<u>Evidence Sessions – Question Bank</u>

Wednesday, 10 March 2010, 10:00 – 2:30
Wellington Room, Elizabeth II Court South

5. NHS Strategy and Commissioning

Background issues

- Two reviews of the provision of services to disabled children have been conducted in Hampshire in the space of about six years, the latter, an independent review commissioned by Hampshire PCT in 2008, specifically focused on therapy provision. These reviews are consistent in identifying significant weaknesses in provision – much of this must be attributable to weaknesses in commissioning. (***See Appendix 1 for conclusions and recommendations of the 2008 independent review***)
- The independent review listed 27 conclusions and made 15 recommendations. Conclusions ranged from suggesting that demand and capacity are not understood well enough, to identifying inequitable provision with some areas being better served than others.
- Recommendation 21 states that "Therapists may advise on strategies, design programmes and monitor progress but there will never be sufficient numbers of therapists to do the 'hands on' work, nor is that necessary." And Recommendation 22 goes on to suggest that "Workforce development will be largely about skilling up the wider children's workforce…". These suggestions imply the need for a strategy requiring joint working and funding between commissioners and major providers.

Innovation

The Panel has not been made aware of innovative approaches either in strategy or commissioning, however the recent creation of a 'joint commissioning group' between Health and CS may possibly be a step forward?

Possible questions

1. What response has NHS Hampshire had to the independent review it commissioned into therapy provision in 2008, and do you accept its main findings?
2. How would you explain to a disabled child who needs therapy support to improve their educational outcomes and life chances, what you are doing, together with the local authority to ensure that they get the help they need?
3. Do you have a relevant policy, strategy or framework that has been developed jointly between you and Children's Services – if so, does it specify how you are going to work effectively together to overcome the present inequitable provision across the county?
4. What assurance can you give that NHS Hampshire is fully committed to playing a full part in delivering therapy equitably across the county, and what evidence should the Committee look for to know that that is the case?
5. Can you tell the Panel why it is so difficult, even impossible, to get Health therapy support for disabled students in 6th form colleges that have SEN units?

6. Parents

Background issues

- Although information is available to parents about special educational needs and some of the services that are available, the situation is very different for a parent who becomes concerned when people are making judgements or decisions about the sort or level of support their child may, or may not be entitled to.
- Parents can find the system difficult to negotiate, and sometimes completely unresponsive when attempting to ensure their child gets the right support in the right place at the right time.
- It is not always easy to know who, in the system, is responsible for making what decisions, or why they are making them.
- Parents' expectations for their child, often influenced by professionals, of what the system can provide may not always be realistic or reasonable, but at the least they need to know who they can discuss their concerns with and help them to negotiate the system where necessary.
- Frustration with the system can be a prime motivation for taking the traumatic, though well signposted Tribunal route.

Innovation

Innovation of a sort has arisen out of necessity, in the form of parents developing support networks to share experiences, both good and bad. Parent networks also provide training opportunities.

Possible questions

1. What improvements would you like to see to support the experience of parents when they are concerned about getting the best outcomes for their child?
2. What do you consider to be the most important things for your child in their experience of therapy support, for example:
   - That it be well integrated with classroom work?
   - That it be regular and timely?
   - That hands-on therapy be delivered only by a clinical specialist (ie. a professional therapist)?
   - That parents also be trained in therapy techniques in order to reinforce at home, what is delivered in the classroom?
3. What else do you think it would be helpful for the Panel to understand in considering the way forward?

(See Appendix 2: Submission from a parent)

7. Therapy at Totton College

Background issues

- Panel members were impressed with the SEN unit at this college, including the facilities, staff and the arrangements for providing effective therapy for the students
- NHS therapy for the 16 – 18 year old students was unobtainable, despite attempts to access it.
- Some access to NHS therapy for 19 year olds can be possible, on the basis that the young person can be classified as an adult, and thus receive therapy from an adult therapy service.
- Therapy is acquired from an independent provider, Treloars, who provide outreach services in addition to education provision at their school and college.
- Therapy is closely integrated with classroom work, and appears to deliver good results in which therapists and college staff share in the progress made by students.

Innovation

Both the college and Treloars have recognised the importance of innovation and finding new ways that are more affordable to work for the benefit of disabled children. It may always be necessary to source exceptional provision for some disabled children from the independent sector, but some independent providers are developing innovative solutions that are less expensive to commission and thereby provide services not otherwise available. The therapy solution at Totton provides a solution that is not available from the NHS. Health does not appear to commission therapy services for 16 – 18 year olds at all, despite the need for it that disabled children can have.

Possible questions

1. If you had been unable to find independent therapy provision for your students, what would this have meant to the students and your unit?
2. How well has your therapy solution worked, for the education of the students and for your staff?
3. To what extent would you say that therapy input affects the life and work chances of your students?
4. To what extent would you say that the sort of solution provided by Treloars is sustainable for you?

8. Wiltshire PCT (joint initiative with Wiltshire Council)

Background issues

NHS Wiltshire (PCT) and Wiltshire Council have a strong working relationship. In 2007 a review was undertaken of the provision of speech and language therapy in the county. Since then, both the Council and the PCT have together taken steps to make access to SLT more equitable across Wiltshire. In 2009 a decision was made to move from the current position of three NHS providers of SLT (Wiltshire Community Health Services, Salisbury Foundation Trust and NHS Swindon), to one. All speech therapy services will transfer to Wiltshire Community Health Services, from which the speech and language therapy will be re-commissioned from the summer of 2010.

Initiatives

As above.

Possible questions

1. The independent review of therapy provision in Hampshire undertaken in 2008, implied that the "multiplicity and complexity of provision" in Hampshire is a particular problem. What was the nature of the problem that you (and as a result, disabled children) experienced?
2. How will this initiative make it more possible to provide equity of provision?
3. Could you have undertaken an initiative of this sort without a strong working relationship with the Council?
4. How have you planned to avoid the potential for "destabilisation of the providers" that was considered to be a step to far for Hampshire's health economy to take?
5. What other steps do you think may be necessary to provide better access to therapy?

(Appendix 3: Wiltshire press on speech and language therapy initiative)

9. Surrey County Council – SEN services

Background issues

- Historically Surrey County Council has had a high level of 'out of county' placements for disabled children. This has been seen as unsustainable, particularly in light of the current climate of financial challenge.
- In Hampshire approximately 45% of children with SEN statements are educated in mainstream schools, including those with special units. Surrey, by comparison, educates the majority of its children with SENs in mainstream schools. Of interest to the Panel may be Surrey's current thinking with regard to sustainable provision, particularly of therapy support, and their consideration of innovative approaches.

Innovation

Until recently, the provision of therapy for disabled children in Surrey has been well resourced by the NHS. Surrey County Council has begun to pilot alternative approaches to commissioning expensive independent special education provision, but which also is not provided by Health?

Possible questions

1. What situation in Surrey has led to the relatively high level of out of county placements?
2. What approaches are you considering to ensure good access to therapy for disabled children, whilst at the same time, aiming for financial sustainability and relative stability?
3. Do you think that as a result of changes you are making or considering, that children will be better served?
4. How successfully are you able to plan and deliver therapy with NHS Surrey, and from that have you gained insights that may be of interest to this Panel?

10. HCC - SEN training and workforce development in schools

Background issues

- Considerable thought and work is undertaken within SEN in Hampshire to develop school staff in order to maximise the value of the classroom experience of disabled children, including through the integration of hands-on therapy support
- Targeted training for school staff, including senior management and governors in aspects of SEN and particularly autism spectrum, emotional and behavioural aspects including relevant therapy support.

