neurological conditions and respiratory health delivery plans will also be refreshed during 2017.

As part of the refresh, each of the Implementation Groups have been asked to strengthen the children and young people sections within the plans.

Smoking

Good progress has been made in Wales in reducing smoking among young people, with the number of 11-16 year olds who smoke at least once a week falling from 13% in 1998 to 4% in 2014. Rates of smoking amongst adults have also dropped from 23% in 2010 to 19% in 2015.

The Public Health (Wales) Bill contains provisions to make school grounds smoke-free.

School grounds and children's playgrounds were identified as a priority for action in the Tobacco Control Action Plan for Wales, published in 2012. They have continued to be identified as important settings in which to prevent children's exposure to adult smoking behaviours.

Consultation has been undertaken with both the public and private sector in developing these proposals.

We have provided funding to ASH Wales to run the 'Commit to Quit' programme with young people.

The Commit to Quit programme is run over a 10 to 12-week period. It promotes smoking quit attempts and positive changes in smoking behaviour through a series of fun and interactive group sessions, run with hard-to-reach young people on youth work principles; mainly in out-of-school settings. On average, sessions are run weekly over a six-week period, with a re-visit four weeks after the final session.

Substance Misuse

As part of our substance misuse budget allocation to Area Planning Boards, £2.75m is ring-fenced to Children and Young People Services. Service providers who receive this money deliver a range of services and this includes Counselling, Emotional well-being and Education and prevention for children and young people under the age of 18. For those children and young people who do begin to misuse substances, the funding can be used for early identification and intervention, which is

crucial to limit harm and minimise the chances of the misusing behaviour becoming entrenched and requiring specialist treatment services.

We are also developing a Children and Young People Outcome Monitoring Tool. This is a questionnaire which children and young people who are using substance misuse services will complete together with their case worker. The aim is to gauge whether the services are delivering tangible outcomes, and how children and young people benefit. This information will strengthen the evidence basis for substance misuse services in Wales and support policy development and funding decisions. Following an initial trial and evaluation, a working group is now implementing many of the key recommendations from the evaluation report and has agreed the content of the revised questionnaire. The aim is to run a second trial in 2017 and implement a suitable, practical and acceptable outcome tool from late 2017 / early 2018 onwards.

We have secured £1.178m of European Structural Funding to support young people aged 16-24 in recovery from substance misuse (including alcohol) and/or mental health who are long-term unemployed, economically inactive, or not in employment, education or training. The aim is that the Out of Work Service will provide peer mentoring and specialist support to around 1,450 young people in Wales by the summer of 2018.

We also provide £2.072m in 2016/17 to the All Wales Schools Liaison Core Programme. This operates in all primary and secondary schools across Wales to educate children and young people about a range of personal and social education issues including substance misuse, internet safety, and problems associated with personal safety. This programme is jointly funded with the Police and the Police and Crime Commissioners.

Welsh Network of Healthy School Schemes

The Welsh Network of Healthy School Schemes (WNHSS) was launched in 1999 to encourage the development of local healthy school schemes within a national framework. The programme is now run by Public Health Wales which provides funding and guidance to the local healthy school schemes in all 22 local authorities in Wales. Today, 99.6% of schools in Wales are involved in the WNHSS, and are supported by local healthy schools coordinators.

The 'Healthy School' actively promotes, protects and embeds the physical, mental and social health and well-being of its community through positive action.

Since 2010, schools have been able to be awarded with a national final accreditation for outstanding practice; the Welsh Government's 'National Quality Award' (NQA). The NQA indicators look for a whole school approach to a range of health topics in the areas of leadership and communication, curriculum, school environment and ethos, and family and community involvement.

Schools can apply to be independently assessed in the ninth year of involvement in the scheme. Currently, 130 schools across Wales have achieved the NQA award.

The achievement of the award after nine years' involvement is in line with the recommendation from the International Union for Health Promotion and Education (IUHPE) that it takes 8-11 years to embed such a programme.

Public Health Wales, in its 2013 report, *Transforming Health Improvement*, noted that the WNHSS had gained international recognition, and recommended that the programme should be maintained and improved.

The programme has been extended to pre-school settings, via the Healthy and Sustainable Pre-school Scheme, with over 650 settings actively involved.

Indicators for Healthy and Sustainable Further Education and Higher Education have also been published.

