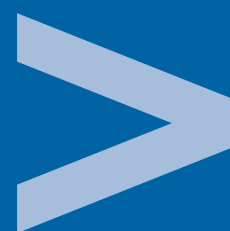


Guidance on partnership working between allied health professions and education



HEALTHY



INCLUDED

WORKING TOGETHER

CONFIDENT



Guidance on partnership working between allied health professions and education

Healthy
Working together
Confident
Included

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The Scottish Government
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EH1 3DG

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Support for Learning Division
Learning Directorate
Victoria Quay
Edinburgh
EH6 6QQ

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Additional resources and examples of current practice can be found at the website linked to this document at:

<http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking>

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- 1 'young people' refers to children aged three to eighteen, or younger if they have additional support needs and are referred to a local education authority by an NHS Board. The term children is also used but applies to the same age range.
- 2 Wherever it is used, 'parents' refers to parents, foster carers, carers who are relatives or friends and care staff in a residential setting (including secure provision).



JOINT MINISTERIAL FOREWORD

The Scottish Government wants all of Scotland's children to have the best start in life and to be ready to succeed. We are committed to ensuring that our young people are successful learners, confident individuals, effective contributors and responsible citizens. Achieving this vision requires strong and effective partnership working across agencies. The framework provided by *Getting it right for every child* supports working together to make things better for all children and young people.

We know that without extra help some children will not benefit fully from school education. That is why in Scotland, there is legislation in place which aims to ensure that all children receive the additional support they require to meet their individual needs.

That support does not only come from within the school. Along with parents, schools work with a range of agencies to support children. One of the partnerships working well to provide additional support is between allied health professions and education. In particular, schools have worked successfully with speech and language therapists, occupational therapists and physiotherapists over many years to make sure children and young people gain as much as possible from school education.

People working in partnerships will require strong support and leadership from local authorities and NHS Boards to develop further this way of working.

This guidance aims to build on the successful work which already takes place between allied health professions and education. It is the result of extensive discussions with parents, education staff and health staff across the whole of Scotland. It describes what you told us made partnership working more effective. We expect effective partnership working to help improve the life chances for children, young people and families at risk.

Curriculum for Excellence gives us a great opportunity to raise achievement levels for all our children and young people. This guidance will contribute by encouraging all partners to work together and ensure that all children and young people reach their highest level of achievement, confidence and wellbeing.



Adam Ingram MSP,
Minister for Children and
Early Years

A handwritten signature in black ink, appearing to read 'Adam Ingram'.



Shona Robison MSP,
Minister for Public Health
and Sport

A handwritten signature in black ink, appearing to read 'Shona Robison'.



1. SUMMARY OF KEY MESSAGES

How to use this document

This document is intended as a way of helping allied health professions, education staff and parents to improve the quality of their partnership working. Achieving this will improve the experience of children and young people and the likelihood of success in reaching their potential. The guidance is written in accordance with the *Getting it right for every child* approach and the requirements of the additional support for learning legislation. You may wish to focus on specific sections depending on local circumstances. You may also wish to start with the reflective grids in Appendix 3 which are designed as a tool for self-evaluation.

Partnership working: Impact and outcomes for young people: This section places the young person at the centre of partnership working. The purpose of partnership working is to improve outcomes for young people. Outcomes are set in the context of *Getting it right for every child* and *Curriculum for Excellence*.

Partnership working: Features of good practice

- **Different ways of supporting children and young people:** The main focus here is on the variety of roles individuals have in supporting young people. A significant part of this section deals with the allied health professions practice matrix which is a summary of the different ways allied health professions support young people.
- **Parents as partners:** During engagement with parents, almost all expressed some level of concern at their lack of involvement. This section re-states the very good practice on involving parents which is contained in *Supporting children's learning: The Code of Practice*.
- **Planning for better partnership working:** Partnership working sits within the wider local context. This section focuses on the way that partnership working contributes to meeting local strategic objectives. Strategic planning needs to support effective partnership working. Equally, planning between allied health professions services and individual schools should support effective joint working through taking a *Getting it right for every child* approach.
- **Planning and working together to support young people:** This section looks at planning to meet the needs of individual children and young people. It starts with the *Getting it right for every child* practice model as the basis for all joint working. The section then goes on to explore joint interventions between health and education aimed at supporting young people.

- **Joint continuing professional development (CPD) and self-evaluation:** Joint CPD is one of the most effective ways of improving partnership working. This section identifies ways this can be done. It then explores how allied health professions, education and parents can jointly evaluate their partnership working and agree ways they can get better.
- **Leadership:** This section sets out what is meant by leadership in the context of partnership working. It explores how everyone can exercise leadership as well as the importance of personal relationships within partnership working.



2. HOW TO USE THIS DOCUMENT

Who is this document for?

- **Children and young people** who will be supported in achieving their potential through successful partnerships.
- **Parents** of children and young people, including those who have additional support needs.
- **Allied health professionals** who work in or out of school with children and young people, including those who have additional support needs.
- **Education** staff at all levels who work with or influence work involving children and young people, including those with additional support needs.

Background

The overriding purpose of this guidance is to improve outcomes for children and young people. It has been written to improve support for children and young people by encouraging more effective partnership working between allied health professions,³ education staff and parents. The guidance is needed because many parents and practitioners are saying that there is room for improvement in partnership working between allied health professions and education staff. This message is also clear in the HMIE report on the implementation of the Education (Additional Support for Learning) (Scotland) Act 2004.⁴

The guidance has been drawn from the experiences of parents⁵ and practitioners across Scotland who are working in partnership to improve outcomes for children and young people, particularly those with additional support needs. The main allied health professions this guidance refers to are speech and language therapy, occupational therapy and physiotherapy. Arts therapists, orthoptists and dieticians also informed the development of this document and the relevant practice examples included on the website. A summary of the engagement process is included at Appendix 2.

3 For a full list of allied health professionals and a description of what they do, see appendix 1.

4 HMIE (2007) *Report on the implementation of the Education (Additional support for learning) (Scotland) Act 2004*. <http://www.hmie.gov.uk/documents/publication/aslr.pdf>

5 Children and young people were interviewed during the period of engagement. However it proved difficult to gather their views on partnership working.

A tool for self-evaluation

This document is designed to help people think about, and improve, their practice together. Each section of the document contains:

- **Features of good practice**
- **Issues to consider**
- **Signposts for improvement.**

The *Issues to Consider* and *Signposts for Improvement* have also been compiled in grids in Appendix 3. The purpose of these tools is to help joint reflection and self-evaluation for improvement. The areas chosen for reflection will depend upon local circumstances. For example, where relationships with parents are being targeted for improvement, parents and professionals may consider together the *issues* and *signposts* relating to parents as partners. Focusing on a particular area does not always mean there are concerns. It may be a way of getting even better. Services may wish to carry out an evaluation exercise alone and then join with partners to consider the results and produce an action plan for improvement. This may relate to a commitment to a process of continuous improvement.

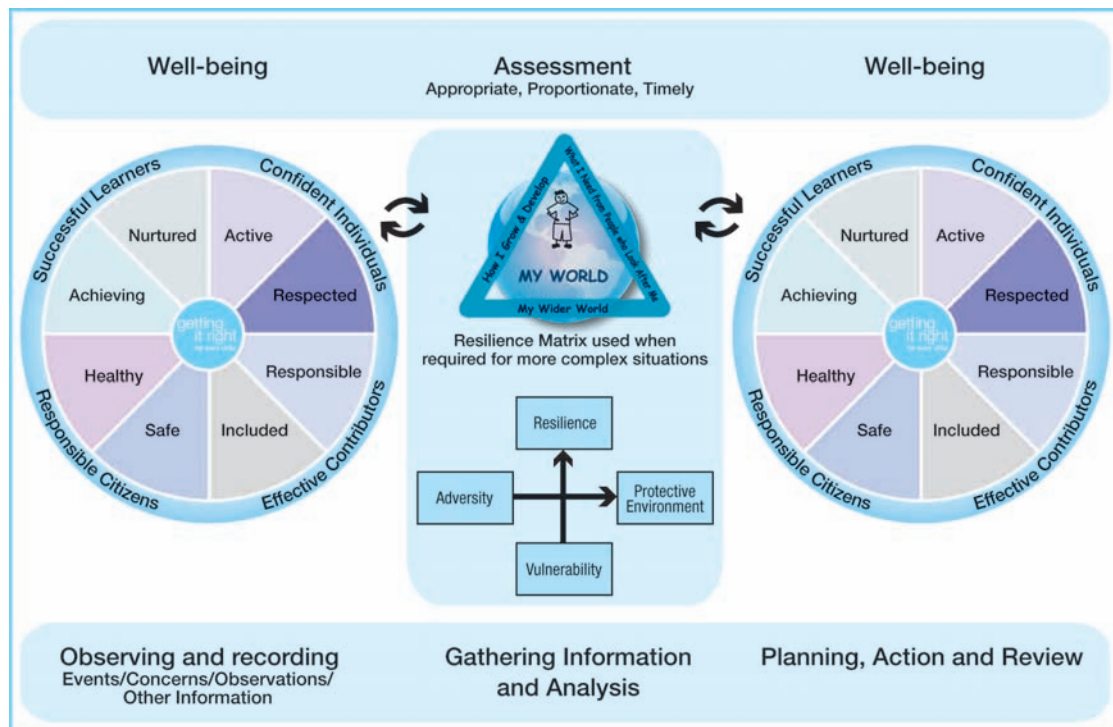


3. PARTNERSHIP WORKING: IMPACT AND OUTCOMES FOR CHILDREN AND YOUNG PEOPLE

This guidance begins with the impact and outcomes of partnership working for children and young people. It is important to consider the **Getting it right for every child⁶ practice model** and **My world triangle** which place the young person at the centre. This allows everyone involved to consider systematically:

