Workforce planning of special educational needs (SEN) specialist services

Final report

PEOPLE AND WORK UNIT
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Workforce planning of special educational needs (SEN) specialist services

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Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government.

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Introduction

In May 2014[1] the Welsh Government commissioned the People and Work Unit (PWU) to undertake a workforce planning exercise for specialist services that support children and young people with special educational needs (SEN). This forms part of a broader process aimed at improving the outcomes for children and young people with SEN, including reforming the legislative framework for SEN[2].

The majority of SEN can be met in schools through additional support (known as School Action) without drawing upon external support from SEN specialist services. SEN specialist services are only involved where SEN cannot be met without their support (with a statement of SEN or through provision at School Action Plus). There are a range of SEN specialist services, however, this study only focuses upon the key specialist SEN services identified by maintained schools:

- local authority inclusion services, educational psychology (EP), sensory services; and
- National Health Service (NHS) occupational therapy (OT), speech and language therapy (SALT), clinical psychology, physiotherapy, child and adolescent mental health services (CAMHS) and dietetics services.

Approach and methodology

The report draws upon five key sources:

- qualitative and quantitative research with 52 specialist SEN services provided by local authorities (LAs) and the NHS;
- a survey of 467 school SEN co-ordinators (SENCos) and school leaders;
- qualitative research with 28 learning settings;
- qualitative research with nine training providers (universities and colleges); and

[1] The fieldwork was undertaken between June 2014 and December 2014.
[2] The consultation on the Draft Additional Learning Needs And Education Tribunal (Wales) Bill (WG, 2015a) is available at: http://gov.wales/consultations/education/draft-aln-and-education-tribunal-wales-bill/?lang=en

- a desk-based review of pupil data and secondary literature.

The evidence for the study has important strengths, but also some limitations. It includes a good mix of sources which enable issues to be explored in depth for those services and schools included in the study. However, the data only covers a sample of specialist SEN services, schools and training providers, which is not large or representative enough to provide definitive findings which could be generalised for all specialist SEN services or schools in Wales or providers in the UK.

Current and estimated future demand for SEN specialist services

LAs and NHS specialist SEN services report that demand for their services has increased over the last five years as both the numbers of pupils with SEN referred to them, and the complexity of their needs, have increased. Specialist services' experiences are broadly consistent with trends in the recorded numbers of pupils with a statement or supported at School Action Plus in Wales.

Over the last five academic years (2009/10 to 2013/14), the recorded numbers of pupils with a statement or supported at School Action Plus increased from 44,748 to 47,157 [3] and the proportion rose from 9.6 to 10.1 percent of all pupils over this period. There is a similar trend[4] in the number and percentage of all pupils with a SEN[5]. Given these past trends, it is likely that moderate increases in the recorded numbers of pupils with a SEN will continue over the next five years However, there is also likely to be a larger increase in the recorded population of pupils with SLCD (by 2,930) and Autism Spectrum Disorder (ASD) (by 1,470)[6].

However, despite the SEN Code of Practice for Wales (WG, 2004) and guidance (WG, 2007), the identification and recording of SEN by schools is inconsistent (Estyn, 2007; NAW, 2013). This means that the needs of some pupils are

[3] (StatsWales. 2015a) Available at: https://statswales.wales.gov.uk/Catalogue/Education-and-Skills/Schools-and-Teachers/Schools-Census/Pupil-Level-Annual-School-Census/Special-Educational-Needs/pupilssen-by-localauthorityregion-provision
[4] From 99,004 pupils (21.2 percent of the pupil population) with SEN in 2009/10 to 105,303 pupils (22.6 percent of the pupil population) with SEN in 2013/14.
[5] This includes those in all three categories; School Action, with a statement and School Action Plus.
[6] See appendix 4 for further details.

misidentified or misreported as being a SEN, rather than, for example, a need for additional targeted literacy support, that falls short of special educational provision (meaning that there is over-recording of SEN rates). Conversely some SEN are missed (so there is under-recording of SEN rates) (Estyn, 2007). The data provided by schools on the numbers of pupils with SEN and the type of SEN, therefore needs to be treated with caution.

In judging the impact of increasing recorded numbers of pupils with SEN upon specialist services, it is important to bear in mind that the impact of increasing numbers of pupils with SEN is not fixed. It is mediated by factors such as policy, practice, and parental expectations.

The capacity of SEN specialist services to meet current and future demand

SEN specialist services, like many other public services, face acute and sustained challenges. Over the last five years, resources and the workforces of most SEN specialist services have either been frozen or cut, while demand has increased. Nevertheless, the impact of these pressures upon services has been uneven.

Half of the inclusion services (in the study) felt that they had the capacity needed to meet demand. They attributed this to reform of their services as they, for example, shifted from the delivery of specialist services to capacity building with school staff and offered traded services[7].

The EP services and NHS services (in the study) were less positive than inclusion services, with many highlighting how their lack of capacity, often linked to cuts or freezes in funding, meant there was unmet demand for their services.

Most of the inclusion and NHS services reported that there was no barrier to delivering the service in Welsh (despite some services having a far lower proportion

[7] Where, for example, a school paid for an EP service's support, rather than the EP service being core funded by the LA or LHB (and therefore free for schools).

of Welsh speakers than the populations they serve). In contrast around half of EP services reported problems in recruiting Welsh speaking staff, creating problems delivering services in Welsh, where wanted.

LA services reported that despite expectations of increasing demand, they did not anticipate an increase in their size over the next five years, with most of these services indicating they expected a reduction in the size of the service. There was a mixed response from NHS services, with most of the OT and clinical psychology services expecting a freeze, SALT services expecting increases in more junior posts, while other services, such as physiotherapy, were uncertain.

The age profiles of services also differ. LA-based services have an aging workforce with a considerable proportion approaching the traditional retirement age of 65 within the next ten years. In contrast, many of the NHS services (i.e. OT, SALT and clinical psychology) have a relatively young workforce.

Financial constraints and/or uncertainty around SEN legislative change and LA reorganisation have meant that inclusion services have had low recruitment rates and have not experienced problems recruiting staff (as there is little competition when recruiting). In contrast, EP, OT and SALT services reported problems recruiting staff in rural areas and for senior positions; moreover, some LAs and NHS services have struggled to cover maternity leave or sickness.

Conclusions

SEN specialist services, like many other public services, face acute and sustained challenges. Over the last five years demand has increased, whilst resources and the workforces of most SEN specialist services have been either frozen or cut. Some SEN specialist services also face other challenges linked, for example, to their small size, aging workforce or problems recruiting either Welsh speakers or senior staff.

The pressures upon SEN specialist services have created gaps between the demand for services and the services' capacity to meet demand. However, the gaps

are not uniform across all services; for example, overall, the gaps tend to be smaller in relation to LA services than NHS services. There are also differences within sectors (for example, some inclusion services identify larger gaps than others) and across time (for example, services can face short term pressures due to staff absence).

In response to these challenges, workforce planning by individual specialist SEN services, and their parent organisation (typically a LA or LHB), tends to be reactive and, in general, services are struggling to plan for the future, given the pressures they face and the uncertainty about future policy and funding. Moreover, many LA- and NHS-provided services do not have detailed quantitative data on their workforce size, profiles and development needs, which constrains planning at a local and national level. Thus, neither the NHS national workforce planning system nor the more piecemeal arrangements for LA services are working effectively to match workforce demand and supply.

Given these weaknesses, there is scope to strengthen workforce planning arrangement. This could include:

- systemising the collection of quantitative data on individual services' size and profile (in order to provide a clearer picture of the capacity and profile of services);
- undertaking more analysis of current and projected demand for SEN specialist services; and
- developing a more formal structure for identifying workforce development needs in LA services at a national level (in order, for example, to help better match training needs with training provision).

The key challenge facing most specialist services is how to meet increasing demand, while budgets and therefore in many cases, workforces, have been and are expected to continue to be, frozen or cut. There are no easy solutions, nor is it likely there will be a single solution to the challenges that services face.

Workforce planning can help ensure services make the best use of the resources they have (in order to meet demand) and can identify future challenges (such as succession planning). However, as services' scope to increase in size to meet increased demand is limited, other strategies will be needed, for example:

- strategies such as prioritising the work the services undertake may help services increase capacity (e.g. by enabling services to focus upon fewer priorities) and reduce demand (e.g. by diverting demands to other appropriate services[8]);
- strategies such as integration of specialist SEN services (including regional provision of some services) may also help services increase capacity (e.g. by generating economies of scale) and reduce demand (e.g. by diverting demands to from one part of an integrated service to another); and
- strategies such as an increasing emphasis upon preventative approaches, early intervention and capacity building in schools and in other non-specialist services will not increase capacity, but may help reduce and manage increasing demand for specialist SEN services (e.g. by ensuring more needs are met by non-specialist services).

[8] Cutting back services and diverting demand to other services has been described as "cost-shunting" - although it may reduce demand on one service, it can simply transfer (or "shunt") the demand to another service or part of the system.

1. Introduction

1.1. In May 2014, the Welsh Government commissioned the People and Work Unit to undertake a workforce planning exercise for specialist services that support children and young people with special educational needs (SEN). This forms part of a broader approach aimed at improving the outcomes for children and young people with SEN, including reforming the legislative framework for SEN.

Aim and objectives of the study

1.2. The aim of this study is to establish the current and future capacity requirements of those specialist services in Wales that provide support for children and young people with SEN and consider workforce planning priorities.

1.3. The objectives of this study are to:

- provide the Welsh Government with an evidence base of the workforce planning needs of specialist services in Wales necessary to support children and young people with different types of SEN[9] within maintained schools;
- undertake a workforce planning analysis of the current specialist service workforce provision at a national, regional and local level to include a focus on current capacity, demographics such as age profiles, recruitment and retention issues and succession planning;
- understand the current provision of specialist training from across the UK and their potential to support workforce planning priorities; and
- establish an approach for sustainable workforce planning of specialist service provision to support those children and young people with SEN across Wales.

[9] Guidance to support the recording of pupils' SEN on School Management Information Systems identifies the broad categories and descriptors of SEN. (WG, 2007).

Workforce Planning

1.4. Workforce planning can be described as the process undertaken to ensure an organisation or service has the right people, with the right skills, at the right time. It involves identifying the likely future demand for different types of staff and matching this with supply. Key stages in the process include:

- analysing demand;
- analysing supply (the capacity of the workforce to meet demand), including analysis of likely changes (e.g. as a result of recruitment and staff turnover);
- undertaking a 'gap analysis' (to identify deficits or surpluses); and
- developing, implementing and then reviewing a workforce strategy for each service.

Special educational needs

1.5. Children have SEN if they have a learning difficulty which calls for special educational provision to be made for them (see appendix 1 for further details). This may be a significantly greater difficulty in learning than others of their age or a disability which impacts on their ability to make use of the education facilities provided for their age group. Approximately a fifth of the school age population have a SEN. The numbers and needs of pupils with SEN are discussed further in section 4.

The SEN Code of Practice for Wales

1.6. The Welsh Government's SEN Code of Practice for Wales outlines how services such as education, health and social care should exercise their functions relating to children with SEN (WG, 2004). The Code outlines a graduated response to meeting SEN[10]. This means most SEN are met at the level of School Action without drawing upon SEN specialist services. SEN

[10] For descriptions of the graduated response which includes School Action, School Action Plus and statement see - http://learning.wales.gov.uk/docs/learningwales/publications/131016-sen-code-of-practice-for-wales-en.pdf

specialist services are only involved where SENs cannot be met without their input (through a statement or support at School Action Plus). The involvement of specialist services means education and, where involved, health and social services, all need to work in partnership to meet pupils' SEN.

SEN specialist services

1.7. As outlined above, some pupils with SEN need additional support from SEN specialist services such as educational psychology (EP), speech and language therapy (SALT) or occupational therapy (OT) services. Responsibility for providing these SEN specialist services rests with local authorities (LAs) and the National Health Service (NHS). LAs are responsible for providing some specialist services, such as EP services, whilst the NHS is responsible for providing other specialist services, such as physiotherapy services. Notwithstanding this, LAs and schools can commission services directly from the NHS and, in addition, some services are provided by the private or third sector. However, these make up a small proportion of overall provision.

The identification and recording of SEN by schools

1.8. Data on pupils with SEN is recorded annually by schools within the Pupil Level Annual School Census (PLASC). This includes recording their SEN provision (i.e. School Action, School action plus and Statemented)[11], their primary special need and their secondary special need (WG, 2015b). Although not all pupils with SEN will have more than one need.

[11] See paragraph 1.6. for further details.

Reforming the SEN legislative framework

1.9. The Welsh Government has proposed to replace the legislative framework for SEN[12]. This includes the introduction of an integrated, collaborative process of assessment, planning and monitoring, are likely, in the future, to influence demand for SEN specialist services and the role and contribution of SEN specialist services. We discuss the implications of the proposed reforms further in section 1 and 4.

Reform of public services

1.10. Public services (including SEN specialist services) in Wales "face severe and prolonged challenges". Demand is growing as a result of demographic changes and increasing public expectations, whilst resources fall, as a result of recession and austerity (Williams, 2014). The report on the Commission on Public Service Governance and Delivery[13] (known as the Williams Commission Report) outlines these challenges and in order to address them, includes proposals for greater collaboration and integration of services (including the merger of LAs) (ibid.). In response to the Welsh Government's 2015 Consultation on Reforming Local Government[14], a written statement on the future of local government in Wales proposed two options which would result in either in nine[15] or eight[16] LAs in Wales.

[12] The consultation on the Draft Additional Learning Needs And Education Tribunal (Wales) Bill (WG, 2015a) is available at: http://gov.wales/consultations/education/draft-aln-and-education-tribunal-wales-bill/?lang=en

[13](Williams, 2014) Available at: http://gov.wales/topics/improvingservices/public-service-governance-and-delivery/report/?lang=en

[14](WG, 2014d) Available at: http://gov.wales/consultations/localgovernment/power-to-local-people/?lang=en

[15] These would include the merger of Isle of Anglesey and Gwynedd; Conwy and Denbighshire; Flintshire and Wrexham; Ceredigion, Pembrokeshire and Carmarthenshire; Swansea and Neath Port Talbot; Bridgend, Rhondda Cynon Taf and Merthyr Tydfil; Cardiff and the Vale of Glamorgan; Blaenau Gwent, Caerphilly, Torfaen, Monmouthshire and Newport; and Powys.

[16] Same as above with the exception to changes to the north Wales local authorities. These include Isle of Anglesey, Gwynedd and Conwy, Denbighshire, Flintshire and Wrexham

2. Methodology

Introduction

2.1. This section provides a summary of the approach and methods used for the workforce planning study of these services. Further details are provided in appendix 2.

Sources of data

2.2. Following the workforce planning process outlined in paragraph 1.4, the study draws primarily upon three types of data to assess current and future demand for SEN specialist services; data on:

- the profile of pupils with SEN in maintained schools in Wales (as a proxy measure of the potential need for SEN specialist services) and projections of the pupil population in maintained schools over the next five years;
- the demand expressed by maintained schools for SEN specialist services; and
- the demand reported by, and expected by, SEN specialist services.

2.3. The study draws primarily upon four types of data to assess current and future supply of SEN specialist services, including data on:

- the current size and profile of SEN specialist services;
- changes in the size and profile of SEN specialist services over the last five years;
- projected changes in the size and profile of SEN specialist services over the next five years; and
- training and qualifications for staff in SEN specialist services.

2.4. The “demand” and “supply” data was then analysed in order to identify gaps in provision and to identify current and future capacity requirements and planning needs.

2.5. This data was drawn from five key sources:

- qualitative and quantitative research with 52 SEN specialist services within LAs and local health boards (LHBs). Wherever possible, leaders of services were interviewed;
- a survey of 467 SEN co-ordinators (SENCos) and school leaders[17];
- qualitative research with 28 learning settings;
- qualitative research with nine training providers (universities and colleges); and
- a desk-based review of secondary data (to identify the profile of the SEN pupil population and pupil projections) and secondary literature on specialist workforce size and profile.

2.6. A full list of research questions used in the study is included in appendix 3.

Reporting of data

2.7. Where appropriate the report uses Estyn’s convention for reporting the number of services (e.g. “most” services = 90 percent or more of services)[18].

2.8. This report covers LA inclusion services. The structure and composition of these services varies across Wales. The majority of inclusion services are made up of LA advisory teachers and support staff supporting children with, for example, specific learning difficulties (SpLD), autistic spectrum disorder (ASD), complex

[17] This survey was undertaken as part of research for the assessment of SEN workforce development requirements (PWU, 2015) where specific questions were added for the use of this study.
[18] nearly all = with very few exceptions; most = 90% or more; many = 70% or more; a majority = over 60%; half = 50%; around half = close to 50%; a minority = below 40%; few = below 20%; very few = less than 10% (Estyn 2014, p.16).

needs and behavioural needs[19]. However some LA inclusion services include sensory services and/or the EP service as part of the inclusion service. These differences in structure create some challenges in terms of reporting on the size and capacity of inclusion services. Therefore, when reporting on the capacity of these services, the study reports on the capacity of inclusion services and sensory services as if they were a single service. In contrast, when the study reports on the size and profile of these services, the study reports on inclusion services and sensory services as if they were separate services. This is because secondary data on the size and profile of these services was available,

2.9. In contrast, although in some cases EP services were part of inclusion services, we report on the capacity, size and profile of EP services separately. This is because wherever possible the Principal Education Psychologist (PEP) in each EP service was also interviewed. Data from these interviews, together with secondary data on the size and profile for the EP workforce, means the study is able to report on the capacity and size of EP services as a service in their own right.

Strength and weaknesses of the study

2.10. Overall, the study methodology provides a good range of sources and enables issues to be explored in depth for those services in the study. The data provides a reasonably comprehensive picture of the supply and demand of these services. However, data is available only for a sample of SEN specialist services (between two thirds to a quarter of each service type in Wales), and an estimated sample of the leaders and SENCos of maintained schools (with responses from approximately three quarters of special and secondary schools and a tenth of primary schools) and training providers. In some cases gaps could be filled by secondary data, but this was not always possible. Therefore, findings should be treated as '**indicative'** rather than 'definitive' or 'statistically representative' of the

[19] Exact role and number of different roles vary according to LA.

demand for and supply of all SEN specialist services in Wales. This has implications on the analysis of demand, supply and the gap analysis, but has less impact upon the proposals for workforce planning in the future, which focus upon approaches to workforce planning.

2.11. The data on the future size and profile of SEN specialist services is also considerably weaker than the data on their current (and past) size and profile. This reflects the uncertainty about the size and structure of SEN specialist services given, for example, projected cuts in funding and the potential reorganisation of LAs. Therefore, there is a considerable degree of uncertainty about projections for the future shape of SEN specialist services. This does not affect the analysis of current demand and supply (and gap analysis), but limits the scope to identify gaps in the future.

2.12. The study draws upon primary data (collected for this study) and secondary data (such as data collected by other studies and by services). Secondary data was used wherever possible in order to minimise the demands placed upon SEN specialist services. However, the use of secondary data means that some of the data on workforce sizes and profiles are neither consistent nor directly comparable; for example, the secondary data from sensory services was collected using a different age range to the primary data collected for this study, and for some SEN specialist services more detailed data was available (and is presented) than was available from other services.

3. How are special educational needs specialist services currently funded and commissioned?

Local authority SEN specialist services

3.1. LA SEN specialist services in Wales, such as EP and inclusion services, are funded and commissioned primarily by LA education services. This can be contrasted with the more diverse range of models[20] observed in England (see e.g. Truong and Ellam, 2014). The service that is provided to schools is typically negotiated with schools; for example, using a time allocation model (based upon number of pupils and deprivation indicators) and planning meetings between LA and school staff.