Innovation

For some while the SEN inspectorate has played a leading role in developing skills, understanding and knowledge of the SEN workforce in schools, including governors and school managers. In the context of therapy this has increased the potential of many staff to complement the work of specialists and make it more possible for schools to provide a wider range of support for disabled children.

Possible questions

1. The independent review of therapy provision in 2008 suggests that "workforce development will be largely about skilling up the wider children's workforce…" Do you see the work that you have been doing as playing a part in addressing key issues such as the inequitable provision of therapy across different areas of Hampshire, and potentially reducing the county's exposure to funding 'out of county' placements?
2. Does your work reflect national or local policy with respect to how the educational needs of disabled children are concerned?
3. Is your work underpinned by a strategy, and if so, what are the key milestones that would be relevant to addressing concerns or recommendations made in the independent review?
4. To what extent do you work jointly or in partnership with Health colleagues in developing the workforce, and how well is this work developing?

11. National Occupational Standards: Learning Support Assistants – Level 3

Background issues

- In the minds of some teachers and parents classroom support staff are sometimes regarded as not a completely credible resource, in the sense that it may not be clear what level of training and/or experience a learning support assistant may have.
- Parents, teachers and therapists would want to be assured that if classroom practice includes the delivery of therapy support, that the person delivering the support has the training and relevant accreditation to deliver that support
- In the context of a tribunal, it would be important to show that a school employs appropriately trained staff, and that the level of training is provided by professional therapists for the support of the child and their learning outcomes.
- Acknowledged national standards and accreditation may provide a strong foundation, should a LSA wish to progress to a career in the teaching or a therapy profession.
- If professional therapists are to train, direct and monitor the clinical elements of the specialist support, it seems essential that therapists are part of LSA Level 3 standards development from the earliest stages onwards.

Innovation

At this early stage of the development of standards and accreditation for experienced LSAs, there may be significant scope for schools and therapy professions to determine what training modules could and should contain for safe and effective delivery in the classroom.

(***see Appendix 4: example role profile for LSA Level 3; Appendix 5: text of overview of presentation on the Qualifications and Credit Framework***)

Possible questions:

1. How involved are, would, or could be, therapists in the development of specialist modules and training?
2. Do the options/modules reflect more an acknowledgement of experience and training given, or a prescribed unit of study?
3. How do you think adoption of ‘national occupational standards’ would add value in Hampshire, and how might it assist in making a practical difference in providing a ‘universal’ access to therapy for disabled children in special schools or units?

Appendix 1: conclusions and recommendations of the 2008 independent review

CONCLUSIONS AND RECOMMENDATIONS

1. In excess of £5 million is being spent on therapy services in Hampshire:

Service	**Cost**
Speech and Language Therapy	£2,859,549
Physiotherapy	£1157,872
Occupational Therapy	£1059,853

2. Commissioners need to be sure that this money is being spent wisely and well for the benefit of all the children and young people in Hampshire.

3. It is a particular problem, rooted in history, that there is a multiplicity and complexity of provision, and there is no appetite for destabilizing the providers and consequently the health economy of the area.

4. This makes it even more important for commissioners to determine what services they wish to provide, based on needs and driven by outcomes.

5. Key issues are equity and timeliness of intervention.

6. There is a perceived shortage of therapy services by users.

7. There is overwhelming support and appreciation for the dedicated therapists who provide the services.

8. Managers of services have tried to cope within, often reducing, budgets to meet the needs in their particular areas, but it is not a level playing field.

9. Some services have enormous demands in terms of the specialist resources on their patch, others have no such constraints.

10. Larger services are better able to be flexible and to offer more specialisms within their relatively large pool of therapists.

11. Some therapy services have been destabilized as a result of boundary reconfiguration and have lost expertise to neighbouring trusts

12. The burden of providing therapy services has largely been carried by the PCT, irrespective of the very large number of educational establishments both mainstream and special that require a service and of the impact of supporting inclusion in mainstream schools.

13. The issue of a substantial fund in mainstream schools has not been put forward as part of the solution.

14. Valuable work has been done in terms of a model of provision for mainstream school based on a tiered approach of need see appendix 5 and this should be followed up.

15. Therapy services have not been funded according to need, and have not seen any increase in resources in recent years.

16. Any economies of scale that could have been made as a result of becoming one PCT, have not been possible as services have continued to be provided by historic providers.

17. The issue of data collection had not been a focus for this review. Nevertheless different organisations have differing systems and the commissioners will need to agree a minimum data set to collect information across the country.

18. The issue of workforce development to meet the needs of the population cannot be determined until demand and capacity is understood in each service.

19. The Bercow Review and the NSF make the point that the whole workforce need to be skilled to work with children and understand their needs.

20. There is also a presumption that for most children, intervention will take place in their daily settings, as part of their total educational experience.

21. Therapists may advise on strategies, design programmes and monitor progress but there will never be sufficient numbers of therapists to do the ‘hands on’ work, nor is that necessary. Direct intervention by therapists will be largely limited to the most complex conditions requiring highly specialist skills.

22. Workforce development will be largely about skilling up the wider children’s workforce. This should Include early years practitioners and developing their competencies. However, there will probably still be a need to increase the numbers of qualified therapists to oversee the work and contribute to the training of others.

23. People in different parts of Hampshire are receiving very different experiences of therapy services – the postcode lottery – and this must be addressed. At the very least, existing resources should be fairly and consistently deployed across the county. Larger services are better able to deploy their resources flexibly and have the capacity for specialist posts, e.g. Portsmouth City Teaching PCT (SLT), Basingstoke and North Hampshire NHS Foundation Trust (PT &OT).

24. In trying to manage scarce resources some managers of services have raised their eligibility criteria, disadvantaging some groups of children by increasing the thresholds for access to service.

25. Despite the difficulties, there are many examples of best practice, positive relationships between agencies and an enormous amount of goodwill to improve services for the benefit of the community.

26. The impetus created by the guidance in "Aiming High" and the Bercow Report may create the catalyst for positive change and a greater willingness for organisations to collaborate in order to meet the standards.

27. The following recommendations, if the commissioners choose to adopt them, will be ordered by the priorities of the commissioners. All the services should be working to the same specification with priorities agreed with users and commissioners. It is suggested that the fundamental approach should be to ensure efficiencies, share good practice and provide value for money. Services should be scrutinised and redesigned in the first instance to identify where there may be possibilities for more flexible working.

Recommendation 1 Joint Priorities

- Commissioners in consultation with others should agree priorities for services, both long term and short term, and these should guide discussions regarding funding.
- Commissioners should agree their relative responsibilities with regards to resources.
- Joint ownership and decision making is key to success.

Reference: Bercow Review, Recommendations 14, 18, 34

Recommendation 2 Outcome focused services

- Commissioners need to consult with users and providers and agree desired outcomes for services.
- A system for reporting on outcome measures to be agreed and adopted across the County.
- The PCT and HCC advised by providers and users should agree a common set of key performance indicators and joint monitoring arrangements of outcomes – this would form the framework for service level agreements.

Reference: Aiming High

Recommendation 3 Demand and Capacity

- Short pieces of work to be carried out in services to determine demand and capacity.
- Results to be shared with commissioners to inform priorities.

Recommendation 4 Equity

- Greater collaboration between services across the County with agreed protocols uniformly applied to services.

- Good practice to be shared and implemented across the County.
- Creative solutions to challenges should be invited.

Reference: Bercow Review, Recommendation 19

Recommendation 5 Access

- Access to services should be open and transparent.
- All services should accept referrals from parents and schools.
- Users should be able to access published waiting times.

Reference: NSF Standard 8, Aiming High

Recommendation 6 Access to expertise

- Because of the inequitable composition of services, consideration should be given to sharing/delivering expert and specialist therapy across the region.
- Services could be invited to tender accordingly.