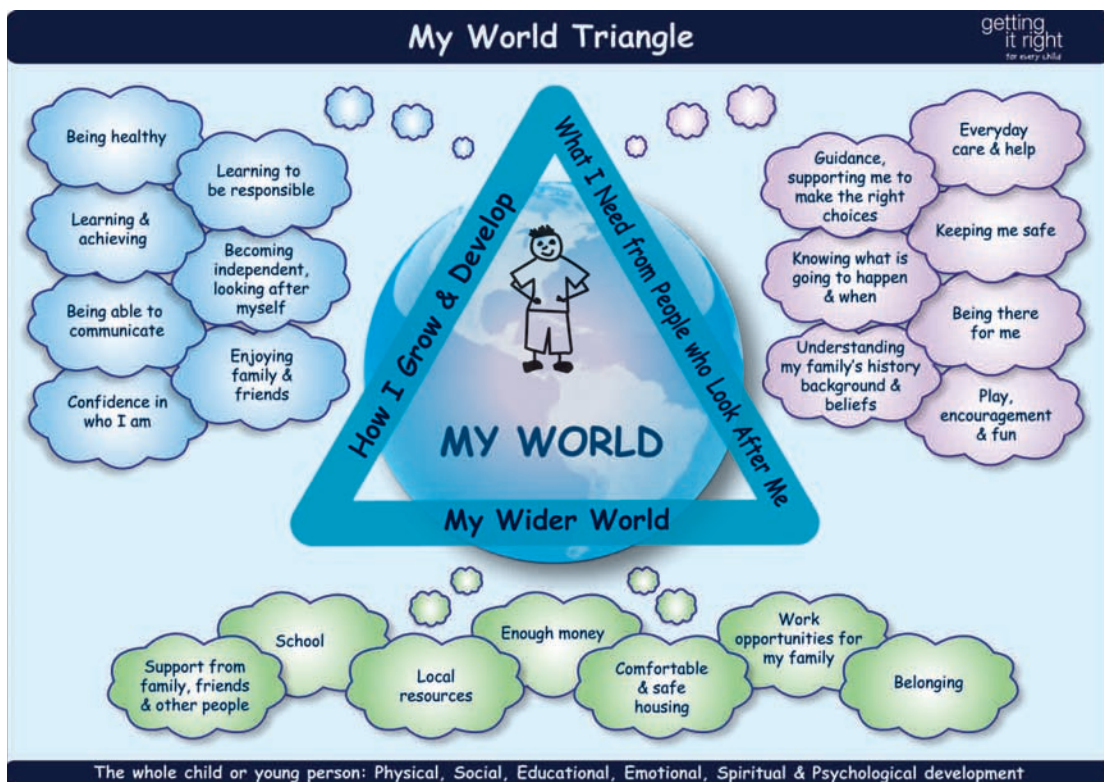
- How the child or young person is growing and developing
- What the child or young person needs from the people who look after him or her
- The impact of the child or young person's wider world of family, friends and community.

Getting it right for every child practice model



6 Scottish Government (2008) GIRFEC overview.
<http://www.scotland.gov.uk/Topics/People/Young-People/childrenservices/girfec/programme-overview>

It is clear from *Getting it right for every child* principles, the practice model and *My World triangle* that placing the child at the centre is vital to successful partnership working. It is also clear that in addition to friends and family, a child or young person might be involved with a broad range of professionals. This guidance on partnership working does not want to diminish the key role of professionals from social work, other areas of health and the third sector who are all key partners in delivering *Getting it right for every child*. However, it is focused on the specific role that allied health professionals play in delivering additional support for learning in schools.⁷ We recognise that the principles in this guidance will have wider relevance and apply to partnership working in other contexts.



⁷ Wherever it is used, 'school' includes early education centres, residential and day special schools (including secure provision), and primary and secondary schools.



Collaborative Advantage⁸

The *My World Triangle* introduces a mental map that helps us all to understand a young person's whole world. The impact of what we do and the outcomes for the young person, captured by *Getting it right for every child* well-being indicators, relate to his or her whole world. It is important to acknowledge however, that identifying outcomes for young people which are the result of partnership working can be challenging. Difficult questions include, what is the result of maturation, independent of interventions? What is the result of the involvement of education alone or the involvement of allied health professionals independently? 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 young people which is more than what would be gained by services being provided separately. This may be described as collaborative advantage. The concept of collaborative advantage has to be central to evaluating the impact and outcomes for young people which are the result of partnership working.

NHS Forth Valley with **Falkirk Council** have used progress in children's reading and writing skills and self-esteem as measures of working together to support communication needs. Joint evaluation, using baseline assessments and a control school, show that teachers and speech and language therapists working together can meet children's speech, language and learning needs within a school environment.

More information is available from:

<http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking>

⁸ Huxham, C. and Vangen, S. (2005) *Managing to Collaborate: The Theory and Practice of Collaborative Advantage*. Routledge, Oxon.

NHS Fife and **Fife Council** work to build capacity in schools by determining the communication needs of each school. They then develop shared knowledge and understanding of communication, roles and responsibilities and curricular demands on speech and language. This process benefits children particularly at the early stages of staged intervention. Benefits include more systematic and appropriate support for individual children and for classrooms. This has a positive impact on learning, educational achievement, social development and mental health and wellbeing.

More information is available from:

<http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking>

Improving outcomes for children and young people

HMIE identify 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 young people may involve evidence which comes from different sources. This can include:

- **quantitative information** such as progress identified through national assessments; specific assessment tools; achievement in jointly set targets.
- **qualitative information** such as directly observing new skills applied in a different situation.

Establishing a baseline against which to measure progress is clearly helpful and facilitated by *Getting it right for every child* well-being indicators. Outcomes⁹ from partnership working are best identified at the outset with individual roles and timescales agreed at the planning stage. This planning stage will include ensuring parents’ and children and young people’s views are taken into account.

Argyll and Bute Council with **NHS Highland** have developed local multi agency assessment teams. These include an educational psychologist, mental health nurse and speech and language therapist. The purpose is to reduce waiting times for assessment of autism spectrum disorder assessment. Trained initially by a specialist assessment team, comparisons have been made between both teams with a high diagnostic consensus achieved. Waiting times for assessment are significantly reduced as a result.

More information is available from:

<http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking>

⁹ We recognise that AHPs gather data relating to HEAT targets (<http://www.scotland.gov.uk/About/scotPerforms/partnerstories/NHSScotlandperformance>). The outcomes in this guidance however relate to the partnership AHP’s have with education.



Partnership working in *Curriculum for Excellence* and *Getting it right for every child*

For children and young people aged 3 to 18, 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 what is called the third level, normally by the end of S3.

If we take the definition of literacy in *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.”¹⁰ 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.

As part of an integrated approach to literacy, the City of Edinburgh Council has worked with NHS Lothian speech and language therapy service to identify joint approaches to developing key literacy skills. Central to this is the delivery of guidance and training to secondary schools to support the implementation of *Curriculum for Excellence*, especially literacy across learning.

More information is available from:

<http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking>

Partnership working is expected when delivering the experiences and outcomes, particularly those on **health and wellbeing**. *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).¹¹

¹⁰ <http://www.ltscotland.org.uk/curriculumforexcellence/responsibilityofall/literacy/principlesandpractice/definition.asp>

¹¹ <http://www.ltscotland.org.uk/curriculumforexcellence/healthandwellbeing/index.asp>

Education staff, allied health professionals and parents already work together to identify short and long term targets for children and young people. The same level of planning will continue to take place, only now it will be within the context of *Curriculum for Excellence*. When planning takes place in the context of *Curriculum for Excellence*, partners will focus on the outcomes identified in the curriculum areas. Partners will work together to identify the experiences required and steps a young person will make as he or she works towards achieving a particular outcome. The outcomes and the steps towards achieving the outcomes should be measurable in the same way that short and long term targets are measurable. In this way, partners should be able to identify the ways in which they are making a difference and helping young people achieve.

NHS Lothian and West Lothian Council have compiled a target bank aligned to *Curriculum for Excellence*. Targets are clear and easy to understand and help children and young people access the curriculum. Joint targets help everyone involved to work towards the same goals and see that therapy targets are relevant to *Curriculum for Excellence*. This enables effective therapy approaches to be woven into learning and teaching and throughout the school day.