3.2. Additional services may be commissioned and funded through:

- grant schemes such as the Education Improvement Grant and programmes such as Families First;
- maintained schools, where, for example, 'traded services' are offered (which was reported by around half of EP services and a minority of inclusion services). These traded services may be funded by delegated funds and/or through grants. A few inclusion and EP services also reported that they were commissioned by clusters of schools, most notably in regard to training; and/or
- other LAs and consortia / regions (identified by very few EPs and inclusion services).

3.3. A minority of inclusion[21] and EP services described how delegation of funding to schools enabled schools to commission SEN specialist services from the LA. An

[20] For example, in addition to funding for EP services from LA budgets there are the central expenditure elements of the Dedicated Schools Grant, income generation (traded services) and funding from a mix of other grants, agencies and organisations, which all fund EP services.
[21] Where appropriate, additional data on sensory services is discussed. However, in most cases the discussion of sensory services in included in the discussion of LA inclusion services.

example was provided of one EP service which now delegated up to 45 percent of its funding to schools via the LA delegated schools budget. However, other services suggested that they delegated far less than this (exact figures were not provided).

3.4. The planning and commissioning of LA specialist services is predominately done at LA level. There is no regional or national system for planning or co-ordinating provision of LA specialist services. Educational consortia are not responsible for SEN provision, although there is some regional provision of sensory services and some LAs collaborate and/or are looking at the potential to integrate their inclusion and EP services. Proposals for LA reorganisation, outlined in section one, are likely to change this in the future. At a national level, the Welsh Government has specific responsibility for SEN policies, but not for the planning of local services for learners with SEN.

NHS services

3.5. NHS SEN specialist services in Wales, such as OT services, are primarily planned and delivered by LHBs. In addition, many of the NHS services in the study identified joint or additional funding from LAs, most notably through service level agreements (SLAs) or equivalent joint agreements. A few services, such as inclusion services, highlighted how LAs commissioned their services.

3.6. A small number of services were partly funded from other sources. A minority of services had direct funding from the Welsh Government for specialist provision (e.g. from the Welsh Health Specialist Services Committee (WHSCC)). In addition, a few services reported that they have had funding directly from schools, most notably for SALT provision and, to a lesser degree, OT provision and a few services highlighted that they had individual staff funded by charities.

3.7. In 2013 Welsh Government issued a new three year medium term NHS Wales Planning Framework (WG, 2013).[22] The IMTP is now the central plan for LHBs and Trusts and includes a workforce planning element (Ibid.) which covers SEN specialist services. The framework outlines a six stage approach to planning:

- "Stage 1: Understand your population/healthcare environment ;
- Stage 2: Talk to your stakeholders
- Stage 3: Create a vision and define outcomes
- Stage 4: Forecast future service and workforce configuration
- Stage 5: Articulate key actions or changes required to deliver a vision and outcomes
- Stage 6: Describe ongoing governance and delivery mechanisms" (p. 5, NHS, 2014)[23]

3.8. Historically there have been weakness in planning (ibid.) and the IMTPs mark a shift from a planning process based around annual plans to a three year cycle of "development, delivery and recalibration". The IMTPs aim to articulate how LHBs will respond to challenges, such as increasing demand for their services and continuing pressure upon resources, whilst achieving their goals. We discuss how well the process is working in relation to SEN specialist services in section eight.

[22] Available at: http://gov.wales/docs/dhss/publications/131126nhswalesplanningframeworken.pdf
[23] Available at: http://www.weds.wales.nhs.uk/sitesplus/documents/1076/e3783%20WDWT%20Workforce%20elements%20brochure%20LINKS.pdf

4. Current and estimated future demand for special educational needs specialist services

Introduction

4.1. Demand for SEN specialist services depends upon a number of factors, including the numbers of pupils with SEN, the types and severity of SEN, the policy context and parental expectations of pupils with SEN

4.2. There is some evidence that the number of pupils **known** to have a SEN and the type and severity of their needs is increasing, this reflects both:

- increasing awareness and improved identification of SEN, which means that previously unidentified SEN are now being recognised[24]; and
- increases in the numbers of pupils with SEN (as for example, more premature babies, who are at higher risk of having SEN, survive)[25].

4.3. The impact of these changes upon demand for specialist SEN services is likely to be uneven across Wales. It will be mediated by policy and practice in each area and by differences in the number of pupils recorded to have a SEN in each LA (or LHB) area. This reflects factors including:

- differences in education policies and provision in different LAs, which may, for example, mean that some pupils' needs can be met without additional provision in some areas;
- differences in levels of socio-economic disadvantage (as there tends to be a higher incidence of SEN in more socio-economically disadvantaged areas)[26]; and

[24] For example, identification of autistic spectrum disorder (ASD) has improved markedly over the last ten years, WG, forthcoming.
[25](PLOS. 2010) Available at: http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000289
(Anderson and Doyle, 2008). Available at: http://www.seminperinat.com/article/S0146-0005(07)00149-8/abstract

- differences in awareness of SEN and how effectively SEN are identified, assessed and recorded[27].

Data on pupils with SEN

4.4. The key source of data on pupils with SEN is the Pupil Level Annual School Census (PLASC)[28]. Although in this section the projections of the size of the SEN pupil population are based upon this (in the absence of alternatives), this data needs to be treated with caution. Identification and recording of SEN by schools is inconsistent. If, for example, there is misreporting of pupils' needs which fall short of SEN, SEN recorded data will be artificially inflated. Conversely, under-identification of SEN, as has been suggested in relation to visual impairment (VI) (Cardiff University, 2012) means there are likely to be more pupils with SEN not recorded than the projections show. Moreover, although the PLASC records all pupils with a SEN it does this by recording their primary and secondary SEN, but many pupils have more. If, as is proposed as part of the forthcoming SEN reforms[29], all types of pupils' SEN are recorded through PLASC, there could be further recorded increases in some types of SEN, although this would not change the total number of pupils with a SEN.

[26] (Lindsay et al., 2006) Available at: http://www.naldic.org.uk/Resources/NALDIC/Research%20and%20Information/Documents/RR757.pdf

[27] (NAW, 2013) Available at: http://www.senedd.assembly.wales/documents/s20274/CYP4-24-13%20-%20Paper%206%20-%20Estyn.pdf
(Estyn, 2007) Available at: http://www.estyn.gov.uk/english/docViewer/172454.1/evaluating-outcomes-for-children-and-young-people-with-additional-learning-needs-february-2007/?navmap=30,163,

[28] This is pupil level data that all schools have to submit annually and has a range of uses that include funding plans.

[29] The consultation on the Draft Additional Learning Needs And Education Tribunal (Wales) Bill is available at http://gov.wales/consultations/education/draft-aln-and-education-tribunal-wales-bill/?lang=en

Trends in the pupil population

Overall trends in the recorded pupil population with a statement or supported at School Action Plus

4.5. The total pupil population in Wales is 465,081 (2013/2014) and the number of pupils with a statement or supported at School Action Plus in Wales is 47,157 (2013/14). There has been a slow but steady increase in the number and percentage of pupils with a statement or supported at School Action Plus over the last five academic years (2009/10 to 2013/14). The number of these pupils increased by 2,409 pupils, and the proportion increased from 9.6 percent to 10.1 percent of the pupil population over this period. In contrast, over the same period, the pupil population as a whole marginally decreased by 0.4 percent (-2,060 pupils).

4.6. On a LA level the pattern has been varied; for example, eight LAs experienced a decline[30] in the number and percentage of pupils with SEN and a further five LAs[31] experienced considerably higher increases compared to the national picture described above. Moreover, there is a large range in the proportion of pupils with a statement or supported at School Action Plus (from 7 percent to 19 percent) in different LAs.

Overall trends in the recorded pupil population with a SEN[32]

4.7. Over the last five academic years there have been increases in the recorded numbers of pupils with SEN in nursery, primary, secondary and special schools. The increase in the recorded numbers of pupils with a SEN over the last five academic years was 1 percent (less than five pupils) in nursery schools, 6

[30] i.e. Flintshire, Ceredigion, Pembrokeshire, Bridgend, Vale of Glamorgan, Caerphilly, Blaenau Gwent and Monmouthshire.
[31] i.e. Merthyr Tydfil, NPT, Denbighshire, Gwynedd and Swansea.
[32] Data on the different types of SEN and SEN within different learning settings is not available for pupils with a statement or supported at School Action Plus, therefore the analyses in this section included all SEN.

percent (3,061 pupils) in primary schools, 5 percent (2,050 pupils) in secondary schools and 5 percent (221 pupils) in special schools. Further details are provided in appendix 4, table 2.

Trends in the pupil population of different types special educational needs[33]

4.8. The increase in the recorded number of pupils with SEN has been driven to a large degree by increases in some categories of SEN. There has been a steady increase in the recorded numbers of pupils with the most common categories of SEN: behavioural, emotional and social difficulties (BESD); speech, language and communication difficulties (SLCD) and a moderately common type of SEN, autism spectrum disorder (ASD). In contrast, there has been little change in the recorded numbers (or percentage) of pupils with many of the less common types of SEN such as severe learning difficulties (SLD), multi-sensory impairment (MSI), visual impairment (VI) and profound and multiple learning difficulties (PMLD). Further details are provided in appendix 4, table 3.

Pupil projections

The whole population

4.9. In the next five years (2015 to 2019) the total full time equivalent (FTE) pupil population in maintained schools is projected to increase by 7,347 (an increase of 2 percent). The largest increase is projected in primary schools and there is little change in the other learning settings (StatsWales, 2014a). The projected changes over this period are:

- -10 pupils in maintained nursery schools (a decrease of 1 percent);

[33] The analysis undertaken of trends of individual types of SEN does not include a number of SEN categories, including attention deficit hyperactivity disorder (ADHD), dyspraxia, dyscalculia, dyslexia and general learning difficulties. This is because data collection for these categories only began in 2011/12 and two years' data (2011/12-2012/13) is not long enough to draw conclusions about future trends. Because the data suggests the introduction of these SEN categories in the PLASC had a "knock on effect" on the recording in the "moderate learning difficulties" category, trends in the numbers of pupils with moderate learning difficulties have also been excluded.

- +7,740 pupils in primary schools (an increase of 3 percent);
- -360 pupils in secondary school (a decrease of 0.2 percent); and
- -20 pupils in special schools (a decrease of 0.4 percent).

4.10. The projected small decrease in the pupil population in secondary schools is because the number of pupils in year 12 and 13 (sixth forms) in secondary schools are projected to fall[34]. In part this is due to an increase in the number of learners in FE colleges, which is likely to result in an increase in the numbers of learners with a learning difficulty and/or disability (LDD) within these colleges.

The SEN pupil population

4.11. Given limits to available data[35] there are limits to the projections that can be made in regard to the size of the future SEN population. Notwithstanding this, general projections of the changes to the future SEN pupil population[36] can be made by either assuming that:

- as the total pupil population changes, the number of pupils recorded with SEN will change by the same rate (or percentage) as the rate of change of all pupils. This is the **baseline** projection; or
- historical trends in the increase in the number of recorded SEN pupils will continue in the future, meaning that the number of pupils with SEN will change at a faster rate (or percentage) than the rate of change in the total number of pupils. This is the **trend line** projection**.**

[34] This is the process by which LAs are establishing large sixth forms within colleges, for example, as undertaken in the LAs of Merthyr Tydfil, Blaenau Gwent and Neath Port Talbot.
[35] The whole population projections (ibid.) are based on FTE pupils on a traditional annual cycle (January to December) in contrast to the data on the population of SEN which is based on all pupils within the academic year (StatsWales, 2014b). This means that exact comparisons cannot be made.
[36] These are made by combining projections of the total pupil population and trend data based upon trends in the number and proportion of pupils with SEN over the last five years. These projections are only estimates and subjects to caveats (see appendix 2 for further details). The 'baseline' projections (conservative estimate) are based upon the most recent data on the percentage of the pupil population who have SEN and the 'trend line' projections (realistic estimate) are based upon the trends over the last five years in the percentage of the pupil population who have SEN.

Projections for pupils with a statement or supported at School Action Plus

4.12. **Baseline** projections[37] for pupils with a statement or supported at School Action Plus for 2015 to 2019 indicate the total number of pupils will increase by a moderate amount.

4.13. **Trend line** projections also indicate that the percentage of pupils with a statement or supported at School Action Plus will increase by a small amount (from 10.1 percent in 2015 to 11.1 percent in 2019).

Projections for pupils with a SEN

4.14. **Baseline** projections of the SEN pupil population for 2015 to 2019 (see para. 4.5.) indicate the total number of pupils with SEN in primary schools will increase by a moderate amount and will remain fairly stable within nursery, secondary and special schools.

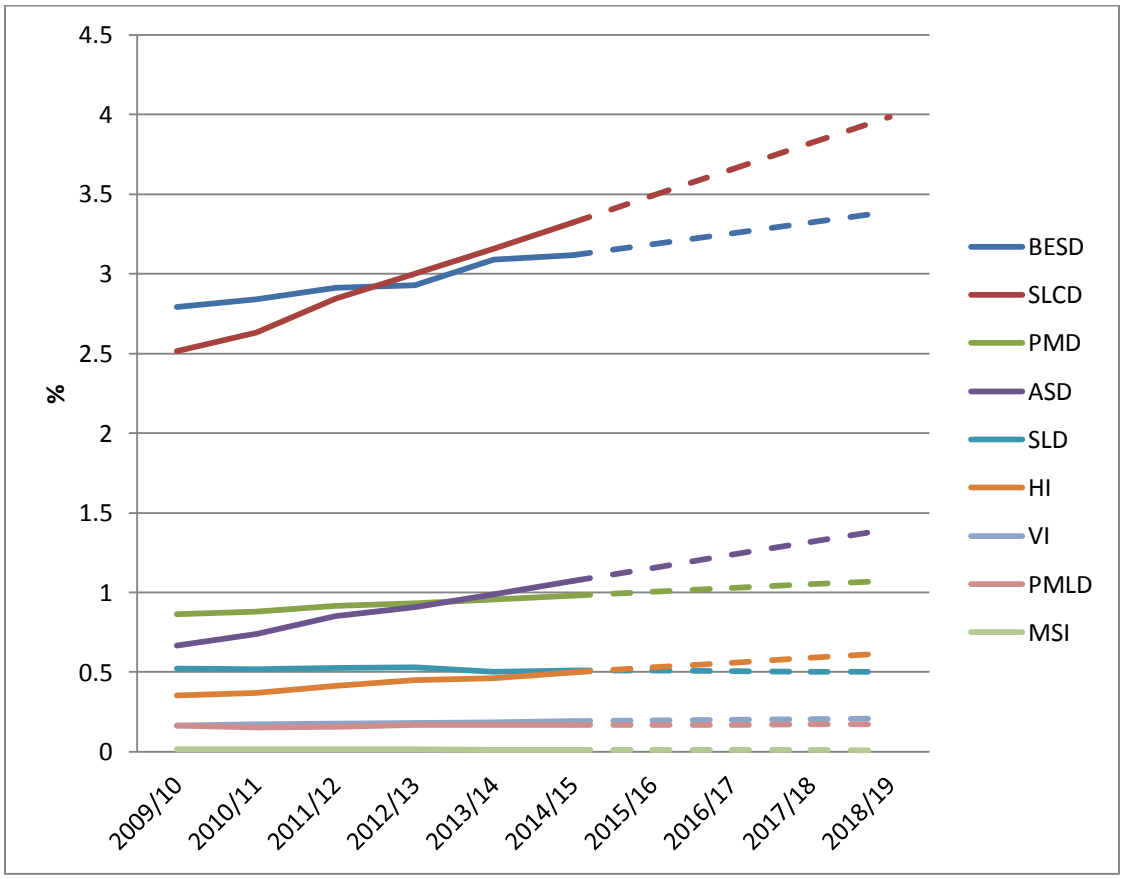
4.15. **Trend line** projections (see appendix 4, figure 9 for further details) suggest that the percentage of pupils with SEN will increase by a small amount in primary schools (from 21.4 to 21.9) and by a large amount in secondary schools (from 22.5 to 26.2) and in nursery schools (from 14.0 to 18.6). Taking into consideration the projected trends in the whole pupil population (see para. 4.5 for further details), this would result in a moderate increase in the population of pupils with SEN within primary, secondary and nursery schools.

4.16. In addition, the trend line projections (see figure 1 and appendix 4 table 3 for further details) show that the percentage and the population of pupils with ASD,

[37] The baseline projections means the percentage of pupils with SEN remains the same.

SLCD and hearing impairment (HI) will increase by a large amount (with the largest increases in ASD[38]). BESD, physical and medical difficulties (PMD) and VI by a moderate amount and the other types of SEN[39] (mainly less common types) will remain stable or even decline somewhat (see appendix 4, figure 9 for further details).

Figure 1: showing the projected trend line in the percentage of the pupil population with different types of SEN



Source: based upon data from StatsWales 2014

[38] In theory, the rate of increase in identification of ASD should slow before stabilising at around 1.2% of the pupil population, which would reflect internationally accepted rates of prevalence. Nevertheless, rates in some local authorities are already higher than this, indicating misidentification or misreporting (WG, forthcoming). It is therefore difficult to predict future recorded rates.

[39] SLD, PMLD and MSI.

4.17. These are national projections, and given differences in both the incidence of SEN and in policy and practice, there are likely to be differences in these trends at a local and regional level.

SEN specialist services' assessment of demand

Changes in the demand for local authority services over the last five years

4.18. 22 inclusion and EP services[40] out of 25 (in the study) reported that the demand (in terms of both volume and nature) for the service had changed considerably over the last five years.

4.19. Around half of the inclusion and EP services highlighted growth in the numbers of pupils with SEN as a key factor that influenced demand. In particular, this included an increase in numbers of pupils with SEN in the early years/foundation phase and an increase in the numbers of pupils with ASD, complex needs or communication and behaviour disorders. However, there was no consensus about the rate of growth; a few services reported a "large" increase and a few reported a "steady" increase over the last five years.

4.20. A minority of services (inclusion and EPs) highlighted other factors that were impacting upon demand for their services, including:

- a change of focus on interventions with pupils towards training, supporting and guiding schools to deliver for pupils with SEN (i.e. capacity building within schools); and
- a perceived increase in the number of parents seeking statements of SEN before their potential replacements with independent development plans (IDPs).

[40] 11 out of 12 inclusion services and 11 out of 13 EP services.

4.21. A few inclusion services highlighted increased expectations, with increasing numbers of schools and parents requesting more funding and resources for pupils with SEN. In addition a few inclusion services commented on how they felt that schools had become less inclusive in their approach, as they were being judged upon their academic results rather than broader measures such as the "health and well-being" of pupils[41].

4.22. A few EP services reported that although their core work had not changed significantly, their wider remit had widened to include, for example, more multi-agency and preventative work. In addition, a few services highlighted an increase in expectations and demands from parents and the third sector such as the utilisation of newly developed approaches and more resources.

Changes in the demand for NHS services over the last five years

4.23. All 12[42] specialist health services included in the study reported that the demand (numbers and nature) for the service had changed considerably over the last five years.

4.24. The majority of services highlighted a large increase in the numbers of the pupils they were working with; for example, it was reported that in one OT service the "referrals from schools had tripled" and there had been an increase of 25 percent in the 'pupil' caseload of a SALT service since 2010. In addition, around half of services referred to an increase in the severity of conditions, and in specific conditions, most notably ASD and ADHD. Around half of services highlighted a range of reasons for these increases, including factors linked to:

[41] The National School Categorisation System includes a range of measures of school performance, such as attendance, as well as academic achievement. Despite this, the views of services (reported here) indicate that they feel that too much weight is still placed upon academic achievement.
[42] One SALT service did not respond to this question.

