



# Spotlight Event: Taking a Whole System Approach to Supporting additional learning needs – Post Event Report

4TH DECEMBER 2025

## Contents

Event Summary.....	3
Cabinet Secretary for Education – Welcoming Address .....	4
Presentations: Abi Phillips – Deputy Director, Quality and Nursing .....	7
Case Study 1: Emotional Health, Wellbeing and Resilience Framework.....	11
Case Study 2: Integrated Service for Children with Additional Needs (ISCAN).....	14
Children and Young People’s Voice.....	19
Breakout Room Discussions .....	19
Links Shared .....	21

# Event Summary

## Event aims:

- Promote effective partnership working between education, health, social care and third sector to support school aged children and young people with additional learning needs to thrive.
- Facilitate connections to improve multiagency, integrated population planning, accountability and delivery at Regional Partnership Board level for school aged children and young people with additional learning needs.

## Key Themes:

- **Children and Young People's Voice:**  
Young people shared their experiences, highlighting the importance of teamwork, communication, and kindness among adults who support them.
- **Whole-System Collaboration:**  
Presentations emphasised the need for integrated approaches, with statutory roles and structures in place, but a call for delivery partners to work collaboratively to meet the needs of the whole child and family.
- **Case Studies:**  
Real-life and hypothetical examples illustrated how agencies can respond to complex needs through person-centred planning, individual development plans (IDPs), and coordinated support from education, health, social care, and the third sector.
- **Principles and Frameworks:**  
The ALN system is underpinned by five key principles: rights-based approach, collaboration and integration, inclusive education, early identification and intervention, and a bilingual system. The NEST framework and Emotional Health, Wellbeing and Resilience Framework were showcased as tools for joined-up working. RPBs play a strategic role in bringing partners together, enabling joint planning, sharing good practice, and supporting workforce development to ensure children receive the right support at the right time.
- **Breakout rooms:**  
Participants were allocated into eight breakout rooms where they were asked to discuss a series of questions related to best practice and collaborative working around ALN provision the discussions resulted in a variety of useful insights into the realities faced by people working across different areas.

**Impact:**

The event highlighted successful examples of coordinated, whole-system support, but also acknowledged ongoing challenges and the need for continued improvement. It called for:

- Stronger data sharing and joint working protocols
- Children and young people to be prioritised in local population planning and service delivery
- Proactive, open collaboration at all levels
- Empowering staff with clear expectations, roles and responsibilities
- Ensuring children's voices, and the families that advocate for them, are central in planning and decision making

## Cabinet Secretary for Education – Welcoming Address

Lynne Neagle MS

*I am grateful to you all for giving up your time to be here today - it's wonderful to see so many people at this event, representing different sectors. Your presence speaks volumes about your commitment to supporting children and young people and particularly those with ALN. We have a shared commitment, from early years support, health and wellbeing to education reforms. Our vision is a Wales where every child is given the best start in life to grow, learn, and succeed.*

*To realise our ambitions, we are on a journey to deliver a whole system approach to supporting the needs of all children and young people. This means a seamless education, health and social care system, designed around individuals and focused on early intervention, prevention and wellbeing. Tackling health inequalities, and ensuring education, health, social care and the voluntary sector work hand in hand.*

*This vision is central to the ALNET legislative framework, and the Well-being of Future Generations Act that underpin our commitment to future generations to a prosperous, healthier and more equal Wales. Today is an opportunity to remember we have much to celebrate, and I want to thank all of you for your work with children and young people every day.*

*There is a huge amount of effective practice. Earlier this year, at the ALN Effective Practice event, we shared inspiring examples – including how occupational therapists work alongside education partners in Neath Port Talbot to deliver joined-up support. We saw health and education are working together to implement structured physical activities in schools such as 'corridor circuits' to support motor skills, sensory regulation, and readiness to learn. By embedding these interventions into the school day, the approach not only helped children engage more effectively in the classroom but also demonstrated the power of simple, practical, collaborative solutions, and the*

*impact this has on learners. I am pleased to hear that other local authorities are now adopting this approach.*

*Where multi-agency panels are built on person centred approaches that bring education, health, and social care professionals around the same table – they are agreeing coordinated plans and timely support for children with ALN. Today you are going to hear more wonderful practice from across Wales and I'm grateful to the speakers for sharing their experiences.*

