draft guidance on partnership working between allied health professions and education

working together to improve outcomes for children and young people

consultation document

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Consultation Draft November 2009

Schools Directorate
Chief Nursing Officer Directorate

The Scottish Government, Edinburgh 2009

Consultation Information

This draft document has been produced for consultation by the Scottish Government. We are keen to hear your views on a range of aspects of the guidance and have produced a consultation response form at the back of this document for this. This includes some questions on specific aspects which we would like you to consider. Please also provide us with any other relevant comments. The deadline for consultation responses is 4 February 2010. These should be returned with a consultation response form to:

Nicola Robinson
Support for Learning Division
Scottish Government
Area 2 B South
Victoria Quay
Edinburgh
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You may also email your response to Nicola at Nicola.robinson@scotland.gsi.gov.uk but please ensure that you provide all of the information requested in the consultation response form to ensure your response is dealt with appropriately.

Thank you

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INTRODUCTION

This guidance has been written to help school staff and allied health professionals (AHPs) to work more effectively as partners supporting children and young people. The guidance itself is the result of extensive partnership working. It has been drawn from the experiences of parents and practitioners across Scotland who work in partnership to improve outcomes for children and young people with additional support needs. The guidance is needed because many of the parents and practitioners are saying that there is room for improvement in partnership working. This message was also clear in the HMIE report on the implementation of the Education (Additional support for learning (Scotland) Act 2004 (HMIE, 2007). The report identifies ways in which the Scottish Government, authorities and schools can take action to improve the quality of partnership working between agencies. It also says that that there is a need to plan support services more clearly and improve opportunities for joint training of education staff and partner agencies. The allied health professions children's services action group, established by the Scottish Government, continued to identify barriers to effective partnership working. As a result the partnership working project was established jointly between the Scottish Government chief nursing officer directorate and schools directorate.

Partnership working however is not an end in itself. The purpose of this guidance is in line with the overall purpose of the Scottish Government. That is:

"To focus government and public services on creating a more successful country, with opportunities for all of Scotland to flourish, through increasing economic sustainable growth".

The focus is on outcomes rather than processes. This guidance therefore aims to improve outcomes for children and young people by improving partnership working. We can improve partnership working by evaluating where we are and identifying how we need to improve. The structure of the guidance supports this process of identifying strengths and areas for improvement. The first two sections look at leadership and processes. In each section we have identified what is considered to be good practice, issues to consider and signposts for improvement. Good leadership and effective processes enable partners to contribute to better outcomes for children and young people. The final section therefore focuses on impact and outcomes for children and young people. The guidance is offered to NHS staff and local authority staff as a way of benchmarking their own practice and evaluating together how effective their partnership working is at bringing about improvements for children and young people.

The work of the project team has been directed by a steering group which involves practitioners from education, health and other related policy areas within the Scottish Government. This written guidance is a summary of extensive engagement with parents, children and young people, practitioners in health and education, voluntary organisations and policy colleagues in Scottish Government. During this engagement we encountered many examples of good practice which are worth sharing across the country.

These examples and many other related resources are available on the web site related to this publication. In addition, the web site contains examples of current practice, evidence from research on partnership working and resources for continuing professional development. www.linktowebsite.gov.uk

SECTION 1: WHAT WE DID…

What we did: Evidence base of visits and meetings undertaken to identify the issues and current good practice

The *Guidance on partnership working between allied health professions and education* has been written following extensive engagement with service providers and service users.[1] In order to identify current good practice, as well as issues and needs, the project team spent time listening to and discussing issues with a broad range of practitioners, managers, parents, children and young people. The guidance focuses on partnership working between practitioners but recognises the importance of parents playing a key role in successful partnerships.

Between September 2008 and June 2009 the project team visited 29 out of 32 local authorities across Scotland. Education staff responsible for additional support needs attended the meetings with local authorities. The project team also met with allied health professionals from all 14 NHS Health Boards in Scotland. AHP groups largely consisted of speech and language therapists, physiotherapists and occupational therapists. This is because the Guidance is most relevant to AHPs working with education. We spoke to and listened to managers and clinicians working with children and young people in mainstream and special schools. We arranged meetings with AHPs who worked in most education authorities. These meetings with AHPs gave us a more accurate picture of the service provided by health to individual local authorities. In most instances we met with AHP and education staff separately to enable open discussion, however in some instances meetings were joint.

We arranged follow up meetings during 2009-2010 with a sample of local authorities in order to engage with classroom teachers and classroom support staff. We also spoke to head teachers. In addition, we visited three of the eight Scottish Government grant-aided special schools where we met with AHPs and teaching staff. We met with parent groups and individual parents throughout the two year period. We also consulted voluntary organisations representing parents of children and young people with additional support needs. We asked young people who were supported by AHPs in schools about their experiences.

[1] We have anonymised all references to groups and individuals in this guidance.

NHS Boards	14 Health Boards
	25 AHP groups & 6 individual AHPs
	4 networks of managers
Local authorities	29 groups
School staff	15 groups
Grant aided special schools	3
Parents, children and young people	13 groups & individuals
Other stakeholders	17 organisations

The purpose of the meetings was to hear what education staff, AHPs, parents and young people consider to be best practice in partnership working. We also wanted to hear about what the challenges to successful partnerships are and how national guidance might promote and support partnership working in the future. In addition we asked practitioners how partnership working makes a difference to outcomes for children and young people.

Over the two years of the project we also met regularly with colleagues from Scottish Government working in related policy areas. This included Curriculum for Excellence, Additional Support for Learning, Positive Behaviour Team, Getting it Right For Every Child (GIRFEC), Early Years, Parental Involvement, Single Outcome Agreement colleagues, National Continuing Professional Development team, Mental Health, Health and Wellbeing in schools project. The project also consulted with a broad range of relevant stakeholders. This included the AHP Children's Services Action Group, AHP Therapy Managers' Networks, AHP Directors and Leads, Her Majesty's Inspectorate of Education (HMIE), Learning Teaching Scotland, NHS-Quality Improvement Scotland, NHS Education for Scotland, the Additional Support Needs Tribunal for Scotland and Children in Scotland. The project consulted with academic colleagues form Queen Margaret University, Strathclyde University, Aberdeen University, Scottish Teacher Education Committee (STEC) and Communication Aids for Language and Learning (CALL) Scotland based in Edinburgh University. We also consulted with professional bodies including the, Chartered Society of Physiotherapists, College of Occupational Therapists, Royal College of Speech and Language Therapists and the Educational Institute of Scotland.

SECTION 2: WHAT WE FOUND: FEATURES OF GOOD PRACTICE

2.1 LEADERSHIP

"Leadership takes place every day. It is neither the traits of the few, a rare event, or a once-in-a-lifetime opportunity. …Every time we face a conflict among competing values…we face the need to learn new ways."
Heifetz (1994).*Leadership without easy answers*.

"Leadership is central to improving performance, redesigning services and securing better outcomes for the people of Scotland."
NHSScotland (2007) *Better Health, Better Care: Action plan*

> "Leaders of excellent schools align all the school's processes to focus on improving learning and relationships. They listen to and value people."
> **HMIE (2006)** ***The Journey to Excellence***

> **"**AHPs have a tremendous range of unique and distinctive skills at their disposal, as well as organisational and managerial capabilities. But they don't need to have the word "leader" or manager in their title to exercise leadership or influence change. Leadership can and should be exercised at every level."
> **Scottish Executive (2002)** ***Building on Success. Future Directions for the allied health professions in Scotland***

> "Leaders across partner organisations have developed a supportive working environment in which people share a sense of responsibility to improve the quality of services."
> **HMIE (2006) QI 9.3 Leading people and developing partnerships.** ***A Guide to evaluating services for children.***

> "As well as the leadership challenge we have as individuals and as leaders of teams, there is also the wider leadership challenge around managing stakeholder relationships... This will include building and improving the various professional and specialist groups and working to understand the roles and the interdependence, creating effective relationships through effective partnership working."
> **Fiona MacNeill Associates (2008).** ***Change Weavers Leadership Development Programme.***

Personal responsibility for leadership

Partnership working requires leadership at all levels and across services. In order to make partnership working effective, leadership needs to be the responsibility of everyone. To overcome the challenges involved in partnership working, all professionals take personal responsibility for continuing to focus on the purpose and outcome of partnership working. The purpose is to deliver better outcomes for children and young people with additional support needs. The challenges to partnership working are more likely to be addressed effectively where there is a shared commitment to delivering a better service to children and young people.

Professionals from different backgrounds with different ways of working are more effective when they agree a common purpose. This purpose involves combining human and material resources to achieve more together than can be achieved alone. When all staff are clear about this purpose and act in a way that achieves it, then they are exercising leadership. Those within organisations who have positions of authority have responsibility for creating a context and an ethos where staff can work together effectively. In turn this also means recognising each others' leadership role rather than relying on job-titles and positions of authority. A support assistant in a class may be the key figure in following up on the work of a physiotherapist for example. The support assistant exercises an effective leadership role when he or she follows up on the programme set out by the physiotherapist. Equally the speech and language therapist may have the lead role in coordinating the support for a pre-school child. The speech and language therapist in this case

will take the lead in supporting nursery staff to encourage language and communication development.

Relationships, communication and interpersonal skills

Creating an ethos of respect and mutual understanding between different professions is a pre-requisite for partnership working. In practice then, leadership is about focusing all activities on delivering an effective service to children and young people. In order to do this, excellent communication is required from practitioner level to the strategic planning level. This includes communication across agencies and with service users, particularly parents. Effective communication helps develop good quality relationships which reflect a genuine regard and respect for each other's contribution to supporting children. For example, there needs to be good communication within the school about the basics such as when a visiting allied health professional will be in the school. In this way, if a child is absent, school staff contact the allied health professional to avoid a wasted journey.

What you said…

"It really helps to get things done when everyone shares aspirations and desires" (Local authority)

"Good leadership skills and a can-do attitude really help. Then we can give a pro-active rather than a reactive attitude to such challenges as early intervention, transition planning and school placements" (Local authority)

"I think we need better leadership to be able to change our traditional ideas of what we are here to do and how we can best help children" (Allied health professional)

"It is hard when trust and respect are lacking. This suggests to me that good leadership in all of us as individuals is the problem." (Allied health professional)

"Schools which have a welcoming ethos help partnership working greatly" (Allied health professional)

"It is essential that we have good leadership so that we walk the talk" (Allied health professional)

"I want to feel that the head teacher is in control of this complex framework – sometimes I feel that I'm having to double check the school have done what they've said they will do." (Parent)

Issues to consider

1. To what extent are allied health professionals and education professionals motivated by the same vision of what they want children and young people to achieve?
2. Where are the greatest challenges to effective partnership working?
3. How can these challenges be met by effective leadership and shared vision?