More information is available from:

<http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking>

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 allied health professionals and education staff are aware of the relevant statutory duties as these relate to partnership working. Allied health professionals and education professionals are governed by different duties. Allied health professions' services are seldom statutory whereas education services are almost always statutory. In practice this means that allied health professionals' duty is to work with a child or young person for as long as they are able to make a difference to that child or young person. There is a wide range of legislation, guidance and codes of practice that are relevant to partnership working. These are summarised in appendix 4.



Central to partnership working is the **Additional Support for Learning (Scotland) Act 2004** as amended by the **2009 Act** along with the associated regulations and code of practice. These set out the framework for assessment, providing information and preparing co-ordinated support plans. Allied health professions working for NHS Boards, as an ‘appropriate agency’, have duties under the Act to help an education authority discharge their duties under the Act to identify and meet the additional support needs of children and young people. The involvement of the allied health professional is based on a clinically-determined decision regarding a child’s needs and the potential impact the allied health professional may have on the child or those supporting the child. In the best practice, local authority staff and NHS staff work very closely in relation to meeting 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 self-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 Tribunals for Scotland is useful for partners. The information can help partners to understand how effectively the partnership is communicating with parents and meeting the needs of young people.

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 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 allied health professionals sufficiently informed about *Curriculum for Excellence* to be able to contribute meaningfully to planning for children and young people to achieve the outcomes?
3. How can allied health professions record information on improved outcomes for children and young people and use the information in planning and resourcing services?
4. How can services use the evidence for collaborative advantage to inform school and service improvement plans?

Signposts for improvement. Allied health professions and education staff can improve outcomes for children and young people by:

1. Jointly agreeing the outcomes of partnership working, including indicators of progress.
2. Jointly identifying the steps a young person will make as he or she works towards achieving a particular outcome. Agreeing what evidence will be used to demonstrate progress towards a particular outcome, whether this is qualitative or quantitative.
3. Ensuring that allied health professionals and education staff are aware of and adhere to the relevant legislation, guidance and codes of practice within which each operates.
4. Ensuring that parents and children and young people are central to the collaborative process.



4. FEATURES OF GOOD PRACTICE

4.1 DIFFERENT WAYS OF SUPPORTING CHILDREN AND YOUNG PEOPLE

“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.”
Building on Success. Future Directions for AHPs¹²

Effective partnership working is built upon a clear understanding of the **different roles** each person has in supporting the young person. Increasing clarity and agreement about roles and responsibilities improves understanding, and leads to mutually supportive relationships. Clear remits, lines of communication and accountability characterise successful approaches to partnership working.

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

The work allied health professions do with partners to support children and young people includes a range of options which are increasingly referred to as:

- **universal,**
- **targeted and**
- **specialist support roles.**

This approach encourages allied health professions to redefine their practice beyond their input or tasks. Their focus is more on what they can reasonably achieve for children and young people as outcomes. The distinction between the universal, targeted and specialist roles also allows allied health professionals to anticipate and prevent difficulties early. The universal, targeted and specialist roles are outlined in more detail in Appendix 5 with examples of current practice on the website.¹³

¹² Scottish Executive (2002) *Building on success. Future directions for the allied health professions in Scotland.*
<http://www.scotland.gov.uk/Publications/2002/06/14963/7817>

¹³ <http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking>

NHS Lanarkshire, in collaboration with **North** and **South Lanarkshire Councils**, are carrying out and evaluating a motor skills development project. The project provides occupational therapy intervention at a preventative stage in line with health promotion principles. Training for education staff along with parents helps to ensure that children's motor skills are developing through effective support which is embedded in learning and teaching contexts.

More information is available from:

<http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking>

The universal, targeted and specialist way of understanding what allied health professions do can also help allied health professions to build capacity in services, and be clearer about who they should be targeting based on vulnerability and risk. The different roles all require specialist, professional knowledge and skills.

The universal role enables allied health professions 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. Staff development sessions can meet the health needs of a larger population of children. In addition other provision may be made within the **universal role**. For example, occupational therapists may advise education staff on health promotion programmes which can be used to improve co-ordination skills. Another example of **the universal role** is where allied health professionals and education staff work together to build the key skill of communication in line with **Curriculum for Excellence**.

NHS Forth Valley through their Communication Help and Awareness Team (CHAT) target pre-school children in areas of socio-economic disadvantage. They do this by providing training for early years education staff and implementing whole nursery approaches to developing language and communication. CHAT also offer support and advice for parents through drop-in sessions and workshops. They also offer teenage mother and toddler groups and provide accessible information and advice for health and education colleagues. This has meant significant numbers of children have been able to enter primary school with improved levels of language and those who need more specific help are identified early.

More information is available from:

<http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking>



The targeted role enables an identified factor in health inequality to be tackled. The targeted role may be a further refinement of the universal role which involves **targeting** a recognised vulnerable group at risk of later literacy, learning and communication difficulties. In partnership, allied health professions and education staff are addressing potential health inequalities in an integrated and anticipatory way to improve outcomes for children. This is in line with the recommendations of *Equally Well*,¹⁴ the Scottish Government's programme for reducing health inequalities across Scotland.

The targeted support role does not necessarily require the child or young person to be referred to a health professional. For example, those identified with a delay in developing good co-ordination skills may be supported by an occupational therapist identifying movement skills that can be incorporated into a physical education class. Many skills are best developed in a group setting with the child's friends, capitalising on their enjoyment of group learning. Often children learn more effectively as they set about their everyday tasks within the school or home environment. Practising skills, introduced by the allied health professional, in these real life contexts helps reinforce new learning and development.

West Dunbartonshire Community Health Partnership (NHS Greater Glasgow and Clyde) speech and language therapists, together with **West Dunbartonshire Council educational psychologists** provide joint training for education staff and allied health professionals. The training is on specific language impairment. It includes an overview of research, diagnostic criteria and cognitive assessment procedures. Joint training results in a shared vocabulary and understanding of how collaborative assessment and intervention can be effective and reduce duplication in support to schools, parents and children.

More information is available from:

<http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking>

¹⁴ Scottish Government (2008) *Equally Well, Volume 2*.

<http://www.scotland.gov.uk/Resource/Doc/226607/0061266.pdf>

NHS Greater Glasgow and Clyde and West Dumbarton Community Health Partnership run the *Fizzy Programme* in schools. This is a physiotherapy and occupational therapy programme to support children with motor co-ordination problems in school. The allied health professionals provide information, advice and training for support staff. Support staff then run the programme with children they feel need the programme. The allied health professionals are available for consultation and information throughout the programme. School staff can identify any children they feel have more significant problems and referral can be made if appropriate. This has become a rolling programme with schools taking ownership of the programme and using allied health professionals' expertise when required.

More information is available from:
<http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking>

The specialist role of an allied health professional is where a specific intervention is required and an individual young person is referred to a particular service for assessment and intervention as required. The specialist role is the one most often associated with an allied health professional. However, it may not always be the appropriate role. The universal and targeted role may benefit more young people and raise the overall level of skills within a school so that teaching staff are better able to meet the needs of a broader range of young people.

The Circle Collaboration (Queen Margaret University, NHS Lothian and Edinburgh City Council) have developed collaborative tools that describe therapy interventions and show how these can be carried over into the school setting and built into curricular activities. Intervention descriptions and therapy manuals help to develop a common language and explain what therapists do to help children develop and learn from these techniques.

More information is available from:
<http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking>



Describing the roles of allied health professions as universal, targeted and specialist in this way allows allied health professions, education staff and parents to work together more effectively. It also means allied health professionals' skills are used at the right level and their contribution has greater impact. Services can be provided without the need for referral while those with greater need can be provided with intensive support. A focus on outcomes rather than inputs and processes allows for more flexible and innovative services.

NHS Borders occupational therapists work consultatively with schools. The teacher and occupational therapist together discuss concerns about a child and agree possible solutions. This means that any advice is embedded in teaching approaches. Consultation is carried out in conjunction with parents, who understand that it may or may not lead to more direct involvement from the occupational therapist. Schools can request such consultation at any time which leads to more effective communication between professionals. The outcome is that children receive the right level of support at the right time.

More information is available from:

<http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking>

Education staff: We have referred throughout this document to “education staff”. This term includes a very broad range of staff including class teachers, specialist teachers, support staff, senior managers in schools and educational psychologists. This is not an exclusive or exhaustive list, but illustrates the range of staff included within “education staff”. Each one has a specific role in relation to partnership working.

Some of the most important roles in education are those of the class teacher and support staff. Very often they know the individual child and how he or she achieves best within the context of the classroom. The class teacher in particular brings this specialist knowledge of the child or young person in an education context as well as expertise on the learning and teaching process.