- increasing numbers of pupils with SEN, such as improved survival rates for premature babies, and for children with complex needs, which increased the number of pupils with SEN and the complexity of their needs;
- an increasing number of children not being provided with an adequate environment to develop functional skills properly;
- for dietetics and physiotherapy services, an increase in obesity;
- for clinical psychology and CAMHS, an increase in the numbers of children self harming and/or suffering from depression;
- parental expectations, such as increasingly informed (and demanding) parents or carers (mainly attributed to access to information on the internet); and
- changes in policy and practice, including other (non specialist) services within education[43] and health[44] referring more pupils to specialist NHS SEN services, due to the pressures on their services and, for CAMHS, an extension of the age range of young people they were responsible for (to include young people aged 16 to 19).

4.25. A minority of services highlighted how their staff had been required to extend their skills due to changes in the needs of pupils they were supporting (such as increasing severity of need), which in turn created a greater need for training.

SEN specialist services expectations of changes in demand over the next five years

Expected changes to the work and/or the demand for local authority services over the next five years

4.26. 22 out of 25 services in the study[45] expected the service's work and/or demand would change over the next five years. A majority of services indicated that they

[43] For example one OT service was now working with pupils that used to be dealt with by the EP service.
[44] For example one clinical psychology service was now working with pupils who use to be dealt with by CAMHS.
[45] 11out of 12 inclusion services and 11out of 13 EP services.

expected that the forthcoming changes to the SEN legislative framework would increase the demand (in terms of their workload and use of resources) for the service[46].

4.27. A minority of the inclusion and EP services indicated that the past trend of an increase in the number of pupils with more severe and complex SEN and increases in the numbers of pupils with ASD is likely to continue. Moreover, a few services in urban LAs reported higher levels of predicted population growth in their area, which was expected to increase demand for their services.

4.28. Around half of the inclusion and EP services highlighted they would have to delegate more responsibilities and/or resources to schools and that the services would increasingly commission services from others or be commissioned (e.g. by offering traded services). This is similar to models used in England. A few services suggested that this was a risky strategy as it depended on schools' having the right level of resources and capacity, which it was felt many currently lacked.

4.29. A few services identified other factors; for example, a few highlighted that LA amalgamation is likely and highlighted other potential structural changes, such as clusters of schools providing non-statutory support and advice. Cluster-based SENCos could, for example, develop and potentially replace LA-based specialists. A few services also highlighted that the past trend of greater demands and expectations from parents and carers would be likely to continue.

4.30. The few services that did **not** report that there would be change, found it difficult to predict changes in future demand, as future funding and legislation was uncertain.

[46] In contrast, the assessment of costs and benefits of the proposed Draft Additional Learning Needs And Education Tribunal (Wales) Bill in the draft explanatory memorandum indicates that the impact of reforms upon demand is likely to be broadly cost neutral (Welsh Government, 2015) Available at: http://gov.wales/docs/dcells/consultation/150706-explanatory-memorandum-en1.pdf

Expected changes to the work and/or the demand for NHS services over the next five years

4.31. All the services (13 out of 13) in the study expected work and/or demand to change. Around half of the services (mostly OT and SALT) indicated that they expected that the forthcoming changes to the SEN legislative framework would increase[47] the demand (in terms of their workload and use of resources) for the service. Individual services highlighted specific issues regarding their services which were likely to increase demand. This included:

- for SALT services, the evidence[48] of the effective use of SALT in Youth Offending Teams (YOTs) and for Youth Justice will increase demand (given its effectiveness) from secondary schools (for young people at risk of disengagement) and YOTs;
- for CAMHS services, increases in neuro-mental disorders (due mainly to improved parental awareness of diagnosis);
- for physiotherapy services, changes in interventions requiring selective dorsal rhizotomy (SDR) and Botox; and
- for clinical psychology services, additional responsibility for supporting children and young people who had previously been supported by CAMHS (because CAMHS services were reported to lack capacity to meet growing demand).

4.32. In addition, a few services highlighted that the past trend of greater demands and expectations from parents and the third sector and greater demands in terms of the number of children and young people with severe and complex needs, would continue.

[47] In contrast, the assessment of costs and benefits of the proposed Draft Additional Learning Needs And Education Tribunal (Wales) Bill in the draft explanatory memorandum indicate that the impact of reforms upon demand is likely to be broadly neutral (WG, 2015a) Available at: http://gov.wales/docs/dcells/consultation/150706-explanatory-memorandum-en1.pdf

[48] (NHS, 2013) Available at: https://www.justice.gov.uk/.../youth-justice/effective.../medway-ips-pilot

5. Current and future capacity of local authority-based services[49]

Introduction

5.1. This section reports on LA services such as inclusion, sensory and EP services. Where appropriate (e.g. in relation to service size and profile) this section reports upon each individual service and, where appropriate, upon all LA services (e.g. where the different LA services face common challenges). Appendix 5 includes further details regarding professional development and learning of SEN specialists.

Inclusion services

5.2. LA inclusion services work with, and in, maintained schools to ensure their capacity to meet the needs of pupils on School Action Plus; and provide the statutory assessment service and support for those who have a statement of SEN. The inclusion services primarily achieves this through training and guidance to school staff; and through the support work of specialist or advisory teachers/teams and LA support staff. A minority of inclusion services are involved in work with other SEN specialist services, most notably EP services and behaviour support services. They also work with parents and carers, for example, as part of statutory assessment processes, and in various operational/management activity, for example the distribution of grants and management of SEN resource bases.

Sensory services

[49] Unless specifically stated, "staff" referred to in this section do not include administrative staff or trainees.

5.3. The sensory services provide a similar service to the inclusion service, albeit focused upon the sensory needs of pupils with SEN and with a greater emphasis upon providing direct support to pupils, for example, LAs would supply qualified teachers of the visually impaired (QTVI) to teach Braille to pupils. They also provide support, guidance and resources to school staff to help pupils access the curriculum, in addition to supporting families of pupils with SEN. As outlined in section 2, sensory services can also be part of LA inclusion services.

Educational Psychology services

5.4. EP services work predominantly in schools, through school-based consultations, assessments and training. They also provide support to the LA, for example in relation to statutory assessments, appeals to the SEN Tribunal for Wales (SENTW) and in relation to looked after children. A minority of EP services also provide a service in the community through, for example, the Families First programme or work directly with parents or carers. A few work in pre-school settings or in certain health settings, notably on CAMHS and ASD assessment and diagnosis panels. In a very few EP services they also manage other SEN specialist services, such as specific language impairment services (SLIS), ASD outreach teams and sensory teams that work with and in maintained schools.

Current workforce size

5.5. This section summarises the number of specialist staff that work with pupils supported within maintained schools (with a statement or at School Action Plus). Caution should be employed in interpreting the findings as there is likely to be variation in the needs of individual pupils (and therefore the demands they place upon services)[50]. Approaches to supporting pupils with a statement and at

[50] Variation is potentially higher in services with a lower population of pupils with a statement or supported at School Action Plus. The higher the number the more likely the differences will even out.

School Action Plus vary across LAs (so the level of need may differ) and the numbers provide no indication of the quality of the service.

Inclusion services

5.6. The average size of LA inclusion services is around twelve FTE staff members. The size of individual LA services in relation to the size of the pupil population with a statement or supported at School Action Plus varies considerably, ranging from one FTE staff member for every 90 pupils to one FTE staff for every 861 pupils. No inclusion services in the study reported having trainees employed.

Sensory services

5.7. The average size of LA VI services (in each LA area) is around 1.3 FTE QTVI (RNIB Cymru, 2015). The approximate caseload of individual LA services in relation to the number of FTE QTVI varies considerably from one FTE QTVI for every ten visually impaired pupils to one FTE QTVI for every 122 visually impaired pupils (Ibid.).

5.8. The average size of services for the deaf (within LAs[51]) is around three FTE teachers of the deaf (CRIDE, 2014)[52]. The caseload of individual LA services in relation to the number of FTE teachers of the deaf varies somewhat from one FTE teacher for every 14 hearing impaired pupils to one FTE teacher for every 59 hearing impaired pupils (Ibid.).

Educational psychology services

5.9. The average size of EPs services is around nine FTE staff members. The size of individual services in relation to the size of the pupil population with a statement

[51] This includes services managed centrally by LA, specialist peripatetic services and those managed directly by the school.
[52] "Please note that figures for teachers of the deaf include vacant posts" (ibid., p.16).

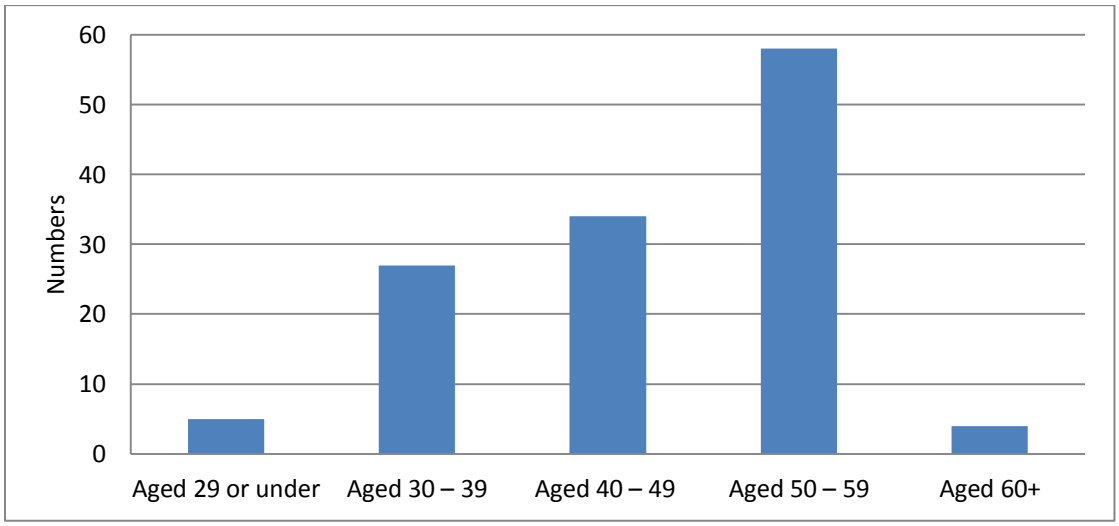
or supported at School Action Plus varies considerably, from one FTE staff member for every 222 pupils to one FTE staff for every 528 pupils. Notwithstanding this, many of the services cater for around 250 pupils. EP services reported having trainees (discussed in paragraphs 5.19 to 5.20)

Current workforce age profile

Inclusion services

5.10. Figure 2 shows the aging profile of SEN inclusion services[53]. Around half of inclusion service staff will be approaching the traditional retirement age of 65 within the next ten years (this applies also to FTE staff).

Figure 2: number and age range of total number of staff within eight inclusion services (including full-time and part-time staff, but excluding trainees and administrators)[54]



Source: PWU SEN specialist workforce survey 2014

[53] An aging workforce is an issue faced by governments and employers in most western countries (OECD, 2005). The generally accepted definition of an aged worker is someone aged 45 years and over (Brooke, 2003).

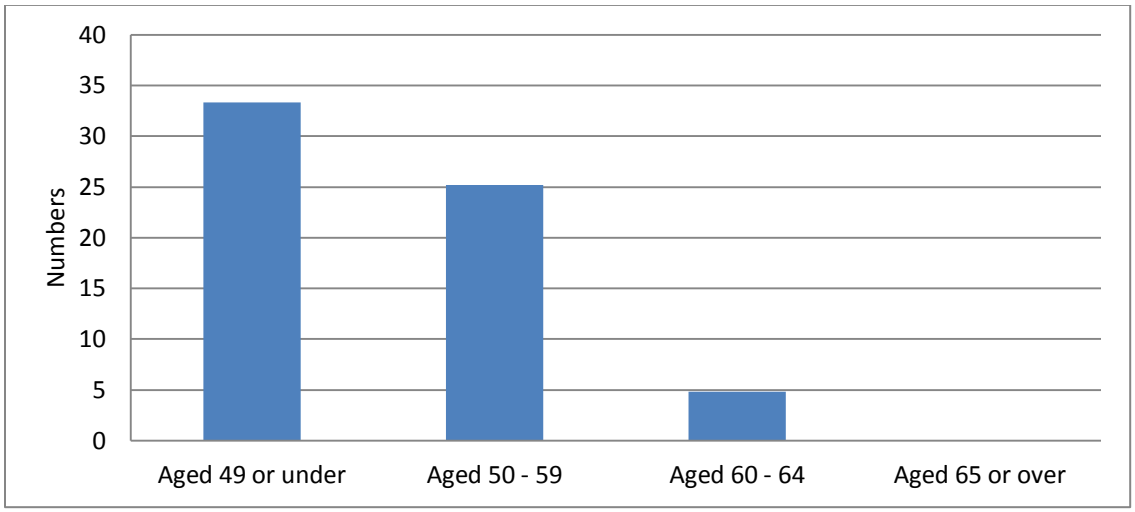
[54] A further three service authorities did provide data on staff numbers but not a full age breakdown and therefore could not have been included in this graph, although two of the three services highlighted a similar pattern in qualitative terms. See appendix 2 for further details.

5.11. The overall patterns mask differences for individual inclusion services; for example, in a minority of the services (three out of eight) the proportion of those staff under the age of 40 was considerably higher than the average for all services. In these cases it ranged from half to two thirds of the workforce.

Sensory services

5.12. Figure 3 shows the age profile of hearing impairment (HI) services. Like the profile of inclusion services, it indicates an aging workforce[55]. In the next ten years around half (30 out of 63) of teachers in HI services will reach the traditional retirement age. A few services highlighted, in qualitative terms, the possible retirement of expert staff in this area over the next five years.

Figure 3: number and age range of FTE teachers for the deaf from all fifteen HI services[56]



Source: PWU SEN specialist workforce survey 2014

[55] An ageing workforce is an issue faced by governments and employers in most western countries (OECD, 2005). The generally accepted definition of an aged worker is someone aged 45 years and over (Brooke, 2003).

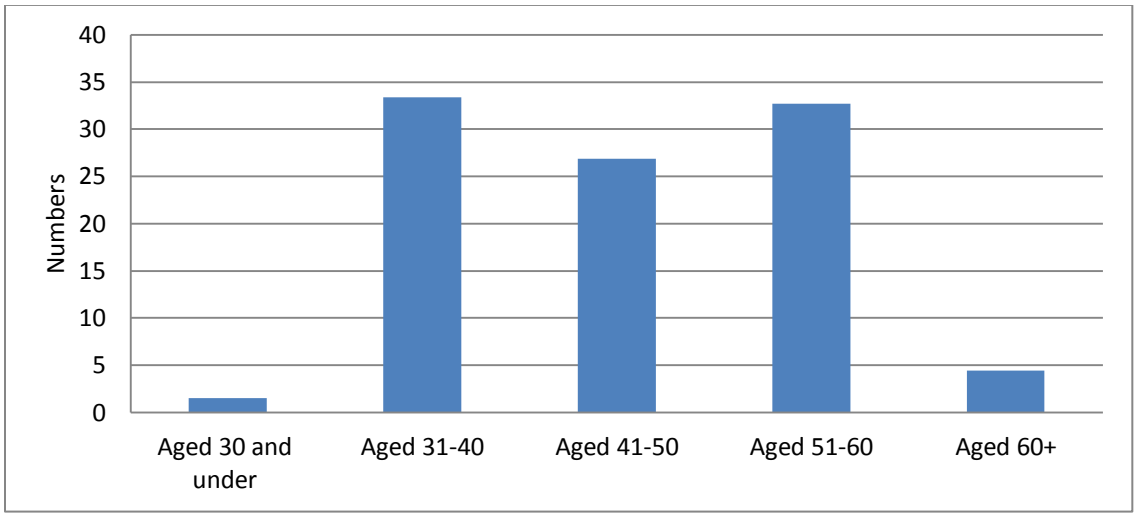
[56] "The figures include teachers of the deaf in peripatetic (visiting) services and resource provisions. Not all services were able to provide totals equalling their total number of qualified teachers of the deaf in employment or in training; there are around 5.85 FTE teachers of the deaf unaccounted for in these figures" (CRIDE, 2014, p.7).

5.13. The age profile of VI services also indicates an aging workforce. RNIB Cymru (2014)[57] identified that around a third of QTVIs (approximately 12 out of 34) will retire over the next five years. This evidence mirrors concerns raised by a few services and key stakeholders from the third sector, that VI services need to undertake succession planning, given the anticipated loss of skilled staff. Moreover, RNIB (2015) highlighted that around a fifth (6.9 FTE) fewer QTVIs were employed in spring 2015 compared to spring 2014.

Educational psychology services

5.14. Figure 4 shows the age profile of the EP services. In contrast to inclusion services, the age profile of the EP service workforce is fairly young. Around two thirds of the staff are under 50 years old.

Figure 4: number and age range of EPs service staff (FTE) in 13 services.



Source: National Association of Principal Education Psychologists (NAPEP)[58]

[57] Data on the age of the QTVIs is not available in 2015 update (RNIB Cymru, 2015) therefore these numbers are based upon the 2014 report.

[58]Data on the size and profile of EP services draws upon the latest available data collected by NAPEP. This survey collects data on the number of FTE EP staff including PEPs and senior educational psychologists (SEPs).The survey was still in the process of collecting data for all 19 services during the fieldwork for this report i.e. this graph is based upon data from13 services in October 2014.

5.15. However, the overall pattern masks an aging workforce in regard to PEPs and deputy PEPs. The majority of PEPs and deputy PEPs (8 out of 13) are approaching retirement age within the next ten years. However, given their senior role, the older age profile of PEPs would be expected.

Recruitment

5.16. Recruitment was not seen as a problem by the majority of inclusion services (7 out of 12 inclusion services) and around half of EP services (7 out of 13). This was primarily because most of the services were only recruiting small numbers of staff due to financial constraints; and/or uncertainty around legislative change and LA reorganisation. Nevertheless, around half of EP services and a few inclusion services reported specific difficulties recruiting senior staff or Welsh speaking staff[59]. A minority of both inclusion and EP services also reported problems covering maternity and sick leave. In addition, a minority of EP services struggled with competition from English counties who had been and still were actively recruiting.

5.17. Many inclusion and EP services reported that the turnover of staff was low. The low turnover meant existing staff often had little choice of other jobs to go to in Wales and were therefore thought likely to remain in their current posts. There were concerns raised by a minority of EP services that the lack of "new blood" and therefore "new ideas" was potentially damaging for the EP service.

Trainees[60]

5.18. Data from Cardiff University (2015) highlights that in 2013/14 there were 30 EP trainees[61] spread over LAs in Wales (this data does not include a FTE

[59] A minority of EP services in rural areas struggled to recruit Welsh speakers. For example, one service where the majority of the local population were fluent in Welsh, reported that they did not have any applicants that could speak Welsh. A few inclusion services were also struggled with recruiting Welsh speakers and the characteristics of these LAs were mixed.
[60] Other services in the study did not report having trainees.

breakdown). Primary data collected by this study identified that all of the trainees were aged 40 or under and all were supplied through the Doctorate in Education Psychology Course at Cardiff University, which included a trainee period with services.

5.19. Evidence from the interviews for this study indicates that the number of EP trainees in each LA varies; for example, one EP service reported that they typically had three trainees a year whilst others reported that they have not had a trainee for several years (because, for example, they did not have capacity to supervise trainees). It was reported that trainees were able to share "new ideas" and "practice" with the services.

