

**Summary Report on Findings and Themes from Phase 2 of
Review of Allied Health Professions (AHP) support for
children/young people with statements of special
educational needs (SEN)**

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Introduction and case for change

The Public Health Agency is leading on a review of Allied Health Professions (AHP) support for children/young people with statements of special educational needs. (Hereafter children/young people with statements of special educational needs may be referred to as children)

It is a child and family centred review, focusing on meeting the assessed AHP needs of children in the most effective and efficient way in order to maximise their outcomes. The review, takes a human rights based approach to working with children.

Both the Departments of Health and Social Care and Public Safety and Education are obliged to act compatibly with the Human Rights Act (1998)¹, the United Nations Convention on the Rights of the Child² and the United Nations Convention on the Rights of Persons with Disabilities³.

Central to these is the acknowledgement that every child has basic fundamental rights. In brief summary, these include:

- The right of children with disabilities to have full enjoyment of all human rights and fundamental freedoms on an equal basis with other children.
- The right that the best interests of the child/young person shall be a primary consideration.
- The right to an education
- The right to have their privacy protected
- The right to express their views freely on all matters affecting them
- The right to be heard
- The right to grow up safe
- The right of the disabled child to have effective access to and receive education, health care services and rehabilitation services in a manner conducive to the child's achieving the fullest possible social integration and individual development

¹ http://www.legislation.gov.uk/ukpga/1998/42/pdfs/ukpga_19980042_en.pdf

² http://www.unicef.org.uk/Documents/Publication-pdfs/UNCRC_PRESS200910web.pdf

³ <http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>

The review was initiated due to a number of queries about the levels of AHP provision, particularly from the special education sector. It was recognised that it is important that AHP services meet the assessed AHP needs of children, working to ensure consistency and promotion of equity.

It was also acknowledged, however, that throughout the years services have developed in the absence of a regional framework.

It was agreed that there was a need to establish the current levels and models of AHP service provision throughout the region for children, to hear views from key stakeholders and identify any issues/themes which must be addressed.

This report is outlining the values and principles agreed by the Project Board and the themes identified throughout engagement and information gathering in phase 2. These values, principles and themes will help to move towards the agreement of a proposed regional framework of AHP support for children/young people with statements of special educational needs.

In earlier documents related to the review, it was stated that the ultimate aim of the review was to agree a proposed regional “model” for AHP services to meet the assessed AHP needs of children. Whilst the aim of best meeting the assessed AHP needs of children remains the same, the learning from engagement in phases 1 and 2 is that a framework rather than a model is required. Models tend to be more prescriptive, specific and with a narrow scope whereas a framework gives an overall picture of the possible courses of action and brings a preferred approach to a thought or idea. A framework is adaptable and flexible and would facilitate the use of a variety of models and methods of practice in order to ensure that AHP services meet the assessed AHP needs of children.

There is also an earlier report, outlining principles, themes and findings of phase 1 which is available on the Public Health Agency website⁴. The findings of phase 2 has essentially reinforced and reiterated the findings of phase 1.

⁴ <http://www.publichealth.hscni.net/publications/summary-interim-report-findings-and-interim-themes-phase-1-review-allied-health-profess>

Project Definition

The purpose of this regional review is to meet the assessed AHP needs of children in the most effective and efficient way in order to maximise their outcomes. It will establish the current level and models of AHP provision and support for children, with the ultimate aim of agreeing a proposed regional framework and implementation plan to best meet the assessed AHP needs of children.

The proposed framework should ensure that the assessed AHP needs of children are met whilst promoting equity, working to ensure consistency, representing best value of money and supporting sustainability of services

The review is mainly focusing on services for children from:

- Physiotherapy
- Occupational Therapy
- Speech and Language Therapy
- Dietetics
- Orthoptics
- Podiatry

We also took the opportunity to seek views on other AHP services, namely:

- Radiography
- Orthotics
- Prosthetics
- Art Therapy
- Music Therapy
- Drama Therapy

The review is being carried out in three phases:

- Phase 1⁵ involved gathering stakeholder views and establishing the current levels and models of AHP provision and support for children in special schools. This stage has been completed; common themes have been identified and are outlined in the phase 1 summary report.