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TSANA : evidence for Children Young People and Education Committee on the Additional Learning Needs and Education Tribunal (Wales) Bill

1. The Third Sector Additional Needs Alliance, (TSANA) is a group of voluntary organisations which seek to promote and protect the rights of children with additional learning needs in Wales. We aim to work with the Welsh Government and other organisations to influence legislation, policy and practice in Wales to ensure that children with additional needs can access the support they need to reach their full potential. Members include:

Afasic Cymru
Barnardo's Cymru
Contact a Family
Children in Wales
Learning Disability Wales
Mencap Cymru
Mudiad Meithrin
National Autistic Society (NAS) Cymru
National Deaf Children's Society (NDCS) Cymru
RNIB Cymru
Sense Cymru
SNAP Cymru
The Down's Syndrome Association
Wales Pre-school Providers Association

2. TSANA welcomes the opportunity to contribute evidence to the National Assembly for Wales Children, Young People and Education Committee as part of its consultation on the Additional Learning Needs and Education Tribunal (Wales) Bill.

3. TSANA's evidence aims to inform scrutiny of the overarching principles of the Bill and how it will impact children and young people with Additional Learning Needs (ALN). TSANA member organisations may submit evidence which informs scrutiny of the Bill with that organisation's specialism in mind.

4. The Additional Learning Needs (Wales) Bill as tabled appears to respond in part to some of the concerns that TSANA highlighted following the publication of the draft Additional Learning Needs (Wales) Bill in 2015. However TSANA members are still digesting the Additional Learning Needs (Wales) Bill, so are unable to give a full and considered response to what the Bill contains at this early stage.

5. The remainder of this paper therefore lists the recommendations that TSANA made on the previous draft Additional Learning Needs (Wales) Bill which were contained in a briefing Paper which TSANA prepared for a meeting with the Minister for Lifelong Learning and the Welsh Language in September 2016. These concerns still remain and TSANA would like to use these as a basis for giving oral evidence to the Children and Young People Committee. We will also be submitting a response to the Committee's Consultation on the Additional Learning Needs and Education Tribunal (Wales) Bill in due course.

Key Recommendations and Concerns

6. The Definition of Additional Learning Needs. A wide ranging definition of learning that spans the 0-25 age range should be adopted that recognises a child or young person's social and emotional development, the role of play in learning and importance of learning skills for life. This will reinforce the fact that the reforms don't just apply to formal curriculum based learning of school aged children.

7. Early Years. Learning begins from birth and the reforms should consider the need of children from 0-3. The lack of detail about how the system will work in an early years context could result in this age group struggling to access appropriate support. Referral pathways for health visitors etc are required as is clarity on how the IDP process will operate in the early year's services.

8. Post Compulsory Education. There are wide ranging implications for the delivery of support to young people with ALN in Further Education Institutions (FEIs). Clarity on how the IDP process will work in an FE context is required and what expectations will be placed on the FEIs in terms of planning etc, when the young people move on. TSANA is disappointed that the IDPs will be limited to further education settings and those young people accessing apprenticeships will not be afforded the same support as their peers who are in further education.

9. Transition to Adulthood. The Bill gives little information about this and those young people who leave school, do not go onto further education but require the involvement of social services and health. They had previously been supported through the Welsh Government funded Transition Key Worker programme which ran from 2008 – 2013 and the convergence funded Regional SEN Transition to Employment Initiative from 2011 – 2014 and TSANA is concerned that learning from these programmes is being lost.

10. Multi agency working. The duty placed on health is insufficient. However a duty to work in a multi-agency way and to deliver multi agency services still needs to be established. This should be underpinned by local protocols between health, social services and education to assess and deliver provision.

11. Individual Development Plan. A mandatory IDP template is required to ensure that the IDP is consistent and portable, legally accountable, and transparent across Wales. TSANA would welcome the opportunity to work with the Welsh Government on the development of such a template. One of the points we are keen to retain within the IDP is the ability for families to name their preferred school.

12. Training. In order to implement the reforms, professionals working with children and young people with ALN will require appropriate training. This must include general disability equality training as well as training on the specific disabilities of individual children and young people plus training on the IDP process. Initial teacher training must also include an increased focus on children with additional learning needs as well as including training on person centred planning.

13. Involvement of specialists. Under the reformed system, schools will be responsible for identifying which specialist professionals need to be involved in a

learner's assessment and in determining whether or not the IDP should be the responsibility of a local authority. It is important that this does not become a barrier to children with low incidence disabilities accessing specialists like teachers of the deaf due to a lack of awareness on a school level. Therefore, we urge that IDPs for low incidence needs be clearly reserved as the responsibility of local authority. We would also recommend that the development of disability specific pathways would help schools to identify when to pass IDPs on to a local authority and also which specialist professionals should be involved.