Workforce priorities

Local authority services

5.20. Seventeen LA services (eight inclusion and nine EP services) identified their workforce priorities. The majority of these were focused upon continuing and sustaining the service in the face of budget freezes and cuts. The most frequently identified priorities were:

- delegating more responsibilities to schools, with services taking on a "quality assurance" role;
- professional learning, including specific examples such as developing "assessment and specialist intervention strategies" for outreach teaching assistants, or a range of more routine professional learning to ensure staff maintained and developed their skills;
- extending or establishing "traded services";

[61]These are trainees studying for a Doctorate in Education Psychology **not** Clinical Psychology, which we report on in section 6 of the report.

- strategic development of the services, with examples such as "develop a highly specialised and well respected service" and the "embedding of person-centred planning (PCP) principles"; and
- immediate recruitment needs due to vacant posts.

Capacity to meet demand

Inclusion services

5.21. There was a polarised response from inclusion services (including, where relevant, sensory services) on whether or not they thought they had the capacity to meet demand. Crucially their judgments on capacity reflected the way their services were organised, rather than the size of services (in terms of the number of staff).

5.22. Half of the inclusion services (6 out of 12) reported that their service currently had the capacity to meet demand. Most attributed this to their changing role, describing a shift from the direct delivery of specialist services to capacity building and delegating responsibilities to school staff, through guidance, training and support. This latter model was seen as more efficient and sustainable. A few services also highlighted other changes such as offering traded services[62], where there was a growth in demand for interventions such as behaviour support. In contrast, half of the inclusion services (6 out of 12) reported that the service lacked the capacity to meet current demand. Many attributed this to the cuts in the size of services over the last five years, with examples given of cuts ranging from 50 percent (14 to 7) to 20 percent (10 to 8) reductions in the numbers of staff working in inclusion services.

[62] "A service that has a zero budget and has to generate sufficient income from the delivery of services to paying customers to cover their total costs." http://www.financeglossary.net/definition/3475-Traded_Services - for example, when a school pays for the specialist service from a LA.

5.23. Alongside the financial constraints, a minority of all services identified that demand for the service was increasing. The reasons highlighted for this included: increases in the number of parents seeking statements of SEN before their potential replacements with IDPs; increases in the numbers of pupils with SEN most notably in ASD, ADHD and behaviour issues (discussed further in section 4) and growing expectations and increasing awareness of SEN amongst parents/carers and the third sector, most notably due to increasing discussions of SEN on social media and access to informative websites on different types of SEN.

5.24. Nearly all (five)[63] highlighted they could make better use of their specialist skills. A minority of these wanted to "spend less time on the statutory process and more time on building capacity of school-based staff" and a minority also highlighted that the balance between working with school-based staff on the one hand and pupils on the other was problematic, as at different times too much time was spent on one or the other.

Educational psychology services

5.25. Many EP services (9 out of 13) highlighted that the service currently lacked capacity to meet present demand. The majority of EP services that lacked capacity highlighted continuing and/or periodic problems in meeting demand; and/or pressures upon the service, for example, a service stated "85 percent of schools wanted more EP service provision"[64] and another service lacked appropriate cover for sickness or maternity leave. A minority of services also highlighted how the role and workload of PEPs and the EPs had increased over recent years but reported that the numbers of staff had not changed to reflect

[63] Only six services were asked this, as it did not form part of the main questions within the interview schedules (see appendix 4). This question was added to some interviews given the semi-structured nature of the interview.

[64] Two key reasons provided for this was an increase in the number of pupils needing support at a younger age and pupils' needs becoming more complex.

this. In addition (and like inclusion services), a minority commented on the growth in demand due to growth in numbers of pupils with SEN.

5.26. A minority of EPs indicated that although they did have the capacity to meet demand, this was fragile; for example, some stakeholders provided individual examples of being reliant on trainees and only focusing upon service priorities.

5.27. The majority of EP services (Five)[65] believed their current role and work was a good use of their specialist skills, however, a minority highlighted that too much of their time was spent on administrative work.

Delivery of services in pupils' language of choice

5.28. The Welsh Language Standards (WG, 2014c) which became regulation in March 2015 place a duty on public services (such as LAs) "to promote or facilitate the use of the Welsh language, or to work towards ensuring that the Welsh language is treated no less favourably than the English language when that activity is carried out" (p.2). Specialist SEN services also need to work with pupils with minority languages.

Inclusion services' capacity to deliver in Welsh

5.29. Many inclusion services (7 out of 10) reported that there was no barrier to delivering the service in Welsh because there were enough Welsh speaking staff to meet current demand. A minority reported struggling with recruiting sufficient numbers of Welsh speakers to meet demand. Increasing demand was largely attributed to the increase in Welsh medium education provision over the last ten years. The characteristics of these services (e.g. rural, urban) varied.

[65] Only five services were asked this, as it did not form part of the main questions within the interview schedules (see appendix 4). This question was added to some interviews given the semi-structured nature of the interview.

5.30. A few inclusion services highlighted a strategic planning approach to the delivery of Welsh; for example, one described "routinely auditing the needs of Welsh medium schools". However, this study lacked data on whether many other services were taking a strategic approach or not[66].

5.31. Most of the LA inclusion services had a similar or a higher proportion of staff who can speak Welsh than the wider population, although some had a very low proportion or none in comparison. The age range of the Welsh speaking staff was on the whole similar to that of the total number of staff profile.

Sensory services' capacity to deliver in Welsh

5.32. The survey of HI services (CRIDE, 2014) asked services "if they were able to provide teacher of the deaf peripatetic support through the medium of Welsh as required" (p.8). From 12 out of 15 services that responded, a majority (8 out of 12) could and the remainder (4 out of 12) could not. Information was not available on individual LAs.

5.33. In this study, interviews with VI services[67] indicated that currently there were enough Welsh speaking QTVIs to meet demand, although as with all the staff (English and Welsh) the level of impending retirement threatened this future provision. Information was not available on individual LAs.

Educational psychology services capacity to deliver in Welsh

5.34. Around half (6 out of 11) of EP services reported that there was no barrier to Welsh language provision, whilst around half (5 out of 11) reported that there was. Of the services that reported a barrier, there was a problem in recruiting

[66] The study did not include a specific question on strategic approach to Welsh language delivery but the topic was raised with a few through the semi-structured nature of the interviews.
[67] I.e. through heads of local authority services commonly known as either Head of ALN or Head of Access and Inclusion some of which covered more than one LA in regard to sensory services.

Welsh language speakers to meet demand. With the exception of one service in an urban area, these were services in largely rural areas.

5.35. Most EP services had a similar or a higher proportion of staff who can speak Welsh than the wider population, although a moderate amount had a low proportion or none in comparison.

Services capacity to deliver in other languages

5.36. Many (8 out of 10) inclusion services (including where relevant, sensory services) and most EP services (9 out of 11) reported there was no barrier to delivering the service to speakers of ethnic minority languages. Services typically do this by using interpreters. Around half of both services identified an increase in the number and range of ethnic minority languages spoken by pupils, with the largest increases in the number of Polish speakers. Only a few services highlighted this as a barrier, as most had access to interpreters either through their service or from a support service such as Gwent Ethnic Minority Service (GEMS). The few services that reported problems attributed this to difficulties getting access to interpreters.

5.37. In contrast to the relatively positive appraisal from EP services (outlined above), a recent project[68] to identify capacity building approaches to support the delivery of English as an additional language (EAL) services (Lloyd-Jones, 2014) identified that schools (in the study) reported difficulties assessing SEN amongst EAL learners, particularly as assessments by EPs were often focused upon language and communication, and EAL pupils often had limited English language skills (ibid.).

[68] Included research with eight LA ethnic minority achievement services (EMAS) and five schools supporting EAL pupils.

Projected changes to the commissioning and capacity of local authority based services

5.38. 17 out of 24 LA inclusion and EP services believed that there would be a change in the way services are funded and commissioned in the future. In particular, many LA services indicated that funding constraints and/or reductions in the number of LAs would inevitably change funding and commissioning; for example, a minority of services highlighted that a higher proportion of core funding would go directly to schools and a few indicated this would result in more traded services (with schools increasingly commissioning EP services). In addition, a few services highlighted the likelihood of LA mergers[69] which would inevitably lead to changes in LA structures (and services).

5.39. A minority of EP services highlighted concerns that future changes in commissioning and funding would have a negative impact upon their service; for example, they reported that if schools have less funding due to cuts, they may not be able to buy in additional EP services. In contrast, a few inclusion and EP services highlighted that they did not expect major changes in commissioning and funding; for example in some cases, existing SLAs still had several years left to run.

5.40. The majority of LA-based services (20 out of 24) reported that they did not anticipate an increase in size over the next five years, with most of these services indicating they expected a reduction in the size of the service. Many LA services indicated that funding constraints were likely to reduce their size. A minority of these LA services highlighted that the full extent of these reductions were uncertain at this point.

[69] Following the 2014 report of the Commission on Public Service Governance and Delivery, a recommendation was made to cut the number of LAs by around half. Consequently the WG and LAs are currently in discussion over possible LA mergers.

5.41. In contrast, a few services predicted an increase in size. They highlighted different reasons for this; for example, one service believed the possible merger with other LAs would increase their size (although this might not mean the overall size of the merged services would also increase) and another commented on plans to recruit in order to maintain the service and its standards.

6. Current and future capacity of NHS services

Introduction[70]

6.1. This section reports on NHS services such as OT, SALT, clinical psychology, physiotherapy, CAMHS and dietetics services[71]. Further details on professional development and learning of SEN specialists are included in appendix 5.

Occupational therapy services

6.2. OT services undertake assessments and deliver interventions in a range of settings, including in particular mainstream and special schools and children's centres. A minority of services also work in playgroups, nurseries, homes, respite homes, leisure centres and through telephone consultations.

Speech and language therapy services

6.3. SALT services undertake assessments and deliver interventions and advice in a range of settings, including in particular special schools and children's centres/clinics. The extent to which they also work in mainstream school settings varies from LA to LA. In most areas, they work in most schools. However, in a minority of cases all mainstream schools are covered and in a minority none or very small numbers of mainstream schools are covered.

Other NHS services

[70] Unless specifically stated, "staff" referred to in this section do not include administrative staff or trainees.
[71] Limitations in the data mean discussion of CAMHS and dietetics services is constrained.

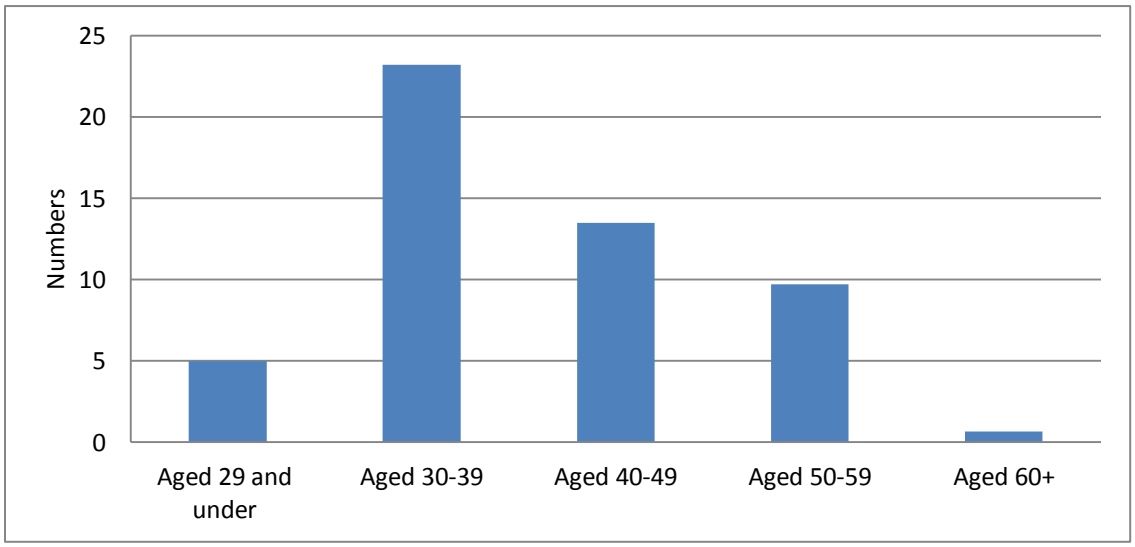
6.4. CAMHS, clinical psychology, physiotherapy and dietetics services are predominately clinic or hospital based. Schools or other specialists based within NHS services can refer pupils to their services.

Current workforce size and age profile[72]

Occupational therapy services

6.5. The average size of OT services[73] is around ten FTE staff members. Figure 5 shows that the age profile of OT staff is relatively young; for example around half (28 out of 52) of the total number of staff are under the age of 40. The age profile of FTE staff is similar. Analysis of the age profile of the three OT services in the study identified a similar pattern across all three services.

Figure 5: number and age range of total number of staff within three OT services (including full-time and part-time staff, but excluding trainees and administrators)



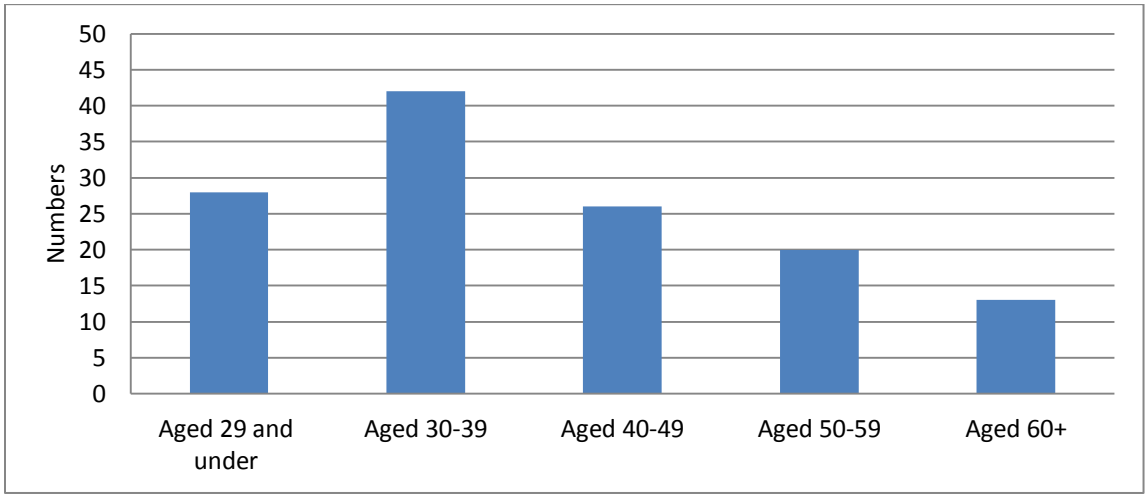
Source: PWU SEN specialist workforce survey 2014

[72] No comparisons have been made between the number of FTE staff for each NHS service and the relevant pupil population, as no data on a local authority or service area level was available. In addition, only one service for CAMHS and one dietetics service provided workforce size data, severely limiting the conclusions that can be drawn about these services (i.e. other CAMHS and dietetics services in Wales). Therefore data from these are only reported upon under this heading where appropriate.
[73] This is based upon three services.

Speech and language therapy services

6.6. The average size of SALT services[74] is around 35 FTE staff[75] members. As figure 6 illustrates, the age profile of SALT staff is also relatively young; for example around half (70 out of 129) of the staff are under the age of 40. The age profile of FTE staff is similar. Analysis of the age profile of the three SALT services in the study identified a similar pattern across all three services.

Figure 6: number and age range of total number of staff within three SALT[76] services (including full-time and part-time staff, but excluding trainees and administrators)



Source: PWU SEN specialist workforce survey 2014

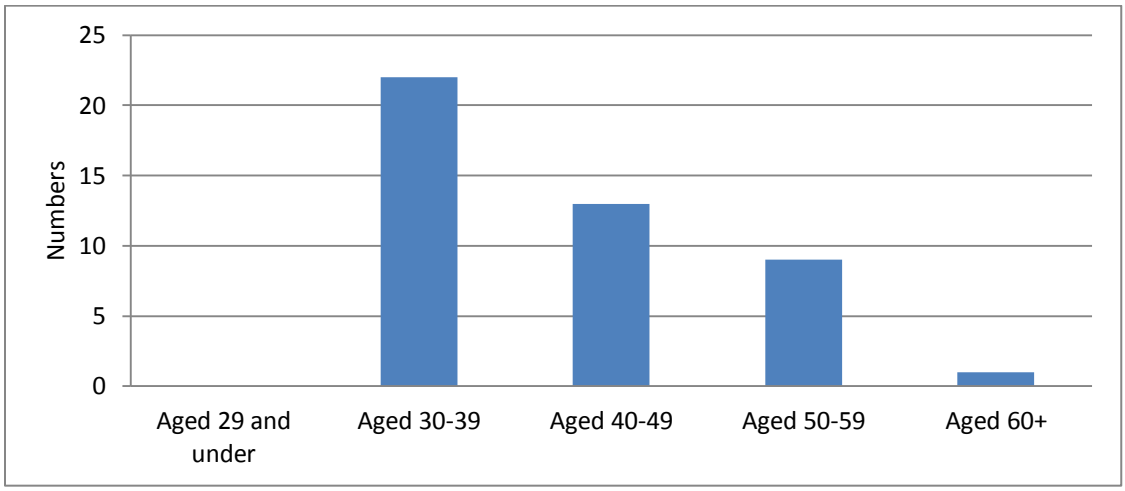
Clinical psychology services

6.7. The average size of clinical psychology services[77] is around 23 staff members. As figure 7 illustrates, the age profile of clinical psychology service staff is also young. Around half (22 out of 45) of the staff were aged 39 or under and only a

[74] This is based upon three services. Four services provided data for the study but one did not provide a full age profile of the workforce.
[75] This does not include administrative staff or trainees.
[76] A further three services did provide data on staff numbers but not a full age breakdown and therefore could not have been included in this graph.
[77] This is based around two services. Data on total number is used as opposed to FTE because one of these services did not provide an age breakdown for FTE.

minority (10 out of 45) were aged 50 or over. The age profile of FTE staff in the one service that provided this data was similar.

Figure 7: number and age range of total number of staff within two clinical psychology services (including full-time and part-time staff, but excluding trainees and administrators)



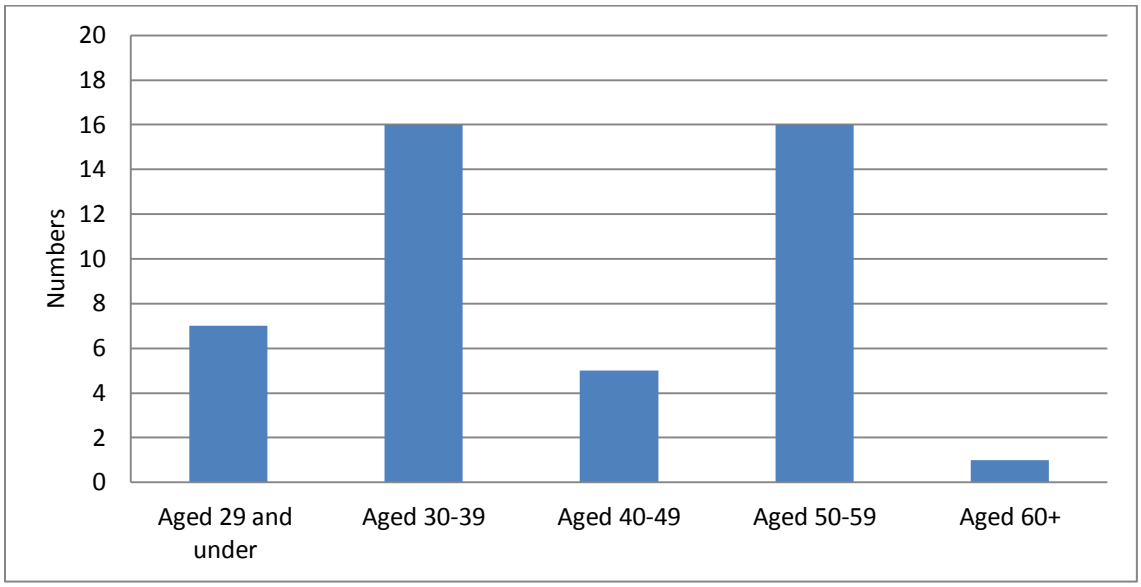
Source: PWU SEN specialist workforce survey 2014

Physiotherapy services

6.8. The average size of physiotherapy services[78] is around 16 FTE staff members. As figure 8 illustrates, the age profile of physiotherapy services is split, with many staff aged 30 to 39 or aged 50 to 59 (both 16 out of 45) and very few in the other age groups. This profile indicates around a third of staff will be approaching the traditional retirement age of 65 within the next ten years. The age profile of FTE staff was similar.