Reference: NSF Standard 8, Aiming High

Recommendation 7 Information

Information should be made readily and easily available for users as to:

- What services may provide.
- How to access services.
- Waiting times.

Reference: Aiming High, Bercow Review, Recommendation 5

Recommendation 8 Child Centred Services

- The model of therapy provision needs to be more Child Centred and family friendly (as depicted in diagram 2) moving from a service centred diagram (as depicted in diagram 1).

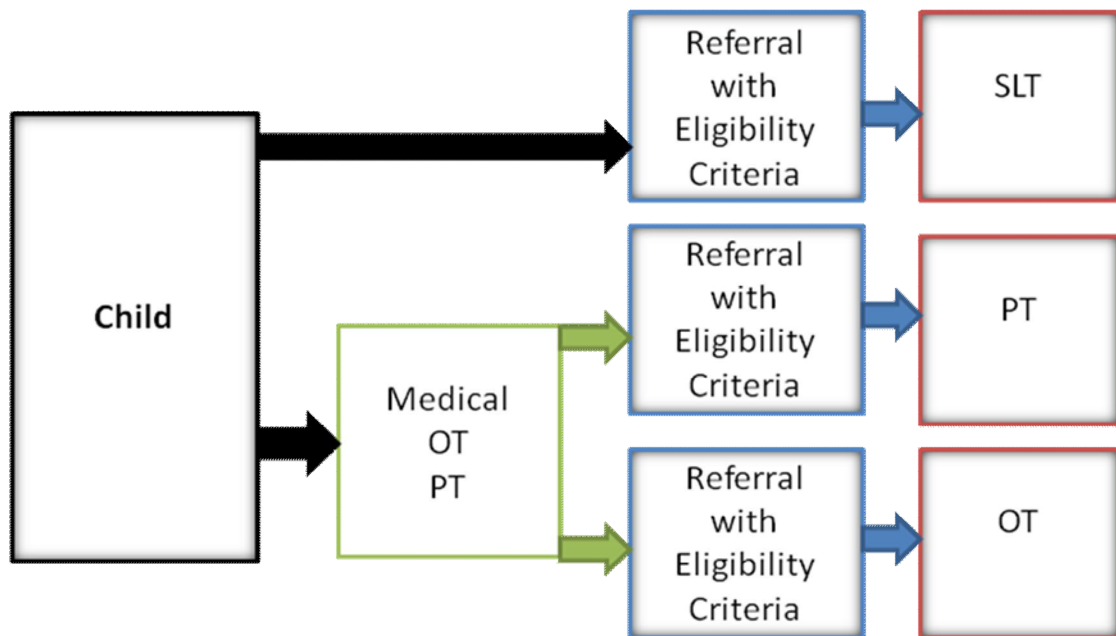

Diagram 1: Service Centred Model

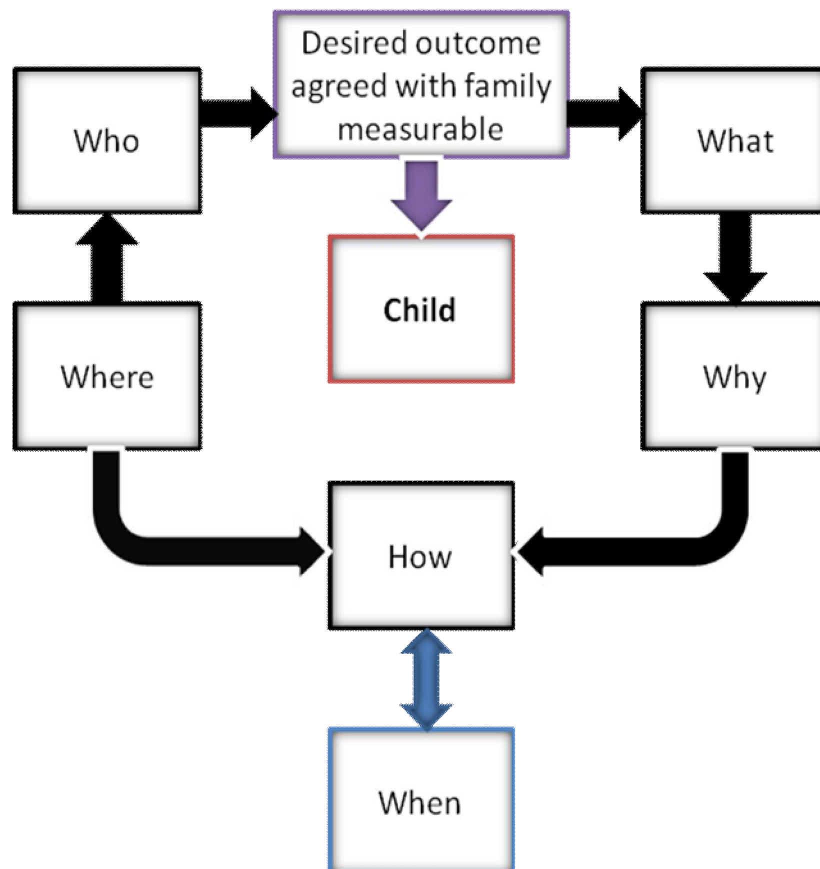

Diagram 2: Child Centred Model, based on the vision of Standard 8 of the NSF, viz. “Health, Education and social care services **organised around the needs** of children and young people and their families.

Recommendation 9 Integrated services

- Work should progress towards further integration of services.
- The use of Early Support and CAF should be promoted across the County.
- Virtual teams can be established irrespective of managerial/organizational arrangements.
- Assessments should be multidisciplinary and multiagency, where appropriate.

Reference: Aiming High, NSF Standard 8

Recommendation 10 User involvement

- Genuine parent participation should be established across services to inform and influence service delivery.
- Forums to be set up with key stakeholders e.g. Headteachers to address challenges and find solutions.

Reference: Aiming High

Recommendation 11 Early identification

- The PCT and local authority commissioners ensure robust systems within universal services to ensure early identification of difficulties, especially at key transition stages.
- The role of Children's Centres will be key to this recommendation.

Reference: Bercow Review, Recommendations 8, 11, 15, NSF Standard 8

Recommendation 12 Service model to schools

- Consideration be given to adopting the draft Hampshire joint agency model for responding to the needs of children with SLCN (see Appendix D)

Reference: Bercow Review

Recommendation 13 Special Schools

- The issue of resourcing therapy services to special schools requires separate attention.
- A group of relevant interested parties to be set up to map need and provide option analysis for equitable service delivery.

Recommendation 14 Transition

- Commissioners should explore the possibilities of a comprehensive transition service and the roles of therapists in that process.

Reference Aiming High

Recommendation 15 Training others

- Training and empowering others should be central to service delivery.
- Users value this aspect of activity and consider it makes a considerable impact on the management of a child.
- There are already a number of excellent training packages that have been developed by services and these should be shared across the County.

Appendix 2: Submission from parents

Witness statements submitted to the Joint Review of Therapy for Disabled Children

1. INTRODUCTION

I am the mother of a 15 year old boy with severe cerebral palsy with high level needs. He has received therapy from all three main services – physio, speech and occupational – throughout his life via the NHS, school (maintained and non-maintained sectors) as well as privately funded at home. I have a number of observations that I would welcome the opportunity of placing before the panel that my experience over the last 15 years has led me to. These observations relate to the link between therapy and education, I have not attempted to address the issue of home based therapy and equipment needs.