⁵ <http://www.publichealth.hscni.net/publications/project-initiation-document-phase-one-scoping-exercise-within-special-schools>

- Phase 2⁶ involved gathering stakeholder views and establishing the current levels and models of AHP provision and support for children/young people with statements of special educational needs enrolled in mainstream schools. This stage has been completed; common themes have been identified and are outlined in this summary report. It is of note, that whilst this review is focusing on the assessed AHP needs of children with statements of special educational needs, it was not feasible to isolate the AHP data on children with statements of special educational needs who attend mainstream schools. This specific level of data is not readily available within Trusts. Therefore, the data in phase 2 relates to AHP services for all children who do not attend special schools, including children with statements of special educational needs. The issue of accurate data on children has been raised within the key themes of the review as an area requiring focused attention going forward.
- Phase 3 will involve an analysis of identified common themes and the agreement of a proposed regional framework and an implementation plan for consideration by the Minister for Health.
- The envisaged timescales are as follows:
 - Phase 1 April 2013-March 2014
 - Phase 2 April 2014- March 2015
 - Phase 3 April 2015- August 2016

Although these are the envisaged timescales, the work and progress of the review has been flexible so that each phase is given the time it requires in order to ensure the best gathering of information. This means that phases, on occasion, ran in parallel in order to progress work and also continue to gather and incorporate views.

This review requires collaboration and a partnership approach with all key stakeholders especially Parents/Carers, Children/Young People, Health & Social Care, and Education representatives to ensure that appropriate, relevant and accurate information is gathered and analysed.

⁶ <http://www.publichealth.hscni.net/publications/project-initiation-document-phase-two-scoping-exercise-within-mainstream-schools>

Strategic direction

There are many strategic drivers for this review. The review sits within a wider legislative context which includes the legislation identified in the strategic links ([Appendix A](#))

It is important to recognise that children/young people with statements of SEN are children and young people first and should as far as possible be offered the same opportunities as their peers. All children are entitled to receive the universal services as outlined in DHSS Policy Healthy Child Healthy Future⁷.

The review is closely related to Making Life Better⁸ (A Whole System Strategic Framework For Public Health 2013-2023) which aims to achieve better health and wellbeing for everyone, and to reduce inequalities in health.

Partnership working is integral to the success of this review and this ethos of partnership working is evidenced by the Children and Young Peoples Strategic Partnership. The Children and Young Peoples Strategic Partnership⁹ aims to plan and provide services for children and young people more efficiently by making joint decisions about the services needed with the aim of improving the lives of all our children and young people. The Partnership brings together agencies and sectors to plan in collaboration in order to improve outcomes for all children and young people. It recognises that we must all work together to deliver the best outcomes.

Partnership working is also key to the work of the Early Intervention Transformation Programme¹⁰. EITP is focused on achieving transformational change by doing things differently to achieve different outcomes, using data and outcome indicators to both drive improvement & demonstrate change and government departments working together to address systemic problems at an early stage

⁷ <https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/healthychildhealthyfuture.pdf>

⁸ https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/making-life-better-strategic-framework-2013-2023_0.pdf

⁹ http://www.cypsp.org/wp-content/uploads/2015/02/cypsp_action_plan_2011-2014.pdf

¹⁰ <https://www.dhsspsni.gov.uk/articles/early-intervention-transformation-programme>

The review is child and family centred and fits with the ethos of Families Matter: Supporting Families in Northern Ireland (Regional Family and Parenting Strategy) March 2009¹¹ which focuses on early intervention, ensuring that appropriate assistance is available to families at the earliest opportunity at all levels of need. This strategy ensures that all children and young people are given the opportunity to develop to their maximum potential.

Within the ten year strategy for children and young people in Northern Ireland it is acknowledged that we want all children and young people in Northern Ireland to fulfil their potential (Our Children and Young People – Our Pledge A TEN YEAR STRATEGY FOR CHILDREN AND YOUNG PEOPLE IN NORTHERN IRELAND 2006 – 2016)¹² . We must help them get the best possible start in life and do as well as they can. This strategy requires us to deliver for all children and young people in Northern Ireland, and it states that we must take actions to improve the lives of those children and young people and their families who need our help most.