[78] This is based upon two services.

Figure 8: number and age range of total number of staff within two physiotherapy[79] services (including full-time and part-time staff, but excluding trainees and administrators)



Source: PWU SEN specialist workforce survey 2014

Recruitment

6.9. Although many of the services (10 out of 13) reported a low turnover in staff, many SALT services (3 out of 4) and half of the OT services (2 out of 4) had experienced problems recruiting staff. Both OT and SALT services reported particular problems recruiting staff in the higher bands (i.e. level 5 or above[80)] in rural or western areas of Wales. In addition half of SALT services reported problems with the recruitment process, such as having to have recruitment approved by "vacancy control panels"[81] and the slow speed of "all Wales

[79] A further three services did provide data on staff numbers but not a full age breakdown and therefore could not have been included in this graph.
[80] Jobs in the NHS are covered by the Agenda for Change (AfC) pay rates. OTs beginning their career as allied health professionals in the NHS typically start at Band 5 (£21,388 to £27,901), moving to OT specialist (Band 6, £25,783 to £34,530) and then OT advanced (Band 7, £30,764 to £40,558). To progress up each pay scale, staff must demonstrate that they can effectively apply the required knowledge and skills (Prospects, 2014.
[81] These are panels hosted by each individual health board that manage new posts and what to do when people leave. They look at: if the post is needed, demand, budget, change of job description, pay scales etc.

recruitment processes"[82]. The OT and SALT services which did not have problems recruiting staff attributed this mainly to a freeze on recruitment due to financial constraints.

6.10. Half of the OT services highlighted how an internal staff rotation system developed staff experience and skills making it easier to recruit at level 5 and 6. One OT service highlighted how their good reputation encouraged a low turnover in staff.

6.11. The clinical psychology services did not have recruitment problems. The numbers of trainees they had was between two to four and there were also reported to be enough clinical psychologists available.

6.12. The CAMHS service reported problems recruiting staff, and in particular medical staff, in one of the LAs it covered.

Workforce priorities

6.13. Nine of the NHS services in the study identified their workforce priorities. The most frequently identified priorities included:

- improving or maintaining knowledge and skills of staff in particular areas, ranging from specific examples such as autism interventions in an OT service, to striving to maintain skills standards across the service;
- working with schools to help develop their skills and understanding of the service;
- succession planning or ensuring the sustainability of services, for example by developing improved partnership work with LAs; and
- managing the impact of maternity leave, when there is insufficient funding to pay for cover.

[82] When vacancy control panels advertise and recruit they have to do it by following procedures set out in the All Wales Recruitment Process.

Capacity to meet demand

6.14. Many of the health services (11 out of 13) highlighted that they did not currently have the capacity to meet demand. This reflects the twin pressures of increasing demand for services and freezes or reductions in funding, which face many public services. Increasing demand is driven in part by increases in the numbers of pupils recorded as having a SEN (outlined in section 4). Nevertheless, some specialist SEN services, such as OT services, felt that demand from some schools was high (outlined in section 7), given the number of inappropriate referrals that were made to their services. This is consistent with a recent review of the CAMHS service (NAW, 2014) which highlights a number of factors including increasing demand, inappropriate referrals and understaffing, which means CAMHS services often lack the capacity to meet demand.

Delivery of services in pupils' language of choice

6.15. Evidence from interviews with NHS services[83] staff highlighted that overall, the Welsh language was not a barrier to provision (10 out of 10 services reported this); for example, all services either had a Welsh speaking member of staff directly within their local department or were able to draw on someone within their LHB when needed. Notwithstanding this, in many of the services the proportion of staff that could speak Welsh was lower than the wider population in their area.

Occupational therapy services' capacity to deliver in Welsh

6.16. In one of the OT services, the proportion of Welsh speakers (42 percent) was similar to the wider population[84] (around 40 percent) whilst in the other two services, the proportion was around half of the wider population; i.e. around 5

[84] (StatsWales, 2011) Available at: https://statswales.wales.gov.uk/Catalogue/Welsh-Language/WelshSpeakers-by-LocalAuthority-Gender-DetailedAgeGroups-2011Census

percent compared to around 10 percent of the wider population. Overall the age range of Welsh speaking staff was younger than that of all the staff members, with all Welsh speaking staff under 50 years of age.

Speech and language therapy services' ability to deliver in Welsh

6.17. In one of the SALT services the proportion of Welsh speakers (17 percent) was higher than the wider population[85] (around 10 percent) whilst in the other two services the proportion was similar; for example (8 percent and 40 percent) compared to around 10 percent and 40 percent of the wider population. Overall the age profile of Welsh speakers was similar to that of the staff population as a whole.

Clinical psychology services' ability to deliver in Welsh

6.18. Both clinical psychology services had a lower proportion of Welsh speakers (none and 3 percent) than the wider population (around 10 percent).

Physiotherapy services' capacity to deliver in Welsh

6.19. Both physiotherapy services had a lower proportion of Welsh speakers (none and 6 percent) than the wider population (around 10 percent).

Child and adolescent mental health services' capacity to deliver in Welsh

6.20. The CAMHS service had a similar proportion of Welsh speakers (8 percent) to the wider population (around 10 percent).

[85] (StatsWales, 2011) Available at: https://statswales.wales.gov.uk/Catalogue/Welsh-Language/WelshSpeakers-by-LocalAuthority-Gender-DetailedAgeGroups-2011Census

Dietetics services' capacity to deliver in Welsh

6.21. The dietetics service had no Welsh speakers across the service, compared with around 10 percent of the wider population.

Services' capacity to deliver in other languages

6.22. A majority of health services (6 specialist services out of 9) in this study reported that there was no barrier to delivering the service to speakers of ethnic minority languages. Many of the services identified an increase in ethnic minority languages, most notably Polish and Asian languages. Most services reported they had access to interpreters, so only a minority of services identified this as a barrier. Those who identified it as a barrier reported difficulty getting access to interpreters.

Projected changes to the funding, planning and capacity of NHS services

6.23. There was a mixed response from all the NHS services about expected changes to future funding and planning; for example, four services (out of 12) [86] anticipated change, four indicated it would remain similar and four could not predict this because they felt that decisions were largely "out of their hands".

6.24. Different services highlighted different examples of how things would change; for example, a SALT service highlighted how a Cost Improvement Programme (CIP) would help to reduce costs and an OT service highlighted how more lower graded staff would be employed, or previous roles would be graded down, to help meet demand without increasing costs.

[86] One did not respond to this question.

6.25. Half of those who commented that funding would remain similar to current levels highlighted that in real terms this would represent a decrease in funding, as demand and/or costs were likely to grow. In terms of the planning and delivery of services, all indicated that this was unlikely to change a great deal.

6.26. A few services highlighted a loss of individual posts as funding cycles from charity funded posts were likely to stop.

6.27. There was a mixed response in terms of expected changes to the size of services over the next five years, with most views based on the assumption that future finances would be constrained[87], for example:

- 3 out of 4 OT services and one clinical psychology and one dietetics service expected no increase and a minority of these services suggested there might be a decrease due to financial constraints;
- 2 out of 4 SALT and clinical psychology services expected an increase, most notably in junior or less expensive posts, again due to financial constraints; and
- Other services such as CAMHS and physiotherapy were uncertain.

6.28. A few services indicated that better workforce planning between the educational and health services will be a way of spending money more effectively and increasing future capacity.

[87] As highlighted in the introduction section the Commission on Public Service Governance and Delivery (Williams, 2014), resources are decreasing in "real terms" as a result of austerity whilst demand is growing as a result of demographic changes and increasing public expectation, increasing financial constraints.

7. Barriers to the effective coordination of services between sectors

Local authority and NHS services

7.1. The barriers highlighted by services can be grouped into three themes:

- capacity (highlighted by 20 out of 29 services);
- organisational structure and regulation (highlighted by 19 out of 29 services); and
- responsibility to fund and provide support (highlighted by 7 out of 21 services)[88].

7.2. These themes are related; for example, issues around responsibilities are likely to influence capacity and vice-versa.

Capacity constraints on co-ordination

7.3. A focus upon core service delivery and a more "partisan" approach were the issues most frequently highlighted by service leaders in relation to capacity**.** These were reported to be linked to financial constraints and cuts in budgets. This was a barrier to co-ordination, because activities to establish and maintain working partnerships (e.g. providing administrative support for multi-agency activities) cost time and resources. In addition, social services in particular were reported (by other services) to lack sufficient staff capacity to undertake work beyond what is generally regarded as their "core work".

7.4. A few services also highlighted other issues which are related to capacity. These include:

[88] Only a minority of NHS services highlighted this issue.

- SEN not being met effectively as sectors[89] were having to plan according to available resources rather than planning according to need;
- lack of staffing and appropriate systems in NHS services which was hindering early identification or intervention for groups of learners, most notably those with learning disabilities, ASD, dyspraxia or mental health needs; and
- placements of pupils by the LA, which are a long way from services and can create travel and time costs for services.

7.5. School leaders and SENCos also highlighted constraints linked to capacity. One of the most common barriers to the co-ordination of specialist services was the "limited capacity of specialist services", with around 40 percent of respondents reporting it as "a major barrier" (see further details in appendix 6, figure 10). In addition, comments (n=20) by school leaders and SENCos in the survey[90] highlighted issues with funding, mostly around schools not having sufficient funds to access training and staff.

7.6. Although capacity of all services was a constraint, evidence from school leaders and SENCos indicated that the capacity of NHS services is weaker than that of LA-based services (see further details in appendix 6, figure 11); for example, around 70 percent of school leaders and SENCos surveyed agreed or strongly agreed they were able to access sufficient support from sensory services (VI and HI) and EP services. In contrast, in relation to many NHS services, less than 50 percent of school leaders and SENCos (surveyed) agreed or strongly agreed that they were able to access sufficient support from physiotherapists, OT, CAMHS and child psychology services. Overall, this was also supported by evidence from

[89]The term "sectors" is used to describe the education, health and social services, in order to avoid confusion with services within these services e.g. inclusion, EPs.
[90] People and Work Unit. (2015). *An Assessment of Special Educational Needs (SEN) Workforce Development Requirements* [Online]. Available at http://gov.wales/topics/educationandskills/publications/reports/an-assessment-of-special-educational-needs-workforce-development-requirements/?lang=en

the school visits, which highlighted the difficulty in accessing SEN specialist services such as SALT, OT and CAMHS services.

Constraints on co-ordination caused by organisational structure and regulation

7.7. Differences in performance indicators and priorities were the issues linked to organisational structure and regulation that were most frequently identified by service leaders as barriers to co-ordination; for example, it was reported that performance indicators of education services are focused on pupils' attendance and attainment. In contrast, it was reported that performance indicators for social care had a wider scope, including factors such as suitability of accommodation, and transition into employment. Therefore education and social care might be pursuing different objectives.

7.8. The other issues frequently highlighted by service leaders were systematic and/ or structural difficulties in sharing information, particularly with the health service, and difficulties understanding each others' services; for example, when key staff members changed in other sectors, they reported that they were not systematically informed of the contact details of their replacement. Differences in each sector's terms and acronyms could also be challenging for those in other sectors to understand. A number of school leaders and SENCos in the survey also made comments (n= 9) criticising the lack of co-ordination between services; for example, it was reported that the re-organisation of services meant that some schools were now unsure whom to contact.

7.9. Individual services also highlighted other issues, including:

- children and young people referred to health services through a statement of SEN when the need is not there (from an NHS service perspective);
- re-structuring in health services, which has resulted in "stringent auditing" and which has limited the activities they can become involved in;

- difficulties in organising multi-agency meetings around different diaries of those in different sectors;
- difficulties in producing statements for SEN on time when services outside education are involved; and
- differences in national and local priorities.

Constraints on co-ordination linked to funding and responsibility for support.

7.10. Sectors raised concerns that there were no statutory powers over health following a statutory assessment of SEN; for example, if the assessment identified the need for health provision such as SALT, then the ultimate responsibility for providing this fell upon the LA education service, which would need to fund this should the health service not agree to do so. This was reported to deter involvement from other sectors in statutory assessment.

7.11. In addition, support for families and children was reported to be patchy; for example, the lack of support for children with speech and language issues and mental health issues within certain health services, meant that a great deal of this work was reported to fall to the education and social services.

8. Approaches for sustainable workforce planning

8.1. The process of workforce planning is well established (outlined in section 1). The challenge is in implementing this process. Workforce planning needs to happen at a number of levels, including that of an individual service, the managing organisation (such as LHB or LA) and at regional/national level.

Workforce planning by individual SEN services

Analysing current and future demand

8.2. Individual SEN specialist services' analysis of demand is often constrained. Many SEN specialist services (in the study) are response or demand driven. They respond to requests from maintained schools and use these requests as the main indicator or measure of demand. The services therefore understand what schools want from them now, and understand how demand has changed over time. However, this measure can be a poor predictor of future demand, as it rests upon the assumption that past trends will continue into the future. As outlined in section 4, services also make judgments about likely changes in demand, driven by changes in policy.

Analysing current and future capacity

8.3. Individual SEN specialist services' analysis of their capacity is stronger than their analysis of demand. Services (in the study) understand the skills and capacity of their service, and make judgments about the extent to which they can meet demand. They also continue to adapt and develop in response to changes in demand.

8.4. The study indicates that service managers' analyses of the size and capacity of SEN services tend to be qualitative rather than quantitative. Therefore,

managers can readily identify gaps in their service where they lack skills and capacity (e.g. where they are experiencing problems in recruiting) and can identify the potential for future gaps, for example as people retire. However, with the exception of the EP service managers, they do not have detailed quantitative data on the size and skills of their workforce. This may mean that the analyses are not as systematic as they could be, which could hamper longer term planning at a local or national level.

8.5. Longer term planning is also complicated by the uncertainty about future funding (given, for example, projected cuts in local government funding) and the proposed re-organisation of LAs (see e.g. WG, 2014d).

Matching demand and capacity

8.6. By adopting a responsive model, SEN specialist services aim to make the most efficient and effective use of their skills and capacity. However, pressures upon services as a result of cuts or constraints in their budgets mean that many services are revenue rather than outcome driven, and are more focused upon immediate priorities than longer term planning (a situation which could be likened to 'fire fighting').

Workforce planning at a regional and national level

NHS services

8.7. At a national level, there is a clear structure for workforce planning in the NHS, although stakeholders interviewed for this study indicated that its effectiveness is mixed. The foundations for workforce planning are:

- the development of three years' IMTPs by LHBs, which should identify current and future workforce development needs (as part of the workforce element[91]) and;
- NHS Workforce Education and Development Service (WEDS) which makes recommendations to the Welsh Government for the funding of training places (as outlined in section 6, the NHS funds, places and pays the tuition fees for students entering healthcare courses, and provides bursaries).

8.8. Although stakeholders felt the framework and structures of workforce planning were robust, the quality of workforce planning was generally felt to be much weaker. There is also reported to be little specific focus upon SEN specialist services within IMTPS (as they are subsumed within broader service categories, which focus upon broader population groups rather than just pupils with SEN).

Local authority-based services

8.9. In contrast, the structures and frameworks for workforce planning for SEN specialist services provided by LAs are looser and more fragmented. Responsibility for planning rests primarily with individual LAs, but the Welsh Government, HEFCW and representative bodies such as the NAPEP, also have roles.

8.10. LAs are responsible for planning their services, but are not required to submit plans like the three years' IMTPs (which LHBs submit) outlining workforce planning needs, to a national body. Therefore, while individual services and representative bodies may highlight gaps (e.g. where there are problems recruiting trainees) to the Welsh Government, there is no formal structure for, annual reporting of workforce needs and priorities.

[91](NHS, 2014) Available at: http://www.weds.wales.nhs.uk/sitesplus/documents/1076/e3783%20WDWT%20Workforce%20elements%20brochure%20LINKS.pdf

8.11. Representative bodies and voluntary sector organisations for three SEN services: NAPEP, the Royal National Institute of Blind People (RNIB) and the Royal National Institute for Deaf People (RNID) collect some data on the workforce size and profile[92]. This helps provide a national picture of workforce profiles and planning needs (for the services covered) but its impact is limited by the lack of more formal national structures for workforce planning of specialist SEN services by LAs.

8.12. The Welsh Government has specific responsibility for SEN policies, but not for the planning of local services for learners with SEN or learning difficulty and/or disability. The lack of comprehensive data on development needs and priorities across LA SEN specialist services (outlined above), has also made it difficult to identify workforce planning needs, and it is, for example, difficult to estimate future training needs and therefore the number of training places that should be available and/or funded.

8.13. HEFCW provides the majority of funding for the under and post-graduate courses for SEN specialist services[93]. HEFCW is independent of the Welsh Government, but is guided by Welsh Government polices and priorities, outlined in an annual remit letter. This means the scope for the Welsh Government to dictate which universities and/or which courses are funded by HEFCW, is limited. This can make it difficult to match the demand for training places (e.g. on EP courses) with the supply of places.

[92] The data collected by NAPEP is considerably more detailed than that collected by other bodies.
[93] The funding of the EP course at Cardiff University has been an exception to this.

Options for improving workforce planning

Analysis of demand

8.14. Given the weakness in the analysis of demand and forecasting for future demand (outlined above) there is potential to improve analysis. As this study has demonstrated, this analysis could include forecasting future demand by analysing historical data (trend extrapolation) and predicting the likely impact of changes in the policy context (judgmental forecasting). This analysis can be undertaken at national, regional and/or local levels. Models such as Daffodil[94], to support planning in social care, provide examples of how this can be done.

Analysis of capacity

8.15. Given the weakness in the analysis of capacity and forecasting for future capacity (outlined above) there is also potential to improve analysis of the supply side of the equation. As this study has demonstrated, this analysis could include qualitative and quantitative assessments of services' capacity, at both a service and national level. Representative bodies for SEN services, such as NAPEP, could play an important role in collecting data on workforce size and profile.

Gap analysis and workforce planning and development

8.16. There is potential to improve gap analysis and workforce planning and development for services provided by both the NHS and LAs. Improvements in data on demand and capacity (outlined above) are likely to be important. In relation to NHS services, improving forward planning and the consideration of SEN specialist services within IMTPs, are both likely to be important. In relation to LA based services, developing a more formal structure for workforce planning

[94] Available at: http://www.daffodilcymru.org.uk/

at a regional and/or national level to complement that undertaken by individual services, is also an option.