2. WHAT DOES IT MEAN?

When you talk about '**therapy**' the implication is you are referring to a health based '**treatment**'. In the case of children with disabilities I believe this can be fundamentally misleading and result in all sorts of funding and demarcation issues that become barriers to effective delivery.
In my opinion it would be more constructive, and accurate, to think in terms of '**access facilitation**'. To illustrate, I would ask you to imagine yourself in the following extreme scenario:
This is your first day of school. Imagine you are sitting in a chair that doesn't fit your body well, your feet are strapped down and a harness keeps you upright in the chair allowing very little chance to adjust your position. You are going to be in this position all morning and very soon you will become uncomfortable and find it hard to concentrate. Lessons start, but you realise that although you can understand what the teacher says, when you speak it comes out like Swahili and no-one can understand you. You see other students drawing, painting and working on a computer, but you feel as though you have boxing gloves on so you can't pick up or hold a pen and using a keyboard or mouse is impossible.
How on earth are you going to take part and learn anything?.... and that's before we've even begun to think about how you are going to go to the toilet or eat your lunch!
You don't need to interrupt your learning by going to hospital or a clinic, you need expert help in school from specialists who understand your problems, know how to find solutions and can enable you to access your education and participate more fully in your life. They will most likely also need to teach you new skills to help you deal with your problems and learning these will be just as important as maths, English or science.
You also need your teacher to understand things like the link between good posture, comfort and concentration and be able to trust them to spot when this might be breaking down so expert help can be sought.
You need the security of knowing that this element of your education will be ongoing and develop with you.

One you start thinking in terms of using therapy as a means of enabling education rather than a health related 'add on' you then need to look at how this can help you ensure it is delivered to the children who need it.

3. HOW SHOULD IT BE DELIVERED?

My son was fortunate to attend Medecroft Opportunity Centre (as it then was) in Winchester until he started school. Here therapists from the hospital worked daily alongside the teachers and nursery assistants in the groups and classes in a seamless, holistic way.
As well as learning the words to 'The Wheels on the Bus', he learnt the importance of trying to hold his head up and in the middle and how he could use his arms to support himself to look at something or someone in front of him. He learnt how to try and use his lips to drink from a cup, to look at objects or symbols to make choices to learn his colours and that a smile could mean 'yes'. Help was given to find the right kind of supportive seating he could tolerate and the right kind of buggy so we could enjoy normal family outings.
In my mind there was no distinction between learning and therapy and this is the model we have sought to replicate for his education.
We failed to achieve it in his first school in the maintained sector and we had to fight hard to move him. But he now attends an independent school where, despite an unhelpful attempt by the LEA to move him, he is thriving, following a truly integrated curriculum.
He is able to learn because his lessons accommodate, rather than fight against, his disability. Therapists, specially trained teachers and LSA's work together in the classroom and as a team set his targets in his Individual Education Plan. If you were to read his Annual Review Report you would see the amount of therapy support he needs to be able to access his education.
His current school employs their own therapists because they are independent, but the Medecroft model was a complete collaboration between Local Authority and the NHS. It happens elsewhere too – Chailey Heritage School in Sussex is another example of health and education services working together. It can be done.

4. THERAPY PLUS?

An additional point I would like to make is how much technology and engineering can also be involved.
Advances in electronics and computing mean there are new and innovative ways of communicating as well as accessing computers, the internet, music and entertainment for disabled children becoming available all the time.
Equally, not all solutions are hi-tech. My son was able to draw for the first time by himself only at the age of 6 because his school had a rehabilitation engineer who made him a pen holder out of a rod of plastic with a hole drilled through it and a screw to fix a pen in.
He can now drive himself forward in a powered wheelchair (something we thought would never happen) because he has had a switch built into his knee support. This has had a major impact on his overall motivation and self esteem.
Many of the other students in his school have all sorts of adaptions made for them so they can use a switch or access a computer or communication device.

Access to this kind of expertise is therefore just as important as it compliments and supports what therapists try to achieve.

5. WHY IS IT SO HARD?

With the exception of trying to get sufficient care support, securing the right kind of education and therapy for our son has been the hardest, most stressful and expensive thing we have had to do.
And it has not been a single battle. At each educational milestone the LEA has initially taken a stance that, from our perspective, comes across as seeking to oppose rather than support or understand, and the driving force is saving money rather than investing in a child's future.
We have faced the prospect of tribunal, employed solicitors and barristers and had to pay school fees ourselves for a while. At the same time we have worked hard to try and build relationships with those who make the decisions, to explain and inform them of our son's needs and how this should translate into educational provision.
It shouldn't have to be like this and at the root of the problem is the Statement of Special Educational Needs.
We have learnt the hard way of the importance of how a statement is written, how specific it is and what goes into which part. The battle lines become drawn between parents and the LEA when the authority seeks to deny that a child's therapy needs can be educational and should therefore become their responsibility to secure within the placement. This can in turn drive the naming of a school that can be wholly inappropriate and set a course for tribunal.
A statement must be specific. It is not enough to say a child needs physiotherapy. It should specify the number of sessions a week, how it is to be given and by whom. Specialist equipment, e.g. Standing frame, toilet chair etc should be listed.

6. WHAT CAN BE DONE?

a) **Take responsibility.** If you start by accepting the premise I outlined at the beginning that therapy is not just a health matter, but facilitates education and life as a whole then Children's Services can take a more positive lead and make its own decisions to develop policies and secure the right therapy based services.
b) **Accept the Statement of SEN as a positive tool.** Case law and the Code of Practise already means that LEA's can choose to write statements in a way that truly reflects and specifies the role that therapy has in enabling a child to learn. A change in legislation or central government policy is not necessary for this to happen and other authorities are already choosing to go down this route and save the money they are wasting on barristers fighting tribunals.
c) **Invite IPSEA (Independent Parental Special Educational Advice) to train staff writing statements.** This is an independent organisation that parents go to for help. They are experts in how to use a statement to ensure a child can get what they need for a school placement to succeed.
d) **Collaborate with other service providers.** Quantifying the amount and type of therapy support through more specific statements will drive the need to secure

those services, both directly and in partnership with the NHS and private providers.

e) **Combine resources to develop a community based support service.** Consisting of therapists, specialist teachers, rehabilitation engineers and technical experts from all sectors who could deliver and train within all schools. A unified service would be better placed to seek and share best practice as well as develop policies and training county-wide. It could also promote a more team working approach to learning for disabled children.

f) **Improve teacher and LSA training.** Work with training bodies and establishments to improve and develop additional qualifications for new and existing school staff to be able to understand the role of, and be able to properly implement, therapy led programmes in the classroom.

I hope that my observations and suggestions may be of some interest to you in your deliberations. Thank you for your time in reading them.

Signed ……………………………………………………….
Date ………………………………………………………..
Madeleine Daniel, Watersplash, High Street, Medstead, GU34 5LN

Witness statement submitted to the Joint Review of Therapy for Disabled Children

I am a parent of a 15 year old boy who has Cerebral Palsy. I have decided to focus this paper on what I would recommend if I was in the Council and had the ability to make change. I hope the panel is able to move the debate forward and accept that Therapy in the form OT, SLT and Physio is required to access education and I am sure that the other submissions have convinced you of this point.

The debate seems to focus on who should pay and although this is a fact of life in this financial climate the people it affects are the most vulnerable in society some of whom do not have a voice.

As a parent, I have learnt that a lots rests on the quality of the statement and how it is written, it is a very powerful document, but is seems to be viewed by the LEA as a vehicle for parents to make 'unreasonable demands' and a potential financial millstone – not a tool for ensuring children in their care get a good start in life.

What are my and other's parents experience of the Statement procedures.

Our experience of the Statementing process has been very stressful. As a parent, I want the best for my child, like a parent with a non-disabled child. I like other parents sometimes get very emotional about some of the discussions and officers in the County perhaps need to have a little more empathy with our situation. Having a disabled child places a family under huge stresses and strains 24/7.