*Our aim is to move beyond good examples and make joined up working the norm across Wales, ensuring that every child and young person receives coordinated, person-centred support. Of course, despite all our bold ambitions, and the efforts of our committed workforce across public services in Wales I still hear from both families and practitioners, that some children and young people with ALN are not getting the co-ordinated support that they deserve.*

*We all know that, in practice, it is hard to bring together an integrated system with seamless collaboration across education, health and social services. We can all probably think of many challenges that we face in multi-agency working, let alone the different processes, people and practices across different agencies.*

*What concerns me is that these challenges can result in missed opportunities for support that can lead to negative effects on the educational outcomes and physical and mental health of children.*

*Local authorities and schools have shared that, at times, schools are increasingly being relied upon to provide support beyond education. In some cases, children and their families are turning to teachers and education staff for help during crisis situations, including support for health and wellbeing.*

*I have been told about education support staff being asked to undertake health procedures like changing catheters and tracheostomy tubes. While many may be willing to take on this extra responsibility, there needs to be appropriate recognition for this, appropriate training and appropriate oversight procedures.*

*This is a very different role from that which support staff are likely to have been employed for and no one should feel pressurised to take on such a role. We will be looking at this further as part of the review of the supporting learners with health care needs guidance and consider how the school nursing frameworks align and support that guidance.*

*I am committed to understanding the full picture and the impact this maybe having on wellbeing and classroom learning, so that all those who support our children work together to meet their education, health, care and wellbeing needs. Today is the start of a conversation around how to improve our collaboration and explore how the role*

*of regional partnership boards and their children and young people boards can strengthen our shared approach.*

*I will be joining the discussions later to participate in the conversations to further understand how we can better support needs-led models that can enable early intervention without unnecessary waits and to enable our workforce with the skills and capability to respond. Last month, I shared key findings of the review of the ALN legislative framework, and it surfaced a need for more consistent stronger multi-agency collaboration in Wales.*

*Whilst it is clear there are examples of good practice, there are challenges in understanding roles and responsibilities, unclear pathways between sectors, differing funding mechanisms, and inconsistent or lack of data and information sharing between sectors, which have an impact on the learner's experience and outcomes. I believe that we can and we should do better. Improving multiagency integration and collaboration to meet the health, social care and educational needs of children and young people with ALN is one my five priorities for the next phase of ALN reform. We are taking range of actions to move this forward.*

*Firstly, across the sectors there is a need for clarity over roles and responsibilities.*

*We are working closely with our health and education partners to develop clear guidance that addresses the areas of uncertainty and inconsistency highlighted in the ALN legislative review, including how NHS duties interact with responsibilities under the ALNET Act.*

*We have recruited a Professional Advisor for Healthcare Needs, who will play a key role in ensuring that health and education roles and responsibilities are clearly understood and to develop new ways to ensure provision is fully integrated. As I mentioned earlier, this starts with reviewing the 'supporting learners with healthcare needs guidance'.*

*The multi-agency collaboration group is being re-established in the new year, with a clear focus on improving how we work across sectors. This group will help to improve understanding of the ALN system and address key issues raised from the legislative review to help us tackle operational challenges together.*

*Secondly, clear communication is essential, families and practitioners need accessible information, straightforward routes to request support across sectors, and know where to turn when things aren't working. Our goal must be to wrap support around the child, ensuring every service works together to meet their needs holistically.*

*Our new ALN parental toolkit was launched earlier this month to start to make it easier for families to navigate the system. In Spring, an ALN effective practice event will be another opportunity for sectors to come together to share practical solutions, tackle challenges, and learn from each other.*

*Thirdly, better data sharing and transparency will help understand system pressures, reduce delays and ensure learners receive the right support at the right time.*

*We are working with Health bodies to better align health policy and performance measures with ALN duties in order to embed these priorities across services. By working together, across education, health, and social care - we can create a system that is integrated, responsive, and focused on the needs of every learner.*

*This is not just about meeting statutory obligations; it is about giving every child the best start in life, supporting not only their learning but their physical and emotional wellbeing. Finally, there is an opportunity to build on the huge strides of integrating health and social care through Regional Partnership Boards, to bring education more firmly to the table to influence regional partnership planning.*