8.17. National and/or regional planning for specialist SEN services provided by LAs could focus upon those areas which are difficult to plan for at a local or service level; for example, forecasting anticipated demands for trainees (and therefore university places). In addition, some changes in individual services will have an impact upon other services in Wales; for example, if all SEN services have an aging workforce and anticipate needing to recruit senior staff in the next five years, difficulties recruiting senior staff may be compounded by the number of services trying to recruit senior staff at the same time. Understanding how these types of changes in individual services can impact upon the workforce as a whole (i.e. at a national level), may also therefore be important and is probably most effectively done at a national level.

Other options for closing gaps between demand and capacity

8.18. As outlined in section 4 there are gaps between demand and capacity across SEN specialist services and it is likely that demand will continue to grow in the future. The challenge for SEN specialist services (like most other public services) is that their funding is likely to be constrained or cut.

8.19. Improving workforce planning (e.g. through better forecasting of demand and improvements in the analysis of capacity) can help specialist SEN services manage and meet demand; for example, a better understanding of gaps could improve decision making when difficult choices about which types of work are prioritised (and which are de-prioritised) are made.

8.20. Nevertheless, because it is unlikely that, in isolation, services can expand their workforces in the next five years in order to fill gaps, better workforce planning is unlikely to be sufficient to close existing and expected future gaps. Therefore,

other strategies (such as those outlined below) to close gaps between demand and supply are likely to be needed.

Capacity building in mainstream schools

8.21. Strategies to build capacity in mainstream and special schools are identified by both services (see section 4) and in the literature as a more effective and efficient way to meet SEN and promote inclusion (Lindsay et al., 2005; Wedell, 2008). As outlined in sections 5 and 6, a minority of services are exploring models in which they shift from providing interventions to capacity building and quality assurance. Some services have also shifted responsibilities for undertaking some activities, such as initial assessment, to schools. These approaches are consistent with proposals for reform of the legislative framework for SEN (WG, 2014b). Other potential models include greater collaboration between schools in order to generate and create the economies of scale necessary to provide a wide range of more specialised SEN services (Lindsay et al, 2006).

8.22. Capacity building within schools has the potential to help schools make more effective use of SEN specialist services; for example, some services reported that they received too many referrals of pupils who did not meet their criteria. This is a problem because assessments of need are time-consuming and are an inefficient use of scarce resources.

8.23. Increasing delegation of funds to schools creates both challenges and opportunities in the provision of SEN specialist services. Some SEN specialist services are concerned that it will divert funds away from them to schools. Although this could help enable schools to build their own capacity to meet needs, services are concerned that it may make it harder to sustain services for low incidence SEN, which schools rarely encounter. Equally, there is evidence from England (Martin, K. and White, R., 2012) that delegation can increase

funding for SEN specialist services, as schools "buy" additional services (traded services) that were previously unavailable.

Early intervention and preventative approaches

8.24. Preventative approaches and models of early interventions have been identified by some services as an effective and efficient way of reducing demand for SEN specialist services. This is supported by the research evidence (see e.g. Marmot et al., 2010). This approach could form part of efforts to build capacity in maintained schools (and other services). However, the current pressures upon SEN specialist services have led some to reduce or withdraw from work in this area. Moreover, it is unlikely to offer a short term solution to the demands currently placed upon SEN specialist services.

Integration of services

8.25. There is widespread belief (amongst services) that better integration of SEN specialist services through models such as co-location of services in children's centres, and full integration would improve outcomes (effectiveness) and efficiency. This could include actions to tackle the barriers to co-ordination outlined in section 7, such as differences in regulatory frameworks and difficulties in communicating and sharing information. Research evidence suggests collaboration between services and settings is an essential component of the provision of person-centred, as opposed to problem or condition-centred provision[95] (Martin, 2008), but can be complex to achieve (see e.g. Ham and Walsh, 2013; Ham and Curry, 2011).

[95] Martin (2008) identifies that the flexibility of services and staff is critical: for example a degree of "rule-bending" in relation to established practices and lines of communication was required from teachers and therapists to allow them to build provision that was quick to respond to the needs of learners.

8.26. Neither collaboration nor integration is likely to offer a short term solution. As this and other studies identify, there are a range of barriers to collaboration and the evidence on the impact and effectiveness of such integration is unclear (Cameron et al., 2012). In part this reflects gaps in the data (including the lack of robust evaluative studies) but it also illustrates the difficulties and challenges associated with integration.

8.27. Some services operate on a regional basis and other services are considering a move to regional provision. This may create economies of scale, could make it easier for services to absorb the impact of staff absences and could make it easier to develop services for low incidence SEN. However, there is scepticism amongst services about the scope to reduce the total size of the workforce through mergers.

Prioritising

8.28. Some SEN specialist services have managed demand from schools by rationing services (e.g. through waiting lists and time limited consultation models), cutting the range of services or interventions they offer, and cutting back on areas like professional development and planning. This is seen by both services and schools as less effective than other models for managing demand. It can for example, simply transfer or divert demand to other services.

9. Conclusions

Demand for specialist SEN services

9.1. Over the last five years, the recorded number and the proportion of pupils with a statement or supported at School Action Plus have increased, increasing demand for SEN specialist services. It is likely that increases in the recorded numbers of pupils with a SEN will continue over the next five years.

9.2. The impact of increasing recorded numbers of pupils with a statement or supported at School Action Plus upon demand for SEN specialist services is not fixed. It is mediated by factors such as policy, practice, and parental expectations, for example:

- policies that increase capacity in mainstream schools should mean that more needs can be met at School Action, without recourse to specialist SEN services. This type of policy may change the demands placed upon specialist SEN services, as they, for example, shift from assessment and intervention to capacity building. Policy could also focus upon ensuring that more needs are met by other services, such as Families First[96] and Flying Start[97];
- practice also matters; for example, despite the SEN Code of Practice for Wales there is considerable variation in the extent to which pupils are identified as having SEN and in the extent to which they are supported by schools, without the need for support from specialist SEN services[98]; and
- parental expectations can influence demand for specialist SEN services, and increasing expectations are reported to have increased demand.

[96] Families First is a Welsh Government strategy that aims to reduce "inequalities that exist in health, education and economic outcomes for children and families by improving the outcomes of the poorest - with a focus on supporting families to achieve better outcomes for children." (WG, 2011, p.2).
[97] Flying Start is the Welsh Government's "targeted early years programme for families with children under 4 years of age in some of the most deprived areas of Wales." (WG, 2012, p.3).
[98] This is reflected, for example, in differences in the proportions of pupils on SEN registers and differences in the proportions of pupils on the SEN register with a statement or supported at School Action Plus in different LAs.

The capacity of the specialist service workforce to meet demand

9.3. SEN specialist services, like many other public services, face acute and sustained challenges. Over the last five years, resources and the workforces of most SEN specialist services have either been frozen or cut, while (as outlined above) demand has increased.

9.4. Some SEN specialist services also face other challenges. The small size of many LA and NHS services makes it difficult for them to cover staff absences. LA services have an aging workforce, indicating a need for succession planning within services and EP services report problems recruiting senior staff. The numbers of Welsh speakers in many services is low, although most feel they can still meet demand in the Welsh language.

9.5. The pressures upon SEN specialist services have created gaps between the demand for services and the services' capacity to meet demand. However, the gaps are not uniform across different types of services; for example, evidence from school leaders and SENCos indicates that the capacity of NHS services is more limited than that of LA-based services: nor are the gaps uniform across services within a particular specialism (for example, some EP services are better able to meet demand than others) or over time (for example, staff absence can create short term gaps). Moreover, even in those areas where there is no continuing gap between demand and supply of SEN specialist services, there is little spare capacity.

9.6. The evidence from this study indicates that, as might be expected, the size of the service has an impact upon capacity to meet need; for example, many of the services that are struggling to meet need have low ratios of staff to pupils with SEN. However, size alone does not account for all the observed differences in capacity. Differences in the character of areas, such as rurality and sparse

population, can make it more costly to provide services. Differences in the way services are organised are also important. There may therefore, be a minimum size for services below which it is difficult to meet demand, but once this minimum size is reached, it may be possible to close gaps between demand and supply by re-organising specialist services and building capacity in schools (rather than just increasing the size of specialist services).

Workforce planning

9.7. Workforce planning needs to happen at a number of levels, including that of an individual service, the managing organisation (such as LHB or LA) and at regional/national level.

Workforce planning by individual services

9.8. Most individual SEN specialist services understand demand for their services and their capacity to meet demand in primarily qualitative terms. They expect demand to increase over the next five years, and have identified a range of strategies to respond. As outlined below, when we discuss challenges, many of these strategies are focused upon changing the way the services operates or reducing or changing the demand for the service, rather than workforce planning in a narrow sense (e.g. increasing or reducing the size of the workforce).

9.9. Forward planning by individual services has been weakened by the pressure services are under, which has led them to focus upon immediate, rather than longer term priorities, and by uncertainty about the future. Many services expect freezes or cuts in resources, but do not yet know what level of funding they will have in the future. Many services also expect large changes in the policy context, as a result of reform of the statutory framework for SEN and proposals for reorganisations of LAs, but feel they have little control over these changes and are unsure what impact they will have.

Workforce planning at an organisational and national level

9.10. Workforce planning structures for specialist SEN services provided by LAs and the NHS are different and neither is completely effective, with both systems struggling to meet demand. For NHS services, there is a clear structure linking workforce planning by LHBs (through IMTPs) to national workforce planning (by WEDS). The process was reported to be sound in principle, but in practice, forward planning was often weak and SEN specialist services are subsumed within planning for broader service categories, meaning that little attention is paid to the specific needs of SEN specialist services within this process. For LA-provided services, individual services are responsible for planning, but no organisation has responsibility for national planning. Moreover, (as outlined above) many LA- and NHS-provided services do not have detailed quantitative data on their workforces' sizes, profiles and development needs, which constrains planning at a national level.

Specialist training and its potential to support workforce planning priorities

9.11. For individual SEN specialist services generally, recruitment of trainees has not been a problem. There are a wide range of specialist training providers across the UK (outlined in appendix 5). Most courses are oversubscribed and cuts and freezes in recruitment have reduced competition for recruits. As a consequence, the provision of specialist training is generally not a constraint on workforce development.

9.12. In contrast, at a national level there have been difficulties forecasting the need for some types of specialist training and therefore the numbers of places that should

be funded[99]. In some cases, trainees have struggled to find work in Wales, whilst in others, most notably EP, there have been concerns that too few training places would be funded. The difficulties forecasting and planning for training places are linked to weakness in workforce planning (outlined above), and, in relation to LA-provided services, the separation between workforce planning (by individual services) and funding for training places.

9.13. The concentration of specialist provision for some courses such as EP and SALT in Cardiff (at Cardiff University and Cardiff Metropolitan University respectively) was also identified by some services as a potential problem. There were some doubts about the willingness of trainees (e.g. those from North Wales) to move to Cardiff to undertake training and of the willingness of those who had qualified to then move from Cardiff to other parts of Wales. There were also concerns that training provision in England might leave trainees unprepared for the Welsh context, given the differences between policy and practice in England and Wales.

Approaches for sustainable workforce planning of specialist SEN services

9.14. Given the strengths and weakness of existing arrangements, approaches to sustainable workforce planning of specialist SEN services are likely to require action by individual services, managing organisations (such as LAs and LHBs) and the Welsh Government.

Analysing capacity

9.15. Improving planning at a national level will require improvements in the data on the size and profile of individual SEN services. A qualitative assessment of skills and capacity may be sufficient for planning at a service level, but makes it difficult to identify capacity at a regional/national level. Quantitative data on the size and

[99] Supply can be constrained in the short term because it takes between three to six years to qualify for certain specialist roles such as SALTs and EPs. It is therefore vital to identify the need for trainees in advance.

profile of the workforce (such as this study has collected) can help provide a national picture.

9.16. Some representative bodies for SEN services, such as NAPEP, collect data on workforce size and profile. They should be supported and enabled to continue this important role and a process for reporting and sharing this data with the Welsh Government could be formalised. The scope for a designated 'lead' service in Wales (where one service agreed to collect data from other services) and/or representative bodies from other SEN specialist services, such as the Royal College of Speech and Language Therapists, to collect this data, could be explored.

9.17. In relation to NHS-provided services, there is a clear planning structure, the challenge is to improve forward planning (e.g. in relation to demand and supply, which we discuss below) and to strengthen the analysis of specialist SEN services within this process.

9.18. In relation to LA-provided services, improving planning at a regional / national level will require a clearer structure to link planning by individual services with regional / national planning. There may be scope for the Welsh Government to develop a role in identifying the implications of workforce planning undertaken by individual services. This could, for example, help inform decisions about funding for training places and help to identify regional / national challenges.

Analysing demand

9.19. The key factors driving demand - increases in the numbers of pupils with SEN, changes in the types and severity of pupils' SEN and proposed changes in policy - cut across all specialist SEN services. In order to maximise the potential for generating economies of scale and minimising duplication of effort, there is a strong case for analysing the impact of these factors and forecasting expected

changes at a national level (as this study has done), rather than relying upon individual services to do so. No single organisation currently has responsibility for this, and there may be scope for the Welsh Government to develop a role here, to complement WEDS's existing role forecasting future demand for NHS services. Models, such as Daffodil[100], provide examples of how this can be done.

9.20. Because there will still be differences in trends at a local level (reflected, for example, in variable practice and differences in the way SEN are identified, assessed and provided for in different LAs), national analyses need to be complemented by local / regional analyses. Inclusion services and/or regional educational consortia should be well placed to lead this. These analyses should inform commissioning of SEN specialist services provided by LAs and the NHS.

Meeting the challenges facing specialist SEN services

9.21. The key challenge facing most specialist services is how to meet increasing demand while budgets, and therefore in many cases workforces, have been, and are expected to continue to be, frozen or cut. Most services need to not only close existing gaps between demand and supply, but also plan how to meet projected increases in demand. Some services also need to plan how to manage staff absences (given their small size) and to undertake succession planning, given the aging profile of their workforce.

9.22. There are no easy solutions, nor is it likely there will be a single solution to the challenges facing SEN specialist services. Strategies are needed to address both the demand and supply (capacity) sides of the equation. The pressures upon services may act as a spur to innovation and change, but they also constrain the capacity of services to invest the time and resources in changing services, so they can better manage and meet demand.

[100] http://www.daffodilcymru.org.uk/

Increasing and sustaining SEN specialist services' capacity

9.23. Improvements in workforce planning, including more systematic analysis of demand, supply and gaps will be important in identifying opportunities to sustain and increase the capacity of SEN specialist services; for example, some services are exploring the scope to make greater use of less qualified staff. However, unless resources are increased (which is unlikely for most services), workforce planning alone is unlikely to be sufficient to close gaps between demand and capacity.

Managing and reducing demand for specialist SEN services

9.24. Given constraints on the scope for specialist services to increase their size in order to close current and projected gaps between demand and supply, a range of alternative strategies have been identified. These focus upon increasing capacity and/or managing and reducing demand for SEN specialist services. In some cases, these are already being developed or are being implemented by specialist SEN services. They include:

- strategies to build capacity in mainstream and special schools through, for example, training and the delegation of resources to schools, capacity in other services, such as Families First, preventative approaches and models of early interventions. These should reduce demand for direct support to pupils from SEN specialist services, but may increase demand for support from schools and other services;
- improving integration of specialist SEN services (including regional provision of some services), which should increase capacity (e.g. by generating efficiencies) and which may change the distribution of demand (e.g. by shifting demand from one part of an integrated service to another); and
- prioritising, including rationing services through waiting lists and cutting the range of services or interventions offered, which should limit demand, and

cutting back on areas like professional development and planning, which should increase capacity in the short term.

9.25. The cost-effectiveness of the different approaches is likely to differ; for example, there is stronger evidence on the cost-effectiveness of early intervention and preventative work than there is for increasing integration of services. Rationing services may help services manage demand and cutting back on areas like professional development may free up capacity in the short term, but may increase costs over the long term (e.g. because needs are not met). Because many services have already begun to build capacity in mainstream schools, this may be the easiest approach to develop in the short term. In contrast, models such as integration are less developed, and are likely to be more complex to implement, and are likely to take longer to develop.

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Acronyms

ADHD	Attention Deficit Hyperactivity Disorder
ALNCo	Additional Learning Needs Co-ordinator
ASD	Autism Spectrum Disorder
BESD	Behavioural, Emotional and Social Difficulties
BPS	British Psychological Society
CAMHS	Child and Adolescent Mental Health Service
CIP	Cost Improvement Programme
CPD	Continuing Professional Development
CRIDE	Consortium for Research into Deaf Education
CSP	Chartered Society of Physiotherapy
DCD	Development Co-ordination Disorder (Dyspraxia)
EP	Educational Psychology
EMAS	Ethnic Minority Achievement Services
FTE	Full Time Equivalent
GEMS	Gwent Ethnic Minority Service
HCPC	Health and Care Professions Council
HEFCW	Higher Education Funding Council for Wales
HI	Hearing Impairment
IDP	Independent Development Plan
IMTP	Integrated Medium Term Plan
LA	Local Authority
LHB	Local Health Board
MLD	Moderate Learning Difficulties
MSI	Multi Sensory Impairment
MSIS	Multi-Sensory Impairment Service
NAPEP	National Association of Principal Educational Psychologists
NHS	National Health Service
OT	Occupational Therapy
PCP	Person Centred Planning
PD	Physical Disability
PEP	Principal Education Psychologist

PLASC	Pupil Level Annual School Census
PMD	Physical and Medical Difficulties
PMLD	Profound and Multiple Learning Difficulties
PRU	Pupil Referral Unit
PWU	People and Work Unit
QTVI	Qualified Teacher of the Visually Impaired
QTHI	Qualified Teacher of the Hearing Impaired
RNIB	Royal National Institute of Blind People
RNID	Royal National Institute of Deaf People
SALT	Speech and Language Therapy
SEN	Special Educational Need(s)
SENCo	Special Educational Needs Co-ordinator
SENTW	Special Educational Needs Tribunal for Wales
SEP	Senior Educational Psychologist
SLA	Service Level Agreement
SLCD	Speech, Language and Communication Difficulties
SLD	Severe Learning Difficulties
SLIS	Specific Language Impairment Services
SpLD	Specific Learning Difficulties
VI	Visual Impairment
WEDS	Workforce, Education and Development Service
WG	Welsh Government
WHSCC	Welsh Health Specialist Services Committee
YOT	Youth Offending Teams

Appendix 1: Definition of learning difficulty

Special educational needs

As the SEN Code of Practice (2002) outlines[101], children have special educational needs if they have a learning difficulty which calls for special educational provision to be made for them. This may be a significantly greater difficulty in learning than others of their age or a disability which impacts on their ability to make use of education facilities provided for their age group. Roughly a quarter of the school age population have a SEN.

There are four broad types of SEN:

- cognition and learning needs, such as moderate learning difficulties (MLD), severe learning difficulties (SLD), profound and multiple learning difficulties (PMLD) and specific learning difficulties (SpLD) (such as dyslexia);
- behaviour, emotional and social development needs (BESD);
- sensory and/or physical needs, such as visual impairment (VI), hearing impairment (HI) and multi sensory impairment (MSI) or physical disability (PD); and
- communication and interaction needs, such as speech, language and communication difficulties (SLCD) and autistic spectrum disorders (ASD).