As stated earlier, this review and proposed framework takes a human rights based approach to working with children and recognises the obligations within the Human Rights Act and the UN conventions on the Rights of the Child and the Rights of Persons with Disabilities.

¹¹ https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/families-matter-strategy_0.pdf

¹² <http://www.ofmdfmi.gov.uk/ten-year-strategy.pdf>

Values and Principles

This review will ultimately reach the agreement of a proposed regional framework for AHP support for children/young people with statements of special educational needs. The following values and principles, which were shaped by learning in phases 1 and 2, will be integral to the proposed regional framework. These values and principles sit within the wider context of strategic direction and legislative requirements

- **Human Rights.** The child's human rights must be protected throughout the decision making and delivery of AHP support.
- **Safeguarding children.** All service providers will take reasonable steps to ensure that children and young people are safe and that care plans are in their best interest. This will include identifying and supporting children with safeguarding needs through partnership working and will work to ensure that children are safe from any form of significant harm.
- **Child and family centred.** The child and their family should be valued and included throughout all relevant AHP decision making and intervention.
- **Meeting assessed AHP needs in a timely manner.** It is important that services meet the assessed AHP needs of children in a timely manner. It is recognised that AHP services are provided based on clinical need and children with assessed AHP needs require AHP support, regardless of whether they have a statement of SEN. AHP advice, intervention and support must be provided, for children with identified AHP needs, within the timeframe of the agreed Department of Health access target. This includes children with a statement of SEN who have assessed AHP needs. This timeframe is currently a maximum of 13 weeks.
- **Equity.** AHP support should be delivered in such a way that it meets the assessed AHP needs of children, promoting equity and working towards ensuring consistency.

- **Outcomes/impact focused.** AHP intervention and support should be focused on outcomes and making a positive impact and difference to the child.
- **Evidence based practice.** Interventions provided should have proven evidence of their value and be considered best practice.
- **Continuous improvement.** There is a need for continuous improvement in the quality of service delivery
- **Ensuring sustainability of service provision.** It is vital that services are sustainable, in addition to being safe and high quality, in order to continue to meet the assessed needs of children. This includes the optimum use of the appropriate skillmix of staff. AHP intervention/support should be provided by the most appropriate skilled individual, ensuring the most effective and efficient use of resource. This will ensure the needs of the child are met by the most relevant person, whilst also achieving sustainable services

Project Management

The Project Board, chaired by Dr Eddie Rooney, Chief Executive of the PHA, met regularly throughout the review. The Project Chair had responsibility to ensure that the project produced the required outcomes and deliverables, to the required standard and within the specified constraints and time-frame of the project.

The Project Chair was supported in the delivery of this work by the Project Lead; Mary Emerson, AHP Consultant PHA, who acted as Chair of the Professional Stakeholder Reference Group. The Project Lead's role was to drive the project forward and to monitor the outcomes of the project throughout its lifespan.

Views gathered in phase 2

In order to identify issues and common themes relating to AHP support for children, significant gathering of stakeholder views was required in phase 2. The views gathered will be described in more detail in the final findings report.

This included:

- Regular meetings of Project Board
- Regular meetings of Professional Stakeholder Reference Group
- Engagement with children
- Questionnaires to seek views from parents/carers of children enrolled in mainstream schools
- Questionnaires to seek views from AHPs working with children#
- Engagement with other stakeholders

Feedback from phase 1 included that stakeholders valued questionnaires as a means of sharing their views. Therefore, questionnaires were devised to seek views from parents/carers of children and young people with statements of special educational needs enrolled in mainstream schools. In order to hear views from as many parents/carers as possible, all mainstream schools were contacted and provided with details of an online questionnaire for parents/carers and asked to make parents/carers aware of this. The details of the online questionnaire were also sent to a number of other key stakeholders with a request to share with parents and the link was shared in a PHA press release. In phase 2, 119 questionnaires were completed by parents/carers. In addition to seeking views of all parents by questionnaire, contact details were also provided so that parents could make contact if they were interested in meeting to discuss their views further.