*It is essential that education, health and social care work together to drive strategic planning based on the needs and demographics of local populations.*

*Our shared challenge is to better understand how to meet the needs of children and young people in Wales, the changing diversity of local populations, and how those needs move with children and young people as they go through early years, into pre and post 16 education, into further training, employment or supported or independent living. Today is a really positive step to facilitate more joined up working together. To hear about effective practice and create space to discuss what actions need to be taken to achieve an integrated support offer to address the challenges.*

*Multi-agency collaboration isn't just a principle, and this isn't a new problem, it's the foundation for delivering the right support at the right time for every child and young person. Our challenge now is to turn good practice into common practice through leadership and commitment. I urge each of you to discuss the challenges, explore opportunities and take what you've learned today back to your teams. Please continue to strengthen those partnerships and commit to integrated planning that is essential to realise a whole-system approach that puts the child and their family at the centre.*

## **Presentations: Abi Phillips – Deputy Director, Quality and Nursing**

To demonstrate Welsh Government's ambitions for whole system support in ALN provision, Abi offered a hypothetical case study, starting with the needs of the child and considering the role of each agency in the process, and how Regional Partnership Boards (RPBs) can support seamless integration in service provision.

### **Case Study Narrative: John's Journey Through a Whole-System Approach**

Let's imagine John, a bright and curious 7-year-old in Year 3. John loves Power Rangers and being outdoors, but he faces challenges with speech and language, sensory regulation, and increasing anxiety. In the classroom, John struggles to follow

instructions and is easily overwhelmed by noise, which sometimes leads to frustration and withdrawal from learning activities.

### **Early Identification and Support**

John's teacher notices these difficulties and discusses them with the school's ALNCo (additional learning needs co-ordinator).<sup>1</sup> Together, they recognise that John may have additional learning needs and initiate a Person-Centred Planning meeting. This meeting brings together the school, John's family, and other professionals to share information, understand John's needs, and agree on next steps.

### **Education's Role**

School leads the process by identifying the ALN and creating an individual development plan (IDP) for John. The school uses a person-centred approach, ensuring John's and his family's views are central to planning. John expresses that he finds it hard to make friends, and his parents share their struggles with managing his emotions at home. The school develops strategies to help John participate and progress and seeks specialist advice when needed. The school develop strategies to help John participate and progress. The school can ask the local authority specialist teaching staff for expert advice and guidance should the school or John require it, like a speech and language specialist teacher or a teacher with advanced training and expertise in supporting learners who have ALN.

### **Health's Contribution**

Health professionals play a key role by sharing information and engaging with education partners. They provide timely input into John's IDP, offering therapies and advice to support his learning. The Designated Education Clinical Lead Officer (DECLO) coordinates the health board's involvement, ensuring John receives the support he needs.

### **Integrated Support**

During the Person-Centred Planning meeting it becomes clear the family has lots of different needs so the school refer to the single point of access (SPOA) for early intervention and prevention, where a Multi Disciplinary team discuss what support is needed informed by a what matter's conversation with John and his parents. They co-ordinate the offers of support, identifying the families' trusted adult as a community youth worker, known and liked by the family, who is able to explain the support being offered and ensure the family feel confident to accept it.

In John's families' case they have lots of agencies working with them which can get confusing and difficult for the family to manage. There are also concerns over parenting and home life so the youth worker talks to them about 'team around the

---

<sup>1</sup> ALNCo is a statutory role and is someone who is responsible for coordinating provision for learners with ALN.

family' and they agree to engage, meaning a team around the family case is established, co-ordinating all the agencies and putting in parenting support.

The SPOA also identifies a charity that runs an inclusive playscheme and offers parenting peer support groups, John's parents feel nervous about meeting new people but the youth worker is able to attend the first session with John's family to help them feel confident to attend.

### **Coordinated Outcomes**

John now has an IDP in place ensuring his learning needs are being met, his ALNCo attends the team around the family meetings so school are aware of what is happening at home and can take a trauma informed approach to managing and understanding his behaviour and emotions. John receives timely speech and language support where his parents are encouraged and given the confidence to support his development at home.