4. What are the interpersonal skills which lead to effective partnership working?
5. What is effective communication in the context of partnership working?
6. Does your organisation have in place processes and opportunities for honest discussion and open feedback regarding leadership behaviours?
7. Does your organisation give due prominence to personal leadership and interpersonal skills within performance review and appraisal systems?

Signposts for improvement. Education and allied health professions can improve the quality and effectiveness of their leadership by:

1. Taking account of the importance of good relationships and interpersonal skills.
2. Understanding and respecting the roles of parents and of each professional and the demands of that role.
3. Ensuring there is a consistent and shared vision about what partners want children and young people to achieve.
4. Developing good communication across agencies at every level.

2.2 PROCESSES AND THE DELIVERY OF SERVICES

1. UNDERSTANDING ROLES

> "…while we are becoming clearer about the social and biological causes of health inequalities, we know less about what effective intervention looks like. As such, there is a need to adopt a developmental approach to the problem, which allows practitioners to learn from each other." **Scottish Government (2008) *Equally Well*, Volume 2.**

> "Making the most of bringing together each worker's expertise: respecting the contribution of others and co-operating with them, recognising that sharing responsibility does not mean acting beyond a worker's competence or responsibilities."
> **Values and Principles of GIRFEC**

> "By working in partnership with professional colleagues, [AHPs] can help to overcome perceived boundaries between services and organisations, developing ways of working that will be of benefit to patients and people who use our services"
> **Scottish Executive (2002) *Building on Success. Future Directions for AHPs***

Effective partnership working is built upon a clear understanding of roles. Increasing clarity and agreement about roles and responsibilities increases understanding, and leads to mutually supportive relationships. Clear remits, lines of communication and accountability characterise successful approaches to partnership working. Allied health professionals explain their roles in a variety of ways. They mainly do this at the point where the need for their service is being discussed. For example this might be when discussing the range of support an AHP might offer a school. The AHP might also explain his or her roles at an initial assessment appointment when an AHP is discussing support for the child with a parent. Other methods for

communicating roles include leaflets, websites, information in parent newsletters, staff bulletins, and other guidance or policies. Allied health professionals also communicate how their role fits with that of others, for example, class teachers, support assistants, educational psychologists, social workers and other health professionals.

In turn, education staff with a specific role to play need to be clear with AHPs what that role is. For example, pupil support coordinators in schools may operate differently from school to school depending upon the context of the school. It is important therefore that the school pupil support coordinator and the AHP have a shared understanding of each other's roles. The appropriate manager in a school also needs to be clear what the role of school based support staff is. For example, support assistants often continue programmes set by physiotherapists, occupational therapists or speech and language therapists. It is helpful for all, school staff and AHPs, if there is clarity of roles so that therapists know what they can expect a support assistant to do in the school.

Understanding the universal, targeted, and specialist roles of allied health professionals

AHPs' work with partners to support children and young people includes a range of options which are sometimes referred to as universal, targeted and specialist support roles. Many AHP services across Scotland refer to this as the *Care-aims* approach (Malcomess, 2009). This approach encourages AHPs to redefine the scope of their practice beyond the concept of input or tasks. They do this by focusing on how their role helps them achieve outcomes and why they are intervening. A more child-centred focus allows AHPs to think how they may anticipate and prevent difficulty early, how they may build capacity in services to do so, and who they should be targeting due to vulnerability and risk. Beyond the universal and targeted roles, AHPs identify the provision that is needed for those children who need direct access to specialist assessment and intervention. Support for the child or young person may be through direct work, either one to one or in a group, or it can be through indirect work with parents or education staff. It is important that parents and education staff understand why some support is best carried out indirectly.

The universal role enables AHPs to benefit all children in a particular setting. An example of this universal role is where a speech and language therapist supports language development in the early years through a training course for nursery and early primary teachers. In this way, if a head teacher contacts a speech and language therapist and asks for a child to be referred due to their immature speech and language development, it might be that rather than individually referring each child for an assessment, a programme of staff development is a more effective use of time. A two hour staff development session meets the health needs of a larger population of children without the need for referral. AHPs and education staff work together to build the key skill of communication in line with *Curriculum for Excellence*. Targeting a recognised vulnerable group at risk of later literacy, learning and communication difficulties in this way, enables a known factor in health inequality to be tackled. Addressing potential health inequalities in an integrated and anticipatory way improve outcomes for children as recommended in *Equally Well*, the Scottish Government's programme for reducing health inequalities across Scotland.

As well as training and continuing professional development opportunities there are other elements of AHPs' universal role. These other elements include consultation with education staff, advising on programmes which education might use to improve coordination skills. The universal role enables AHPs to provide support to children without the need for referral, sometimes known as pre-referral, in line with education staged-intervention models.

The targeted support role is where the AHP focuses on a vulnerable group of children and young people. However, this does not necessarily require the child to be referred to a health professional. For example, children identified with a delay in developing good coordination skills may be supported by an occupational therapist offering the school ideas on movement skills that can be incorporated into a physical education programme by the class teacher. AHPs are also well placed to offer strategies to school staff on improving coordination and fine and gross motor skills. Many skills in children are best developed within a group setting with the child's peers and friends, capitalising on their enjoyment of group learning. Often children learn more effectively as they set about their everyday tasks within the learning-rich environment of school or home. Practising skills introduced by the AHP in these real life contexts helps reinforce new learning and development. Children can practise organisational skills, listening, co-ordination and communication in real life settings away from one to one therapy. In the targeted role AHPs equip education staff with the skills they need to support children with confidence throughout the school day. This is more likely to result in better outcomes for children.

The specialist role of an AHP is where a specific intervention is required and an individual child or young person is referred to a particular service for assessment and intervention as required. This enables an AHP to focus on developing specific skills as the most appropriate practitioner for the task. The specialist role is the one most often associated with an AHP and expected by partners. However, it may not always be the appropriate role. The universal and targeted role may benefit more children and raise the overall level of skills within education so that teaching staff are better able to meet the needs of a broader range of children and young people. Thinking of the roles of AHPs as universal, targeted and specialist in this way allows AHPs to support children and young people, education staff and parents more effectively. It also means AHPs make the best use of their time and their contribution has greater impact. The universal, targeted and specialist roles are outlined in more detail in Appendix 1.

What you said…

> "If you don't appreciate what help you can ask for then you won't involve those people who can help a lot" (Local authority)

> "Because we spend more time supporting teachers with their continuing professional development, one of the pay-offs is that we have a much better understanding of what we all do" (Allied health professional)

"Therapy services should know that parents do trust and welcome less direct means of intervention such as training with school staff, so long as they have been told why" (Voluntary organisation)

"It is everyone's responsibility to communicate what their role is - not for others to try and work it out. This applies to parents too – we must help them understand." (Allied health professional)

"It's vital that therapists are very clear from the start what options are available" (Teacher)

" I think that therapy is best when it's linked to the curriculum and is really relevant to classroom practice and I think the school will do their best to support my child, but know they need, and my child needs, the help of a specialist." (Parent)

"It's vital that education staff understand the key role therapists have in supporting education through indirect work that can be highly effective and that means taking up opportunities for CPD, meeting with them and valuing their input." (Voluntary organisation)

Issues to consider

1. What is your experience of the various roles of allied health professionals in addition to direct work with children and young people?
2. What are the advantages of an allied health professional building skills and knowledge among education staff rather than working directly with a child?
3. In what circumstances might indirect work be more effective than direct therapy?
4. What is the role of the class teacher in partnership working with allied health professionals?
5. How confident are you that roles are clear to parents, children and young people and how do you know?
6. Taking account of the different ways AHPs work, is there an appropriate balance in the current working arrangements for AHPs? (Universal, targeted, specialist roles detailed in appendix 1)

Signposts for improvement. Education and allied health professions can improve the quality and effectiveness of their partnership working by:

1. Ensuring that allied health professionals, education staff and parents are all clear about each other's roles in supporting the child or young person.
2. Raising awareness of the value of indirect work such as training for education staff and parents.
3. Ensuring there is a shared rationale for indirect work so that this is not seen as a second best option for the child or young person.
4. Developing skills and knowledge within the education system through training, awareness raising, modelling and shadowing for education staff and parents.
5. Considering an enhanced knowledge of other professionals' roles as part of an individual's wider continuing professional development.

2. JOINT STRATEGIC PLANNING

Allied health professionals and teachers may take the view that the single outcome agreement is not entirely relevant to their daily activities. However, leadership at an operational level is supported by effective communication at strategic level. Single outcome agreements are prepared by the Community Planning Partnership and detail the highest level outcomes expected in a local area. Single outcome agreements are the means by which Community Planning Partnerships agree their strategic priorities for their local area. These are expressed as outcomes to be delivered by partners clearly showing how their individual contribution supports the Scottish Government National Outcomes. Community planning is a process which helps public agencies to work together with the community to plan and deliver better services in their area. All planning at every level below the single outcome agreement needs to be in line with and contribute to the outcomes identified in the single outcome agreement. The Scottish Government and local government share an ambition for the outcome focused planning and delivery of public services in Scotland.

Senior managers in health and education with responsibility for service delivery can support effective partnership working if they themselves communicate effectively. This includes the expectation that there will be at least an annual meeting of the relevant service managers. This meeting will set the context for service level agreements at school level and address any areas of concern. This includes agreeing a consistent approach to addressing the challenges which emerge as a result of difficulties in filling posts and dealing with temporary reductions in service. Individual service managers may seek the views of colleagues in their own service prior to such meetings. In this way they can jointly reflect on and evaluate the effectiveness of partnership working. It is at this level that financial issues are likely to be addressed. In financial matters, services need to focus on the best interests of the child and ensure that inter-service financial arrangements adhere to the principles of *Getting it right for every child* and best value.

Service level agreements between education and health may be used to ensure all service providers are clear about expectations. *Quality Management in Education (QMIE2)* states that “To fulfil the requirements of Best value and to conform to accepted good practice, there must be mechanisms in place to link leadership and management decisions to the needs of all learners and the community at large.” Ultimately it is the community planning partnership which identifies the priorities and actions to improve outcomes in a local area. The community planning partnership produces the single outcome agreement which is the key mechanism for bringing local partners together to identify priorities and actions to improve outcomes. Local service level agreements between education and health need to be set within the children’s services planning process and link into higher level strategic priorities such as reducing health inequalities and raising attainment. Genuine collaborative advantage allows good partnership working at operational level to influence joint strategic developments.