[101] http://learning.wales.gov.uk/docs/learningwales/publications/131016-sen-code-of-practice-for-wales-en.pdf

Appendix 2: Further details on the methodology

Analysing demand

The study draws primarily upon three types of data to assess current and future demand for specialist SEN services - data on:

- the profile of pupils with SEN in maintained schools in Wales (as a proxy measure of the potential "need" for specialist SEN services);
- the demand expressed by maintained schools for specialist SEN services; and
- projections of the pupil population in maintained schools

Data on the profile of pupils is drawn primarily from the PLASC, which includes information on the numbers of pupils with SEN, their type of SEN, the level of provision made for them (School Action, School Action Plus or a statement of SEN)[102]. This data was complemented by qualitative data (on the profile of pupils) collected from schools, SEN services and the voluntary sector and the desk- based literature review.

Data on the demand from maintained schools for specialist SEN services is drawn primarily from a survey of 467 school leaders and SENCos (discussed below), qualitative research with 28 schools[103], SEN services (n=52) and the voluntary sector (n=5).

Pupil projections to 2030 are calculated by the Welsh Government and published through the StatsWales portal (StatsWales, 2014a)[104]. Estimated projections for SEN pupils were calculated using pupil projections and utilising the current rate of incidence of statements, and from an analysis of historical trends in the pupil profile.

[102] Pupils with a statement or supported through School Action Plus will usually require some support from specialist SEN services.
[103] This included six special schools, 15 primary schools, five secondary schools, one nursery school and one PRU. These were spread over five local authorities - Carmarthen, Gwynedd, Merthyr Tydfil, Newport and Powys.
[104] Available at:https://statswales.wales.gov.uk/Catalogue/Education-and-Skills/Schools-and-Teachers/Schools-Census/Pupil-Projections

Assessing supply (the capacity of the workforce)

The study draws primarily upon data relating to four aspects of SEN provision to assess current and future supply of specialist SEN services, including data on:

- the current size and profile of specialist SEN services;
- changes in the size and profile of specialist SEN services over the last five years;
- projected changes in the size and profile of specialist SEN services over the next five years; and
- training and qualifications for staff in specialist SEN services.

Scoping work for the study confirmed that data on the size and profile of SEN specialist services is not collected at a national level by any public bodies. However, representative bodies for some Specialist SEN services such as NAPEP, as well as the RNIB and the Consortium for Research in Deaf Education, undertake periodic surveys.

Given the gaps in data on the size and profile of specialist SEN services, data was collected from individual LA and NHS specialist services across Wales through a mix of a survey (see appendix 3), and interviews (see interview schedule in appendix 3).

Changes in the size and profile of services over the last five years and expected changes over the next five years, were primarily identified through interviews with specialist SEN services (outlined above).

Data on training and qualifications for staff in SEN specialist services was collected through the telephone interviews with SEN services (outlined above), desk based research and qualitative research with fifteen learning providers. These included most of the major learning providers in Wales[105] and examples of providers in England[106]. This was undertaken through a blend of 'face to face' interviews, telephone interviews (see interview schedule in appendix 3) and email correspondence.

[105]Bangor University, Cardiff Metropolitan, Cardiff University, Glyndwr University, Trinity Saint David's and University of South Wales

[106] Nottingham University, Leeds University and University College London

Pupil projections

Estimated projections of the future population of pupils with SEN can be made by combining projections of the total pupil population[107] and trend data based upon trends in the number and proportion of pupils with SEN over the last five years. These projections are only estimates and are subject to caveats.

Two methods are used to calculate projections of the SEN pupil population over the next five years:

- baseline projections: these represent a conservative estimate. They assume no change in the proportion of pupils with SEN, and do not take into account past trends which show the proportion of SEN pupils has steadily increased over the last six years. They are based upon the most recent data on the percentage of the pupil population who have a SEN (e.g. 21.4 percent in primary schools), and apply this to pupil population projections (made by StatsWales); and
- trend line projections: these may represent a realistic estimate. They assume that past trends in the proportion of pupils with SEN over the last five years will continue in the next five years. They are based upon the trends in the percentage of the pupil population who have a SEN and apply this to pupil population projections (made by StatsWales).

Strengths and weaknesses of the study approach and methodology

Survey of SENCos and school leaders

The survey of SENCos and school leaders had important strengths; for example, the total number of responses to the specialist questions from school leaders and SENCos (467) is relatively large in absolute terms; and the total number of schools taking part

[107] Pupil projections to 2030 are calculated by the Welsh Government and published through the StatsWales portal, available at: https://statswales.wales.gov.uk/Catalogue/Education-and-Skills/Schools-and-Teachers/Schools-Census/Pupil-Projections

(estimated to be 340 to 370) was also relatively large. Responses were received from all 22 of the LA areas of Wales, providing good geographical coverage, and analysis of the characteristics of schools taking part[108] indicated that on key measures, including the proportion of pupils eligible for free schools meals, the proportion of pupils on the SEN register and the language medium of the schools, they were broadly similar (or representative) to those of all schools in Wales.

Nevertheless, there are several caveats and limitations that need to be borne in mind when interpreting the responses to the survey. These include:

- the moderately low overall response rate (9 percent of SENCos and school leaders)[109] achieved;
- the reporting of combined responses from staff groups in primary, secondary and special schools, which may mask some sectoral differences; and
- possible bias in the sample, as, although responses were received from all 22 of the LA areas of Wales, the response rates for these were varied.

Pupil projections

Although the baseline projections are likely to under-estimate the growth in trends in the numbers of pupils with SEN, it is likely that the trend line projections are likely to over-estimate increases of some categories of SEN; for example, the number (and proportion) of pupils with ASD has increased as a result of increases in awareness of the condition and increases in diagnosis. However, as the rates near 1 to 1.2 percent of the pupil population it is likely to stabilise[110] (Holtom and Lloyd-Jones, forthcoming).

Qualitative research with learning settings

The qualitative research with learning settings had important strengths. It enabled issues and the reasons why staff made particular judgments, to be explored in depth. It

[108] This analysis was possible for around half the schools in the sample.
[109] Based upon a population of 3,567 school leaders and an estimated 1,593 SENCos (one per school).
[110] This is the generally accepted prevalence rate in the population and if reached, would indicate that all pupils with ASD were being diagnosed.

included a mix of primary, secondary special schools and one PRU. The total number of interviewees (37) and the numbers of learning settings included (28) was relatively large for a qualitative study and the study include schools and PRUs in five distinctive Welsh areas[111]. However, the qualitative research only covered a fraction of learning settings in these areas or in Wales and responses therefore need to be interpreted in the light of other evidence.

Qualitative and quantitative research with specialist SEN services

The research with specialist SEN services had important strengths; for example in most cases[112], the quality of data provided by services was good and addresses the research questions related to current demand and capacity. However, the study achieved a better response rate to the interviews in comparison to the survey, which focused upon the size and profile of SEN specialist services. This appears to have been because many SEN specialist services did not hold this type of data themselves and had to collect it from other departments.

In terms of coverage, as table 1 illustrates, data is only available for a sample of SEN specialist services (between two thirds to a quarter of each service type in Wales). In some cases, gaps in data could be filled through secondary data. However, this was not always possible (these incidences are highlighted in greyscale in table 1). The sample is too small to confidently draw conclusions about the size and profile of all SEN specialist services in Wales. Given the small numbers of services, and the diversity of services in terms of size and profile, statistical representativeness of a sample is largely

[111] This includes Newport (Metropolitan ethnically diverse), RCT and Merthyr (South Wales valleys with challenges around disadvantage), Gwynedd (high proportion of Welsh speakers) and Powys, Carmarthen and Pembrokeshire (challenges due to a sparse population).

[112] However, in order to encourage a higher response rate towards the end of the fieldwork, a reduced interview schedule was produced (see copy in appendix 5) although only a small number of interviewees (n=6) completed these. These comprised: two Inclusion Key Stakeholders, one Principle Educational Psychologist, one Dietetics Key Stakeholder, one Physiotherapy Key Stakeholder and one SALT Key Stakeholder.

irrelevant[113], and a census survey of all SEN specialist services would be required to provide 'definitive' findings.

Table 1: availability of data on the size and profile of SEN specialist services' workforces

Type of SEN specialist service	# of services within Wales	# of services for which quantitative data (on workforce size & profile) is available	# of services providing qualitative data
LA inclusion services	22	12*	12
Educational Psychology	19	13	13
Visual Impairment	15	15**	*Inclusion services**** and Sensory Forum*
Hearing Impairment	15	15	
SALT	6	4***	4
Occupational Therapy	6	3	4
Clinical psychology	4	2	2
Physiotherapy	5	2	1
Dietetics	2	1	1
CAMHS	4	1	1

Sources: NAPEP (2014); RNIB Cymru (2014; 2015); Consortium for Research in Deaf Education (2014)

**3 services did not include a full breakdown*

*** Partial breakdown only*

**** One service did not include a full breakdown*

*****Heads of local authority services commonly known as either Head of ALN or Head of Access and Inclusion some of which covered more than one LA in regard to sensory services.*

Qualitative and quantitative research with training providers

The qualitative research with training providers provided important data about training provision within Wales and an indication of provision within England, enabling some

[113] For example, even if 21 out of 22 of the inclusion services responded, this would provide a confidence interval -/+ 4 in the findings and this difference is regarded as fairly high.

comparative analysis. Although it offered good coverage of provision in Wales, it can only offer an indication of provision in England, and by inference, Scotland and Northern Ireland.

Desk -based research

The desk-based research provided important data about the profile of the SEN pupil population (including historical trends) and was able to help fill some, but not all, of the gaps in the qualitative and quantitative research with SEN specialist services. However, this secondary data was usually neither as up-to-date nor as comprehensive as the primary data collected through research with SEN specialist services.

Appendix 3: Research questions

Research questions from the Welsh Government tender specification

- Breakdown of qualified 'specialist service' groups, by specialism, target age, age profile of staff, locality and Welsh medium
- Identification of the settings in which specialist service groups are working
- Identification of the settings in which specialist service trainees are working
- Identification of recruitment strategies and issues relating to these
- Identification of planned changes

- How are specialist services currently commissioned? Will this change over the next five years and if so what changes are anticipated?
- How are specialist services currently funded? Will this change over the next five years and if so what changes are anticipated?
- How are specialist service(s) trainees currently funded?
- Are specialist service(s) trainees paid a bursary or salary? Will this change over the next five years and if so what changes are anticipated?

- What specialist training/qualifications are available and where are they delivered (within Wales or wider UK)?
- Are there any workforce-related terms and conditions applied to current available professional training courses, i.e. commitment to work within Wales?
- What CPD arrangements exist within specialisms?
- What processes are in place for people to return after a career break?
- What joint (cross discipline) training structures exist?

- The demand for specialist services compared with current provision?
- Are there anticipated changes to the size of services required over the next five years for each specialist service group (and/or specialised roles within, i.e. qualified educational psychologists, trainee educational psychologists, etc.).
- What functions are performed (statutory and non-statutory which make the best use of their (specialist) skills?
- What are the barriers to the effective provision of co-ordinated services (between health, social services and health) in providing specialist support to children and young people with SEN?
- Some SENs are more sensitive to language issues than others, so how effective is provision in overcoming language barriers?

Copy of PWU Excel sheet used to collect workforce size and profile

Breakdown of staff in your service who work with children and young people with special educational needs	Aged 29 and under	Aged 30-39	Aged 40-49	Aged 50-54	Aged 55-59	Aged 60-64	Aged 65 or over
Total number of staff (including full-time and part-time staff, **but** excluding trainees and administrators)							
Total number of Full Time Equivalent (FTE) staff (excluding trainees and administrators)							
Total number of trainees (excluding administrators)							
Total number of staff who are fluent in Welsh (excluding administrators)							

SEN specialist services stakeholder interview schedule (without introduction and probes)

Questions

The service and your role

1. Can you please briefly describe your service's work with children and young people with SEN?
2. Do you have capacity to meet the demand for your service?
3. Does the service experience any language barriers?
4. Has the work of and/or the demand for the service changed much over the last five years?
5. Is the work of and/or the demand for the service expected to change over the next five years?
6. Has the size of the service (numbers employed etc.) changed much over the last five years?
7. Is the size of the service expected to change over the next three years?
8. Have you experienced any problems with recruitment to the service?
9. Is there a high turnover of staff?

Funding of the service

10. Can you please tell me how the service is funded? E.g. who funds you?
11. Has the level of funding changed much over the last five years?
12. Is the level of funding expected to change over the next five years?

Commissioning

13. How are your specialist services commissioned?
14. Is the commissioning process going to change in next five years or so? And if yes, how?

Trainees and training

15. Do you have any trainees? Where do they work?
16. How are their [trainees] roles funded?
17. Are they [trainees] paid a salary or a bursary?
18. Is this likely to change over the next five years?
19. Do any of the professional training courses your service use have workforce-related conditions such as a commitment to work in Wales?
20. How does Continuing Professional Development (CPD) work within your service? E.g. what structures are in place?
21. Within your service are there any joint training structures such as those crossing disciplines like health and education?

Returning to work

22. Are there any processes in place to support staff when they return to work after a career break?

Barriers to the co-ordination of services

23. Are there are any barriers that prevent the effective co-ordination of education, health and social services to support children and young people with SEN?

Anything else

24. What are the priorities for workforce planning for your service?
25. Is there anything else we've not talked about that you think is important?

SEN specialist services training provider interview schedule (without introduction and probes)

Questions

1. Could you briefly describe your role in regard to specialist training / qualifications?
2. What specialist training or qualification does your organisation / institution / dept. deliver?
3. Where do you deliver your training / qualifications?
4. How long does it take to complete training or qualifications?
5. Overall, from where do your trainees/students come? And are there more from certain areas (e.g. international, UK wide, Wales, certain local authorities or consortia in Wales, England etc.)?
6. Are there considerably more trainee women or men doing the specialist training or qualifications?
7. Generally how are your Welsh trainees / students funded?
8. Do you currently have enough places to meet the demand [or potential demand] for your training /qualifications?
9. Are there likely to be any changes to the specialist training or qualifications you deliver over the next five years? (*Increase / decrease capacity, offer greater variety, change the way you deliver etc.)*
10. Does your specialist training or qualification have workforce-related conditions such as a commitment to work in Wales?

Appendix 4: Trends in the pupil population with different types of special educational needs

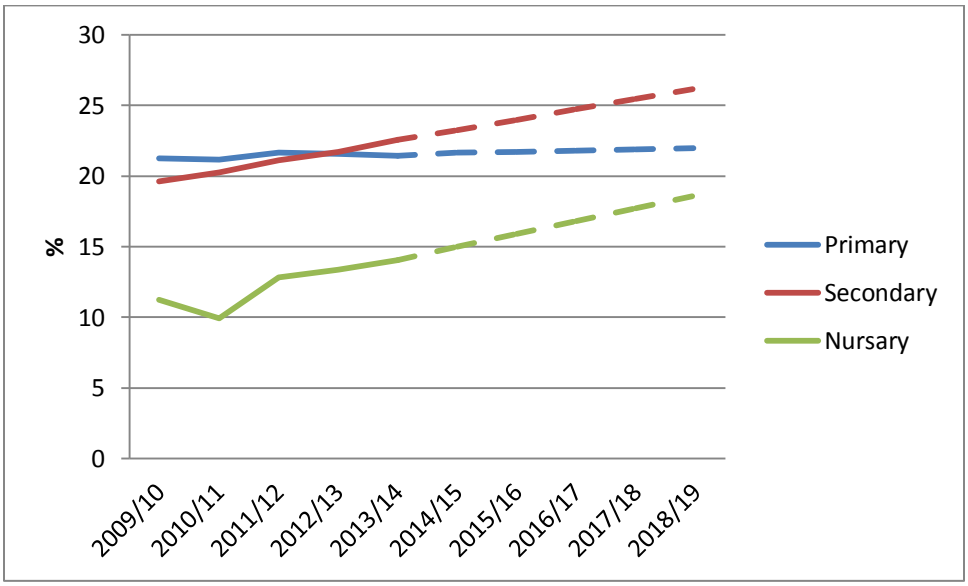
Table 2 and 3 below shows the trends in the SEN pupil population in learning settings and across different types of SEN. Overall, it shows an increase in the percentage and number of pupils with SEN and the changes in the numbers of pupils with different types of SEN. This is in contrast to the pupils population on the whole which decreased by 0.4 percent (- 2,060 pupils) from 2009/10 to 2013/14.

Table 2: showing trends in the pupil population of pupils with SEN in schools

Type of school	Percentage of the pupil population with this SEN in 2009/10	Percentage of the pupil population with this SEN in 2013/14	Change in the number of pupils with this type of SEN (2008/09 to 2013/14)
Primary	21.3	21.4	3,061
Secondary	19.6	22.5	2,050
Special schools	N/A	N/A	221
All schools	21.2	22.6	+6,299

Source: based upon data from StatsWales 2014

Figure 9: showing the projected trend line in the percentage of the pupil population with SEN in schools



Source: based upon data from StatsWales 2014

Table 3: showing trends in the pupil population of different types of SEN

Type of SEN		**Percentage of the pupil population with this SEN in 2009/10**	**Percentage of the pupil population with this SEN in 2013/14**	**Change in the number of pupils with this type of SEN (2009/10 to 2013/14)**
Most common	Behavioural, emotional and social difficulties (BESD)	2.8	3.1	+1,323
	Speech, language and communication difficulties (SLCD)	2.5	3.2	+2,930

Moderately Common	Physical and Medical Difficulties	0.9	1.0	+411
	Autism Spectrum Disorder (ASD)	0.7	1.0	+1,470
	Severe Learning Difficulties (SLD)	0.5	0.5	-103
Least Common	Hearing Impairment (HI)	0.4	0.5	503
	Multi-Sensory Impairment (MSI)	0.0	0.0	-17
	Visual Impairment (VI)	0.2	0.2	89
	Profound and Multiple Learning Difficulties (PMLD)	0.2	0.2	2
All SEN		21.2	22.6	+6,299

Source: based upon data from StatsWales 2014

Appendix 5: Professional development and learning for special educational needs specialist services[114]

Initial training and professional learning

Educational Psychology

Initial training for EP services includes an undergraduate degree in psychology or a degree and conversion course, which grants them eligibility for Graduate Basis for Chartered Membership with the British Psychological Society (BPS). This is followed by a three year post graduate (doctoral) course regulated by the BPS[115] and then registration with the Health and Care Professions Council (HCPC). The three year full time qualification is offered by Cardiff University[116] and also by 12 universities and one NHS trust in England[117]. The course is currently funded by the Welsh Government (for Welsh students).

90 percent of students on the Doctorate of Educational Psychology (DEdPsy) programme at Cardiff university are female (this is similar for comparable courses in other universities within the UK) and over the last four years (2012 to 2015) the ratio of applications from Welsh students and students from the other UK nations and occasionally the Republic of Ireland, ranges from around 2:1 to 1:1. Four key stakeholders (training providers) highlighted that successful applicants were judged upon their quality and that the university had been engaging with schools in Wales in order to encourage even more applicants.

[114] Courses stated within this section were accurate during the fieldwork period for the study (i.e. October 2014 to December 2014) and may change over time.
[115] The key qualification is a BPS accredited Doctorate in Educational Psychology, which replaced the Masters level qualification.
[116] This is the only provider in Wales.
[117] Also University of Birmingham; Bristol University; University of East London; Institute of Education; Exeter University; University of Manchester; Newcastle University; University of Nottingham; University of Sheffield; University of Southampton; Tavistock and Portman NHS Foundation Trust and University College London.