14. The alignment with other legislation needs to be improved. The Social Services and Well-being Act talks about prevention and the social model of disability and "minimising the effect on disabled people of their disabilities." This is not picked up within the ALN reforms. Neither do the reforms fit with the local authority duty to carry out an assessment of need under The Act.

15. The provision of information, advice, assistance and dispute resolution. More detail is required on the advocacy and dispute resolution services. It is important for consistency and transparency that such standards operate to minimum national guidelines and that they independently represent the views of children young people and their parents through independent support being available from the outset of their concerns about the child or young person.

16. Estyn should have a role in monitoring ALN provision, assessment, IDPs, support systems, complaints and disputes framework

Further engagement with Welsh Government

TSANA welcomes the opportunity to continue working with Assembly Members and officials during the passage of the Bill in the Senedd and its implementation.

Catherine M. Lewis,
Chair of TSANA
Catherine.Lewis@childreninwales.org.uk

SNAP Cymru: evidence for Children Young People and Education Committee on the Additional Learning Needs and Education Tribunal (Wales) Bill

1. SNAP Cymru provides an independent service where families and young people can access accurate, unbiased information and support about their rights and responsibilities when dealing with issues around Additional Learning Needs. We are independently audited by Community Legal Services. We are a member of TSANA and broadly support their submission. From our extensive contact with parents, young people and professionals, we welcome the opportunity to provide some additional points to inform the Scrutiny Committee.
2. SNAP Cymru welcomes the principles of this Bill - a simpler and less adversarial system that underlines the necessity of providing support and information to ensure that children, their parents and young people participate as fully as possible in decisions that affect them.
3. The definition of ALN is similar to that already in legislation and will require interpretation for ages and stages of development. The range in ages is welcome. Clarity will need to be carefully embedded into the Code of Practice.
4. The IDP process is welcome and the work done thus far to begin the transition to child centred practice is encouraging. Learning, from work done and now Ofsted reports, in England shows that practice is likely to be patchy and that the process will not, of itself, bring about harmonious working and less anxiety.
5. The avoidance and resolution of disagreement facilitated by an independent and knowledgeable service provider is welcome. Avoiding disagreement requires that families and young people can get information and explanation from an independent source thus addressing the power balance and creating a partnership of equals. Legislation could enshrine a right to such a service for all families and young people, with concerns about their ALN, within the Bill. This would ensure access to independent support and rights and responsibilities based information at the outset of concerns before a time when events become stressful.
6. Families are concerned that the current avoidance and resolution of disagreement wording leaves a gap where one LA may legally be seen to be independent of processes and decisions from another LA. Parents and young people do not see this practice as independent and want the bill to ensure that this is not able to happen.
7. Families and young people overwhelmingly report that they find communication with schools and agencies stressful, they report feeling

confused following explanations and do not feel they have been fully informed of all options, rights and responsibilities. This leads to mistrust and confrontation.

8. Where information is provided without supporting explanation and exploration the information is not always understood and families and young people may be unable to make appropriate decisions.
9. Families and young people may distrust information that is not transparent about how decisions are reached and under what financial imperatives these decisions are taken. Families are concerned that the service or agency may not give them full access to all possible avenues of support.
10. Over reliance on third sector organisations to fill gaps. The third sector comprises great knowledge and skill on both common and rare ALN. The bill needs to ensure that these services are recognised and that there is a duty to fund adequately otherwise information and support services currently taken for granted will not be available to families or professionals
11. Parents are concerned that the services necessary to underpin the support and inclusivity they want from this new Bill may become spot purchased and only available when a setting purchases such input. Families overwhelmingly want a free at the point of delivery, open access service and the Bill's wording needs to promote that this happens.
12. Training. The proposed workforce development programme is welcomed. It will be important for any legislation or guidance to recognise that training and expertise are not the same thing and that access to expertise is essential at all stages of the process and all ages.
13. Involvement of specialists. Timely assessment is pivotal to meeting need. The right to an assessment that is sufficient to identify underlying health, educational and social need within a defined timescale will support good working relationships with families and young people.