What you said…

> "Partnership working is good when there is mutuality whereby everyone is responsible for the child's development and it's not a case of handing over responsibility." (Local authority)
>
> "We meet termly with the speech and language therapy service manager to review our service level agreement. It stops little things becoming major headaches." (Local authority)
>
> "The differences in boundaries between health and education complicate things. We need to be really focused at a strategic level." (Allied health professional)

Issues to consider

1. How does planning at a strategic level support activities at an operational level?
2. How do senior managers in education and the relevant AHP managers in health review the effectiveness of partnership working and service delivery?
3. Are financial arrangements efficient and do they represent best value so that partners can deliver the best service possible to children and young people?
4. How aware are staff of the ways in which their activity contributes towards achieving the higher level strategic objectives of their organisation?

Signposts for improvement. Education and allied health professions can improve the quality and effectiveness of their strategic planning by:

1. Ensuring there is a consistent and shared vision about what partners want children and young people to achieve.
2. Developing good communication at strategic level across organisations.
3. Ensuring that planning at local level articulates with the priorities set out in the single outcome agreement by the community planning partnership.

3. JOINTLY PLANNING THE DELIVERY OF SERVICES AT SCHOOL LEVEL

At the level of individual schools, the partnership between AHPs and schools is made more effective when the partnership working is discussed at the start of the school year and minuted or set out in a service level agreement. Schools are clear then what level of service they can expect and allied health professionals work within their agreed remit. The discussion which takes place to clarify the service to be provided also helps AHPs and education staff to understand the limitations within which each operates. It is considered good practice to have a meeting at the start of each new session involving the person responsible for managing additional support needs in school and the relevant allied health professional. The purpose of this is to discuss individual children and young people and broader strategic development opportunities. Dates for further planning and review meetings for individual children can be negotiated at this point with allied health professionals. A meeting like this at the start of a school year is useful to agree expectations and plan the year ahead. The meeting will also clarify who the named contact is for the AHP within the school. This meeting will also make it clear who the AHP's line manager is and how to make

contact if this is required. For example, a frequent cause for concern in schools is the absence of an AHP. In such cases it is important to maintain a culture of openness and dialogue around difficulties in filling vacancies or dealing with temporary reductions in service.

The meeting at the start of the school year may include a summary discussion about the children and young people the service is working with and possible new referrals. This is also a useful point to discuss how the AHP can support the school improvement process through continuing professional development for staff. Arrangements for the times when an allied health professional is not available to attend a meeting are discussed. It is also useful to make clear arrangements at this point for times when meetings have to be re-arranged or when a child or young person is absent and due to meet with the allied health professional.

It is also useful when negotiating the school-AHP service level agreement to make practical arrangements. This includes arrangements about accommodation and other requirements for allied health professionals during school visits. It is recognised that flexibility and negotiation may be required. The welcoming tone for visiting specialists is set by the head teacher and senior managers in the school. Senior managers in school value the support for children and young people which is offered by allied health professionals and view them as part of the school's extended additional support team. It is also important to have a named contact person in the school who takes responsibility for liaising with the allied health professionals.

What you said…

> "The head teacher's attitude is pivotal to successful partnerships. The head teacher establishes a school ethos of welcoming and valuing the allied health professionals" (Allied health professional)
>
> "Allied health professionals try to timetable themselves in our school so that we can have meetings easily. We meet termly to plan for every child in our school. In fact we can issue our calendar of review meetings at the start of each year". (Teacher)
>
> "Lack of notice when a child is absent can really be a time waster. When you have a set time to visit a school…it is a problem when a room is not available when you turn up" (Allied health professional)

Issues to consider

1. What is the value of a written record of agreement between the school and the AHP?
2. What are the challenges and benefits in planning for the session ahead, both for allied health professionals and for school management?
3. What are the issues that need to be addressed during the meeting at the start of the session in your context?
4. How will a discussion and service level agreement help if significant concerns arise on either side?
5. Is there a clear link between the service level agreement at school level and the more strategic level of planning between health and education?

Signposts for improvement. Education and allied health professions can improve the quality and effectiveness of their joint service delivery by:

1. Agreeing the broad structure of service delivery between the allied health professionals and the school at the start of a school session.
2. Addressing practical issues at the start of the school session including a place to work; arrangements for occasions when meetings are cancelled or an allied health professional is unable to attend; arrangements for occasions when a child or young person is absent from school.
3. Ensuring that allied health professionals have a named contact in the school.
4. Ensuring that the named contact in school knows the line manager of the AHP and how to make contact.
5. Recognising the challenges and limitations within which each service operates.

4. JOINT PLANNING TO MEET THE NEEDS OF INDIVIDUAL CHILDREN AND YOUNG PEOPLE

> "The *Getting it right for every child* approach is about how practitioners across all services for children and adults meet the needs of children and young people, working together where necessary to ensure they reach their full potential. It promotes a shared approach and accountability that: builds solutions with and around children, young people and families; enables children and young people to get the help they need when they need it; supports a positive shift in culture, systems and practice; involves working together to make things better." **Getting it right for every child (GIRFEC)**
>
> "Children's and young people's learning in health and wellbeing benefits strongly from close involvement with children and young people and their parents or carers and partnership between teachers and colleagues such as home link staff, health professionals… Partners can make complementary contributions through their specialist expertise and knowledge." **Scottish Government (2009) *Curriculum for Excellence. Health and wellbeing across learning: principles and practice.***
>
> *"Curriculum for Excellence* can best be delivered through partnership working. All establishments should work with partners and share a common understanding and language around skills development and application. Together, they should plan and deliver learning and other experiences which meet the needs of individual children and young people." **Scottish Government (2009) *Building the Curriculum 4***
>
> "The period between pregnancy and 3 years is increasingly seen as a critical period in shaping children's life chances… A particular challenge will be achieving the right balance between a core universal programme and a much more targeted programme that provides a level of quality of support that is capable of improving outcomes." **Scottish Government, (2007) *The Early Years Framework*.**

Planning to meet the needs of individual children and young people takes place within the context of Getting it right for every child (GIRFEC), the *Early Years Framework*, the additional support for learning legislation and *Curriculum for Excellence*. One of the core components of GIRFEC is streamlined planning, assessment and decision-making processes that lead to the right help at the right time for the child. Central to both GIRFEC and additional support for learning legislation is the involvement of the young person and parents in the planning process. HMIE have also produced very useful advice on high quality planning with partners in the *Journey to Excellence* series. *Curriculum for Excellence* can best be delivered through partnership working. AHP and education partners will want to consider the potential for strengthening effective partnerships, especially in relation to delivering the outcomes of *Curriculum for Excellence* for all children and young people. There is considerable scope for AHPs to be involved in *Curriculum for Excellence,* especially in relation to literacy and health and wellbeing experiences and outcomes. AHPs are also heavily involved in ensuring children are meeting appropriate developmental milestones in the birth to three age range.

There is a wide variety of arrangements across the country for planning to meet the needs of individual children and young people. There is however a clear consensus that joint planning at the earliest possible stage is most helpful in meeting young people's needs. Early and good communication between education staff, allied health professionals and parents is more likely to lead to meaningful planning and a meaningful plan for the individual child. It is also more likely that there will be a streamlined approach to planning so that the work of the allied health professional integrates well with learning targets in school. Learning targets are more likely to be reinforced at home if parents have also been centrally involved in planning.

Joint planning addresses the question, *how can we jointly collaborate so that our work together brings about better outcomes for this young person than if we were working individually?* In the best practice, planning results in streamlining so that health and educational outcomes are integrated. AHPs and education staff work jointly on the relevant parts of a young person's individualised educational programme. Where a child or young person meets the criteria for a coordinated support plan, allied health professionals are involved in drafting educational objectives. Joint planning leading to an integrated plan is likely to be more effective and lead to better outcomes than individual professional groups producing their own plan. An integrated plan should also reduce the need for different review processes and so reduce the number of meetings parents, professionals and young people need to attend.

On a practical note, if joint planning is seen as more effective and more efficient, there is a need to ensure that time is available for joint planning. In the best practice, consultation time is made available in schools for staff to meet with allied health professionals and plan jointly. This may not always involve the class teacher directly, but may involve the school's pupil support coordinator. The coordinator may gather the relevant information from class teachers and support assistants and then use this to plan jointly with the allied health professional.

A variety of planning documents and methods are used and it is important to value each may have it's own contribution to joining up work with a child. However wherever possible such plans should be incorporated into one integrated plan.

This key message is reinforced in the revised draft Additional Support for Learning Code of Practice which states that:
"Every opportunity should be taken to ensure that there is an integrated action plan for a child or young person where more than one agency or service is involved and the aim should be to have one plan in line with Getting It Right For Every Child. Such an integrated action plan may be made up of different elements; for example, an individualised educational programme may be included as part of a child's plan for a looked after child, a Profile that links therapy and teaching targets can be included in a CSP. In this way, the professionals working with the child or young person use one integrated action plan with shared educational objectives."

What you said…

"Now that we have so many more children in mainstream schools and have to spread ourselves, it is vital we plan with our colleagues in education" (Allied health professional)

"Our planning for a coordinated support plan has greatly helped our partnership because it is truly consultative and our different priorities are managed within it. By linking a CSP to our decision by thinking of a care aim, we can be clear about our input." (Allied health professional)

"The key to our successful partnership is shared planning from the start" (Local authority)

"Joint planning with the therapists is essential if the child has additional support needs such as speech and language and communication needs. (Parent)

"It was a bit intimidating going into the review meeting with all these professionals but I quickly realised we are all here to help my son and they know that no-one knows him better than me." (Parent)

"I know our targets for children are much tighter now that we plan together." (Allied health professional)

"When I make sure I prioritise being at a planning meeting it always pays off in the long run, saving me time later when I don't need to explain how what I'm doing will help achieve the education targets." (Allied health professional)

Issues to consider

1. How confident are we that we have created a culture which encourages all partners to be involved in planning, including parents and young people?
2. What are the barriers to effective planning and how can we act together to minimise these barriers?
3. Where effective joint planning takes place, are there clear lines of accountability?

4. How close are we to producing a single plan in line with the principles of *Getting it right for every child*?
5. How do we know that joint planning is better than planning separately?

Signposts for improvement. Education and allied health professions can improve the quality and effectiveness of their joint planning by:

1. Ensuring time is available for effective planning and valuing joint planning as a key part of support for the child.
2. Getting involved as early as possible in planning.
3. Ensuring parents are centrally involved in planning discussions and meetings.
4. Having a streamlined process leading to a single shared plan.
5. Being clear about the benefits to children arising from joint planning.