There are currently no workforce-related conditions, such as a commitment to work in Wales, related to the DEdPsy programme[118] and the proportion of students who then go on to work in Wales or England vary considerably from year to year (from around 30 percent to 90 percent) depending upon the numbers of jobs available in the two countries in a given year. As highlighted by many educational psychologists (reported on in section 4) and by four key stakeholders (training providers), there have been limited job opportunities in Wales (mostly due to a low staff turnover and funding constraints) in comparison to England where recruitment has been high. Discussions with training providers highlighted that many of their students gain employment before completing the course, indicating how valued their skills are. They were also confident that many of their students would work in Wales, given the job opportunities.

EP trainees are currently paid a bursary by the Welsh Government. Expenses are paid by the LAs they are training with. The views from service providers on whether this is likely to change are divided. Four key stakeholders (training providers) highlighted that the present system was beneficial as it provided more security for trainees in comparison to the system used in England where most trainees are employed by local government. Third year trainees typically work with designated schools/clusters, first and second year trainees typically work on specific cases.

There is no mandatory training for EP assistants. A number of Welsh authorities have employed assistants in the past, but few do now. The position is most common in Scotland and is often used to gain experience before students apply for an EP training course.

Educational psychologists are required to undertake (and log) their continuing professional development (CPD) in order to maintain and improve their professional competence[119] and to maintain their registration with the HCPC. Professional learning

[118] In contrast, trainees in England and Northern Ireland are expected to work in England or Northern Ireland for two years.
[119] This is enshrined in Principle 2 of the British Psychological Society Code of Ethics and Conduct Guidance (BPS, 2009). BPS guidelines suggest 12 days CPD a year.

is typically structured as part of professional development processes (such as annual reviews and appraisals). One LA reported that they have conditions linked to expensive CPD.

There is some joint learning with health and social care services in areas like child protection and safeguarding. There are also examples of joint training as part of specific projects or initiatives such as Speech Link, Language Link and Restorative Approaches in Schools (RAIS) and around specific types of SEN such as ASD or SLCD.

Return to work processes were reported by some services. These policies were usually generic to the LA rather than specific to the service.

Sensory impairment services

A range of specialists work in sensory impairment services, including QTVIs, qualified teachers of the hearing impaired (QTHIs) and teachers of the deaf.

There is a mandatory qualification for teachers of children with VI, which is delivered solely at the University of Birmingham. Initial training for QTVIs and QTHIs includes meeting the requirements of the Qualified Teacher Status (QTS) and a post- graduate qualification in Visual or Hearing Impairment, such as a three years' Masters in Education (MEd) or two year post-graduate diploma. Initial training for teachers of the deaf is similar to that for QTHI, but focuses upon hearing through, for example, the MA in Deaf Education from Leeds University.

Other roles include communication support workers, who require a Stage 2 Award/Certificate in British Sign Language (BSL), and educational audiologists who are qualified teachers of the deaf and have a recognised qualification in audiology[120] .

[120] They are usually employed by education support services or in schools for the deaf. They often provide or participate in hearing testing and hearing aid reviews for children in joint clinics within the community or hospital settings. They also provide guidance to schools, particularly in area of acoustics and maximising listening conditions for hearing impaired pupils.

There are no specific requirements as part of the professional learning model, although teachers would be subject to the requirements laid down for qualified teachers.

Local Authority Inclusion Services

There is no specific specialist initial SEN training for other LA inclusion services. Initial training for advisory teachers would include for QTS and a qualification in relation to specific type/s of SEN.

There are a wide range of (non-mandatory) post-graduate qualifications in SEN. These including the MA SEN – DCD (dyspraxia), ADHD, dyslexia, autism pathways; the MSc Developmental Disorders including dyslexia, DCD (dyspraxia) ADHD, ASD, speech and language disorders, dyscalculia; and the PG Cert. ADHD and DCD (dyspraxia), at the University of South Wales; the Graduate Certificate in Additional Learning Needs at the University of Wales, Trinity St David's; the MA in Special Needs, University of Nottingham; the MA in Special and Inclusive Education, the MTeach in SEN and the National Award for SEN Co-ordination at the Institute of Education, University College London; the MA SEN at the University of Leeds.

There are generally reported to be more women than men on these postgraduate courses. Students are usually self-funded, unless they have been granted a scholarship (e.g. from the National Scholarship Fund for Teachers[121]) or their school/educational authority has assisted with fees. Demand for these courses is reported to be high, particularly at universities in England with a large proportion of international students, and several institutions are looking to expand the number of places offered.

[121] This is available in England only.

Occupational therapy

Initial training for occupational therapists is a university-based pre-registration education programme, followed by registration with the HCPC. There are a range of OT courses accredited by the College of Occupational Therapists (COT) and approved by the HCPC in the UK (COT, 2015a). Most courses are BSc (with Honours) degrees, although postgraduate diplomas and Masters degree (COT, 2013) are also available. Examples in Wales include a three year BSc Honours Degree in Occupational Therapy at Cardiff or Glyndŵr University, or a two year pre-registration Diploma in Occupational Therapy at Cardiff University.

Most students are women and Welsh institutions recruit mainly students from Wales. Funding for some of these places is provided by the Welsh Government, through HEFCW and the remainder are self-funded. Trainee occupational therapists are not paid a bursary or a salary. Demand for places is high[122] and there are no specific workforce related conditions such as a commitment to work in Wales.

Occupational therapy support workers (also known as OT assistants, rehabilitation assistants or technical instructors) support registered OTs. There is no mandatory initial training but they might, for example, work towards level 2 or 3 qualifications in Healthcare Support Services or Clinical Healthcare Support (COT, 2015b).

Occupational therapists are required to undertake (and log) their CPD in order to maintain their registration with the HCPC. This is organised by OT services, often as part of staff supervision and management. The degree of structure appears to vary across health boards, with some reporting very formal arrangements and others reporting looser arrangements.

The College of Occupational Therapy provides advice and support or occupational therapist wishing to return to work (COT, 2010). ‘Return to work’ processes are well

[122] For example, one institution reported it had 140 applicants for 20 places in 2014.

established in most health boards (subject to need/demand); for example, one health board described how they can support the registration of occupational therapists who have been working overseas, by giving them honorary contracts that enable them to work in Wales again.

Speech and language therapy

Initial training for speech and language therapists takes the form of a university-based three-or four-year degree course, followed by registration with the HCPC. There are currently eighteen universities and colleges[123] in the UK offering recognised SALT courses, including Cardiff Metropolitan University (the only provider in Wales) (Royal College of Speech and Language Therapists, 2015).

Trainee speech and language therapists are funded by the NHS WEDS[124]. The tuition fees of students on the BSc (Hons) in Speech and Language Therapy at Cardiff Metropolitan University are paid by the NHS bursary scheme[125]. All students receive a non-means tested grant of £1000. An overwhelming proportion of students tend to be women. Places on the course are commissioned by WEDS, on the basis of projected NHS staffing requirements provided by SALT managers across Wales. This is intended to balance places with future demand. There are no specific workforce related conditions such as a commitment to work in Wales. There are no changes expected.

The undergraduate course at Cardiff Metropolitan University is being reviewed by the university and by WEDS, to explore the possibility of changes to clinical placements and

[123] Birmingham City University; Cardiff Metropolitan University; Queen Margaret University; University of Strathclyde; Leeds Metropolitan University; DeMontfort University; Leicester City University; London University College London; University of Manchester; University of Newcastle-Upon-Tyne; University of East Anglia; University of St Mark and St John, Plymouth; University of Sheffield; University of Ulster; University of Essex; Canterbury Christ Church University and University of Greenwich (RCSL, n.d).
[124] "Working on behalf of NHS Wales, the Welsh Government and education providers, WEDS supports the service in the development of a workforce with the skills and competences to meet the demands of modern day healthcare" (NHS Wales, 2015).
[125] http://www.nhsbsa.nhs.uk/Students/Documents/Students/Bursary_Brochure_October_2014-15_(V2)_11.2013.pdf

to offer post registration education qualifications. WEDS has requested an increase in the number of places, from about 30 to 36 in previous years to 44 for 2015 entry, and they have suggested that this increase is likely to be maintained in the medium term. WEDS has also requested that we review the duration of the course, exploring the possibilities for, and effects of, reducing it to three and a half or three years.

There are no mandatory qualifications for SALT assistant practitioners. They may study NVQ or BTEC qualifications or a foundation degree course (ibid.).

Speech and language therapists are required to undertake (and log) their CPD in order to maintain their registration with the HCPC. CPD is integrated into staff supervision and development: examples include shadowing and external and in-house training and courses. One health board (Hywel Dda) reported joint training with education around autism. There are no examples of formalised joint training in the other two health boards although there are examples of more informal joint training.

'Return to work' processes are well established in most health boards, albeit subject to vacancies; for example, one health board offers paid "keeping in touch" days and can provide induction, external and internal training opportunities for returning staff.

Physiotherapy

Initial training for physiotherapists is a three or four year undergraduate degree (in physiotherapy) which enables registration with the HCPC and membership of the Charted Society of Physiotherapy (CSP) (if the under-graduate course is accredited by the CSP). 36 UK universities offer accredited courses, including Cardiff University (CSP, 2015).

The fees for students from the UK and European Union (attending the course at Cardiff University) are paid by the Welsh Government, who commission around 90 trainee

physiotherapists each year. Students are also eligible for a non means-tested bursary of £1,000 and possibly up to a further £5,000 in means-tested bursaries.

The majority of students (around 70 percent) on the Cardiff University course are women. Competition for places is extremely high with around 700 applications for 250 places in 2014.There are no workforce related conditions such as a commitment to work in Wales

Dietetics

Initial training for dieticians is a three or four university undergraduate course (BSc) or a two year post-graduate course (Postgraduate Diploma (PgDip) in dietetics or a Masters (MSc) qualification in Dietetics) accredited by the British Dieticians Association (BDA, 2015). Fourteen universities in the UK offer undergraduate and/or post-graduate courses, including Cardiff Metropolitan University. Tuition fees for the undergraduate course are funded by WEDS and students can apply for a means test bursary (ibid).

Dieticians are required to undertake (and log their) CPD in order to maintain their registration with the HCPC.

Clinical psychology

Initial training for psychologists is a three or four university-based under-graduate course accredited by the British Psychological Association (BPA) or a post-graduate conversion course or post-graduate training programme (BPS, n.d). These are offered by a wide range of universities in the UK, including all Welsh Universities.

Trainee psychologists are paid a salary by the LHB. This is not expected to change in the next five years and there are no workforce related terms and conditions.

Psychologists are required to undertake (and log their) CPD in order to maintain their registration with the HCPC[126]. CPD arrangements were reported to be effective and well structured in the two health board psychology services in the study. One reported that pressures on budgets was constraining CPD. No formal joint working was reported although this was identified by one service as an area they would like to develop.

'Return to work' processes are established (albeit subject to vacancies) and include, for example, opportunities to work part time.

Psychiatry

Initial training for psychiatrists includes a medical degree (usually five years), two years of foundation training at medical schools, and a further six years specialist training (Royal College of Psychiatrists, 2015). Once registered on the General Medical Councils' specialist register, they are expected to undertake CPD in order to demonstrate their "fitness to practice".

Psychotherapy and counselling

There is currently no mandatory initial training for psychotherapists and counsellors, although the British Association for Counsellors and Psychotherapists recommends introductory courses followed by a one year Diploma in Counselling and Psychotherapy (BACP, 2015). Psychotherapists and counsellors are not regulated by the HCPC and there are no mandatory CPD requirements.

Child and Adolescent Mental Health Services (CAMHS)

A range of professionals work within CAMHS teams, including:

- psychologists;
- psychotherapists;

[126] http://www.hpc-uk.org/registrants/cpd/

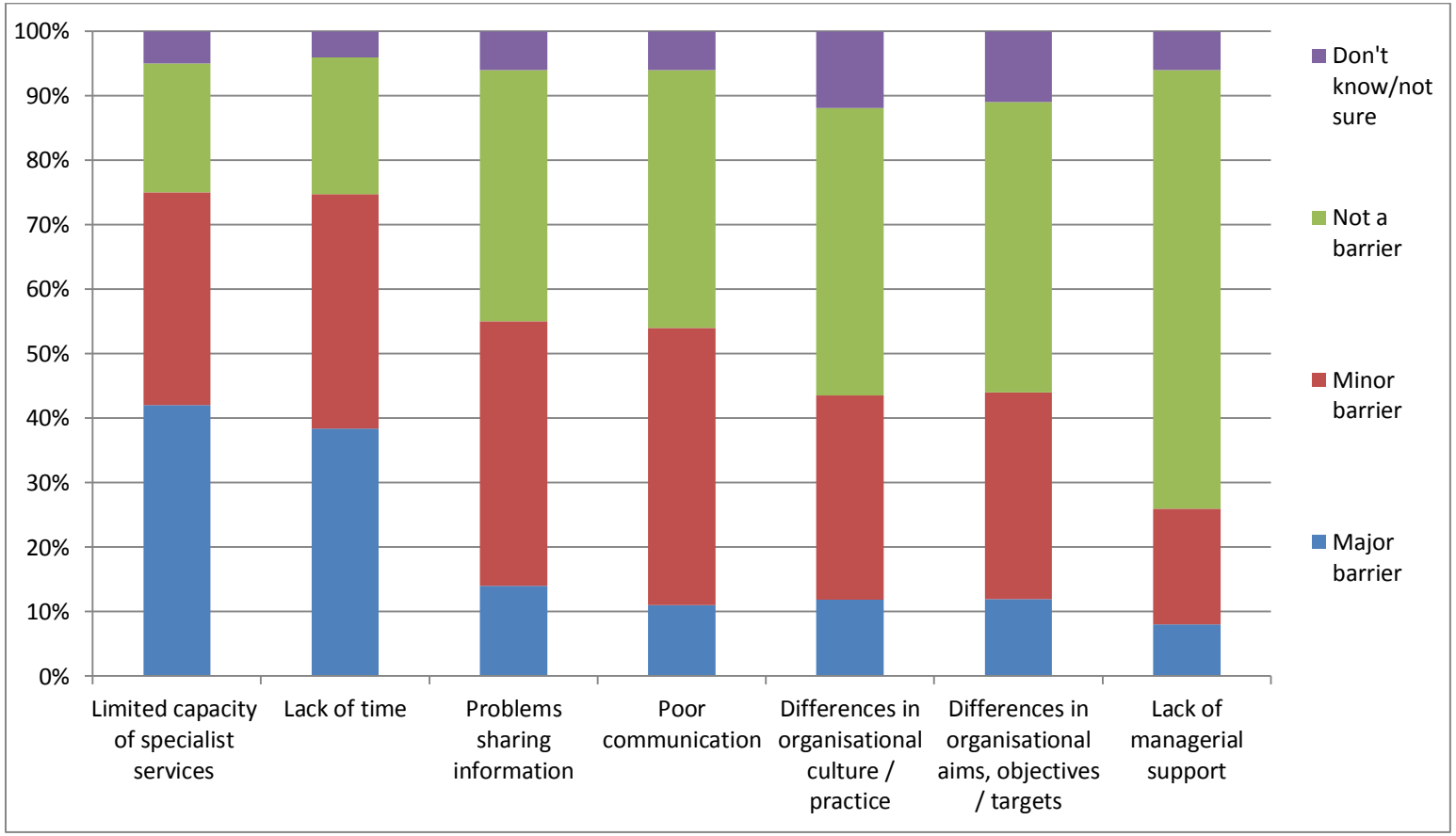
- family therapists;
- child and adolescent psychiatrists;
- nurses; and
- social workers

Initial training for psychologists, psychotherapists and psychiatrists is described above. Many family therapists are trained as psychologists or psychotherapists. The University of Wales was identified in interviews as offering a Diploma in Child and Adolescent Mental Health. The University of South Wales also offers an MA course in Child and Adolescent Mental Health.

CPD requirements vary depending upon the profession/specialism. The CAMHS services included in the study reported that there was no joint (cross-disciplinary) training.

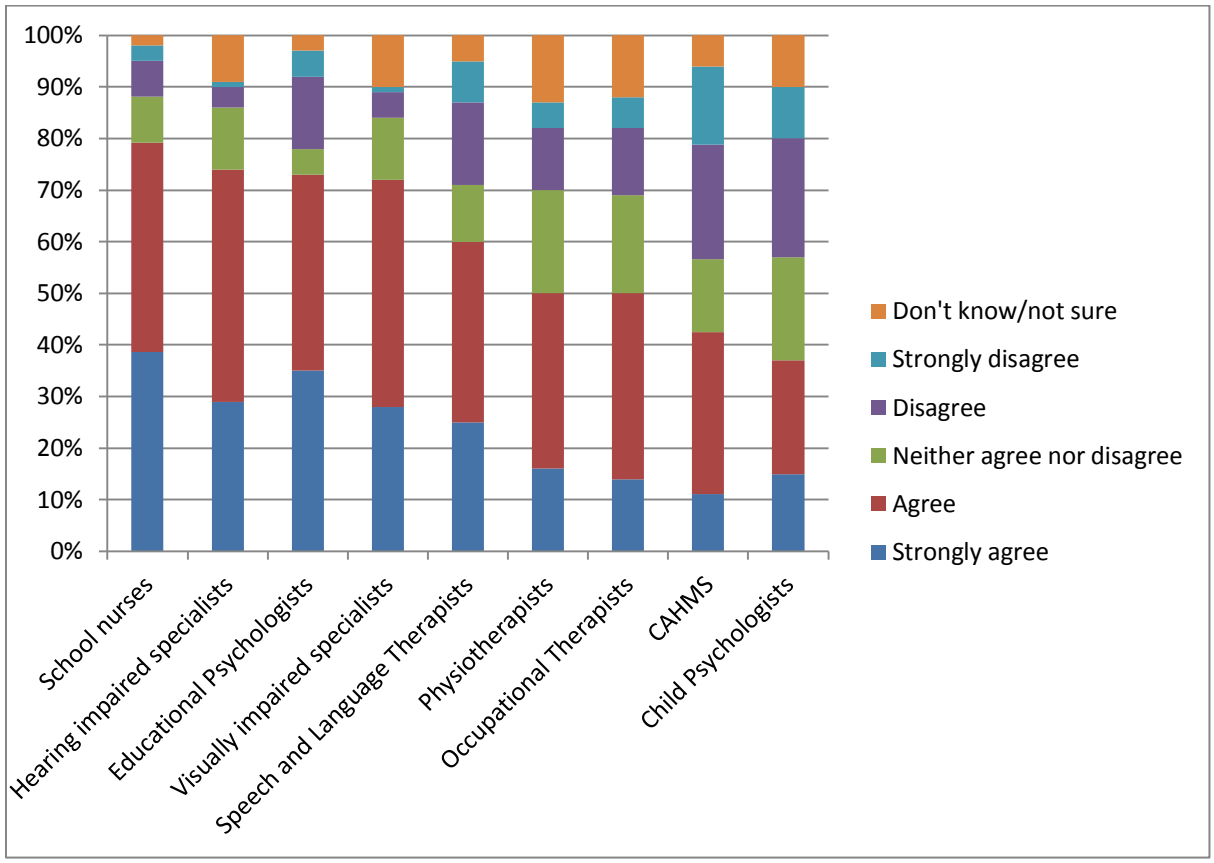
Appendix 6: Results from the PWU special educational needs education workforce survey 2014

Figure 10: barriers to the co-ordination of specialist services. Responses from school leaders and SENCos to the question, "are any of these factors a barrier to the co-ordination of specialist support or children and young people with SEN in your setting?"



Source: PWU General education workforce survey 2014, number of responses=457

Figure 11: responses from school leaders and SENCos[127] to the question, "when needed my setting is able to access sufficient support from..."



Source: PWU SEN education workforce survey 2014, number of responses=467

[127] These include ALNCos.