So for instance, sending a letter to a parent informing them that their child is to be taken out of one school and placed in another they now deem appropriate without any prior discussion is somewhat rude and unnecessary. Or taking out any specifics on the statement in part three that were quantified by therapists and replacing them with more generic terms is simply bad practice.

Having spoken to other parents I know that these practices still go on and looking at Hampshire's record for 2008/9 with the highest tribunal rate in the COUNTRY at 132, it would seem that as a parent I am not alone. Also, nationally 51% of all Tribunals are in disputes of section 2, 3, and 4 of the statement. It is also interesting to note that out of 3015 requests for tribunal only 55 where thrown out. All of these facts can be found by following the link below;

http://www.sendist.gov.uk/Documents/FormsGuidance/AnnualReports/AnnualReport_08_09.pdf

If you look at the data it would seem that over 60% never get to Tribunal as they are either conceded by the LEA or withdrawn by parents because they have managed to get an agreement out of the LEA,- often at the very last minute and after considerable cost has already been incurred.

So if the Statement was written correctly with full parent participation then these might be the benefits to the LEA and of course the children

- If the LEA starts from the basis that section 3 of the Statement should be more specific the parents will become more engaged in the process and hence less demanding. As soon as the LEA digs its heels in the parent seeks advice and then realises that much more Therapy is required, this leads inevitably to conflict between the LEA and the parent.

- The Headteachers, asked if they could provide support for a specific child will be more prepared to accept the child knowing that the statement is a true reflection of the need rather than find out in after the first few weeks of term when it becomes obvious that the school needs more resources or just

impossible to support child in school. This is further complicated by the fact that Headteachers employed by the LEA might find it difficult to argue against a placement.

- Better resource management to establish clear understanding of the requirements to allocate funding and help discussions with the Health authority.
- Define training programme for staff and schools
- Reduce the Tribunal costs from 132 highest in the **Country** to something more mid line at 60 for a large county.
- Reduction in Legal fees when going to Tribunal for parents and the LEA
- More effective inclusion as if the needs are correctly documented and quantified the correct resources can be made available in mainstream school and hence increase the chances that the placement will be a success. I suspect having a mainstream or special school place with an extra £20,000 of support is less cost than an independent school charging £80,000 or more
- Involve Social Services in the Statmenting process as the requirements in terms of equipment and aids are similar in the home as well as the school.

Legal Obligation of the LEA

On looking through various case law it would seem that perhaps another reason that you should consider taking a different approach is that the law seems quite clear that the LEA are responsible for therapy in a lot of cases.. I have attached as part of my submission a report from IPSEA (Independent Panel for Special Education Advice) and I would like to suggest that you contact the CEO of this organisation to get a view from someone who has firsthand experience of the effects of LEA policies across the Country including Hampshire. Jane McConnell CEO IPSEA 01279 777888.
Web ref http://www.ipsea.org.uk/Apps/Content/News/?id=155
I would also like to make the scrutiny panel aware that the Government will issue new guidelines on statement writing in several weeks. A training programme will be delivered in the summer term to all SEN Officers delivered via the HUB and I understand that the focus will be on better quantified section 3 of the Statement.

Signed ……………………………………………………….
Date ………………………………………………………..
Ray Daniel, Watersplash, High Street, Medstead, GU34 5LN

A PARENTS PERSPECTIVE & EXPERIENCES OF THERAPY SERVICES IN HAMPSHIRE
FOR AN AUTISTIC CHILD AGED 13YRS

Thomas was diagnosed as being on the autistic spectrum in 2000. The consultant at the hospital in Winchester seemed to think that Thomas could improve if given the correct early intervention. His recommendation was that he attends a special needs nursery such as Medecroft so that he could have speech therapy within the nursery setting. His recommendation was for at least 5 mornings a week. He was put on a waiting list as Medecroft was full. A few months later a place became available with an offer of 2 mornings a week which was only increased to 3 afternoons a week after being on the waiting list for some time. According to the Head (Penny Patten) the unit was heavily oversubscribed.
Whilst attending Medecroft Thomas had his Autistic Diagnostic Interview done privately by the consultant to confirm his condition. The waiting list to have this done at the hospital on the NHS at that time was approximately 2years. He scored very highly for speech and communication and much lower in other areas hence he was given the diagnosis of 'Autistic Spectrum Disorder'.
Whilst attending Medecroft Thomas was on a programme for his speech therapy and was reviewed by an Occupational Therapist who diagnosed him of having sensory, spacial awareness, fine and gross motor skill problems, poor upper body muscle tone, posture etc and probably on the dyspraxia spectrum. A programme was put together by the Occupational Therapist. He was also reviewed regularly by an educational psychologist. Thomas left Medecroft in 2001.

PARENTS THOUGHTS: We feel that Thomas would have progressed much quicker with his speech and other therapies if he could have entered Medecroft immediately on the intial diagnosis rather than being on a waiting list. He would have also clearly benefited from being offered a full time place there or at least more sessions than offered. Early intervention is critical with children like Thomas. Medecroft was oversubscribed. The unit was run very well, support for parents was good and the staff and other agencies involved were very professional. Professionals working as an integrated team here appeared to work well but it was obviously underfunded as there were not enough slots available for many children.

In September 2001 Thomas started to attend Shepherds Down School in Compton, Winchester. This school was recommended by the educational psychologist and other professionals as it was a mild learning difficulty school with a good track record of dealing with Autistic children and associated disorders. A programme for speech therapy was put together for the LSA and was reviewed every half term. A programme for Occupational therapy was put together for the LSA and reviewed every half term. Thomas progressed steadily and was happy at the school. Then when he and several other children (with similar conditions) at the school were about to transfer from the Infants to the juniors their Occupational Therapy was withdrawn. The school also changed status as another local special needs school closed and was amalgamated with it. This appeared to cause additional demands on the staff and funding at the school. The Headmaster retired when Thomas had completed year 5. The school changed and after making good educational progress at the school Thomas's progress faltered in year 6 – the same year that he lost his individual speech

therapy support from the LSA to a general class based session undertaken once a week by the speech therapist.

<u>PARENTS THOUGHTS:</u> We were given a discharge report from Occupational Therapy as Thomas left the Infants inferring that Thomas had made huge progress in the previous year and could be discharged. Thomas still needed Occupational Therapy as did the other children also discharged and the parents affected felt that their last assessments were engineered. There was no warning and little consultation etc. The school would not get involved as they said this was funded by the NHS etc., and not an educational issue. An action group was put together and after knocking on several doors it transpired that some of the O.T. funding had been taken away from special needs schools to fund referrals for O.T. from main stream schools. (70-80% of which were defined as not needing O.T.!) Thomas's speech progression also faltered as his individual SALT sessions with the LSA were stopped. It became clear that a decision had been made to just give only the 'narrative' approach in a class room setting and to move away from individual programmes. We could see the logic behind this but felt that this was not enough for Thomas's individual needs and that he still needed some one to one sessions with the LSA as before as well as the class based activity as his speech and language difficulties were different to his peers. We did not succeed in securing this, speech therapy seemed very inflexible and not to listen. Other parents had the same issues also and we all suspected that we were not being told the truth and that yet again the issue was about funding from the health service and not about the needs of the child. Thomas also lost most of his hearing in his left ear whilst in the Junior school and was supplied with a hearing aid. The amalgamation of the schools at Shepherds Down was detrimental to the children with mild learning difficulties, and that combined with the watering down or lack of therapies as specified by their individual statements or by other professionals was not a good combination for many of the children including Thomas and certainly not helpful for their future development and progression. During year 5 parents were invited to a meeting with a representative from the education department at the school to consider our options for secondary education. We felt that Thomas would probably be better suited to a mainstream school that had a special unit attached (to assist with his speech and language difficulties and his autism). Unfortunately this was not available as the school in Romsey only took high achieving autistic children and we were advised that as we had been funded a place at Shepherds Down we would probably only been accepted if Thomas had attended a mainstream school in the Junior years anyway. We were advised that placing children like Thomas into a mainstream secondary school in Hampshire with an attached learning support unit was at least 5 years away. Therefore we were left with no option but to send him to Osborne School in Winchester. We didn't feel that this was the right school for Thomas's needs but there were no other options available at the time.