5. JOINT WORKING TO IMPROVE OUTCOMES FOR CHILDREN AND YOUNG PEOPLE

> "The Education (Additional Support for Learning) (Scotland) Act promotes integrated working across agencies, in assessment, intervention, planning, provision and review." **Scottish Government (2009)** ***Draft Code of Practice: Supporting Children's Learning***
>
> "The delivery of intervention requires a team around a child to structure the activities and interaction opportunities of a child's everyday life. It is therefore necessary and appropriate for teams rather than sole speech and language therapists to deliver intervention." **Royal College of Speech and Language Therapists, (2006)**
>
> "Curriculum for Excellence can only be delivered through partnership working. The curriculum should be designed, managed and delivered in such a way that takes full account of each learner's individual needs and stage of development." **Scottish Government (2009)** ***Building the Curriculum 4: Skills for learning, skills for life and skills for work***
>
> "Skills for learning, life and work include literacy, numeracy and associated thinking skills; skills for health and wellbeing, including personal learning planning, career management skills, working with others, leadership and physical co-ordination and movement skills; and skills for enterprise and employability. These skills will be relevant to all children and young people and are the responsibility of all practitioners." **Scottish Government (2009)** ***Building the Curriculum 4: Skills for learning, skills for life and skills for work***

.

> "The evidence for best practice in occupational therapy and speech and language therapy comes from clinical studies which do not necessarily reflect inclusive practice in schools within the prevailing educational climate for the management of additional support needs." **Forsyth, Law, Maciver, Bremner, Adamson and Nash (2009)** ***CIRCLE Collaboration Best Evidence Synthesis****.*

Throughout our engagement with AHPs and education, staff were clear that what they consider to be examples of good practice in partnership working are often joint interventions. By joint interventions we mean ways of supporting a child or young person that involve collaboration and sharing of responsibility, skills and resources. Joint working provides the opportunity for skill building through skill sharing between AHPs, teachers and support staff in schools. This leads to more opportunities to reinforce effective strategies with children. This in turn leads to increased progress in children's development and learning outcomes. Hence working together is a process of engaging in activities focused on a child's needs. Working together in this way builds knowledge, expertise and skills in those supporting children and young people. Collaborative advantage is then shown in better outcomes for children and young people. The progress children and young people make because of AHPs and education working together can be seen in different ways. Sometimes this is seen in children achieving specific targets and sometimes it is seen in observation of progress made. Both forms are valid measures of collaborative advantage.

AHPs can link children's learning targets with everyday functional skills for life. When AHPs plan programmes for children they take account of what the child wants and needs. This personalisation and supporting children to take responsibility for their own learning fits well with the principles of *Curriculum for Excellence.* Embedding AHPs' interventions in teaching approaches can help children and young people to make the best use of their learning experiences. This shared commitment to using AHP resources most effectively enables collaborative practices to develop. These collaborative practices integrate health and education support for children and young people.

AHPs and education staff work together regularly throughout the process of assessment and intervention. This is not only at the level of individual direct work but also at the level of providing support for a wider group of children who need targeted support. Education staff and AHPs work together when they build knowledge and skills in the wider workforce, which means they can meet the needs of a wider group of children. When parents are involved in reinforcing and practising skills partnership working is even stronger.

As part of the health and wellbeing experiences and outcomes in *Curriculum for Excellence*, physical co-ordination and movement are key skills. Occupational therapy and physiotherapy services provide support to schools through intervention programmes such as *MOVE*, *Let's Move*, *Head Start* and *Get Set Go*. These interventions promote the development of motor skills and motor co-ordination in children. These programmes are embedded in school experiences by training teaching staff through modelling and shared work. Sharing programmes in this way equips education staff with the skills and resources to continue providing the support to the children identified.

As part of the literacy experiences and outcomes in *Curriculum for Excellence*, listening and talking are recognised as key skills. Many schools have introduced speech and language therapy led early intervention programmes to jointly support spoken language and communication skills. These early intervention programmes are for targeted children who need extra help with reading and writing because they have difficulties with language and communication. One education authority has

worked closely with a local speech and language therapist to develop the experiences and outcomes for literacy across secondary stage subject areas for all young people, including those with additional support needs. Similarly, speech and language therapists work closely in consultation with support for learning teachers on developing teachers' understanding of language and literacy. Examples of this include differentiation of texts, comprehension and word-learning strategies and sound and spelling of words. Specific individualised intervention programmes for children on many different aspects of spoken language are implemented by education staff under the guidance of speech and language therapists across all local authorities.

When teachers and allied health professionals combine their unique skills and knowledge, their combined interventions to support children and young people can be very powerful. Education staff, as well as knowing children and young people have an expert knowledge of learning and education. AHPs know children well and have an expert knowledge of developmental issues, including mobility, motor skills, coordination and language and communication.

What you said….

> "I try and explain to a child's teacher that the ideas I'm suggesting will help her in teaching that child, rather than making things more complicated." (Allied health professional)
>
> "It's helpful when therapists use language that teachers can understand and show the impact an impairment can have on a child's functional skills. Then the input they give is valued for the effect on lessening the impact of that difficulty." (Teacher)
>
> "We recognise that AHPs may have skills we don't expect such as helping us with children's challenging behaviour." (Teacher)
>
> "I think schools benefit a lot when they use the information, resources and strategies recommended by AHPs and specialists teachers who work together a lot. It's reassuring to see how therapy is linked into the curriculum and relevant to what my child has to do in class." (Parent)
>
> "It's up to us I think to start from the curriculum and weave our therapy into the skills being developed" (Allied health professional)
>
> "It's vital to have time to shadow the therapist and watch how she works on the job. Then we can reinforce the right way to do things." (Teacher)
>
> "I know it makes all the difference to how quickly a child makes progress when the games and tasks I've been doing are done between my visits to school. Then when I do visit I can spend time talking to the key person working with the child, let them see me do some therapy, leave some new resources and feel confident that everyone knows what they're doing." (Allied health professional)

Issues to consider

1. How can we plan to deliver more joint interventions rather than working in isolation?
2. How are parents involved in delivering interventions?
3. How can we use *Curriculum for Excellence* to ensure the work of the AHPs links closely to the outcomes and experiences?
4. How can AHPs make an effective contribution to literacy, numeracy and health and wellbeing across the school?

Signposts for improvement. Education and allied health professions can improve the quality and effectiveness of their joint working by:

1. Being clear about which interventions are more effectively delivered together and which are more effectively delivered by a single service.
2. Ensuring that AHPs are familiar with the relevant parts of *Curriculum for Excellence* so that they can plan effective joint work with school staff.
3. Examining their own practice and identifying how much of the support for children and young people is actually delivered as a partnership.

6. PARENTS AS PARTNERS

> "Parents and communities play a crucial role in outcomes for children. That role needs to be valued by parents and communities themselves, but also supported by the community planning process" **Scottish Government (2007)** ***Early Years Framework***
>
> "In order to achieve success for all learners, educational establishments and services need to ensure positive relationships at all levels. They need to seek and build upon the views and evaluations of learners, parents and partner professionals." **HMIE, (2009)** ***Improving Scottish Education*****.**
>
> "Parents who are experiencing difficulty in meeting their children's needs should be offered advice and support from local authorities, health service providers and other relevant sectors as well as being encouraged to take up help. This kind of flexible and appropriate support delivered in a joined up way, is a key factor in ensuring the best outcomes for our children."
> **NHS Scotland (2007)** ***Delivering a Healthy Future : An Action Framework for Children and Young People's Health in Scotland***
>
> **"**Partnerships are at their most effective when schools treat parents equally, regard their views as important, taking these fully into account and where parents recognise that this is the case. This will happen when parents and school staff are committed to partnership working and have a clear understanding of their respective roles."
> **HMIE (2006)** ***Partnership with Parents.***
>
> "In developing their (parental involvement) strategy, authorities should consider their schools' links with other organisations providing advice to parents and seeking to engage with them, e.g. Careers Scotland, health and

social services, etc. Rather than concentrating solely on school staff, it is beneficial for the strategy to cover the wider context of providing advice and information to parents. ***Scottish Schools (Parental Involvement) Act* 2006**

Partnership working between professionals is more meaningful and effective when it includes parents as partners. During the consultation process relating to this guidance, parents frequently commented that they were consulted after decisions had been made or plans prepared. The Additional Support for Learning Code of Practice was revised in 2009 to take account of the Education (Additional Support for Learning) (Scotland) Act 2009. The draft Code of Practice states clearly that "*Most parents want what is best for their children and have unique knowledge and experience to contribute to understanding their child's additional support needs. They therefore have a key role to play in their child's education and account should be taken of their wishes and the perspective they bring*" (Chapter 7, paragraph 3).

Parents may need access to advice and support so that partnership working with them is meaningful and effective. Education and health professionals need to avoid where possible the use of language that is likely to exclude parents from meaningful participation. School staff and health staff also need to cater for the differing needs parents may have, such as those arising from a disability, or communication and language barriers or family responsibilities. Partnerships need to work consistently to involve parents meaningfully throughout the assessment, planning and intervention processes.

Parents say that partnerships work best when professionals acknowledge and draw on parental expertise in relation to their child. Parents say that they value professionals who recognise the personal and emotional investment of parents. Professionals respect the validity of different perspectives and seek constructive ways of reconciling different viewpoints and potential conflicts. Parents appreciate it when they are asked what times and places for meetings suit them best. It is good practice to ensure that notes from meetings, and any papers to be considered, are sent out in good time. Parents are invited to add points to the agenda at the same time as everyone else so that there are no last minute surprises. Decisions are made when parents are at the meeting, or agreed with them before the meeting takes place. Difficulties and misunderstandings can be resolved at an early level without progressing to dispute resolution through involving parents and constantly working at relationships. Mediation services can support professionals and parents to deal with difficult situations.

What you said…

"Knowing people are working together takes away the anxiety for me." (Parent)

"More pro-active involvement of parents is needed, not just coming to meetings but understanding why you need to be there." (Parent)

"Our occupational therapist left and we didn't get told even though she saw us just before she went… we feel out of the loop." (Parent)

"Its good to go into school, meet the teachers and share all our experiences. You can always tell by his behaviour at home what he's been like in school." (Parent)

"If you are involved in supporting my child, I need you to tell me things in a way that is meaningful for me." (Parent)

"It's not the content that's the problem, it's how the message is told, have you conveyed it in a way that parents can take on board?" (Parent)

" Professionals need to know how much parents can help and what a resource we are for them." (Parent)

" I think a true piece of partnership working has to be something that involves parents too." (Allied health professionals)

Issues to consider

1. How do you know how effective your relationships are with parents?
2. How could your communication skills with parents be improved?
3. What steps can be taken to ensure effective parental involvement in assessment, planning and interventions for children?
4. What do you do to support and encourage more reluctant parents to be involved in their child's education?
5. How do you gather information on parents' perceptions of their involvement with partners in health and education?