Tuesday 10 January 2017

Ken Skates AM
 Cabinet Secretary for Economy and Infrastructure
 Welsh Government
 Tŷ Hywel
 Cardiff Bay
 Cardiff CF99 1NA

Dear Cabinet Secretary,

Re: My Travel Pass

We are writing to express our grave disappointment at the Welsh Government's recent decision not to extend the My Travel Pass scheme when the pilot comes to an end in March, and to urge you to reconsider.

We are extremely concerned about the thousands of young people who will face an increase in travel costs as a result of this decision. Affordable transport to college and sixth form, as well as to work placements, is crucial for young people in Wales so that they may access education. However, in recent years cuts to local government budgets have meant that the transport available for further education students has increasingly come under threat.

You may know that NUS Wales published a report called 'Pound In Your Pocket' in 2014. It gave an overview of students' experience of financial support in Wales. Our research highlighted that a significant proportion of further education students were being forced to spend money in order to access their education. Indeed, 62% of them had costs associated with travel and the majority of these costs were £20 or more.

The research also found that the cost of travel was putting a strain on students' abilities to balance their commitments between work, study, and family life, with 37% of students who pay more than £20 a week reporting this. We also compared the costs of students who live in Office for National Statistics' classified urban postcode areas against those who live in rural areas. What we found was that rurally-based students spent more time and more money on transport.

It was with this research in mind that we raised this very issue in our [manifesto](#) ahead of last year's National Assembly elections, which we are sure you recall. In it, we recommended that the 'next Welsh Government extend concessionary travel on public transport to all FE students, building on the My Travel Pass bus scheme for 16-18 year old students, to ensure none are excluded from opportunities due to transport costs.' You will also recall our [Apprentices Manifesto](#), which recommended that 'all parties commit to introducing a travel card that covers apprentices aged 16-25.'

It is clear that there is a need for a scheme that supports students with the cost of travel in order to combat these issues. Cutting My Travel Pass will be a regressive step which will disproportionately affect those from disadvantaged backgrounds and those who live in rural areas.

Whilst we recognise that the take up of the scheme has not been particularly high, with only 7% of those eligible using the system, we believe that this is not because the scheme itself is unnecessary,

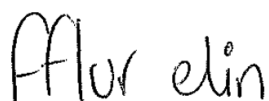
but rather because it has not been advertised effectively. Indeed, before the introduction of the scheme, our research showed that a significant proportion of students did not understand how to receive support with the cost of travel.

We are therefore calling on the Welsh Government to re-consider its decision to scrap the scheme, and instead place more emphasis on effectively informing young people about how to receive a travel pass. NUS Wales is prepared to offer assistance in engaging with students in this regard.

We look forward to receiving a response at your earliest convenience.

Please be aware that we have sent a copy of this letter to the Minister for Lifelong Learning and Skills and to the Chairs of the Children, Young People, and Education Committee and the Economy, Infrastructure, and Skills Committee.

Yours sincerely,



Fflur Elin
President, NUS Wales



Carmen Smith
Deputy President, NUS Wales

Agenda Item 4.2

Kirsty Williams AC/AM
Ysgrifennydd y Cabinet dros Addysg
Cabinet Secretary for Education



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref MA-P/KW/7636/16

Lynne Neagle AM
Chair of Children, Young People and Education Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

11 January 2017

Dear Lynne,

Further to my letter of 6 December, which updated you on the Schools Challenge Cymru transition plans, I have attached the verified GCSE results for Pathways to Success schools (Doc1). This table shows the attainment of L2 Inclusive in Pathways to Success schools between 2014 – 2016.

In summary, the verified results show that when looking at progress after 2 years, attainment of the Level 2 Inclusive across Pathways to Success schools has improved by 7.0 percentage points, with 34 (87%) of the schools securing improvements in this measure. Attainment of the Level 2 Inclusive for FSM pupils across Pathways to Success schools has improved by 8.2 percentage points, with 29 (74%) of the schools securing improvements in this measure.

You will also be aware that I have announced additional funding for the delivery of advisory support in Pathways to Success schools until the end of the academic year. This funding will be directed to the Regional Consortia for them to determine how it should be allocated to aide transition.

Furthermore, while the majority of Pathways to Success schools secured improvements, and the percentage of learners across Wales earning 5 good GCSEs is at an all time high, I remain concerned by the variations that exist between our highest and lowest performing schools. I have therefore asked my officials to explore with the Education Consortia what additional targeted work could be undertaken to accelerate improvement in our schools. A further announcement will be made in due course.