In September 2008 Thomas started his secondary education at Osborne School in Winchester. He settled in well and was chosen as the class school council representative for his class. During the previous 3 years I had battled with the school doctor to get a referral for an assessment by a physiotherapist to address his gross motor skill problems. Finally I got a date in the school holidays and yes the report did define that Thomas did have a need for a physiotherapy programme to be written and reviewed by the visiting physiotherapist and to be run by his class LSA. This

initially took a little time to put together and then the programme started, only to be told by the LSA at a parents evening parents open evening that she felt awful that she hadn't always had time to do Thomas's programme! This was also confirmed to me later in the year by the physiotherapist who set the programme that she had been told that they did not always have the time to do the programme. The narrative classroom based speech therapy programme every 2 weeks for the class has continued with children receiving individual speech therapy programmes being delivered by the LSA's appearing to be in the minority. Thomas had his annual school medical in the summer term whilst in year 7. The school doctor intimated that Thomas may benefit from some Occupational Therapy because of his fine motor skills issues. This was confirmed in a written report. Thomas is now in year 8 and following a brief meeting with a visiting occupational therapist at a recent parents evening she is going to find out if another assessment can take place to see if he can have some O.T. support at the school but also added that this would have to be funded out of the school budget as Occupational Therapy was not funded by the health authority for secondary school children, only infants and junior school children

PARENTS THOUGHTS: Well what can we say, we don't have a choice of school for Thomas's needs, and we are still battling to receive the correct level of therapy support to help him achieve his goals. He is a well mannered boy with a good sense of humour, tries very hard at everything he does and wants to do well but gets very frustrated at his limitations. We had hoped by this age Thomas would have progressed further in his education and development but feel that this has been curtailed by the lack of the correct type of school/unit for his autistic needs and the lack of the correct level of therapy provision either supplied by the health authority or the schools involved with his education applicable for his individual needs. We have and are as a family giving Thomas a lot of help and support without which we suspect he would be even further behind on his development. (Even though through the last 13yrs we have lived away from our immediate families and had to deal with other extenuating circumstances over this period and have received no support from other agencies) However we are not alone, there are so many families out there experiencing the very same issues and frustrations with the system as we are, who have children with autism or other disabilities.

SUMMARY & RECOMMENDATIONS

- Health professionals, schools etc and related services must work together and communicate. Develop more of a team approach and follow through what they say that they are going to deliver.
- When a health professional states that your child requires medical treatment/therapies these must be delivered as specified, reviewed regularly, and implemented correctly to the correct standard and monitored.
- Secondary children and youths aged 16/17 must also have the same access to therapies if they are needed – please remember that these children are not all the same and develop at different rates and these children may have needs irrespective of their age.
- Yes you will occasionally get a situation when a parent is in denial about their child's limitations but these really are in the minority. Please listen to us parents – we know our children better than anyone!

- Remember one size doesn't fit all – Autism covers a broad spectrum of needs and one autistic child's needs can be so very different and far ranging from another's. Try and not label them.
- Do not give the budget for therapy services to the schools to manage – most parents would worry about this.
- Improve communications between therapy providers/schools and the parents.
- Review the statementing procedures and annual reviews ensuring that all agencies involved with your child's statement/annual review actually turn up at least once a year at the same time to discuss services/provision for your child and agree an action plan and then monitor it throughout the year as necessary, remember the child's needs can change.
- Therapy providers and schools should be more honest and transparent to parents/carers.
- If you need therapy programs to be delivered by an LSA – should the schools be recruiting more at the higher level of experience LSA's and with the correct level of ongoing training relative to the therapy to be provided and who monitors that the therapy is actually being delivered?
- Stop the postcode lottery for services within Hampshire, this is grossly unfair; provide Hampshire wide services for all.
- Why not expand and roll out the CAL team to special needs schools also! This type and standard of service would be brilliant for children with speech and language difficulties in these schools also – it just seems to make so much sense! (I could see my child and many other children like him benefiting from it)
- Therapy services supplied by the health authority are difficult to get, underfunded and under resourced. Perhaps review how services could be better resourced to provide a Hampshire wide service which is better and also more cost effective to deliver? Ensure any such agreements for any services provided by the health authority are legally binding to ensure services are actually delivered!

Appendix 3: Wiltshire press on speech and language therapy initiative

Speech therapy services 'to improve in Wiltshire'

Tuesday 2nd February 2010

Speech therapy services for children may be about to improve in Wiltshire if the comments of one medical practitioner are to be believed.

According to Maddy Ferrari, an assistant director at NHS Wiltshire, changes to current provisions are to be made which will help care providers dispense their services more consistently across the county.

Recently, it was decided that speech and language therapy for young patients will be provided by one organisation, as opposed to the three that currently cover the area.

Ms Ferrari stated: "The waiting list for therapy is unacceptably long. There are between 200 and 300 children waiting for several months."

She added that the alterations will enable a collaborative system to develop, involving parents and education professionals.

Wiltshire Community Health Services was chosen by NHS Wiltshire in middle of last month and the changes will be completed by the summer of this year.

Written by Angela Newbury

By Jill Crooks, Wiltshire Gazette and Herald, 1/2/10

Health bosses say speech and language therapy for children will improve following the decision to have one provider for the county.

There are three different providers in Wiltshire but following a tendering exercise Wiltshire Community Health Services will be the sole provider.

Maddy Ferrari, an assistant director at NHS WIltshire, said the new service would deliver speech therapy consistently across the county.

She said: “The waiting list for therapy is unacceptably long. There are between 200 to 300 children waiting for several months. “ The new model of service has been developed with input from parents. Mrs Ferrari said the new service would involve parents, nursery staff and teachers being trained to communicate with children on a day to day basis while therapists continue to work with children.

She added: “The new service will work more collaboratively with parents and education professionals and deliver more timely assessment and support. Parents have told us that they want to work towards self care and management. They want information on how to help themselves and their children.”

The new service will start during the summer and all speech therapy staff in Wiltshire will transfer to Wiltshire Community Health Services with full protection of their pay and conditions.

Mrs Ferrari said the aim would be to recruit more therapists in time.

Press release

26 May 2009

NHS Wiltshire wins speech therapy funding

NHS Wiltshire successfully bid for £15,000 in funding from the Department of Health for a new, single speech therapy service for children and young people.

The grant is a Transforming Community Services Innovation Award.

Assistant Director for Professional Practice, Workforce and Pathway Redesign,

Maddy Ferrari, collected the award – under the heading 'High Quality Care for Children and Families' - at the national Transforming Community Services conference in London. The new service is intended to reduce health inequalities by promoting access to speech and language therapies for families in need.

The proposal for the new service comes after a review, jointly with Wiltshire Council, of services for children with speech, language and communication needs (SLCN). The service is currently provided by three separate, and very different, organisations (Wiltshire Community Health Services, Salisbury Foundation Trust and NHS Swindon), and there are a number of gaps.

"Although individual Speech and Language therapists are doing an good job, particularly in early intervention with younger children, across the county there are between 200 and 300 children waiting for treatment, and there is a lack of service for secondary-school children," said Maddy.

The money from the award will partly fund a new post for a project manager, working with both NHS Wiltshire and Wiltshire Council. This person will drive forward the commissioning of a single service that better meets the needs of children and young people. The rest of the funding will be provided by Wiltshire Council.