Signposts for improvement. Education and allied health professions can improve the quality and effectiveness of parental involvement by:

1. Involving parents as early and as much as possible in all relevant processes involving their children.
2. Ensuring that all information is in a form that is easily accessible to parents.
3. Treating parents as valued partners with unique insights into their child's additional support needs.
4. Checking you are taking account of the parent perspective when making decisions.
5. Ensuring newly qualified staff are given good role models in working with parents as partners.

7. JOINT TRAINING AND CONTINUING PROFESSIONAL DEVELOPMENT

"Staff in most sectors need more training together with those from other sectors to improve interagency working and to develop understanding of how to do the right thing with the right people at the right time to improve outcomes for each individual learner". **HMIE, (2009) *Improving Scottish Education***

"There was also a call for more joint training initiatives aimed at therapists and education staff and specifically addressing the inclusion agenda" **Scottish Executive, (2003) *Review of therapy services***

One of the most effective ways of developing improved partnership working leading to better outcomes for children and young people is through joint training and continuing professional development (CPD). Staff benefit greatly from opportunities to train with colleagues from other disciplines and these opportunities help them to work effectively in multi-disciplinary teams. Professional development can be thought of as existing on a continuum from initial professional training, to post registration or probationary period development. Once initial training and probation are complete both education staff and allied health professionals are required to engage in CPD.

At all levels, effective processes are required for identifying training needs leading to improved partnership working. Jointly delivered and jointly received training are particularly effective. Development opportunities can include a variety of learning experiences such as shadowing a colleague from a different profession, joint observation, lectures and workshops and participating in special interest groups. *Curriculum for Excellence* presents an ideal opportunity for joint CPD sessions. In particular, teachers and AHPs might consider how AHPs can be involved in literacy and numeracy across the curriculum and supporting in the delivery of health and wellbeing outcomes.

During the engagement process when preparing this guidance, both teachers and AHPs expressed the view that joint training sessions at university level before qualifying would greatly benefit each sector. Their view was that such joint training would also build into pre-service training the notion that partnership working is at the core of service delivery. After qualifying, joint continuing professional development should aim to increase knowledge and understanding.

Joint training on mediation and dispute resolution can lead to better relationships with parents and service users.

In addition to joint training leading to more effective outcomes for children and young people, CPD delivered by a single profession is a very effective way of increasing the capacity of other professions to remove barriers to learning. For example, an occupational therapist delivering training to a whole school staff on ensuring an appropriate environment for children with developmental coordination disorder is likely to advantage many more children in the school. A speech and language therapist delivering training on communication advantages many more in the school and increases the capacity of staff for meeting the needs of more children. Another example might be education extending an invitation to AHPs to attend training on *Curriculum for Excellence*, especially relating to literacy, numeracy and health and wellbeing. Finally, joint work around individual children and young people is in itself good continuing professional development for AHPs and education staff. Further examples of good CPD and practical activities can be found on the website associated with this publication.

What you said…

> "We really found it useful to learn about the staged intervention model with our education colleagues" (Allied health professionals)

"I know that when I had a clinical placement in a school as a student I learned loads." (Allied health professional)

"One of the best ways to support staff is to let them shadow an allied health professional who models and demonstrates what she is doing and the staff member witnesses the impact. Our school management team facilitate joint training by freeing up the time and prioritising CPD for all staff". (Local authority)

"I have found training much more effective when I present with a teacher and she has shadowed my work. And because I have taken a whole class myself they see how we can swap roles and therefore trust what I'm saying more" (Allied health professional)

"We need to liaise more with education in analysing and meeting training needs of staff, including access to and inclusion in the CPD directory. Right now this is too dependent on schools being proactive in approaching allied health professionals for training." (Allied health professional)

"Its amazing how much you learn from your education colleague when you present an in-service together. Its great to listen to their way of explaining things." (Allied health professional)

"When my son was at nursery and school I thought that all his teachers understood the implications of his language impairment but I soon realised that I knew considerably more than they did. The difficulty with language impairment is that it's not visible like a broken arm where you can see it and understand the wider implications of it." (Parent)

Issues to consider

1. Do we have an effective system in place for identifying joint CPD needs and if not what steps can be taken to put this in place?
2. To what extent do individual organisations plan for joint continuing professional development?
3. To what extent do individual organisations plan to deliver training jointly with a partner?
4. What do we consider to be good joint CPD?
5. Are we taking a sufficiently broad look at the variety of forms CPD can take?
6. How do we evaluate the impact of joint CPD on staff and on children, young people and their families?

Signposts for improvement. Education and allied health professions can improve the quality and effectiveness of their training and continuing professional development by:

1. Ensuring that both health and education routinely plan for joint training opportunities for staff.

2. Encouraging the use of a broader range of CPD opportunities for some staff to include work shadowing, special interest groups, joint working groups and journal clubs.
3. Using the skills and knowledge of allied health professionals to improve the capacity of education staff to meet the learning needs of a broader range of children and young people.
4. Encouraging allied health professionals to make use of existing CPD resources within education including the *Journey to Excellence* web site and other resources hosted by Learning Teaching Scotland including the *Curriculum for Excellence* resources and CPD Find.
5. Using the *Guidance on Partnership Working between AHPs and Education* and associated web resources as CPD material.

8. SELF-EVALUATION FOR IMPROVEMENT: HOW GOOD ARE WE AT WORKING TOGETHER?

> "HMIE recognises that self-evaluation which leads to effective action can be a powerful way of improving learning". **HMIE, (2009) *Learning Together: Opening up Learning***
>
> "Across all sectors, staff need to ensure that self-evaluation processes focus consistently on bringing about improvements in the quality of learners' experiences and achievement" **HMIE, (2009) *Improving Scottish Education***
>
> "The primary responsibility for demonstrating compliance and performance should rest with service providers. Ministers and the Parliament should accept this principle and continue to support the development of robust performance management and outcome-focused self-assessment amongst service providers." ***Crerar Review*, 2007**

The Crerar review says quite clearly that responsibility for providing an improving service lies with the people providing the service. Self-evaluation or self assessment focuses on two simple but very challenging questions. *How good are we now?* And *How good can we be*? When partners carry out self-evaluation they look honestly but critically at their practice and the quality of service they provide. This is an area of partnership working where there is significant room for improvement. Asking challenging questions about the quality of jointly delivered services is a challenge to the maturity of partnership working relationships. However, this does not mean that it should be avoided. Improvement will come about when partners honestly face up to challenges and identify these together with a view to taking action which leads to improved services for children and young people. This *Guidance on partnership working between allied health professions and education* has been written to help services to identify what is considered to be good practice. It has also been written to help services to become involved in self-evaluation, especially if this is not normal practice for the service. The questions at the end of each section are written as an aid to joint self-evaluation between AHPs and education staff. Services can also use self-evaluation tools produced by HMIE and other national and professional bodies responsible for compliance and performance. The Royal College of Speech and Language Therapists has produced a tool known as Q-SET which helps services to focus on improvement. Self-evaluation for improvement in this context focuses on

collaborative advantage, not the work of individual services. The central question is how services working in partnership are able to provide something more together than they can provide individually.

At a basic level, services should gather information from their key stakeholders relating to the quality of their performance over a year. For example, education staff ask allied health professions for feedback on the effectiveness of the partnership in improving services for children. Likewise, allied health professions ask colleagues in education about the effectiveness of their involvement in improving services for children over the year. Both services will involve parents, children and young people in identifying strengths and areas for development in the service they provide together. Using this information, AHPs and education will be able to improve the service they offer. They will also be able to identify clearly their contribution to delivering improvements in children's services plans. These plans will in turn link to higher level strategic outcomes identified within the single outcome agreement for their area.

What you said…

> "An HMIE inspection mentioned the input from allied health professionals and we found that very useful in our self-evaluation of how we are working in schools." (Allied Health Professional)
>
> "We know that if we build in an evaluation of a new programme or initiative…it will be more likely to be embedded and seen as accepted practice" (Allied Health Professional)
>
> "The education department ask our parents' group all the time about what we think of the services they give us. It really makes a difference to be asked." (Parent group)
>
> "Although I've been working closely with speech and language therapists for a long time, we've never thought to check how well we work together or what we could do better." (Teacher)

Issues to consider

1. Do AHPs and education staff have a shared understanding of what self-evaluation is and the purpose of self-evaluation?
2. Is there an effective process in place for carrying out joint self-evaluation of partnership working?
3. Are there opportunities for colleagues from health and education to carry out peer observation as part of the self-evaluation process?
4. How might the results of self-evaluation be reported to stakeholders and used for planning improvements?
5. What are the indicators of quality that will be used in carrying out self-evaluation?

Signposts for improvement: Education and allied health professions can improve the quality and effectiveness of self-evaluation for improvement by:

1. Agreeing to evaluate with each other as a joint activity the quality of their services to children on an annual basis.
2. Practitioners reflecting on the effectiveness of partnership working on an ongoing basis.
3. Involving all stakeholders, including parents, children and young people, in their self-evaluation process.

2.3 IMPACT AND OUTCOMES FOR CHILDREN AND YOUNG PEOPLE

This section focuses on identifiable and measurable improvements in outcomes for children and young people. It does not focus on improvements in the performance of the partnership although the two are connected. Improving the effectiveness of the partnership is dealt with in the section on self-evaluation for improvement.

Collaborative Advantage
It is important to acknowledge at the start of this section on impact and outcomes for children that identifying outcomes for children and young people which are the result of partnership working can be very difficult. Difficult questions include, what is the result of maturation, independent of interventions? What is the result of the involvement of education by itself or the involvement of allied health professionals by themselves? While acknowledging the difficulty it is also important to avoid using false measures or settling for what can be measured and presuming that is the whole picture. If partnership working is valued and valid then there has to be an identifiable outcome for children which is more than what would be gained by services being provided separately. The concept of collaborative advantage has to be central to evaluating the impact and outcomes for children and young people which are the result of partnership working.