Questionnaires were also devised to seek views from AHP staff and teaching staff working with children and young people with statements of special educational needs enrolled in mainstream schools. All mainstream schools and Trust AHP Leads were contacted and provided with details of an online questionnaire for professionals and asked to make staff aware of this. There were 172 completed questionnaires from AHPs in phase 2 and 220 completed questionnaires from teaching staff. In addition, quantitative data was gathered from the individual AHP professions in order to establish levels and models of provision and to hear any issues. Contact details were also provided to Professionals with the offer to meet with any professionals who would like to discuss these views further. AHPs and Teachers were also key members of the review's Professional Stakeholder Reference Group which meets regularly.

Engagement with children in mainstream schools was quite sensitive as it would be difficult for another agency to see children with statements of SEN in school and maintain the confidential fact that the child has a statement. Therefore, views of children enrolled in mainstream school were sought in partnership with Education colleagues and school SENCOs. In addition, there was engagement carried out by The Cedar

Foundation with a group of children/young people with a statement of SEN who all attend mainstream schools.

There has also been great learning from the engagement in phase 1 with children/young people enrolled in special schools. This engagement with children/young people was commissioned by the Public Health Agency and carried out by Barnardos Disabled Children and Young Peoples Project. This involved direct engagement with children/young people enrolled in special schools. Five schools across the region were selected in order to provide variety, in terms of categorisation of special school and geographical area.

It is also recognised that there are many other relevant stakeholders in this review of AHP support. Hence, information on the review and details of online questionnaires have been shared with a number of other appropriate organisations, including Northern Ireland Commissioner for Children and Young People (NICCY), Children's Law Centre (CLC), Children in Northern Ireland (CINI), Human Rights Commission and various voluntary organisations

Key Themes

The findings of phase 1 resulted in 10 interim themes. Phase 2 essentially reinforced and reiterated the findings of phase 1. However, it became clear throughout engagement in phase 2 that some of the themes were intertwined and would work better if focused on together. Therefore the 10 identified themes from phase 1 became refined into 5 key themes encompassing all of the issues raised. These areas which will require focussed attention will be integral to the proposed regional framework.

Theme A

Working Together: Strengthen Partnership Working between AHPs, Education staff, Parents/Carers, Children and others as appropriate

This theme focuses on strengthening partnership working between AHPs, Education staff, Parents/Carers, Children and others as appropriate. Working together and having a shared understanding of the child's needs is essential in order to maximise the child's participation and outcomes.

Valuing the child's views and aspirations is important to achieving meaningful outcomes. It was reported by children/young people that they would like to be more involved in decisions regarding their treatment, including when it is appropriate for treatment to end.

Parents spend most time with their children and the care they provide is invaluable. It is vital that Parents, Teachers and AHPs have a common, shared understanding of the child's needs in order to agree likely outcomes and best hopes for the child and how to work together to help the child. It is also important that there are appropriate levels of multiagency working when required.

Theme B

Informed and Skilled Workforce: Workforce to have appropriate skills to meet the assessed AHP needs of children

It was expressed throughout engagement that AHPs are a very valued resource and there are highly skilled and experienced AHPs working with children. Children often have complex needs and staff working with them should be supported in developing and maintaining the appropriate level of competency in order to meet the assessed AHP needs of children.

However, it was noted that vacancy cover is often an issue and there appeared to be some perception that posts could only be filled by very experienced senior staff. There will be times when a child requires specialist intervention which can only be delivered by a highly skilled AHP and times when the child will benefit from routine interventions. Whilst the children often have complex needs, the interventions required are not always complex.

Therefore, it is important that there is an appropriate skillmix of staff and that staff at all grade levels can be supported to have the appropriate skills to meet the assessed AHP needs of children. This promotes a sustainable service, whilst maintaining quality and safety.

Theme C

Timely Responses: Timely response to request for information and referral

Early intervention is a key element of maximising outcomes. The importance of responding to information and advice requests, potential referrals and sharing appropriate communication in a timely manner is recognised.

The review identified some variations in how AHPs respond to requests for information, how referrals are made and how AHPs are involved in the updating of statements. This has the potential to cause inequity. There is a need to work towards ensuring consistency in order to ensure timeliness and promote equity.