Therapy will be delivered in settings familiar to the children – such as nurseries, schools or in the home. It will be designed to support and promote innovative practice, clinical and educational quality and leadership among therapists. The tendering process will be throughout 2009, with the new service starting in April 2010.

details for further information:

Sharon Charity, Communications Manager

01380 733930, Sharon.charity@wiltshire.nhs.uk

Notes for editors:

About Transforming Community Services

The Transforming Community Services Innovation awards total £1.5m for NHS projects across the country, to allow staff pursue projects that will work towards developing services in the community.

As part of the NHS Next Stage Review, and in response to feedback from patients, more services are being developed closer to patients' homes and in the communities where they live. The Transforming Community Services programme of work, developed by the Department of Health, is working to improve services, reform systems and develop people to transform and redesign the quality and provision of community services.

Nurses and allied health professionals have been encouraged to take a lead in this programme of transformation, to assess local service needs, decide priorities, shape outcomes and develop community services for the future. To support innovation and leadership, £1.5m funding for Innovation Awards was announced by Dame Christine Beasley, Chief Nursing Officer for the NHS, to enable NHS staff to develop ideas to transform community services. The Innovation Awards were presented to NHS staff at a Transforming Community Services event held in London on 20 April 2009.

More details of the NHS Wiltshire bid:

Children and young people with speech, language and communication need. NHS Wiltshire and Wiltshire County Council recently completed a review of services for children with speech language and communication need (SLCN). This review was carried out at the request of the Children and Young Peoples (CYP)Trust Executive Board and the key streams of work stemming from the review included:

- To work with current Speech and Language Therapy providers to promote a single service ethos prior to tendering the service out in 2009/10.
- To develop a Commissioning Specification for Speech and Language Therapy Services in preparation for the tendering process. The innovation award will support the appointment of a project lead to take this work forward and achieve the following outcomes:
- A single service, in shadow form, prior to tendering in 2009/10 that is jointly managed by NHS Wiltshire and Wiltshire County Council.
- A Commissioning Specification for Speech and Language Therapy Services to underpin the tendering process, that reflects the outcomes based philosophy of the commissioning process in Wiltshire.
- An evaluation and recommendation as to whether a social enterprise (made up of local therapists, specialist teachers and educational psychologists) should be considered as an

appropriate alternative provider of the new service.

• The commissioning of a service that meets the Speech Language and Communication needs (SLCN) of the CYP of Wiltshire, is affordable, reduces health inequalities by promoting access for families in need, is delivered in surroundings known to the CYP (early years settings, schools, homes) and maximises SLC support by utilising a wide ranging workforce that includes the parents and carers of CYP with SLCN.

• An innovative process that results in new service provision that delivers to CYP (as described above) but also supports and promotes innovation, clinical and educational quality and leadership in local therapists, teachers and psychologists.

Appendix 4: example role profile for LSA Level 3

ROLE PROFILE FORM

Data Protection Act 1998. The information you provide on this form is to enable Hampshire County Council to evaluate the role. The information may also be used, in full or part, to support other processes such as performance development review, induction, recruitment and training and development. The information will be stored electronically and in hard copy format and made available to only to Hampshire County Council staff and trade union representatives involved in these processes. Any data required for statistical/research purposes will be depersonalised.

Role Profile Form Ref: 02497

1. DEPARTMENT: Children's Services

2. SECTION: Schools

3. GROUP/SPECIALISM

4. ROLE TITLE IN FULL : Learning Support Assistant 3

5. SAP ROLE TITLE LSA3

(see Guidance Notes)

6. NEW PROFILE : Yes

DATE OF COMPLETION 9.3.07

7. REPORTS TO : Class teacher/Support Staff Manager

(Supervisor/manager's role title)

8. ROLE PURPOSE : (Why the role exists)

Provide learning activities for classes and deliver lessons, to individuals, groups or whole class, set by or with teachers, under the professional direction and supervision of a qualified teacher and to undertake a significant whole school responsibility

9. ORGANISATION

Please provide a simple line drawing indicating where the role sits within the organisation in the box below.

Headteacher

Class Teacher/Support Staff Manager

Higher Level Teaching Assistant/ LSA3

LSA2/ LSA1

10. Accountabilities

Identify the most significant responsibilities of the role. Accountability statements are the key functions of the role which in combination make up the main purpose.

Please list the statements in order of the amount of time spent on each separate accountability, starting with the accountability that the role holder would spend the most time on decreasing to the accountability that they would spend the least time on. Please do not write paragraphs of information. Complete a separate statement for each separate accountability. Guidance on the drafting of accountability statements is fully set out in the accompanying guidance notes.

Support for pupils

• Assume whole class responsibility for teaching and learning, as directed by the teacher for a day or days at a time
• Use specialist skills to support pupils, fostering

independence
• Assist with Individual Education Plans (IEP's)

Support for the teacher

• Working unsupervised, assist the teacher to create an appropriate learning environment
• Work with the teacher in lesson planning, adjusting plans as appropriate
• Evaluate pupils responses to activities through planned observation
• Participate in assessment to identify pupils who need extra help to overcome learning difficulties and assess progress

Support for the curriculum

• At whole class level, contribute to and implement curriculum programmes

Support for the school

• Establish constructive relationships with agencies
• Supervise pupils on school trips/out of school activities
• Provide training and support to staff as appropriate in area of strength/ expertise
• Some limited supervisory responsibilities
• Undertake a significant whole school responsibility eg SCIPS training or significant specialist responsibility

Corporate and statutory initiatives – equalities/health and safety/e-government/ sustainability

• Maintain an awareness of school, national and statutory policies and requirements and apply these in the workplace.

11. Key Decision Making Areas in the Role

• An LSA 3, whilst working under the general direction of the teacher, will work unsupervised and without the close presence of the teacher and will implement lesson plans, deal with pupil behaviour and make judgments about pupil progress/pupil needs without reference to the teacher.
• An LSA 3, due to training and expertise, will normally carry a specific specialist responsibility (eg. Speech therapy) and support and develop

other staff in the school when help is needed in this area.

12. Role Dimensions – financial (e.g. budgets) and non-financial units (e.g. workload, customers/staff)

(See important guidance notes on financial relationships)

• Dimensions vary according to the experience of the LSA 3.
• An LSA 3, if they hold a specialist qualification, will guide teaching staff in this area.
They will also brief and support new staff (including teachers) on the stage of development of pupils.
• Written reports required from LSA 3 are sufficiently detailed to reflect the complex
needs of the pupil. (and complicated especially if they are addressing complicated
pupil needs).
• An LSA 3 undertakes whole class supervision for a day or days at a time in the
absence of the class teacher as required and according to the needs of the school.

13. Main Contacts – external/internal customer contacts and purpose

• Internal (in school) – frequent contact with pupils to support learning and meet wider
needs, other colleagues, teachers, headteacher, members of the governing body.
• External (outside school) – (usually under the direction of the teacher)
parents/guardians/carers, Education Psychologist, Education Welfare Officer, other
LEA specialist colleagues, outside contractors, specialist groups on educational
visits, students.

14. Working Conditions – environmental and physical factors, physical effort or strain and frequency of occurrence.

• School and classroom based learning environment (sometimes significantly constrained in terms of space/equipment/seating) – responsibility, with teacher, for
maintaining calm.
• External working on trips, educational visits etc and, in the case of some special
schools, home/school liaison visits.
• Manual handling responsibilities.

• Skilled in physical intervention techniques (restraint techniques) for dealing with
difficult children.
• Expected to maintain behaviour management standards of children, some of whom
can be especially challenging, difficult and sometimes violent, and deal with racial/abusive language and bullying.
• Health and Safety responsibility for self, children and area which is particularly
demanding in a child-centred environment.
• In special schools, undertake personal/intimate medical work for children with special
needs.