1. Improving outcomes for children and young people

> "The difficulty in measuring or establishing effectiveness is illustrated by the lack of an accepted model for partnership working or a nationally agreed set of outcome-based performance indicators" **Douglas (2009), *Partnership Working***

> "Well-constructed outcomes can bring a value-added aspect of increased energy and support of people working towards common ends with considerable effect." **Hogan (2008), *The Power of Outcomes***

HMIE identifies a number of sources of evidence in answer to the question "What key outcomes have we achieved?" Answering this question in relation to outcomes for children may involve evidence which comes from different sources. This can include quantitative information such as progress made in national assessments, in specific assessment tools or achievement in jointly set targets. Qualitative information such as direct observation provides another useful source of evidence on improvements. Not all progress can be measured in a quantifiable way, but can still be observed and recorded.

Establishing a baseline against which to measure progress is clearly helpful but may not always be possible. If partnerships follow the advice on joint planning outlined in

section 2 part 3 and 4, then identifying the outcomes from partnership working will be more straightforward. Outcomes from partnership working will be identified at the outset with individual roles and timescales agreed at the planning stage. This planning stage will include ensuring parents' and children's and young people's views are taken account of.

For children and young people in the 3 to 18 age range, the outcomes of partnership working between education and allied health professionals will normally be expressed in terms of progress in achieving the outcomes of *Curriculum for Excellence*. *Curriculum for Excellence* sets out every child's and young person's entitlement to a broad general education. A broad general education includes all of the experiences and outcomes across all curriculum areas up to and including the third level, normally by the end of S3. If we look at the definition of literacy within *Curriculum for Excellence* as an example, it is possible to identify immediately ways in which education and speech and language therapists can work closely. Literacy is defined as "*the set of skills which allow an individual to engage fully in society and in learning, through the different forms of language, and the range of texts, which society values and finds useful*." The literacy experiences and outcomes promote the development of skills in using language, particularly those that are used regularly by everyone in their everyday lives.

Partnership working is expected when delivering the health and wellbeing experiences and outcomes. *Curriculum for Excellence* states that *"Effective learning through health and wellbeing which promotes confidence, independent thinking and positive attitudes and actions requires…partnership working which…draws upon specialist expertise [and] ensures, through careful planning and briefing, that all contributions come together in ways which ensure coherence and progression*" (*Curriculum for Excellence*, Health and Wellbeing Principles and Practice, p.5).

For a long time, education staff and AHPs have worked together to identify short and long term targets for children and young people in individualised educational programmes (IEPs). The short and long term targets are individualised for the child to take account of his or her additional support needs. The IEP is individualised from the 5-14 curriculum, curriculum framework 3-5 or from national qualifications at secondary level. The same level of planning will continue to take place, only now it will be within the context of *Curriculum for Excellence* and ensure children achieve and make progress to their highest possible level. When planning takes place within the context of *Curriculum for Excellence* then partners will focus on the outcomes identified within the experiences and outcomes. This makes it possible to identify the small steps required to achieve a particular outcome. Partnerships will work together to identify the experiences and small steps a child or young person will make as he or she works towards achieving a particular outcome. The outcomes and the small steps towards achieving the outcomes should be measurable in the same way that short and long term targets were measurable. In this way, partnerships should be able to identify the ways in which they are making a difference and helping children and young people achieve.

What you said…

> "We can see that the child's progress has been greater than we would have expected and that we have achieved more working on this programme together than if we had been going our own ways." (Allied Health Professional and Teacher)
>
> "I know our targets are tighter now we do our planning so closely." (Allied Health Professional)
>
> **"**Its good that we have to share the things we do, what we know and the resources we use and build on our own skills. Its like the total is greater than the sum of the parts." (Teacher)
>
> "Because there is so much more reinforcing and repeating good strategies and support programmes with children, you can see how working together really pays off." (Allied Health Professional)
>
> "I find it really reassuring to know that my child's teacher regularly meets with his occupational therapist and that they talk about things that will help him." (Parent)

Issues to consider

1. How do partners identify which outcomes will be used to identify progress and therefore the outcome of partnership working?
2. Are all partners agreed on the value of gathering evidence on the collaborative advantage of working together?
3. Are AHPs sufficiently informed about *Curriculum for Excellence* to be able to contribute meaningfully to planning to achieve the outcomes?
4. How can AHP services record information on improved outcomes for children and young people and use the information in planning and resourcing services?
5. How can services use the evidence for collaborative advantage to inform school and service improvement plans?

Signposts for improvement: Education and allied health professions can improve outcomes for children and young people by:

1. Jointly agreeing what the outcomes of partnership working are.
2. Jointly identifying the small steps the child will make as he or she works towards achieving a particular outcome.
3. Agreeing what evidence will be used to demonstrate progress towards a particular outcome, whether this is qualitative or quantitative.
4. Identifying ways of recording progress and agreeing these with parents and with children or young people as appropriate.
5. Consider how this information can be used to inform the improvement of services.

2. Adherence to statutory principles and fulfilment of statutory duties

Statutory duties do not apply to the partnership between allied health professions and education, but apply instead to the relevant education authority or health board. However, it is important that AHPs and education staff are aware of the relevant statutory duties as these relate to partnership working. There is a wide range of legislation, guidance and codes of practice that are relevant to partnership working. These are summarised in appendix 2.

Central to partnership working are the Additional Support for Learning (Scotland) Act 2004 and the Additional Support for Learning (Scotland) Act 2009 along with the associated regulations and code of practice. These set out time scales in relation to assessment, providing information and preparing coordinated support plans. In the best practice, local authority staff and NHS staff work very closely in relation to meeting these statutory requirements. The outcome of this partnership is that parents are involved and kept well informed and children have their needs met within the time-scales set out in legislation, associated regulations and the code of practice.

When partners are evaluating the quality of partnership working, part of this evaluation process includes evidence from evaluation, feedback and complaints. The additional support for learning legislation establishes clear procedures for mediation and dispute resolution. Information on the number of occasions when parents have requested mediation, dispute resolution or a reference to the additional support needs Tribunal is useful for partners. The information can help partners to understand how effectively the partnership is communicating with parents and meeting the needs of children and young people.

What you said…

> "Things have really come on since the additional support for learning legislation. We were always working together but its more structured and focused now." (Pupil support coordinator).
>
> "We welcome the ASL Act and code of practice. Partnership working got better around the time of implementation of the Act. We did some problem solving and creative thinking about promoting what was already starting to happen in our area." (Allied health professional)

Issues to consider

1. How are staff made aware of legislation, guidance and codes of practice which apply to their situation?
2. What are the main pieces of legislation which apply in your area?
3. Are you sufficiently familiar with legislation and codes of practice which affect your partners in supporting children and young people?
4. What systems are in place to ensure that staff comply with relevant legislation and act in accordance with relevant guidance and codes of practice?
5. How do you use information from evaluation, feedback and complaints processes within your own service?

Signposts for improvement: Education and allied health professions can improve outcomes for children and young people by:

1. Adhering to statutory principles as outlined in relevant legislation, guidance and codes of practice.
2. Monitoring feedback, complaints and reference to dispute resolution processes and learning from these.
3. Ensuring that AHPs and education staff are aware of the relevant legislation, guidance and codes of practice within which each operates.
4. Shaping the legislative and policy agenda by contributing to consultations on legislation and policy as appropriate.

SECTION 3: CONCLUSION

Many of those we engaged with in this project agreed that there is room for improvement in partnership working. It is also encouraging that the ways in which partnership working needs to improve are identified and understood by those we engaged with. Many of the challenges to partnership working are common across different services. There are strong indications that our existing processes are generally supporting collaboration. Education and the allied health professions have already taken steps to implement planning and delivery of services together. AHPs and education staff in some instances have also developed new ways of working to co-locate support.

However there is still work to be done in order to fully understand how each others' services to children and young people are evolving and changing. Services are developing in order to make best use of everyone's skills and resources and respond to national developments, especially *Curriculum for Excellence*. Continuing to engage in open discussion, making the most of the often excellent relationships we have been building over recent times, will help all to build on current good practice. One key message is a commitment to evaluating where we are with regards to being effective partners ourselves. Through taking personal responsibility for the area in which we work we can develop our interpersonal skills to better see another's perspective.

There is a significant impact on the skills and capacity of staff in health and education as they learn from each other through partnership working. Almost all staff we met with reported the positive benefits of working in partnership with colleagues from health or education respectively. In the long term, this increased capacity to support children and young people will result in improved outcomes for children and young people. The efficiency of partnership working is ensured by working smarter not harder. This guidance will help colleagues to build on this learning and embed partnership working as core business which will be sustainable and consistent across Scotland.

A positive approach to shared problems, taking responsibility for solution-focused discussions will enable us to meet the demands ahead and improve outcomes for children, young people and their families. Recognising the rights and responsibilities of parents, as key supporters and contributors to meeting the needs of their children

will complete the success of our partnerships. Finally, constantly asking ourselves what difference we are making to children and young people will keep us focused on the ultimate aim. The aim is working in partnership to improve outcomes for children and young people so that they can be successful learners, confident individuals, responsible citizens and effective contributors.

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Appendix 1: Practice matrix: Universal, targeted and specialist roles of AHPs

Matrix: the Universal, Targeted and Specialist Role of Allied Health Professionals.

Target Population	Universal Role For all children irrespective of need. Includes preventative or health improvement measures	Targeted Role For children in need of support but not referred. No open duty of care. Could be post-discharge.	Specialist Role For children who are referred. Open duty of care exists.
Individual Child or Young Person or Group	Information to parents about the physiotherapy service available and how they can access them, e.g. for children with mobility difficulties	AHP has consultation with head teacher about how to include two pupils with social communication difficulties in playground activities.	Direct work with teacher, support staff and/or pupil or parent to implement specialised AHP programme.
School/Educational Provision	School S1 parents' evening: AHP gives presentation on the role of AHP service	AHP training for school staff on a motor skills programme for children with motor-coordination problems	
Local Area/National Context	AHP gives advice to the Scottish Government/local education authority about Curriculum for Excellence health and wellbeing experiences and outcomes	Advice to local authority from AHP on plans and resource requirements for new school estate programme	

A model for enabling understanding of AHP roles with health colleagues, education staff, parents and voluntary organisations

Purpose of Matrix and Definitions of Universal, Targeted, Specialist roles.