Theme D

Therapy environment and equipment: Appropriate environment for therapy and appropriate equipment to access therapy and education

AHP intervention should take place where the relevant support is required. When therapy is required in school, it is important that there is an appropriate environment for this. During the review many parents of children in special schools stated that they believed the special school was the best environment for therapy and helped the child's intervention outcomes. This should be taken into consideration if appropriate for the child's needs.

Health and Education also need to work together to ensure that children receive the equipment they require in order to access therapy and education.

Theme E

Best Use of Resource: Effective & efficient use of current resource, including the monitoring of accurate data

It is vital that AHP support for children is being used in the most effective and efficient way in order to have sustainable services which meet the needs of children.

The review highlighted the difficulty of gathering accurate data in relation to AHP services for children with statements of SEN, partly due to the requirement to gather data from both Education and Health. Accurate data and monitoring will allow better planning and flexibility to meet demands.

Next Steps

The values, principles and themes outlined in this summary report were shaped by learning in phases 1 and 2. They will inform and be integral to the agreed proposed framework within which AHPs will work with children.

Work has commenced in order to move towards a regionally agreed framework and implementation plan.

Strategic Links

Human Rights Act (1998)	 Human Rights Act (1998)
The Children (Northern Ireland) Order (1995)	 The Children NI Order 1995
Code of Practice for Identification & Assessment of Special Education Needs (DENI, 1998)	 Code of practice for identification & Assessment of Special Needs
Supplement to the Code of Practice for Identification & Assessment of Special Education Needs (DENI, 2005)	 Supplement to the Code of Practice for Identification & Assessment of Special Education Needs
The Education (Northern Ireland) Order (1996)	 The Education (Northern Ireland) Order 1996
Review of SEN and Inclusion: Every school a good school – the way forward for SEN and inclusion (2009-2012)	 Review of SEN and Inclusion
A Ten Year Strategy for Children and Young People in Northern Ireland (OFMDFM, 2006-2016)	 Strategy for Children and Young People in Northern Ireland 2006-2016
Healthy Child, Healthy Future (2010)	 Healthy Child, Healthy Future (2010)
The Disability Discrimination Act (1995)	 The Disability Discrimination Act 1995
The Chronically Sick and Disabled Persons (Northern Ireland Act, 1978)	 The Chronically Sick and Disabled Persons (Northern Ireland) Act 1978
Speech, Language and Communication Therapy Action Plan: Improving Services for Children and Young People (DHSSPS 2011/12 – 2012/13)	 SLCT Action Plan

<p>The SEN and Disability (Northern Ireland) Order (2005)</p>	 The SEN and Disability NI Order 2005
<p>Transforming Your Care: A Review of Health and Social Care in Northern Ireland (DHSSPS, 2011)</p>	 Transforming Your Care: A Review of Health and Social Care in NI
<p>UN Convention on the Rights of the Child (1990)</p>	 UN Convention on the Rights of the Child (1990)
<p>UN Convention on the Rights of Persons with Disabilities (2006)</p>	 UN Convention on the Rights of Persons with Disabilities (2006)
<p>Making Life Better (A Whole System Strategic Framework For Public Health 2013-2023)</p>	 Making Life Better(A Whole System Strategic Framework For Public Health 2013-2023)
<p>Families Matter: Supporting Families in Northern Ireland (Regional Family and Parenting Strategy) March 2009)</p>	 Families Matter: Supporting Families in Northern Ireland (Regional Family and Parenting Strategy) March 2009)
<p>GUIDANCE ON STRENGTHENING PERSONAL AND PUBLIC INVOLVEMENT IN HEALTH AND SOCIAL CARE</p>	 hsc_sqsd_29-07.pdf
<p>Health and Social Care (Reform) Act (Northern-Ireland) 2009</p>	 nia_20090001_en.pdf
<p>CYPSP Children & Young People’s Strategic Partnership Northern Ireland Children & Young People’s Plan 2011-2014</p>	 CYPSP Children & Young People’s Strategic Partnership Northern Ireland Children & Young People’s Plan 2011-2014