The contribution of allied health professionals will be more effective if they understand how school systems and arrangements work and how the curriculum relates to their own work with the child. Understanding the demands of a busy school day and the challenge for a teacher of meeting the needs of **all the children** in their classroom, is essential. This ensures support is practical and relevant and effective joint working is achievable. A willingness to share knowledge and skills, takes time and effort but allows all partners to contribute more to benefit the child. Partnership working involves listening to each other and learning from each other. It also means listening to the child or young person to understand his or her view.

In sharing roles everyone involved needs to acknowledge that parents, education staff and allied health professionals supporting a child each have a unique set of skills and perspectives on the child. The combination of the young person's own perspective and the shared knowledge and expertise of parents, allied health professionals and education, is what makes partnership working so effective.

NHS Lanarkshire, along with **North Lanarkshire Council** and **South Lanarkshire Council**, set up the “*My view too*” project to look at how the views of young people with complex learning difficulties were being sought. This was particularly in relation to attending their transition planning reviews. Standardised protocols for accessing the views of young people are now being developed along with a toolkit of advice and helpful hints for accessing their views.

More information is available from:

<http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking>

What you said...

It is everyone's responsibility to communicate what their role is – not for others to try and work it out.

(Allied Health Professional)

What comes over from our helpline is that too many assumptions are made about roles.

(Enquire)¹⁵

¹⁵ Enquire: The Scottish advice service for additional support for learning.
<http://www.enquire.org.uk/>



Issues to consider

1. What is your experience of the various roles of allied health professionals in addition to direct work with young people?
2. In what circumstances might indirect work be more effective than direct therapy?
3. What is the role of the class teacher and other education staff in partnership working with allied health professionals?
4. How confident are you that roles are clear to parents, young people and how do you know?

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

1. Ensuring that parents, allied health professionals and education staff are all clear about and respect each other's roles in supporting the young person.
2. Ensuring there is a shared rationale for indirect work so that this is not seen as a second best option for the young person.
3. Developing skills and knowledge within the education and health systems through training, awareness raising, modelling and shadowing opportunities.
4. Developing a shared language and common understanding of terms used locally to describe ways of working together.

4.2 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***¹⁶

“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***¹⁷

Partnership working between professionals is only meaningful and effective when it includes parents as partners. During the consultation process on this guidance, parents frequently commented that they were consulted after decisions had been made or plans prepared. *Supporting children’s learning: The Code of Practice*¹⁸ is being revised in 2009 and restates good practice in relation to communicating with parents. This is repeated in full here as it addresses the points raised by parents during consultation. The good practice outlined here is also in line with the *Getting it right for every child* approach of identifying a lead professional. When two or more agencies need to work together to provide help to a young person and their family, there should be a lead professional to co-ordinate that help and link with parents and the child or young person.

Professionals should:

- acknowledge and draw on parental knowledge and expertise in relation to their child
- consider the child’s strengths as well as areas of additional need
- recognise the personal and emotional investment of parents and be aware of their feelings

¹⁶ Scottish Government (2008) *The Early Years Framework*.
<http://www.scotland.gov.uk/Publications/2009/01/13095148/0>

¹⁷ HMIE (2009) *Improving Scottish Education 2005-2008*.
<http://www.hmie.gov.uk/documents/publication/ise09.pdf>

¹⁸ Scottish Government (2009) *Draft code of practice*.
<http://www.scotland.gov.uk/supportingchildrenlearning>.



- ensure that parents understand procedures, are aware of how to access support and are given documents to be discussed well in advance of meetings
- respect the validity of differing perspectives and seek constructive ways of reconciling different viewpoints
- cater for the differing needs parents may have, such as those arising from a disability, or communication and linguistic barriers.

Information should be:

- clear and understandable and avoid jargon
- provided easily in accessible formats
- readily available and provided automatically without a charge and without a fuss.

Communication works well when:

- people have the interpreters they need
- someone in authority takes responsibility for keeping parents up to date
- people are told what has been happening between meetings
- any information provided by parents is acknowledged
- formal references to statutory procedures are avoided.

Effective working relationships develop when:

- contact with parents is sensitive, positive, helpful and regular
- parents feel included and are encouraged to contribute to discussions
- positive, clear and easily understood language is used
- parents are involved and processes and roles are explained from the beginning
- parents are told what to expect and the next steps
- times of meeting take account of parents' availability.

Meetings work best when:

- parents are asked what times and places suit them best, taking account of any access need or family responsibilities
- 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
- people attending are aware of their roles and the roles of others and they understand the child's or young person's additional support needs
- there are no hidden issues, and no last minute surprises
- decisions are made when parents are at the meeting, or agreed with them before the meeting takes place, not after the meeting has closed, unless further consultation takes place with them
- ample time is given to allow people time to raise concerns, so that decisions are not rushed.

Identifying the way forward works well when:

- all views are taken on board – including those of the child or young person
- people are interested in learning from each other
- people show an interest in general family priorities and take them on board
- services are identified in agreement with the family and are responsive to individual needs.

Accountability and involvement:

- who is responsible for what is clearly defined and understood
- parents concerns are responded to quickly
- decisions are open to scrutiny
- parents have a clear point of contact who can answer questions, make decisions and ensure that agreed actions are taken
- people do what they agreed within the timescale committed to – if a decision is likely to take time, parents are told and given some idea of when a decision is likely.



NHS Forth Valley speech and language therapists have focused on writing more accessible reports that young people with communication difficulties and their parents can easily understand. Young people and their parents are better informed and included in decisions about their care. This is done by simplifying and limiting the written content as well as using a range of visuals including symbols and photographs.

More information is available from:

<http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking>

What you said...

If you are involved with my child I need you to tell me things in a way that is meaningful for me.

(Parent)

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

(Parent)

Issues to consider

1. How do you know how effective your relationships are with parents and how do you gather information on their views?
2. How could your communication skills with parents be improved?
3. What steps can be taken to ensure real and effective parental involvement in assessment, planning, delivery and evaluation of interventions for children?
4. What do you do to support and encourage all parents to be informed about and involved in their child's education?
5. What efforts do you make to remove the barriers to parents taking a more active part in supporting their child?

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

1. Ensuring parental involvement is integral from the beginning.
2. Ensuring that all information is in a form that is easily accessible to parents and that you have consulted parents on how best to share information, e.g. in writing, by e-mail, phone call or face-to-face.
3. Recognising parents as equal partners with unique insights in meeting their child's additional support needs.
4. Check you are asking parents and taking account of their perspective when making decisions where everyone's position and contribution is respected.
5. Ensuring all staff are given and are providing good role models in working with parents as partners.

The spectrum (autism spectrum disorder) team of **NHS Lothian** allied health professionals and **Edinburgh City Council** visiting teacher and support service provide support and intervention for pre-school children and families. They provide support before, during and after the diagnosis process. This is done at home and in the child's education setting. Parents are given appropriate information. This reduces parent's anxiety by helping them understand their child's behaviour and how best to support them. The team also helps to co-ordinate services, support when children move from pre-school to primary and targeted intervention.

More information is available from:

<http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking>



4.3 PLANNING FOR BETTER PARTNERSHIP WORKING

This section examines strategic planning and planning to deliver services at school level.

Strategic planning for better partnership working

Single outcome agreements are the means by which **Community Planning Partnerships**¹⁹ agree the 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**.²⁰ Community planning is a process which helps public agencies to work together with the community to plan and deliver better services in their area. The Scottish Government and local government share an ambition for outcome focused planning and delivery of public services in Scotland.

The **Single Outcome Agreement** is relevant to the daily activities of education staff and allied health professionals. Leadership at an operational level needs to be supported by effective planning and communication at a strategic level. 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. This includes planning to meet the needs of individual young people.

NHS Tayside with **Perth and Kinross Council** are implementing Early Talk (I CAN) an example of allied health professional practice that contributes clearly to the national outcome: “our children have the best start in life and are ready to succeed”. This work, and similar examples across the country, contribute to meeting targets locally in the single outcome agreement.

More information is available from:

<http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking>

¹⁹ www.scotland.gov.uk/Topics/Government/PublicServiceReform/community-planning

²⁰ www.scotland.gov.uk/About/scotPerforms

Senior managers in health and education with responsibility for service delivery can support effective partnership working through effective communication. The view of many allied health professionals is that managers are most effective when fully aware of the collaborative practice of their own staff and the different ways they work in partnership to deliver best outcomes for children and young people. An annual meeting of the relevant service managers helps set the context for service level agreements, where relevant and appropriate, 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, all 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. Planning at this level will consider the most efficient and cost-effective way to deliver support together for children that is appropriate, proportionate, timely and effective.

Service level agreements between education and health may be used to ensure all service providers are clear about expectations. The majority of service level agreements are between education and speech and language therapy. These vary in terms of formality and detail, reflecting local needs and arrangements.

Exemplars of service level agreements are available on the website.

<http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking>

Quality Management in Education (QMIE2²¹) 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.”

²¹ HMIE (2006) *Quality Management in Education*.
<http://www.hmie.gov.uk/documents/publication/j7354.pdf>



Ultimately it is the community planning partnership which identifies the priorities and actions to improve outcomes in a local area. Local service level agreements, where relevant and useful, 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 or practice level to influence joint strategic developments. Equally the community planning process can actively support and improve practice on the ground.