Yours sincerely

Kirsty Williams AC/AM
Ysgrifennydd y Cabinet dros Addysg
Cabinet Secretary for Education

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Gohebiaeth.Kirsty.Williams@llyw.cymru
Correspondence.Kirsty.Williams@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Doc.1

KS4 attainment of those in Year 11/15 year olds by school - Pathways to Success

Notes

Based on pupils in year 11 for 2016, previous data based on pupils aged 15 on 31 August at the start of the academic year.

Only includes maintained mainstream secondary schools

Caution should be used when analysing the data, since due to the very small numbers of FSM pupils in some schools, results can fluctuate from year to year. Pupil numbers are shown as a guide.

." The data item is not applicable

Pack Page 43

LA Code	LA Name	School Code	School Name	No. of pupils in year 11 in 2016	% all pupils achieving L2 inc						No. e-FSM pupils in year 11 in 2016	% e-FSM pupils achieving L2 inc					
					2014	2015	2016	Change 2014 to 2015	Change 2015 to 2016	Change 2014 to 2016		2014	2015	2016	Change 2014 to 2015	Change (2015 to 2016)	Change 2014 to 2016
660	Isle of Anglesey	4026	Ysgol Uwchradd Caergybi	137	43.4	48.6	48.2	5.2	-0.4	4.8	24	48.0	40.6	25.0	-7.4	-15.6	-23.0
664	Flintshire	4012	Ysgol Treffynnon	68	43.6	37.6	50.0	-6.0	12.4	6.4	18	33.3	16.7	22.2	-16.7	5.6	-11.1
665	Wrexham	4033	Ysgol Bryn Alyn	156	47.4	48.1	48.7	0.7	0.6	1.3	29	40.0	22.2	20.7	-17.8	-1.5	-19.3
665	Wrexham	4048	Rhosnesni High School	179	50.5	49.0	49.7	-1.5	0.7	-0.8	35	15.8	25.6	14.3	9.9	-11.4	-1.5
665	Wrexham	4049	Ysgol Clywedog	159	48.5	52.8	46.5	4.4	-6.3	-1.9	27	20.5	26.7	22.2	6.2	-4.4	1.8
668	Pembrokeshire	4063	Milford Haven School	151	38.0	43.3	51.7	5.3	8.3	13.6	29	33.3	27.5	41.4	-5.8	13.9	8.0
669	Carmarthenshire	4065	Ysgol Bro Dinefwr	172	70.7	63.3	72.7	-7.4	9.4	1.9	18	35.7	45.0	66.7	9.3	21.7	31.0
670	Swansea	4033	Morrison Comprehensive	163	49.7	46.3	62.6	-3.4	16.3	12.9	29	15.0	22.9	44.8	7.9	22.0	29.8
670	Swansea	4043	Pentrefafod School	197	44.3	52.7	53.3	8.4	0.6	9.0	47	26.9	30.2	29.8	3.4	-0.4	2.9
672	Bridgend	4086	Coleg Cymunedol Y Dderwen	226	39.9	44.0	55.8	4.1	11.7	15.8	52	12.8	34.0	40.4	21.3	6.3	27.6
673	The Vale of Glamorgan	4061	Barry Comprehensive School	158	37.4	50.0	62.7	12.6	12.7	25.3	32	18.9	22.6	46.9	3.7	24.3	28.0
674	Rhondda Cynon Taf	4022	The Pontypridd High School	170	52.4	53.3	61.8	0.9	8.5	9.4	31	30.3	11.5	29.0	-18.8	17.5	-1.3
674	Rhondda Cynon Taf	4027	Hawthorn High School	136	40.5	49.3	61.8	8.8	12.4	21.3	39	16.1	29.3	41.0	13.1	11.8	24.9
674	Rhondda Cynon Taf	4057	Tonyrefail School	142	52.1	47.2	60.6	-4.9	13.3	8.4	31	23.7	18.8	35.5	-4.9	16.7	11.8
674	Rhondda Cynon Taf	4087	Porth County Community	156	47.2	47.5	51.9	0.3	4.4	4.7	36	27.9	30.3	33.3	2.4	3.0	5.4