Both John's teachers and his parents receive advice from child and adolescent mental health services about strategies to help John manage his anxiety. John's parents are attending a parenting group which is helping them to manage emotions at home. All of this support is co-ordinated through the team around the family worker who both John and his parent's have developed a strong relationship with. John loves going to the free inclusive playscheme every Saturday with his siblings where he has made new friends and can play outside in a sensory environment suited to him.

All agencies worked together from the point of emerging need to ensure a joined up approach for the whole family, the importance of support being offered through existing trusting relationships was understood and the voice of the child and family were central.

### **How was this co-ordination achieved?**

The RPBs in John's area has a children's strategy in place that all partners are committed to, this strategy was developed through evidence gathered in their population need's assessments and through co-production with children and families.

RPBs provide the structure for collaboration across education, health, and social care. They bring partners together at a strategic level to plan and deliver integrated services for children and young people through their children and young people's subgroups. Representation from all sectors is essential.

For ALN, RPBs can enable joint planning and commissioning, support sharing of data and good practice, and create opportunities for joint workforce development.

This is about using the RPB as the vehicle for integration so that children receive the right support at the right time.

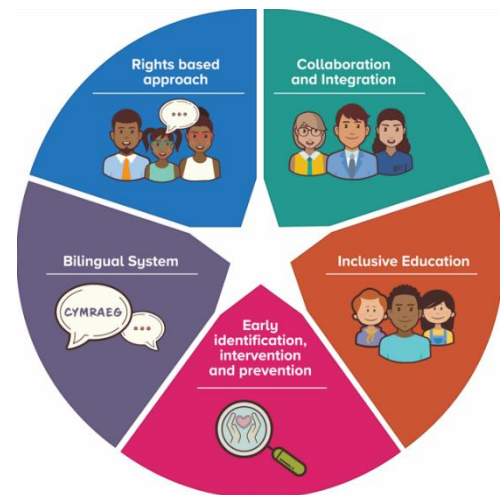
For John, this means:

- A single point of access is available to handle family support referrals, with strong multi sector partnerships behind the front door to discuss what offer of support should be made to the family.
- Joined-up planning so the therapies and classroom support identified in his IDP are backed by wider system coordination.
- Sharing good practice so approaches that work in one area, such as integrated speech and language support, can be scaled across regions.
- Workforce development so teachers, health professionals, and social workers have the skills and confidence to collaborate effectively.

## ALN system

The ALN system operates on 5 key principles:

- Rights based approach - Where the wishes and feelings of children, young people and their parents are central and that they are actively involved in the planning and decision-making process.
- Collaboration and integration - Where services work together to ensure the right support is in place to help children and young people succeed.
- Inclusive Education - Where most children and young people with ALN can be supported to participate fully in mainstream schools and colleges with the whole school working together to meet their needs.
- Early identification, intervention and prevention - Where needs are identified early and support is put in place as soon as possible.
- Bilingual system - Where reasonable steps are made to provide additional learning provision in Welsh for children and young people who need it.



The ALNET legislation sets out statutory duties for health, this includes the strategic role of the Designated Education Clinical Lead Officer (DECLO). Every Health Board is required to have a DECLO in place and are responsible for coordinating the Health

Board's functions for children and young people with ALN, working in partnership with education and other agencies to promote effective multi-agency collaboration.

DECLOs represent Health Boards and promote strategic awareness of ALN. They play a key role to lead systems that enable health and education to collaborate effectively as well as quality assurance of Health Board activities in relation to children and young people with ALN. The DECLO will probably not be directly involved with John but has ultimate responsibility for the NHS role in supporting children and young people with ALN.

### **What needs to happen?**

So, what needs to happen to ensure children and young people with ALN get the joined-up support they deserve?

The [NEST framework](#) shows the key stakeholders and principles we want to work to.

- At a regional level we want to see RPBs considering children and young people with ALN in their planning and commissioning. To do this RPBs need education around the table to increase understanding of what is needed and form those integrated pathways of support.
- At a system level we need multi sector data sharing agreements and joint working protocols with a strong commitment from senior leaders to integrated working
- At a service level, services and sectors need to be open to working together and proactive in reaching out to connect and share information and skills
- At a practitioner level, staff need to feel supported and confident to work with other professionals, to ask questions, share expertise and form a network of support around families.
- Children and families need to feel held and listened too, that their voice matters in decisions that are made about their care and education and that services are working together so they experience joined up, coordinated support.