Jointly planning the delivery of services at school level

At the level of individual schools, the partnership between allied health professions and schools is made more effective when partnership working is discussed at the start of the school year and minuted or set out in a service level agreement. This however is more or less relevant depending upon the allied health profession and the size of the school. An arts therapist may have very limited contact with a school and an orthoptist may only visit at a set time to carry out screening tests. Where there is regular involvement with a school, an annual meeting can help schools to be clear what level of service they can expect. In turn it helps allied health professionals to work within their agreed remit and to agree timescales. The discussion which takes place to clarify the service to be provided also helps allied health professionals and education staff to understand the limitations within which each operates.

Dates for further planning and review meetings for individual children can be set jointly at the start of the year. This meeting will also make it clear who the allied health professional'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 allied health professional. In such cases it is important to maintain a culture of openness and dialogue around challenges. For example in dealing with vacancies or temporary reductions in service. It is also important that parents are kept informed of service changes affecting the support their child receives.

It is also useful when negotiating the school-allied health professional service level agreement to make practical arrangements. This includes arrangements for accommodation and other requirements for allied health professionals during school visits. The welcoming tone for visiting specialists is set by the head teacher and senior managers in the school. Where partnership working is effective, senior managers in school value the support for young people which is offered by allied health professionals and view them as part of the school's extended additional support team.

NHS Grampian have a school level agreement which clearly explains a general progression of activity from the speech and language therapy service during a block of time spent in the school. This details how they will work with education staff to support the child and those involved in the child's learning and teaching. This includes joint assessment, consultation including parents, jointly setting targets and demonstrating strategies to support these.

More information is available from:

<http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking>

What you said...

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 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)

Issues to consider

1. How does planning at a strategic level support activities at an operational level?
2. Are financial arrangements efficient and do they represent best value so that partners can deliver the best service possible to children and young people?
3. What is the value of a written record of agreement between the school and the allied health professional?
4. What are the issues that need to be addressed during the meeting at the start of the session in your context?
5. Is sufficient information made available to parents so they understand how decisions about services are taken?



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

1. Developing good communication at strategic level across organisations.
2. Ensuring clear, two-way communication between practitioner level and strategic planning level.
3. Agreeing the broad structure of service delivery between the allied health professionals and the school at the start of a school session.
4. Addressing practical issues at the start of the school session including a named contact in the school for the allied health professional; a place to work; arrangements for planning meeting dates; 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.
5. Ensuring that the named contact in school knows how to make contact with the allied health professional.

4.4 PLANNING AND WORKING TOGETHER TO SUPPORT YOUNG PEOPLE

Planning to meet the needs of individual children and young people takes place in line with *Getting it right for every child*. One of the core components is streamlined planning, assessment and decision-making processes that lead to the right help at the right time for the child. Planning should take place in line with the *Getting it right for every child* practice model (see page 6).

There are six parts in the practice model. Practitioners will combine some or all of these parts in the way most appropriate to the young person's needs:

- Use the Well-being indicators to record and share information
- Use the *My world triangle* to gather further information
- Use the resilience matrix to organise and analyse information
- Summarise needs against the well-being indicators
- Construct a plan and take appropriate action
- Review the plan.

There is a clear consensus that joint planning at the earliest possible stage is most helpful in meeting children's and 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. Planning is considered to be most effective when the young person's views are taken into account.

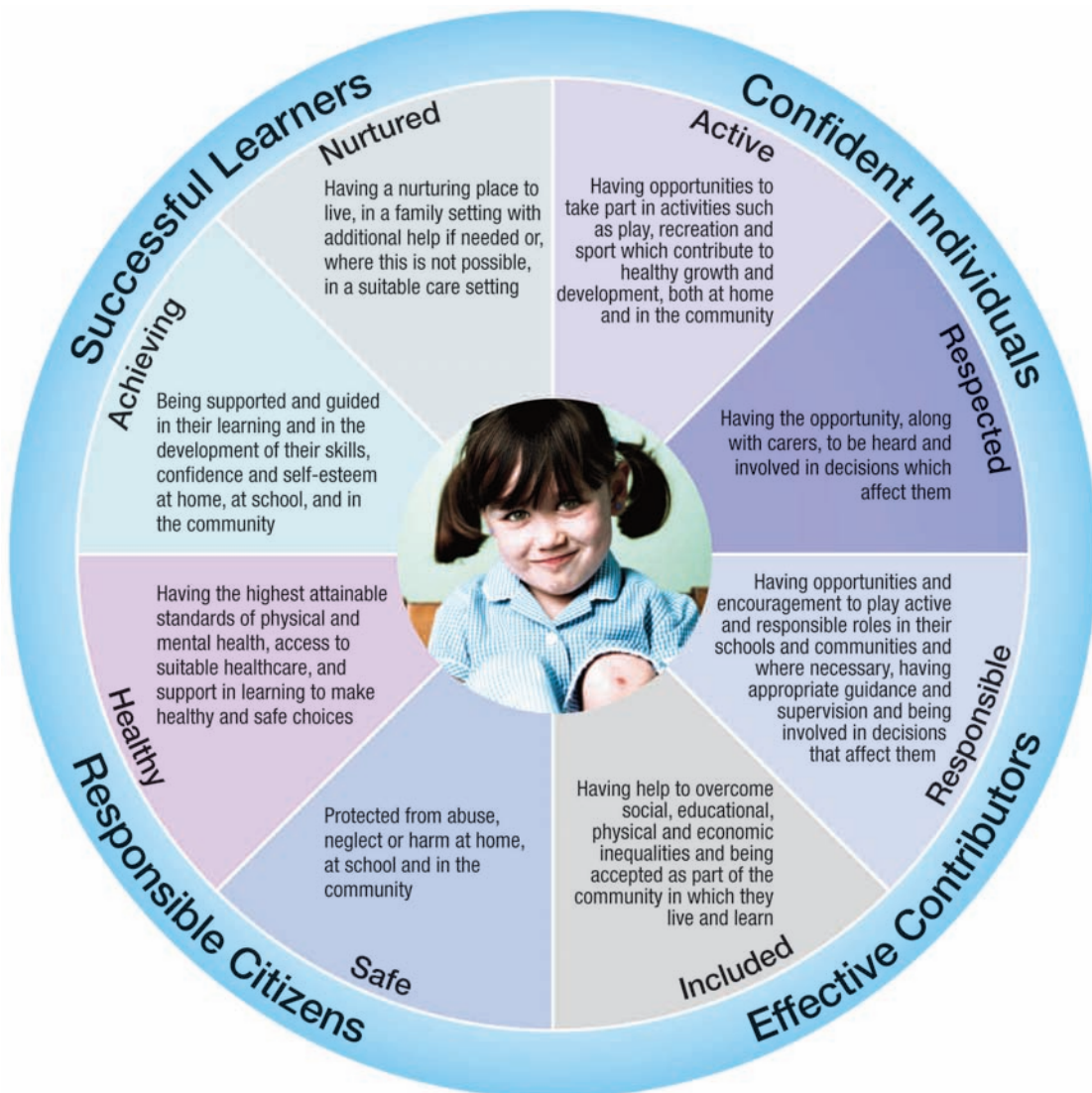
Joint planning addresses the question, *how can we jointly collaborate so that our work together brings about better outcomes for this young person than if we were working individually?* Allied health professionals and education staff work jointly on the relevant parts of a young person's individualised educational programme. Where a child or young person meets the criteria for a co-ordinated support plan, allied health professionals are involved in drafting relevant educational objectives in partnership with education colleagues. An integrated plan should also reduce the need for different review processes and so reduce the number of meetings parents, professionals and children and young people need to attend.



In **NHS Lothian** and **Midlothian, East Lothian** and **City of Edinburgh Councils**, allied health professionals and education staff plan together using a **profile** that details how the key aim for the child can be broken down into skills the child is currently confident with and the next steps to move towards their targets. These are written jointly in order that therapy strategies supporting the day to day learning can be embedded in teaching approaches. A profile for use with the child or young person is available.

More information is available from:

<http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking>



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 it. 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 member of staff with overall responsibility for managing support for all. The member of staff with management responsibility may gather the relevant information from class teachers and use this to plan jointly with the allied health professional. Priority must also be given to gaining the child or young person's own view on planning for their support.

The key message which is reinforced in the revised **Code of Practice**,²² which is currently being considered by the Scottish Parliament, is that there should be a single integrated plan. In summary the Code of Practice 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. 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 co-ordinated support plan. In this way, the professionals working with the child or young person use one integrated action plan with shared educational objectives.

South Lanarkshire Council with allied health professional colleagues use the core principles of *Getting it right for every child* through a collaboration for inclusion group. A single plan and single review process allow vulnerable children to be tracked and prioritised for planning and delivery of services in partnership.