674	Rhondda Cynon Taf	4095	Tonypanyd Community College	131	30.5	49.2	51.9	18.7	2.7	21.4	33	5.9	24.1	27.3	18.3	3.1	21.4
675	Merthyr Tydfil	4011	Afon Taf High School	148	51.2	48.2	58.1	-3.0	9.9	6.9	28	24.2	16.1	46.4	-8.1	30.3	22.2
675	Merthyr Tydfil	4012	Pen-Y-Dre High School	97	33.9	39.1	52.6	5.2	13.4	18.7	28	8.3	24.4	28.6	16.1	4.2	20.2
675	Merthyr Tydfil	4600	Bishop Hedley High School	84	60.4	64.0	60.7	3.6	-3.3	0.3	11	40.9	54.2	36.4	13.3	-17.8	-4.5
676	Caerphilly	4046	Blackwood Comprehensive School	197	48.8	59.8	57.9	11.0	-1.9	9.1	35	25.0	36.4	28.6	11.4	-7.8	3.6
676	Caerphilly	4065	St Cenydd School	186	37.9	50.0	41.9	12.1	-8.1	4.0	35	17.4	19.5	25.7	2.1	6.2	8.3
676	Caerphilly	4070	St Martin's School	137	50.3	52.3	64.2	2.0	11.9	14.0	23	25.0	6.9	34.8	-18.1	27.9	9.8
676	Caerphilly	4073	Heolddu Comprehensive School	122	35.9	48.9	44.3	13.0	-4.7	8.3	39	25.0	29.4	25.6	4.4	-3.8	0.6
676	Caerphilly	4093	Bedwas High School	102	44.1	35.0	51.0	-9.0	15.9	6.9	27	13.0	19.2	40.7	6.2	21.5	27.7
677	Blaenau Gwent	4061	Tredegar Comprehensive School	134	41.6	52.4	53.7	10.9	1.3	12.2	29	27.3	38.0	41.4	10.7	3.4	14.1
677	Blaenau Gwent	4074	Abertillery Comprehensive	136	23.1	34.4	41.2	11.3	6.8	18.1	45	8.5	15.8	28.9	7.3	13.1	20.4
677	Blaenau Gwent	5500	Ebbw Fawr Learning Community	229	53.0	54.3	42.8	1.4	-11.6	-10.2	44	28.0	30.8	25.0	2.8	-5.8	-3.0
678	Torfaen	4070	Abersychan Comprehensive	165	49.2	48.7	41.2	-0.5	-7.5	-8.0	36	24.1	35.1	16.7	11.1	-18.5	-7.4
678	Torfaen	4072	West Monmouth School	143	48.0	56.9	52.4	8.9	-4.5	4.4	26	32.3	22.7	30.8	-9.5	8.0	-1.5
678	Torfaen	4076	Cwmbran High School	213	46.7	46.8	39.0	0.1	-7.8	-7.7	55	27.9	29.6	14.5	1.8	-15.1	-13.3
680	Newport	4003	St Julian's School	249	50.7	46.6	51.0	-4.1	4.4	0.3	37	18.0	18.6	21.6	0.6	3.0	3.6
680	Newport	4021	Llanwern High School	137	40.8	45.7	44.5	4.9	-1.2	3.7	46	26.8	28.9	39.1	2.1	10.2	12.3
680	Newport	4026	Lliswerry High School	177	40.2	41.3	53.7	1.1	12.4	13.5	45	25.5	31.7	35.6	6.2	3.8	10.0
681	Cardiff	4035	Glyn Derw High School	66	25.6	23.9	28.8	-1.8	4.9	3.1	25	18.6	14.7	24.0	-3.9	9.3	5.4
681	Cardiff	4041	Willows High School	123	49.7	46.9	52.8	-2.8	6.0	3.2	47	37.7	32.3	44.7	-5.4	12.4	6.9
681	Cardiff	4049	Cantonian High School	71	35.8	45.0	50.7	9.2	5.7	14.9	15	14.3	30.0	40.0	15.7	10.0	25.7
681	Cardiff	4073	Michaelston Community College	89	21.5	25.2	24.7	3.8	-0.5	3.2	38	8.6	14.7	15.8	6.1	1.1	7.2
681	Cardiff	4076	Eastern High School	174	22.4	14.9	25.9	-7.5	10.9	3.4	74	9.7	10.8	16.2	1.1	5.4	6.5
681	Cardiff	4600	St. Illtyd's Catholic High School	163	45.7	46.1	55.2	0.4	9.1	9.5	32	44.0	27.9	50.0	-16.1	22.1	6.0
Total				5,843	44.0	47.0	51.1	3.0	4.0	7.0	1,330	22.7	26.0	30.9	3.3	4.9	8.2

Agenda Item 6

By virtue of paragraph(s) ix of Standing Order 17.42

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