General Comments

- Potential for therapy service-specific matrix in addition to general AHP version, with more examples given for each box
- An intervention may sit at more than one level
- An individual can receive support at more than one level, and in theory, at all levels at the same time or move within the matrix
- Recognises identification of impairment, impact on functioning/activity and participation within child or young person's (CYP) setting
- Considers appropriateness of intervention context and person delivering

- Each role requires specialist knowledge and skills across diverse range of interventions
- To include concept of “self-management” including supporting parents to promote their child’s development and learning
- To sit with decision-making models such as *Care Aims*
- To be incorporated in messages about services across e.g leaflets

Specialist Role - AHP has open duty of care for a child who has been formally referred and requires a specialist service

- Always at the individual level although work could be with an individual child or as part of a group
- Aims to develop the expertise of others in managing identified needs
- Includes collaboration with staff and parents to assess the risk and need of individual children, to advise and to provide intervention as appropriate, includes overseeing role of AHP regarding intervention/treatment
- Intervention may involve joint goal setting, agreeing strategies and planning how identified goals can be integrated into the child’s daily life activities at home and school.
- Programme may be provided by AHP with specific tasks carried out by an AHP assistant / pupil support worker or others within the child’s environment
- Some direct support likely by AHP either within/out of school supported by practitioner and by the family.
- May include significant, enduring, complex additional support needs, requiring detailed co-ordinated planning by more than one service
- Direct support might span assessment, analysis, planning, and intervention

Targeted Role - for children in need of support but not necessarily direct input by a therapist so not referred and no open duty of care exists

- AHP is supporting parents and other practitioners working with the child
- AHP consulted by others but as child is not identifiable, consent not required from parent
- Supporting staff to make environmental changes within class
- Discussion of potential un-named referrals, joint-planning, co-working and training session
- Takes account of the highly developed expertise of staff working in the setting
- May be pre-referral involvement or post-discharge

Universal Role – providing a universal role –(if not considered a universal service)

- This type of work is more general and appropriate for **ALL** children, irrespective of need/developmental level
- Often preventative or relevant to health improvement
- Training and staff development to build capacity and raise awareness in potential referrers, increasing appropriateness of referrals.
- Includes developing leaflets re. roles and referral process etc
- AHP involved in educating referrers, public and other agencies about access, risk and scope of practice
- Working with the whole school to identify and implement school improvement objectives related to meeting the needs of every child

- Parent / teacher training programmes re. skills groups, projects and initiatives
- Pre-referral consultation, advice sheets and access to web based resources
- Curriculum differentiation, adapting the learning environment for whole class
- Positive impact on whole population

Appendix 2: Legislative and policy context for the *Guidance on partnership working between allied health professions and education*

This *Guidance on partnership working between allied health professions and education* sits within the wider Scottish Government legislative and policy context. This includes the concordat between national and local government. The guidance is offered in the spirit of the concordat as a guide to what is considered to be good practice within the area of partnership working. The good practice has been identified following extensive engagement with those involved in partnership working including health professionals, education staff, parents, children and young people.

The summary contained in this appendix highlights the most relevant areas of legislation and policy which influence partnership working. More information and links to relevant legislation, policy and guidance are contained on the website associated with the *Guidance on partnership working between allied health professions and education* (www.linktowebsite.gov.uk).

The Education (Additional Support for Learning) (Scotland) Act 2004 provides the legal framework which underpins the system for identifying and addressing the additional support needs of children and young people who face a barrier to learning. The Act aims to ensure that all children and young people are provided with the necessary support to help them work towards achieving their full potential. It also promotes collaborative working among all those supporting children and young people and sets out parents' rights within the system. The Act has been subsequently amended by the Education (Additional Support for Learning) (Scotland) Act 2009. The Act, along with associated regulations, details timescales for sharing of information and carrying out assessments to determine whether a child or young person has additional support needs or meets the criteria for a coordinated support plan.

Supporting children's learning: draft code of practice (2009) replaces the original code of practice published in 2005 in order to take account of the 2009 Act. It explains the duties on education authorities and other agencies to support children's and young people's learning. It provides guidance on the Act's provisions as well as on the supporting framework of regulations. The code also sets out arrangements for avoiding and resolving differences between families and authorities.

Better Health, Better Care: Action Plan sets out a range of measures to improve the quality of the National Health Service in Scotland. This includes improving partnership working between NHSScotland and Local Authorities. The action plan aims to tackle health inequalities through improved co-operation and collaboration both across NHSScotland and between NHSScotland and its partners. This clearly sits very well with the current guidance on improving partnership working between education and allied health professionals.

Equally Well is the report of the ministerial task force on health inequalities. The recommendations contained in Equally Well mean that staff in a whole range of public services need some new skills and may work increasingly across

organisational boundaries. Equally Well recognises that staff across professions and disciplines need to do their jobs in a way which is sensitive to inequalities. The Task Force also wanted to see more joined up thinking about key worker roles, based on research and what is already known about effectiveness. This links with the guidance on partnership working which highlights what is considered to be good practice in partnership working and staff working across professional boundaries to benefit children, young people and their families.

The Early Years Framework was published in December 2008. It focuses on maximising opportunities for all Scotland's children to get the best start in life, no matter what their background or circumstances. The framework is built on the principle of early identification and early intervention. The Early Years Framework identifies key elements of transformational changed that are needed to realise the ambitious outcomes of the framework. Included are simplifying and streamlining delivery and more effective collaboration. This ties in with the guidance on partnership working which aims to support these elements of the Early Years Framework.

Getting it right for every child (GIRFEC) drives developments to change the way adults think and act to help all children and young people grow, develop and reach their full potential. It requires a positive shift in culture, systems and practice across services for children, young people and adults. It is a fundamental way of working that builds on research and practical evidence to help practitioners focus on what makes a positive difference for children and young people. A fundamental part of GIRFEC is services collaborating to provide the right support at the right time for individual children, young people and their families. This guidance reinforces the principles of GIRFEC and encourages health and education partners to put these into practice in order to improve outcomes for children, young people and their families.

Curriculum for Excellence is designed to enable all children and young people in Scotland to gain the knowledge and skills for learning, skills for life and skills for work which will help them to become successful learners, confident individuals, responsible citizens and effective contributors. Throughout the guidance on partnership working it has been made clear how allied health professionals can work with colleagues in education to support the delivery of Curriculum for Excellence. In particular they have a role to play in the literacy outcomes and experiences and in health and wellbeing outcomes and experiences. Curriculum for Excellence is for all learners. It should lead to improved quality of learning and teaching as well as increased attainment and achievement for all children and young people.

Skills for Scotland: A lifelong skills strategy (2007) is a framework to show how all of the constituent parts of the education and learning systems can contribute to giving Scotland a skills base that is world class. Partnership working is a strong feature of the skills strategy and of **More Choices, More Chances: A strategy to reduce the proportion of young people not in education, employment or training in Scotland.** The partnership working referred to in these documents refers mainly to partnerships between education and employers rather than education and health. However, allied health professionals are likely to be involved in preparing vulnerable young people for adult life and work. **Partnership Matters** (2007)

provides guidance to local authorities, NHS boards and voluntary organisations on supporting students with additional support needs in further and higher education. Partnership Matters sets out the roles and responsibilities of all the agencies involved and encourages a partnership approach to cross-agency working. The current guidance on partnership working will support this process by clarifying roles of those in health and education.

NHS Boards have been key partners in developing and implementing the **Schools (Health Promotion and Nutrition) Act** (2007). NHS boards have engaged in Community Planning with education and children's services partners to take forward health promotion in all schools in Board areas. The Act requires schools to be health promoting by providing activities, the environment and facilities which promote physical, social, mental and emotional health and wellbeing of children and young people. Schools can do this on their own or with health. In the best practice schools work with partners to identify and meet the health needs of the school. They can do this by providing focused programmes within accessible environments for all children and young people.

There is a range of policies over a number of years which have identified the importance of partnership working. **Health for all children (HALL4)** in 2005 sets out the core programme of screening, surveillance and health promotion contacts which every child should receive. Central to this core programme is the notion that this will be carried out in partnership with relevant agencies, including Local Authorities. **A Scottish Executive review of speech and language therapy, physiotherapy and occupational therapy for children and speech and language therapy for adults with learning disabilities and autistic spectrum disorder** (2003) called on service providers to develop new methods of working in non-traditional and inclusive settings. These settings included mainstream schools and nurseries and other community settings. The current guidance on partnership working is a further development of some of the recommendations contained in the 2003 report including the call on all local authorities and NHSScotland boards to develop integrated approaches to the provision of therapy and other related interventions for children and young people. **Building on success: future directions for the allied health professions in Scotland** (2002) set out a vision of allied health professions who support the development of best practice in multi-professional teams. The current guidance on partnership working builds upon this vision and contributes to making this vision a practical reality.

In addition to the specific pieces of legislation and polices outlined above there are cross cutting pieces of legislation or policy which are relevant to those who are working in partnership. These include the **Scottish Schools (Parental involvement) Act 2006**, which aims to increase parental involvement in their child's education. Further legislative and policy links can be found on the website associated with this guidance at www.linktowebsite.gov.uk.

Appendix 3: Issues to consider and signposts for improvement

LEADERSHIP

Issues to consider

1. To what extent are allied health professionals and education professionals motivated by the same vision of what they want children and young people to achieve?
2. Where are the greatest challenges to effective partnership working?
3. How can these challenges be met by effective leadership and shared vision?
4. What are the interpersonal skills which lead to effective partnership working?
5. What is effective communication in the context of partnership working?
6. Does your organisation have in place processes and opportunities for honest discussion and open feedback regarding leadership behaviours?
7. Does your organisation give due prominence to personal leadership and interpersonal skills within performance review and appraisal systems?

Signposts for improvement. Education and allied health professions can improve the quality and effectiveness of their leadership by:

1. Taking account of the importance of good relationships and interpersonal skills.
2. Understanding and respecting the roles of parents and of each professional and the demands of that role.
3. Ensuring there is a consistent and shared vision about what partners want children and young people to achieve.
4. Developing good communication across agencies at every level.

UNDERSTANDING ROLES

Issues to consider

1. What is your experience of the various roles of allied health professionals in addition to direct work with children and young people?
2. What are the advantages of an allied health professional building skills and knowledge among education staff rather than working directly with a child?
3. In what circumstances might indirect work be more effective than direct therapy?
4. What is the role of the class teacher in partnership working with allied health professionals?
5. How confident are you that roles are clear to parents, children and young people and how do you know?
6. Taking account of the different ways AHPs work, is there an appropriate balance in the current working arrangements for AHPs? (Universal, targeted, specialist roles detailed in appendix 1)

Signposts for improvement. Education and allied health professions can improve the quality and effectiveness of their partnership working by:

1. Ensuring that allied health professionals, education staff and parents are all clear about each other's roles in supporting the child or young person.
2. Raising awareness of the value of indirect work such as training for education staff and parents.
3. Ensuring there is a shared rationale for indirect work so that this is not seen as a second best option for the child or young person.
4. Developing skills and knowledge within the education system through training, awareness raising, modelling and shadowing for education staff and parents.
5. Considering an enhanced knowledge of other professionals' roles as part of an individual's wider continuing professional development.

