Cynulliad Cenedlaethol Cymru | National Assembly for Wales
Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee
Bil Anghenion Dysgu Ychwanegol a'r Tribiwnlys Addysg (Cymru)| Additional Learning Needs and Education Tribunal (Wales) Bill

ALN 64

Ymateb gan: Cŵn Tywys Cymru
Response from: Guide Dogs Cymru

Guide Dogs Cymru welcomes the decision by the Committee to undertake an inquiry into the general principles of the Additional Learning Needs and Education Tribunal (Wales) Bill.

The Committee will be aware that there are around 2000 blind and partially sighted children and young people in Wales. These children need extra support throughout their lives and especially during the first 3 years after they are born.

We welcome the new Bill, particularly the principle that children, young people and their families will actively participate in the decisions that affect their education, learning and development. We also welcome the extension of the age range from 0-25 that is now encompassed in the Bill. This recognises the importance of early years in education as well as the need for ongoing support during the transition period for young people into adulthood.

It would help if a wide ranging definition of learning that spans the 0-25 age range is adopted that recognises a child's or young person's social and emotional development and the importance of learning skills for life. This will reinforce the fact that the reforms do not just apply to formal curriculum based learning of school aged children. Learning begins from birth and the reforms must consider the need of children from 0-3. The lack of detail about how the system will work in the early year's context is likely to result in this age group struggling to access appropriate support. For children with sight loss early years begins at birth. The Bill, if drafted properly, provides an opportunity to break away from an 'education silo' approach. In 2016 the Welsh Government published the Codes of Practice supporting the Social Services and Well-Being (Wales) Act. The Part 2 Code of Practice states:

“185. Habilitation is central in enabling children and adults with a disability to live as independently as possible with the right level of support as it is key to acquiring and developing skills that otherwise would have been learnt incidentally. It is vital where an individual has been unable or delayed in developing those skills.
Identifying preventative services that help people to learn, keep or improve skills and functional ability is integral to promoting well-being. As with reablement, effective habilitation should support physical, sensory, social and emotional needs and be delivered in partnership between the local authority and the Local Health Board. Habilitation support may differ from standard reablement services and require a different approach, one that focuses on the specific needs of the individual and their family. As a result, a more structured programme of support may be required, and for a longer period of time”.

Clearly if local authorities in Wales follow this Code they will be tackling child health inequalities for children who are blind or partially sighted. They will certainly help to achieve the goal of supporting effective child development and emotional and social well-being. To be most effective habilitation should be provided from birth (or as soon as possible after sight loss) when prompt referral from health professionals into habilitation is essential. If children are not referred at a very early stage their parents are not enabled to provide the best support for them. Research shows children with visual impairment perform less well than other children on various measures. In fact, they were judged to have substantially poorer health-related quality of life than children with other chronic health conditions such as epilepsy, cerebral palsy and cystic fibrosis.

These guidelines must be reinforced in the new Code of Practice if collaboration and multi-agency working is to become a reality.

Referral pathways for health visitors etc. are required; as is clarity on how the IDP process will operate in the early year's services. The system needs to be clear and quick from identifying support needed to getting the support. The health visitor can be a key person to identifying needs and linking in with support. The duty on health is currently not looking robust and proper cross referencing to the Social Services and Well-being (Wales) Act should address this problem.

The duty in the Bill to include non-maintained settings funded by the Local Authority is welcomed. However, many under 3s are in voluntary or private sector provision so they won't be covered.
Provision from a qualified teachers of pupils with visual impairment (QTVI) or from qualified habilitation specialists is always necessary for every child who is blind or partially sighted. The Code of Practice must explicitly acknowledge this. The IDPs should also note this as a requirement.

In terms of the general population being blind or partially sighted is a low incident condition. It cannot reasonably be expected that a nursery, school of FEI will have the knowledge or capacity to be able to appropriately assess and meet the learning needs of a child or young person who is blind or partially sighted. For this reason, Local Authorities should always be responsible for preparing and maintaining the IDP of CYP who are blind or partially sighted. We also believe that multi-agency working should be a requirement of producing an IDP, and that the local authority should have responsibility for ensuring this happens. The Code of Practice should include guidance that in the actual production of IDPs and delivery of provision, there must be collaboration with health, social care and third sector professionals who may also be involved with the individual child or young person, and the roles of different agencies must be clear.

There are major problems with the workforce in Wales in terms of delivering services for blind and partially sighted young people. The person, who can help parents most locally, is a qualified teacher of children and young people with vision impairment (QTVI,) or a qualified habilitation specialist. They will support parents and child from birth onwards and referral should be automatic from the eye clinic. Children with vision impairment face unique challenges to learning which can only be addressed by specialist knowledge and understanding. We believe that all blind and partially sighted children and young people must receive specialist support. Whilst we are aware of good practice in the deployment of QTVIs nationally, we also know that there are a number of concerns about the service which include significant budgetary pressure on local authorities, insufficient numbers of trained, qualified and experienced, staff to meet the support needs of the reported caseload and a lack of spare capacity in Wales. All specialist teachers of working age are currently employed by specialist LA services or within resource bases and there is no access to supply cover should a specialist teacher be on sick or maternity leave. The situation is also poor in Wales in terms of the deployment of habilitation specialists. Across the whole of Wales there are only 8.6 FTE children's habilitation specialists with 10 Local Authorities not employing any. We estimate the number employed, directly or indirectly, should be between 15 -19 FTE to meet need. It is all very well having new legislation but unless the Welsh Government sorts out

IDP must not represent a backwards step in comparison with the Statement and must have legal requirements. There must be adequate resources available for blind and partially sighted learners. We consider it a fundamental right that blind and partially sighted learners are able to access the curriculum on a par with non-disabled learners. This means having educational materials in a format they can access (braille, large print, audio or computer based), in a physical environment that promotes independence as we have already mentioned. Consideration needs to be given to how this is funded.

It would be helpful for the legislation to set out expectations about the portability of IDPs. If a child has additional learning needs, these are unlikely to change substantially, regardless of which area in Wales they live. We would anticipate that children should be able to access a similar level of support across Wales, and thus that an IDP should be portable.

We hope these comments will assist with the Committee's inquiry.