More information is available from:

<http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking>

Orkney Islands Council in partnership with **NHS Orkney** Health and Care's All Age Disabilities Service are in the process of implementing a multi-agency planning forum to ensure smoother transitional planning for children and young people with additional support needs. The forum is developing data sharing and commissioning arrangements for all life stages across the educational spectrum including pre-school; primary; secondary; further education and other adult services.

More information is available from:

<http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking>

²² The Code of Practice will be finalised following consideration by the Scottish Parliament.
<http://www.scotland.gov.uk/supportingchildrenlearning>



Partnership working: From planning to action and review.

“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***

Throughout our engagement with allied health professions and education, all 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 allied health professionals, teachers and support staff in schools. This leads to more opportunities to reinforce effective strategies with young people. This in turn leads to increased progress in children’s development and learning outcomes. Parents have a key role in contributing to the progress of their child by knowing how they may follow through a programme of work or supportive practice at home.

Allied health professionals can link children’s learning targets with everyday functional skills for life. When allied health professionals plan programmes for children they take account of what the child or young person 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 allied health professionals’ interventions in teaching approaches can help children and young people to make the best use of their learning experiences. This shared commitment to using resources most effectively enables collaborative practices to develop. These collaborative practices integrate health and education support for children and young people.

NHS Ayrshire and Arran speech and language therapists along with **East Ayrshire Council** education staff have together designed interactive menu boards to be used in their schools for children with complex needs. This not only encourages children to generalise their use of communication aids into real-life situations, it also provides them with the means to make and express their own choices. The interactive boards are also used to facilitate choice across other areas of the curriculum enabling staff to facilitate communication opportunities and maximise joint education and speech and language therapy aims.

More information is available from:

<http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking>

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 children and young people through a range of intervention programmes. 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 targeted groups of young people.

Dumfries and Galloway occupational therapists provide a visual template to education staff to help readily adjust the specialist seating of a child or young person with disability to suit their activity. This ensures the child is safe and adopting the best posture for whatever they are doing. This might be for eating or class work, or for being at the same height as their peers. The seating profile, including a photograph of the child in the correct position for comfort and access, is planned in consultation with the child. As this is shared with a range of education staff, parents and respite care staff, all those working with the child are confidently and consistently managing their positioning.

More information is available from:

<http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking>



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 listening, talking, reading and writing because they have difficulties with language and communication.

NHS Lothian Speech and Language Therapists work with teachers within three mainstream secondary schools in **City of Edinburgh Council** to support teaching and learning for an identified group of learners with additional support needs and across the whole school. This partnership working has resulted in collaborative approaches to supporting literacy, as defined by *Curriculum for Excellence* within mainstream classes and in smaller groups.

More information is available from:

<http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking>

When teachers and allied health professionals combine their unique skills and knowledge, their combined interventions to support young people can be very powerful. Education staff, as well as knowing children and young people have an expert knowledge of learning and education. Allied health professionals know children well and have an expert knowledge of developmental issues, including mobility, motor skills, co-ordination and language and communication. Parents know their children better than anyone and are ideally placed to identify what works for their child and in the context of their family. Children and young people themselves have a view on their life at school and those working to support their learning.

What you said...

We recognise that allied health professionals may have skills we don't expect such as helping us with children's challenging behaviour.

(Teacher)

It's up to us I think to start from the curriculum and weave our therapy into the skills being developed.

(Allied Health Professional)

Issues to consider

1. How confident are we that we have created consultative structures, systems and practices which encourages all partners to be involved in planning, including parents and young people?
2. How close are we to producing a single plan in line with the principles of *Getting it right for every child* which may incorporate a co-ordinated support plan?
3. How are parents involved in delivering interventions?
4. How can we use *Curriculum for Excellence* to ensure the work of allied health professionals links closely to the outcomes and experiences?
5. Are partners clear about gaining consent to share relevant information and of their statutory duty to share information?

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

1. Ensuring time is available for effective joint planning with all relevant professionals, reviewing and evaluating as a key part of support for the young person.
2. Ensuring parents are centrally involved from the start in planning discussions and meetings.
3. Ensuring the young person's view is sought at each decision-making stage.
4. Having a streamlined process leading to a single shared plan with the child at the centre.
5. Being clear about which interventions are more effectively delivered together and which are more effectively delivered by a single service.



4.5 JOINT CONTINUING PROFESSIONAL DEVELOPMENT AND SELF-EVALUATION

“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 young people is through joint 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.

At all levels, effective processes are required for identifying training needs leading to improved partnership working. Jointly delivered and 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 allied health professionals might consider how allied health professionals can be involved in literacy and numeracy across the curriculum and supporting in the delivery of health and wellbeing outcomes.

NHS Shetland speech and language therapy assistants train with their **Shetland Council** education colleagues how to use effective strategies with pupils who have complex additional support needs. This framework is designed to be used jointly by all those involved in working with children with additional support needs in school settings.

More information is available from:

<http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking>

During the engagement process when preparing this guidance, both teachers and allied health professionals expressed the view that joint training sessions at university level before and after 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.

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. Finally, joint work around individual children and young people is in itself good continuing professional development for allied health professionals and education staff. Further examples of good CPD and practical activities can be found on the website associated with this publication.

The Therapy Inclusion Partnership (TIP), a collaboration between **NHS Lothian** and **City of Edinburgh Council**, supports education staff with the inclusion of children who have additional support needs in mainstream schools and nurseries. The primary objective is to assist with reducing barriers to learning and to encourage participation in the school curriculum, thus enabling children and young people to achieve their full potential. Training, advice, practical modelling of support strategies and skills, as well as activity sheets enables the three therapy services to work closely with education staff to achieve aims relevant to the curriculum. TIP places the child at the centre and aims to provide the best fit for support that will ensure the most effective outcome for pupils and minimise the number of interventions the child requires to attend.

More information is available from:

<http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking>

Self-evaluation for improvement: how good are we at working together?

The Crerar review²³ says quite clearly that responsibility for providing an improving service lies with the people providing the service. Self-evaluation 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 and critically at their practice and the quality of service they provide.

²³ Scottish Government (2007), *The Crerar Review. The report of the independent review of regulation, audit, inspection and complaints handling of public services in Scotland.*

<http://www.scotland.gov.uk/Resource/Doc/198627/0053093.pdf>



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.

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 and young people in identifying strengths and areas for improvement in the service they provide together. Using this information, allied health professions 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 planning.

Western Isles allied health professions and education staff have established protocols for improving collaborative working. These involve regular meetings to reflect on their joint working. The minutes from the meetings as well as staff feedback have shown progress in a number of ways: increased joint responsibility and accountability for collaborative success, reduced number of complaints, greater staff satisfaction and improved working relationships. This development has improved the success of a care aims management planning system and ultimately improved the opportunities for parents and children/young people to be active contributors to the process and be better informed about any responsibilities allocated to the team around the child. Evaluations also show that collaborative working is valued by parents who say they feel they are being listened to and their opinions are valued.

More information is available from:

<http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking>

What you said...

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)

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)

Issues to consider

1. Do we have an effective system in place for identifying joint CPD needs and for planning to deliver training jointly?
2. How do we evaluate the impact of joint CPD on staff and on children, young people and their families?
3. Do allied health professions and education staff have a shared understanding of what self-evaluation is and the purpose of self-evaluation?
4. Is there an effective process in place for carrying out joint self-evaluation of partnership working?

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

1. Ensuring that both health and education routinely plan for joint training opportunities for staff, as providers and recipients, and consider the involvement of parents.
2. Encouraging the use of a broader range of CPD opportunities for staff to include work shadowing, special interest groups, joint working groups, and resource sharing initiatives.
3. Agreeing to evaluate jointly the quality of their joint services to children on an annual basis.
4. Involving all stakeholders, including parents and young people, in their self-evaluation process to plan for service improvement.



5. 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*.**²⁴

“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*.**²⁵

Personal responsibility

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 outcomes of partnership working. The purpose is to deliver better outcomes for children and young people with additional support needs by working together to ensure they benefit fully from education.

The purpose of partnership working is to combine 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 well. In turn this also means recognising each others’ leadership role rather than relying on job-titles and positions of authority.

Relationships, communication and interpersonal skills

Creating an ethos of respect and mutual understanding between different professions and parents is a pre-requisite for partnership working. In practice then, leadership is about focusing all activities on delivering an effective service to 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. Different professional interests are put aside when partnerships are working well. Constraints and challenges are understood and responsibility shared in a way that is solution focused.

²⁴ Heifetz, R.A. (1994) *Leadership without easy answers*. Belknap Press, Harvard.

²⁵ <http://www.scotland.gov.uk/Resource/Doc/226607/0061266.pdf>
Scottish Government (2007) *Better health, better care*.

It is essential that all practitioners take into account an individual child's or young person's communication needs and that they are aware of the most successful way of interacting and supporting children and young people to express their views.

Stirling Council Education Services and **NHS Forth Valley** speech and language therapists have a shared understanding of the differing communication approaches that children and young people with communication difficulties may be using. By referring to a communication resource information booklet (CRIB) the children's preferred and optimum means of communication are clearly recognised and implemented.