## **Case Study 1: Emotional Health, Wellbeing and Resilience Framework**

### **Enabling Integration and System Change through Regional Partnership Board Support**

#### **Introduction and Professional Context**

This work is rooted in extensive professional experience across Education, Health, and Children’s Services, and is shaped by a strong commitment to improving the emotional health, wellbeing and resilience (EHWBR) of children and young people.

The EHWBR Framework has been developed through leadership that bridges practice and strategy, ensuring that lived experience, frontline insight, and system-level thinking are meaningfully connected.

From the outset, the ambition was not to create a standalone resource, but to develop a shared regional framework that could support consistent, high-quality, and integrated approaches across education, health, social care and other services. This ambition has been realised through the enabling structures, funding, and strategic oversight provided by the RPBs.

### **Purpose and Design of the Framework**

The EHWBR Framework was co-constructed with partners from education, health, and children’s services to ensure relevance, accessibility, and shared ownership. Designed initially for children and young people aged 0–19, with ongoing development to 25, the framework promotes a preventative, strengths-based approach aligned to the Five Ways to Wellbeing.

At its core, the framework centres on a series of ‘I can’ statements, providing:

- A clear articulation of desired outcomes for children and young people
- A practical tool for trusted adults, parents, carers, and professionals
- A shared language that supports consistency across services

Crucially, the framework makes explicit connections across all five ways to wellbeing, deliberately avoiding siloed working and reinforcing the message that emotional health and resilience must be addressed holistically rather than through isolated interventions.

### **The Enabling Role of the Regional Partnership Board**

The RPB has been instrumental in moving this work from concept to embedded regional practice. Through Regional Integration Fund (RIF) funding, the RPB created the conditions required for innovation, rather than simply commissioning activity.

Specifically, RPB support enabled:

- Time and space for co-production, allowing partners to meaningfully collaborate rather than retrofit existing models
- Cross-sector integration, ensuring education, health, and social care perspectives shaped the framework equally

- A regional mandate, giving the work legitimacy and traction across different organisational footprints
- Alignment with wider system priorities, including prevention, early intervention, and the Whole School Approach

Without this strategic backing, the depth of collaboration, consistency of language, and scale of impact would not have been achievable.

### **Development Process and Quality Assurance**

The framework's development was deliberately iterative and reflective. Following co-construction:

- The work was peer challenged by service users and an academic, strengthening clarity, inclusivity, and accessibility
- Feedback informed refinements to structure, language, and practical usability
- Pilot projects were funded and evaluated, not only to test effectiveness but to create safe "learning spaces" for innovation

The RPB's approach to funding was critical here. Rather than focusing solely on outputs, investment prioritised learning, adaptation, and embedded change, ensuring the framework could evolve in response to real-world use.

### **Evaluation, Learning and Continuous Improvement**

Ongoing evaluation is underpinned by the NEST (NYTH) Toolkit, which provides a consistent methodology for reviewing impact and progress. This ensures that:

- Action planning is evidence-informed
- Reporting is consistent and transparent
- Learning from one year directly shapes priorities for the next

This structured evaluation cycle strengthens accountability while also supporting continuous improvement at both local and regional levels.

### **Supporting the Whole School Approach**

A key outcome of the RPB-enabled work has been the framework's strong alignment with the Whole School Approach to Emotional Health and Wellbeing. The framework:

- Provides shared language and expectations across settings
- Offers practical tools and resources for schools and partners
- Supports coherence between universal provision and targeted support

By embedding the framework within a whole-system approach, the work moves beyond individual programmes and contributes to cultural and organisational change across the region.

## **Ongoing and Future Development**

The work continues to evolve, with RPB support enabling:

- Ongoing development of a dedicated project website
- Further pilot projects with robust evaluation
- Completion of the 19–25 element of the framework
- Refinement of resources based on emerging learning
- Capturing and articulating the ‘story’ of impact, ensuring outcomes for children and young people are clearly evidenced and communicated

This long-term, system-focused approach reflects the RPB’s commitment to sustainable change rather than short-term solutions.

## **Conclusion**

The Emotional Health, Wellbeing and Resilience Framework demonstrates what is possible when strategic governance, integrated funding, and professional trust align. The Regional Partnership Board has not only funded activity but has enabled integration, supported innovation, and fostered shared ownership across sectors.