JOINT STRATEGIC PLANNING

Issues to consider

1. How does planning at a strategic level support activities at an operational level?
2. How do senior managers in education and the relevant AHP managers in health review the effectiveness of partnership working and service delivery?
3. Are financial arrangements efficient and do they represent best value so that partners can deliver the best service possible to children and young people?
4. How aware are staff of the ways in which their activity contributes towards achieving the higher level strategic objectives of their organisation?

Signposts for improvement. Education and allied health professions can improve the quality and effectiveness of their strategic planning by:

1. Ensuring there is a consistent and shared vision about what partners want children and young people to achieve.
2. Developing good communication at strategic level across organisations.

3. Ensuring that planning at local level articulates with the priorities set out in the single outcome agreement by the community planning partnership.

JOINTLY PLANNING THE DELIVERY OF SERVICES AT SCHOOL LEVEL

Issues to consider

1. What is the value of a written record of agreement between the school and the AHP?
2. What are the challenges and benefits in planning for the session ahead, both for allied health professionals and for school management?
3. What are the issues that need to be addressed during the meeting at the start of the session in your context?
4. How will a discussion and service level agreement help if significant concerns arise on either side?
5. Is there a clear link between the service level agreement at school level and the more strategic level of planning between health and education?

Signposts for improvement. Education and allied health professions can improve the quality and effectiveness of their joint service delivery by:

1. Agreeing the broad structure of service delivery between the allied health professional and the school at the start of a school session.
2. Addressing practical issues at the start of the school session including a place to work; arrangements for occasions when meetings are cancelled or an allied health professional is unable to attend; arrangements for occasions when a child or young person is absent from school.
3. Ensuring that allied health professionals have a named contact in the school.
4. Ensuring that the named contact in school knows the line manager of the AHP and how to make contact.
5. Recognising the challenges and limitations within which each service operates.

JOINT PLANNING TO MEET THE NEEDS OF INDIVIDUAL CHILDREN AND YOUNG PEOPLE

Issues to consider

1. How confident are we that we have created a culture which encourages all partners to be involved in planning, including parents and young people?
2. What are the barriers to effective planning and how can we act together to minimise these barriers?
3. Where effective joint planning takes place, are there clear lines of accountability?
4. How close are we to producing a single plan in line with the principles of *Getting it right for every child*?
5. How do we know that joint planning is better than planning separately?

Signposts for improvement. Education and allied health professions can improve the quality and effectiveness of their joint planning by:

1. Ensuring time is available for effective planning and valuing joint planning as a key part of support for the child.
2. Getting involved as early as possible in planning.
3. Ensuring parents are centrally involved in planning discussions and meetings.
4. Having a streamlined process leading to a single shared plan.
5. Being clear about the benefits to children arising from joint planning.

JOINT WORKING TO IMPROVE OUTCOMES FOR CHILDREN AND YOUNG PEOPLE

Issues to consider

1. How can we plan to deliver more joint interventions rather than working in isolation?
2. How are parents involved in delivering interventions?
3. How can we use *Curriculum for Excellence* to ensure the work of the AHPs links closely to the outcomes and experiences?
4. How can AHPs make an effective contribution to literacy, numeracy and health and wellbeing across the school?

Signposts for improvement. Education and allied health professions can improve the quality and effectiveness of their joint working by:

1. Being clear about which interventions are more effectively delivered together and which are more effectively delivered by a single service.
2. Ensuring that AHPs are familiar with the relevant parts of *Curriculum for Excellence* so that they can plan effective joint work with school staff.
3. Examining their own practice and identifying how much of the support for children and young people is actually delivered as a partnerships.

PARENTS AS PARTNERS

Issues to consider

1. How do you know how effective your relationships are with parents?
2. How could your communication skills with parents be improved?
3. What steps can be taken to ensure effective parental involvement in assessment, planning and interventions for children?
4. What do you do to support and encourage more reluctant parents to be involved in their child's education?
5. How do you gather information on parents' perceptions of their involvement with partners in health and education?

Signposts for improvement. Education and allied health professions can improve the quality and effectiveness of parental involvement by:

1. Involving parents as early and as much as possible in all relevant processes involving their children.
2. Ensuring that all information is in a form that is easily accessible to parents.

3. Treating parents as valued partners with unique insights into their child's additional support needs.
4. Checking you are taking account of the parent perspective when making decisions.
5. Ensuring newly qualified staff are given good role models in working with parents as partners.

JOINT TRAINING AND CONTINUING PROFESSIONAL DEVELOPMENT

Issues to consider

1. Do we have an effective system in place for identifying joint CPD needs and if not what steps can be taken to put this in place?
2. To what extent do individual organisations plan for joint continuing professional development?
3. To what extent do individual organisations plan to deliver training jointly with a partner?
4. What do we consider to be good joint CPD?
5. Are we taking a sufficiently broad look at the variety of forms CPD can take?
6. How do we evaluate the impact of joint CPD on staff and on children, young people and their families?

Signposts for improvement. Education and allied health professions can improve the quality and effectiveness of their training and continuing professional development by:

1. Ensuring that both health and education routinely plan for joint training opportunities for staff.
2. Encouraging the use of a broader range of CPD opportunities for some staff to include work shadowing, special interest groups, joint working groups and journal clubs.
3. Using the skills and knowledge of allied health professionals to improve the capacity of education staff to meet the learning needs of a broader range of children and young people.
4. Encouraging allied health professionals to make use of existing CPD resources within education including the *Journey to Excellence* web site and other resources hosted by Learning Teaching Scotland including the *Curriculum for Excellence* resources and CPD Find.
5. Using the *Guidance on Partnership Working between AHPs and Education* and associated web resources as CPD material.

SELF-EVALUATION FOR IMPROVEMENT: HOW GOOD ARE WE AT WORKING TOGETHER?

Issues to consider

1. Do AHPs and education staff have a shared understanding of what self-evaluation is and the purpose of self-evaluation?

2. Is there an effective process in place for carrying out joint self-evaluation of partnership working?
3. Are there opportunities for colleagues from health and education to carry out peer observation as part of the self-evaluation process?
4. How might the results of self-evaluation be reported to stakeholders and used for planning improvements?
5. What are the indicators of quality that will be used in carrying out self-evaluation?

Signposts for improvement: Education and allied health professions can improve the quality and effectiveness of self-evaluation for improvement by:

1. Agreeing to evaluate with each other as a joint activity the quality of their services to children on an annual basis.
2. Practitioners reflecting on the effectiveness of partnership working on an ongoing basis.
3. Involving all stakeholders, including parents, children and young people, in their self-evaluation process.

IMPROVING OUTCOMES FOR CHILDREN AND YOUNG PEOPLE

Issues to consider

1. How do partners identify which outcomes will be used to identify progress and therefore the outcome of partnership working?
2. Are all partners agreed on the value of gathering evidence on the collaborative advantage of working together?
3. Are AHPs sufficiently informed about *Curriculum for Excellence* to be able to contribute meaningfully to planning to achieve the outcomes?
4. How can AHP services record information on improved outcomes for children and young people and use the information in planning and resourcing services?
5. How can services use the evidence for collaborative advantage to inform school and service improvement plans?

Signposts for improvement: Education and allied health professions can improve outcomes for children and young people by:

1. Jointly agreeing what the outcomes of partnership working are.
2. Jointly identifying the small steps the child will make as he or she works towards achieving a particular outcome.
3. Agreeing what evidence will be used to demonstrate progress towards a particular outcome, whether this is qualitative or quantitative.
4. Identifying ways of recording progress and agreeing these with parents and with children or young people as appropriate.
5. Consider how this information can be used to inform the improvement of services.

ADHERENCE TO STATUTORY PRINCIPLES AND FULFILMENT OF STATUTORY DUTIES

Issues to consider

1. How are staff made aware of legislation, guidance and codes of practice which apply to their situation?
2. What are the main pieces of legislation which apply in your area?
3. Are you sufficiently familiar with legislation and codes of practice which affect your partners in supporting children and young people?
4. What systems are in place to ensure that staff comply with relevant legislation and act in accordance with relevant guidance and codes of practice?
5. How do you use information from evaluation, feedback and complaints processes within your own service?

Signposts for improvement: Education and allied health professions can improve outcomes for children and young people by:

1. Adhering to statutory principles as outlined in relevant legislation, guidance and codes of practice.
2. Monitoring feedback, complaints and reference to dispute resolution processes and learning from these.
3. Ensuring that AHPs and education staff are aware of the relevant legislation, guidance and codes of practice within which each operates.
4. Shaping the legislative and policy agenda by contributing to consultations on legislation and policy as appropriate.

Consultation Questions

In responding to the consultation on the draft guidance it would be helpful if you could consider the following questions in addition to other comments which you may wish to make.

1. Is the structure and content of the guidance clear and can you identify any way that the structure and content could be improved?

2. The guidance is structured to support joint reflection and service improvement. How effective do you think the guidance will be as a way to reflect on and improve partnership working?

3. When you consider the range of practice identified in the guidance, to what extent does this reflect your experience and expectations ?

4. The guidance offers guidance on the universal, targeted and specialist roles of AHPs. Is this model of practice consistent with current ways of working by AHPs?

5. Any other comments about any aspect of the guidance or consultation process

Please also complete the consultation response form overleaf.

Thank you

The Scottish Government

RESPONDENT INFORMATION FORM

Please Note That This Form **Must** Be Returned With Your Response To Ensure That We Handle Your Response Appropriately

1. Name/Organisation

Organisation Name

Title **Mr** ☐ **Ms** ☐ **Mrs** ☐ **Miss** ☐ **Dr** ☐ ***Please tick as appropriate***

Surname

Forename

2. Postal Address

Postcode	**Phone**	**Email**

3. Permissions

I am responding as…

Individual ☐ **Group/Organisation** ☐

Please tick as appropriate

(a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

yes ☐ **no** ☐

(b) Where confidentiality is not requested, we will make your responses available to the public on the following basis

Please tick ONE of the following boxes

Yes, make my response, name and address all available ☐

Yes, make my response available, but not my name and address ☐

Yes, make my response and name available, but not my address ☐

(c) The name and address of your organisation will be made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

Are you content for your ***response*** to be made available?

Please tick as appropriate

yes ☐ **no** ☐

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate **yes** ☐ **no** ☐

This document is also available on the Scottish Government website:
www.scotland.gov.uk

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