More information is available from:

<http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking>

What you said...

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)

Issues to consider

1. Where are the greatest challenges to effective partnership working?
2. How can the challenges to partnership working be addressed by effective leadership and shared vision?
3. What are the interpersonal skills which lead to effective partnership working?
4. What is effective communication in the context of partnership working?



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.

6. CONCLUSION

Many of those we engaged with in this project were able to identify very strong partnership working between allied health professions and education. This guidance has been written to build on this very good practice and help to overcome barriers where they exist. It is 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 supporting collaboration. Education and the allied health professions have already taken steps to implement planning and delivery of services together. Allied health professions 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 understand fully how each others' services to young people are evolving and changing. Services are developing in order to make the best use of everyone's skills and resources and respond to national developments, especially *Curriculum for Excellence*. Continuing to engage in open discussion and making the most of the relationships we have been building over recent times, will help 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. This guidance will help colleagues to build on current good practice in line with *Getting it right for every child*, 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. Good partnership practice requires innovative ways of working with a clear view to demonstrating the impact of collaborative advantage and ensure the best use of available resources. Recognising the rights and responsibilities of children and young people and their families as key partners will complete the success of our partnerships. Finally, constantly asking ourselves what difference we are making to young people will keep us focused on the ultimate aim. The aim is working in partnership to improve outcomes for young people so that they are successful learners, confident individuals, responsible citizens and effective contributors.



APPENDIX 1: LIST OF ALL ALLIED HEALTH PROFESSIONS (AHPs)

Arts Therapists	Include art therapy, dance movement therapy, drama therapy and music therapy. Arts therapists encourage children, young people and their families to engage in a therapeutic relationship through the use of arts and play. The child's response provides an opportunity to understand their emotional life and ways of relating to other people. Arts therapists support the child's emotional health and social wellbeing and offer another perspective on the child's abilities and needs.
Dieticians	Support children where there are concerns about growth or difficulties with eating and drinking that may compromise nutritional intake. The dietician will assess, develop a nutritional care plan and monitor growth.
Occupational Therapists	Support children with difficulties in practical and social skills necessary for everyday life, aiming to enable children to be as physically, psychologically and socially independent as possible.
Orthoptists	Assess various aspects of vision including eye movement problems and specific visual perception problems in children and treat the visual problem or offer advice on strategies to enhance/aid visual performance.
Orthotists and Prosthetists	Orthotists work with children who require specialist devices or input to overcome difficulties of body movement, control or discomfort as a result of a wide range of acute, chronic or progressive conditions or deformity. These bodily worn devices are called orthoses and can include splints, braces, callipers, corsets, collars or the full range of therapeutic footwear. Prosthetists design and fit artificial limb replacements.
Podiatrists	Deliver health promotion and education to children and young people in relation to feet. They also assess for early treatment of foot and gait related dysfunction essential in preventing impact later in life.
Physiotherapists	Support children with movement disorders due to disability or illness, providing physical intervention, advice and support.
Diagnostic Radiographers	Carry out diagnostic imaging examinations – X-rays and scans – to produce high quality images to diagnose an injury or disease.
Therapeutic Radiographers	Provide radiotherapy treatment and support for children with cancer.
Speech and Language Therapists	Work with children who have difficulties with speech, and/or language and communication or eating and drinking difficulties.

APPENDIX 2: SUMMARY OF ENGAGEMENT PROCESS

Evidence base of visits and meetings undertaken to identify current practice

Between September 2008 and June 2009 the project team met with the following individuals, groups and organisations:

NHS Boards (14 out of 14)	14 Health Boards
	25 AHP groups and 6 individual AHPs
	4 networks of managers
Local authorities (29 out of 32)	29 groups
School staff	15 groups
Grant-aided special schools	3
Parents, children and young people	13 groups and individuals
Other stakeholders	17 organisations

Using a semi-structured interview format, the meetings explored the following issues:

- What was considered good practice in partnership working and local examples.
- The challenges to successful partnerships.
- How national guidance might promote and support partnership working.
- How partnership working makes a difference to outcomes for children and young people.

While efforts were made to gain children's and young people's perspective, it was difficult to specifically identify their views of the partnerships between adults working with them.

Over the two years of the project the development officers also met regularly with colleagues from Scottish Government working in related policy areas (Table 1) and a broad range of relevant stakeholders (Table 2):



Table 1.

Health directorates
<i>Getting it right for every child</i>
<i>Curriculum for Excellence</i>
Additional support for learning
Positive behaviour team
Early years team
Parental involvement team
National continuing professional development team
Mental health
<i>Equally Well – Health and wellbeing in schools project</i>

Table 2.

Allied Health Professions Children's Services Action Group
AHP Therapy Managers Networks
AHP Directors and Leads
Her Majesty's Inspectorate of Education (HMIE)
Learning and Teaching Scotland
NHS Quality Improvement Scotland
NHS Education for Scotland
Art Therapists
The Additional Support Needs Tribunals for Scotland
Children in Scotland and Enquire
Association for All Speech Impaired Children (AFASIC)
I CAN – working to support children, families and children's services (speech, language, communication needs)
Capability Scotland
Contact a Family Scotland
Downs Syndrome Scotland
For Scotland's Disabled Children
Independent Specialist Educational Advice (ISEA)
National Parent Involvement Co-ordinator
Mediation Services: Resolve, Common Ground

The project consulted with academic colleagues from:

Queen Margaret University
University of Strathclyde
University of Aberdeen
Scottish Teacher Education Committee
Communication Aids for Language and Learning (CALL) Sense Scotland (Edinburgh University)

We also consulted with AHP professional bodies:

Chartered Society of Physiotherapists
College of Occupational Therapists
Royal College of Speech and Language Therapists
Allied Health Professions Forum Scotland

Consultation process

Following the engagement process a draft document was published on 4th December 2009. In addition to written comments, the consultation involved further engagement with parents and professionals during focus groups. After the consultation period concluded (4th February 2010) this final document was produced taking account of the evidence gathered during consultation. A response document summarising what people said and how this final document responded to comments has been published on the Scottish Government website²⁶. The responses submitted for sharing are also available on the Scottish Government website.²⁷

²⁶ <http://www.scotland.gov.uk/Publications/2010/03/30181342/0>

²⁷ <http://scrutinyreview.org/Publications/2010/04/19081922/0>



APPENDIX 3: TOOLS FOR SELF-EVALUATION AND IMPROVEMENT PLANNING

Issues to consider	Signposts for improvement	Strengths	Areas for development	Actions
<p>Impact and outcomes for young people</p> <ol style="list-style-type: none"> How do partners identify outcomes used to identify progress and therefore the outcome of partnership working? Are allied health professionals sufficiently informed about <i>Curriculum for Excellence</i> to be able to contribute meaningfully to planning for young people to achieve the outcomes? How can allied health professions record information on improved outcomes for young people and use the information in planning and resourcing services? How can services use the evidence for collaborative advantage to inform school and service improvement plans? 	<p>AHPs and education can improve outcomes for young people by:</p> <ol style="list-style-type: none"> Jointly agreeing the outcomes of partnership working, including indicators of progress. Jointly identifying the steps a young person will make as he or she works towards a particular outcome. Agreeing what evidence will be used to demonstrate progress towards an outcome, whether this is qualitative or quantitative. Ensuring that AHPs and education staff are aware of and adhere to the relevant legislation, guidance and codes of practice within which each operates. Ensuring that parents and young people are central to the collaborative process. 		<p>Evidence</p>	

Issues to consider	Signposts for improvement	Strengths	Areas for development	Actions
<p>Different ways of supporting young people</p>				
<p>1. What is your experience of the various roles of allied health professionals in addition to direct work with children and young people?</p> <p>2. In what circumstances might indirect work be more effective than direct therapy?</p> <p>3. What is the role of the class teacher in partnership working with allied health professionals?</p> <p>4. How confident are you that roles are clear to parents, children and young people and how do you know?</p>	<p>Education and allied health professions can improve the quality and effectiveness of their partnership working by:</p> <ol style="list-style-type: none"> 1. Ensuring that parents, allied health professionals and education staff are clear about each other's roles. 2. Ensuring there is a shared rationale for indirect work so that this is not seen as a second best option for the young person. 3. Developing skills and knowledge within the education and health systems through training, awareness raising, modelling and shadowing opportunities. 4. Developing a shared language and common understanding of terms used locally to describe ways of working together. 			