As a result, the framework now stands as a regionally embedded, evidence-informed tool that supports professionals, empowers children and young people, and strengthens outcomes across education, health, and social care.

## **Case Study 2: Integrated Service for Children with Additional Needs (ISCAN)**

### **Introduction**

Integrated Support for Children with Additional Needs (ISCAN), is a regional initiative across Gwent designed to provide a co-ordinated, multi-disciplinary and multi-agency approach for children and young people aged 0–18 years who present with two or more developmental needs.

Established in 2016, ISCAN aims to reduce fragmentation, improve access to timely support and empower families to navigate complex health, education, and social care systems.

### **ISCAN Co-ordination – Single Point of Access**

ISCAN operates as a single point of access for referrals, ensuring that families and professionals have a clear, streamlined route into integrated support.

### Key Features

- **Referral Criteria:** Children with two or more developmental needs, including neurodevelopmental concerns for those under 5.
- **No-Wrong-Door Approach:** Every referral is either accepted for support or appropriately redirected to the most suitable service, avoiding delays and gaps in provision.
- **ISCAN Panel:** A multi-agency panel meets regularly to review referrals, share information, and agree on holistic care pathways. Panel members include professionals from health, education, and social care.
- **Pre-Panel Engagement:** Families are engaged early through “What Matters” conversations and, where appropriate, an assessment of need phone call prior to panel discussion to ensure family views inform decision-making.

This process promotes collaborative formulation, identifying what is working well, what needs to change, and what actions are required. It also considers whether ISCAN Care Co-ordination or a separate multi-disciplinary team (MDT) is needed.

### **ISCAN Care Co-ordination**

ISCAN Care Co-ordination provides intensive, personalised support for families whose children have complex needs. Delivered by a dedicated team of Care Co-ordinators and Family Support Workers, the service focuses on:

- **Holistic Support:** Addressing both child and family needs, including health, education, housing and emotional wellbeing.
- **Multi-Agency Liaison:** Co-ordinating appointments, reducing duplication, and improving communication between professionals.
- **Empowering Families:** Helping parents/carers attend healthcare appointments (reducing non attendance), understand care plans, and build resilience.
- **Transitions:** Supporting families through key transitions (e.g., hospital discharge, moving between services or boroughs).
- **Signposting:** Connecting families to community resources, mental health support, financial aid, and inclusive leisure opportunities.

The Family Liaison Officer, based in Caerphilly Children’s Centre and aligned with Sparkle charity, offers practical and emotional support, promotes inclusive leisure activities and acts as a consistent point of contact for families.

### **Impact**

For Families

Families supported through ISCAN experience tangible improvements in their daily lives and care journeys. By co-ordinating appointments and reducing missed sessions, ISCAN helps ensure children remain engaged with essential health services, preventing the risk of discharge and maintaining continuity of care. Parents and carers report feeling more confident and less stressed, as they receive clear guidance and practical support to manage complex needs. This proactive approach also strengthens engagement with education, leading to better school attendance and improved routines for children, fostering stability and positive developmental outcomes.

#### For the System

ISCAN strengthens the wider health and social care system by preventing escalation of need and reducing the likelihood of hospital admissions through timely, coordinated interventions. By streamlining referrals and supporting families early, the service alleviates pressure on statutory services and avoids duplication of effort. This integrated approach promotes collaboration across health, education, and social care, ensuring early intervention and a more efficient, joined-up response to complex needs.

#### Future Plans

- Digital Transformation: Transition to fully electronic case files to improve efficiency and continuity of care.
- Enhanced Evaluation: Introduction of online pre- and post-support evaluation tools, including impact radar and voice of the child.
- Co-Production: Strengthening family involvement in service design and improvement.
- Capacity Building: Addressing growing demand through workforce development and exploring additional funding opportunities.

#### Alignment with Gwent Regional Partnership Board

The Gwent RPB has played a pivotal role in supporting the development and delivery of the ISCAN model through strategic oversight and funding via the Regional Integration Fund (RIF). This investment enabled the establishment of ISCAN Care Co-ordinators to provide holistic, family-centred support for children with complex needs.