15. Role requirements for operational effectiveness.

Please state the essential skills, qualifications and types of experience which are
required for operationally effective service delivery. Additional and desirable, attributes or qualifications, e.g. a degree or membership of a professional body should
only be included, where the employing department believes that the role cannot be
effectively performed without it.

• Empathy with pupils and sympathetic to their needs.
• NVQ3 for Teaching Assistants or equivalent qualification or experience.
• Excellent literacy/numeracy skills.
• Minimum of 2 years' relevant experience in a teaching/learning/child support working
environment.
• Good communication skills and able to clarify and explain instructions clearly.
• Can use ICT effectively to support learning.
• Working knowledge of national/foundation stage curriculum, particularly literacy and
numeracy requirements, and other relevant learning programmes/strategies.
• Professionally discreet and able to respect confidentiality on particular issues.
• Well developed interpersonal skills enabling effective relationships with a variety of
people.
• Team worker.

16. Context/Additional Information

• There is a multi-role aspect to this job in that the expertise of the LSA 3 postholder

will affect the depth and range of support the class teacher can expect.
• It has a high confidentiality component and needs to hold the trust and confidence of
both the pupils and the teachers. It may acquire information on child protection/family sensitive issues which must be treated carefully and appropriately.
• The size and type of school will be a factor in determining how the role operates as
will the physical site of the school.
• High levels of stress are generated by various aspects of the role including when
dealing with individual pupils and/or groups with complex and demanding learning
needs. The postholder's working hours predominantly require constant pupil contact.

Appendix 3: text of overview of presentation on the Qualifications and Credit Framework

Overview of the Qualifications and Credit Framework (QCF)

The existing national qualification frameworks (England)

Existing qualification Types

- FE delivered:
  - Occupational
  - Vocationally related
- HE delivered:
  - Certificates/diplomas
  - Foundation degrees
  - Degrees
  - Postgraduate qualifications

Occupational Qualifications

- Examples:
  - Support Work in Schools qualifications; NVQs
- Characteristics:
  - Based on standards
  - Contain core and options
  - Assess – Train – Assess model
  - Assessed in the workplace
- Suitable for those who:
  - Are already in the role covered by the qualification
  - Want confirmation that they are working to nationally agreed standards
  - Have a school willing to provide a training mentor and development opportunities, and to support the assessment process

Vocationally related qualifications

- Examples:
  - Level 2 Certificate in Business Administration
- Characteristics:
  - Related to knowledge requirements of standards
  - Delivered via a taught programme
  - Assessment may include case studies, extended writing or tests
- Suitable for those who:
  - Are fairly new to a role and want to develop knowledge and understanding
  - Are already occupationally competent but want to deepen knowledge in a specialist area
  - Aspire to a new or more senior role
  - Have sufficient literacy and/or numerical skills to cope with the assessment

What's changing - the key elements of the QCF

- Qualifications composed of units, each worth a specific number of credits

- Rules of combination (mandatory and optional units combined into qualifications)

- Units may be shared across more than one qualification

- Qualifications no longer have to be either vocational or occupational but can be combined

Size and level

- **Every unit and qualification in the framework will have a credit value and a level**
- **Three sizes of qualifications**
  - Award, certificate, diploma

- **Nine levels**
  - The level of a unit of qualification shows you how difficult it is
  - To help understand the levels useful to know: GCSEs (A*-C) are level 2, A levels are level 3 and a PhD degree is level 8
- **Credits**
  - 1 credit = 10 hours of learning time (the amount of time and effort it takes to complete)

Each qualification will be made up of units, each of which is worth a certain number of credits
How nested units work

The Learner Record

- **When a learner completes a unit they are awarded the relevant credit(s) which are recorded electronically on their learner record (LR)**
- **Learners can access their LR online to:**
  - **Track their progress towards achieving a qualification**
  - **Explore potential routes to achievement (find qualifications for which they have already achieved some credit)**
  - **Give permission to others (including employers and providers) to view the information contained within it.**

QCF Design Features

The QCF will be simpler to understand because:

- it introduces common vocabulary across qualifications
- it will reduce the amount of duplication within qualifications
- it will make it easier to compare how challenging a qualification is and how much work it involves
- it enables more approachable, incremental ways of learning and training

Benefits for Learners

- Offers more freedom, choice and flexibility
- Gives easy access to information about the commitment needed for different routes to achievement, letting learners balance that commitment with family, work and other responsibilities
- Allows them to build up credits at their own pace and combine them in a way that will help them get where they want to be
- Enables them to transfer credits between qualifications to avoid having to repeat their learning
- All their achievements recorded on an electronic learner record, encouraging them and others to value their past achievements

Benefits for learning providers

- Enables them to design more flexible programmes, suitable to the individual needs of learners
- Helps them improve retention and progression rates by recognising smaller steps of achievement more frequently
- Can track all learners' achievements through the use of a unique learner number (ULN) and an individual's electronic learner record, giving providers standard information about

each learner's past achievements

- Helps them to describe achievements to employers and learners in a language that is easy to understand

Benefits for employers

- Helps them to measure quickly the level and size of achievements of prospective employees

- Enables them to get in-house training recognised within a national framework

- Describes levels of achievement in terms everyone can understand

- Makes training options and pathways clear, helping employees and employers find the right training for their learning and organisation's needs

Sector qualifications strategy for school support staff

TDA has proposed new competency-based qualifications to replace SWiS and the NVQ in supporting teaching and learning in schools. The new qualifications will:

- build on the best features of SWiS and NVQs
- be available at levels 2 and 3 of the framework and, potentially, in three sizes (award, certificate and diploma)
- be more flexible, enabling progression and transfer and recognise prior achievement
- meet Qualifications and Credit Framework criteria
- use common assessment criteria
- make use of units from other relevant sectors
- be available from 2010

STL 14 Support Individuals during therapy sessions

- This unit is for those who support pupils during therapy sessions such as speech and language or physiotherapy. It involves working under the direction of a qualified therapist to support him/her to run the therapy sessions and may involve supporting the pupil to practice therapy exercises between sessions run by the therapist

- Unit contains three elements
  - Prepare and maintain environments, equipment and materials prior to, during and after therapy sessions
  - Support individuals prior to and with therapy sessions
  - Observe and provide feedback on therapy sessions

STL 14 post December 2010

- At the end of February 2010 TDA advise that the sector skills body Skills for Care and Development are developing a unit based on the current STL 14.

- Once this is available TDA intend to incorporate the unit into the Supporting Teaching and Learning qualifications

- Teaching Assistants who already have NVQ Supporting Teaching and Learning could take this one unit as CPD and record it on their electronic learner record

- From September 2010 Teaching Assistants undertaking the new Award / Certificate Supporting Teaching and Learning (possibly through Hampshire Teaching and Leadership College) could chose this unit as an option

- Possibly involve therapists in training and assessment

Role profile LSA 3

- Hampshire already has a role profile for senior, highly skilled teaching assistants in LSA 3.

- Section 11 of the role profiles states
  - 'An LSA 3, due to training and expertise, will normally carry a specific specialist responsibility (e.g Speech therapy) and support and develop other staff in the school when help is needed in this area. '

- It is not envisaged that the LSA 3 post holder would work exclusively within therapeutic fields, more they would support qualified therapists as part of an overall teaching and learning support role within the school

Summary

- New qualification structure from September 2010 would lend itself to accreditation against national occupational standards for teaching assistants undergoing training
- There is already a role profile within Hampshire schools that incorporates this area of work
- Early consultation with Headteacher groups advisable
- Scope for involvement of professionals from outside schools in delivery of training and assessment
- Cost implications

Contact details

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