The RPB's involvement ensured alignment with the NEST/NYTH framework, promoting early intervention and integrated working across health, education and social care. Key learning from this collaboration highlights the value of a 'No Wrong Door' approach, multi-agency panels and proactive family engagement in reducing fragmentation and improving outcomes. It has demonstrated that co-ordinated care not only prevents escalation and duplication but also strengthens resilience in families and alleviates pressure on statutory services. This experience reinforces the importance of sustained partnership working and flexible funding to meet growing demand and drive digital transformation and co-production in future service design.

## **Case Study: ISCAN Co-ordination**

This case study demonstrates how ISCAN's single point of access ensures joined-up working, improves decision-making, and delivers holistic, integrated care for children with complex needs.

### **Background**

Child A was referred to ISCAN following an ASD diagnosis to address extreme behaviours, sensory processing issues, motor skill concerns, and sleep difficulties. Her complex history included early foster care placement and attachment challenges. Multiple services were potentially required, including Occupational Therapy, Physiotherapy, Speech and Language Therapy, and Community Paediatrics.

### **Referral Journey via ISCAN:**

Initial referral: Submitted by school for Occupational Therapy support. ISCAN panel reviewed and determined that sensory needs were linked to attachment, recommending a tailored approach rather than standard OT intervention.

Second Referral: Expanded to include OT, Physiotherapy, SALT, and Paediatrics. ISCAN panel coordinated feedback from all services, avoiding unnecessary referrals and duplication.

Clinical Discussion: Initiated by Children's Centre Psychology team through ISCAN. This collaborative forum enabled professionals to agree on:

Community Paediatrics: Assessment of learning capacity to support genetic testing.

Occupational Therapy: Continued support via Local Authority OT team.

Sleep Support: Guidance provided and onward referral to SPACE Wellbeing for specialist input.

### **Outcomes:**

Genetic testing pathway initiated through Community Paediatrics.

Specialist OT support maintained without duplication.

Sleep hygiene strategies implemented, with CAMHS advising before medication.

Family received clear communication through ISCAN outcome letters, reducing confusion and stress.

### **Impact of Single Point of Access:**

**Streamlined Process:** ISCAN co-ordinated multiple referrals and clinical discussions, preventing fragmented care.

**Multi-Agency Collaboration:** Enabled professionals to share expertise and agree on appropriate interventions.

**Family-Centred Support:** Reduced duplication, improved clarity, and ensured timely access to relevant services.

### **Case Study: ISCAN Care Co-ordination**

This case study demonstrates how ISCAN Care Co-ordination provides holistic, family-centred support by addressing both clinical and practical needs through multi-agency collaboration. It shows the value of a single point of access in streamlining referrals, reducing stress, and improving outcomes for children with complex needs.

#### **Background:**

Child A diagnosed with Autism, non-verbal, with social and communication difficulties, delayed toileting and sleep issues. The parent is sole carer, financially struggling, isolated and overwhelmed. ISCAN Care Co-ordination were requested to help manage health, education, and daily challenges

#### **Referral Journey via ISCAN:**

ISCAN Care Co-ordination delivered practical and holistic support to child A and their parent by ensuring continuity of medical care, improving daily routines, and addressing social challenges. Key actions included rescheduling appointments, securing free nursery transport, providing essential items, reinforcing sleep strategies, and creating organisational tools for the parent. The service also advocated for housing improvements, supported a social housing bid, and connected the family to wider community and psychological resources, reducing isolation and stress while promoting stability and wellbeing.

#### **Multi-Agency Collaboration**

ISCAN acted as a bridge between health professionals, education settings, housing services and charities. Co-ordinated communication ensured professionals were updated and appointments were managed effectively.

## Children and Young People's Voice

Young people with ALN from STAND North Wales and Elfed High School, Flintshire shared what matters to them in their ALN support.

- **Who helps?**  
Teachers, teaching assistants, tutors, family, friends, carers, doctors, and support staff.
- **Why are they important?**  
They provide support during difficult and happy times, offer quick help, and listen to worries. They help you be smart, successful and they are with you for a long time. They give me a home, food and help me play.
- **Should helpers work together?**  
Yes—teamwork and communication help solve problems and provide better support. Adults should work together.
- **What should adults do?**  
Be kind and calm, helpful, playful, good listeners, take time and be willing to understand.

## Breakout Room Discussions

The breakout room discussions identified a number of challenges and opportunities involved in delivering integrated planning and support for children and young people with ALN across Wales. The discussions highlighted the need for stronger collaboration between education, health and social care, alongside clearer strategic leadership and improved operational conditions for frontline practitioners.

### **1. Culture, Values and Trauma Informed Practice**

Participants emphasised that trauma informed approaches depend on a culture of compassion and supportive leadership rather than training alone. Schools require structures such as supervision and wellbeing support so that staff can sustain empathetic practice. Dedicated small teams such as that seen in Neath Port Talbot have shown to be successful in developing increased understanding of ALN across school departments. Contributors also noted that accountability is needed where cultural change is not progressing, and that trauma should be understood in connection with neurodiversity and additional learning needs rather than as a separate issue.

### **2. Limitations within the Additional Learning Needs System**

Several weaknesses were identified within the current legislative and operational framework. The ALNET does not sufficiently recognise the contribution of social workers, foster carers and other trusted adults, which can result in their exclusion from planning. A need for broader, shared ownership of ALN responsibilities has been identified. Marginalised groups, particularly unaccompanied minors, struggle to access support due to evidence requirements, and administrative demands limit teachers' ability to teach and reduce the strategic capacity of ALNCOs.

### **3. Barriers to Integration Across Sectors**

Many participants noted that education is often marginalised within Regional Partnership Boards, which are predominantly oriented toward adult services. Health services face capacity constraints and unclear accountability for children's pathways. Complex policy requirements and inconsistent implementation limit collaborative working. Funding tends to favour adult services, and integration varies significantly across regions. There is also widespread uncertainty about the purpose and function of RPBs within education.

### **4. Experiences of Families**

Families often face difficulties navigating across sector services, receiving clear signposting, and accessing timely support. Parents are frequently required to act as intermediaries between agencies. Workload pressures, long waiting times for diagnosis and inconsistent thresholds further complicate access to services. Learners who do not meet diagnostic criteria struggle to receive help despite significant need.

### **5. Workforce Capacity and Clarity of Roles**

Across sectors, practitioners experience significant strain. High workloads, unclear responsibilities and administrative pressures limit their ability to contribute to integrated planning. In health, performance measures focused on rapid access are conflicting with preventative and early intervention approaches, creating tension between service delivery and broader support for children and young people. In other areas, such as attempts at coproducing individual development plans (IDPs), a lack of effective communication between sectors can lead to late or incomplete documentation being submitted, sometimes with significant impacts on the individuals concerned. However, the ALN workforce is broadly in favour of further collaborative working and is motivated to do so, with DECLOs offering a useful bridging role, particularly when senior leadership figures like

headteachers are equally involved.

## **6. Communication and Leadership**

There are substantial gaps in communication between official bodies, particularly between strategic and frontline staff, meaning messages from RPBs do not consistently reach schools. Links between the Whole School Approach and national frameworks such as the NEST/NYTH model require clearer alignment, and participants highlighted the need for stronger leadership to promote a shared understanding of the importance of meeting additional learning needs.

## **7. Existing Strengths and Opportunities**

Several examples of effective practice were shared, including multidisciplinary meetings, parent support networks, parent champion models and community-based collaboration in smaller regions. These examples demonstrate the value of shared learning and regular engagement with families.

## **8. Priorities for Improvement**

Key priorities identified include strengthening cross sector understanding, ensuring meaningful education representation in strategic decision making, adopting needs led approaches, improving accountability for children's health within Regional Partnership Boards, enhancing communication channels and data sharing through digital platforms, promoting national consistency and reducing workforce burden through clearer processes and improved training.

## **Links Shared**

These links were shared in the chat during the event:

[Toolkit for parents and carers of children with additional learning needs](#)

[Children's Rights - Children's Commissioner for Wales](#)

[STAND North Wales – Stronger Together for Additional Needs and Disabilities](#)

[Whole System Whole Heart - CTM](#)

[NEST framework \(mental health and wellbeing\): introduction | GOV.WALES](#)

<https://www.northwalescollaborative.wales/emotional-health-wellbeing-and-resilience-framework/>

<https://wellbeingnorth.wales/>

[Framework on embedding a whole-school approach to emotional and mental wellbeing | GOV.WALES](#)

[ISCAN \(Integrated Support for Children with Additional Needs\) : Healthier Together](#)