INCLUDED



Issues to consider	Signposts for improvement	Strengths	Areas for development	Actions
<p>Parents as partners</p> <ol style="list-style-type: none"> How do you know how effective your relationships are with parents and how do you gather information on their views? How could your communication skills with parents be improved? What steps can be taken to ensure real and effective parental involvement in assessment, planning, delivery and evaluation of interventions for children? What do you do to support and encourage all parents to be informed and involved in their child's education? What efforts do you make to remove the barriers to parents taking a more active part in supporting their child? 	<p>Education and allied health professions can improve the quality and effectiveness of parental involvement by:</p> <ol style="list-style-type: none"> Ensuring parental involvement is integral from the beginning. Ensuring that all information is in a form that is easily accessible to parents and that you have consulted parents on how best to share information, e.g. in writing, by e-mail, phone call or face-to-face. Recognising parents as equal partners with unique insights in meeting their child's additional support needs. Check you are asking parents and taking account of their perspective when making decisions where everyone's position and contribution is respected. Ensuring all staff are given and are providing good role models in working with parents as partners. 		<p>Evidence</p>	

Issues to consider	Signposts for improvement	Strengths	Areas for development	Actions
Evidence				
<p>Planning for better partnership working</p> <ol style="list-style-type: none"> How does planning at a strategic level support activities at an operational level. Are financial arrangements efficient and do they represent best value so that partners can deliver the best service possible to children and young people? What is the value of a written record of agreement between the school and the allied health professional? What are the issues that need to be addressed during the meeting at the start of the session in your context? Is sufficient information made available to parents so they understand how decisions about services are taken? 	<p>Education and AHPs can improve the quality and effectiveness of planning for partnership working by:</p> <ol style="list-style-type: none"> Developing good communication at strategic level across organisations. Ensuring clear, two-way communication between practitioner level and strategic planning level. Agreeing the broad structure of service delivery between the allied health professionals and the school at the start of a school session. Addressing practical issues at the start of the school session. 			



Issues to consider	Signposts for improvement	Strengths	Areas for development	Actions
<p>Planning and working together to support young people</p> <ol style="list-style-type: none"> How confident are we that we have created consultative structures, systems and practices which encourages all partners to be involved in planning, including parents and young people? How close are we to producing a single plan in line with the principles of <i>Getting it right for every child</i> which may incorporate a co-ordinated support plan? How are parents involved in delivering interventions? How can we use <i>Curriculum for Excellence</i> to ensure the work of allied health professionals links closely to the outcomes and experiences? Are partners clear about gaining consent to share relevant information and of their statutory duty to share information? 	<p>Education and AHPs can improve the quality and effectiveness of their joint planning and interventions by:</p> <ol style="list-style-type: none"> Ensuring time is available for effective joint planning with all relevant professionals, reviewing and evaluating as a key part of support for the young person. Ensuring parents are centrally involved from the start in planning discussions and meetings. Ensuring the young person's view is sought at each decision-making stage. Having a streamlined process leading to a single shared plan with the child at the centre. Being clear about which interventions are more effectively delivered together and which are more effectively delivered by a single service. 		<p>Evidence</p>	

Issues to consider	Signposts for improvement	Strengths	Areas for development	Actions
<p>Joint continuing professional development and self-evaluation</p> <ol style="list-style-type: none"> 1. Do we have an effective system in place for identifying joint CPD needs and for planning to deliver training jointly? 2. How do we evaluate the impact of joint CPD on staff and on children, young people and their families? 3. Do allied health professions and education staff have a shared understanding of what self-evaluation is and the purpose of self-evaluation? 4. Is there an effective process in place for carrying out joint self-evaluation of partnership working? 	<p>Education and allied health professions can improve the quality and effectiveness of their CPD and self-evaluation by:</p> <ol style="list-style-type: none"> 1. Ensuring that both health and education routinely plan for joint training opportunities for staff, as providers and recipients, and consider the involvement of parents. 2. Encouraging the use of a broader range of CPD opportunities for staff to include work shadowing, special interest groups, joint working groups, and resource sharing initiatives. 3. Agreeing to evaluate jointly the quality of their joint services to children on an annual basis. 4. Involving all stakeholders, including parents and young people, in their self-evaluation process to plan for service improvement. 		<p>Evidence</p>	

INCLUDED



Issues to consider	Signposts for improvement	Strengths	Areas for development	Actions
<p>Leadership</p> <ol style="list-style-type: none"> 1. Where are the greatest challenges to effective partnership working? 2. How can the challenges to partnership working be addressed by effective leadership and shared vision? 3. What are the interpersonal skills which lead to effective partnership working? 4. What is effective communication in the context of partnership working? 	<p>Education and allied health professions can improve the quality and effectiveness of their leadership by:</p> <ol style="list-style-type: none"> 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. 			

APPENDIX 4: LEGISLATIVE AND POLICY SUMMARY

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 summary contained in this appendix highlights the most relevant areas of legislation and policy which influence partnership working. The current policies leave us in no doubt that partnership working is integral to our day to day business. 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* – <http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking>.

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, 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 co-ordinated support plan. The Act has been subsequently amended by the Education (Additional Support for Learning) (Scotland) Act 2009.

Supporting children's learning: The Code of Practice (2009) will replace 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. The Code is currently being considered by the Scottish Parliament. Subject to Parliamentary approval, the Code will be published in autumn 2010.



Better Health, Better Care: Action Plan sets out a range of measures to improve the quality of the National Health Service in Scotland. The Institute of Medicine's six dimensions of quality form the key foundation to healthcare quality improvement: person-centred care, safe, effective, efficient, equitable and timely. Priority areas for action include supporting staff, and patients and parents/carers to create partnerships which result in shared decision making. 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. It identifies key elements of transformational changes that are needed to realise the ambitious outcomes of the framework. This includes 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 achievement and attainment 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 policies 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.

APPENDIX 5: ALLIED HEALTH PROFESSIONS PRACTICE MATRIX

The Universal, Targeted and Specialist Role of Allied Health Professionals (AHPs) working with Education

A model for enabling understanding of AHP roles and ways of working between health and education that applies to a variable extent across the AHPs according to their involvement in supporting learning outcomes for children and young people.

See <http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking> for profession-specific examples of the Practice Matrix.

Target Population/ AHP Roles	Universal Role	Targeted Role	Specialist Role
	For all children irrespective of need. Includes preventative or health improvement measures.	For children potentially in need of support but not referred and un-named. Includes general advice for non-specified children but not advice for a named child. This can be post-discharge but the advice will be of a general nature and not specific to any one child.	For children in need of support and have been admitted to the AHP service. (Open duty of care exists if assessment has identified need. Referral may not be accepted if needs can be met through universal or targeted support alone.) Individual or group work.
Individual Child or Young Person – intervention may be provided within a group	Information about the AHP services available and how they can be accessed. Awareness of environments which will optimise a child's development and facilitate identification of need.	AHP support given to school staff to enable them to help individual children within the school to achieve their learning outcomes or a particular group of children with common support needs.	Following assessment of need child requires time limited periods of AHP intervention to achieve predicted outcomes. Effectiveness of AHP support must be evidenced and either further support negotiated or child and family prepared for discharge. Specialist role could include supporting school staff in meeting identified needs.
School/Educational Provision (pre-school to end of secondary school)	AHP support that impacts on the whole school population.	AHP support given to school staff to enable them to help a particular group of children within the school to achieve their learning outcomes.	
Local Area/National Context	AHPs work in partnership with national and local policy makers and planners to develop understanding of AHP contribution to influence best outcomes for children.	AHPs contribute to forward planning and resourcing for children with additional support needs.	

INCLUDED



PURPOSE OF PRACTICE MATRIX AND DEFINITIONS OF UNIVERSAL, TARGETED and SPECIALIST ROLES²⁸

Purpose

- Each level within the matrix requires specialist AHP knowledge and skills to develop and support competence in those affecting the change
- An individual may receive support at more than one level/role at one time, or move within the matrix as they develop and progress
- Model recognises impact on functioning/activity/participation and allows for consideration of complexity of need taking into account child's or young person's setting
- Considers the most appropriate people and setting or context to affect change
- Includes concept of “self-management” – supporting child or young person and parents to take responsibility for their own/their child's development/learning
- Supports decision-making frameworks
- Communicates a consistent message about AHP services working within/with education

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/level with a positive impact on whole population/group
- Designed to be preventative or relevant to general health promotion, health improvement and health inequality
- Training and staff development to build capacity and raise awareness in potential referrers, increasing appropriateness of referrals
- Includes developing leaflets on roles, ways of working and referral process, advice sheets and access to web-based resources
- AHP involved in educating referrers, public and other agencies about access, risk and scope of practice

²⁸ See <http://www.scotland.gov.uk/Topics/Education/Schools/welfare/partnershipworking> for profession-specific examples of the practice matrix.

- Working with the whole school to identify and implement school improvement objectives related to meeting the needs of every child
- Parent/teacher training programmes – skills groups, projects and initiatives
- Curriculum differentiation, adapting the learning environment for the whole class

Targeted Role – for un-named children not necessarily referred (no duty of care exists for child/young person)

- Addresses health promotion and health inequalities for child at risk of not achieving outcomes within universal provision
- Promoting participation and self-management – supporting staff to make environmental changes within the class for particular group of children
- AHP provides support for other professional colleagues/parents to enable them to manage the care of a child/group of children
- Discussion of potential (un-named) referrals, which may include joint-planning, co-working and training sessions
- Takes account of the expertise of staff working in the setting, duty to education colleagues
- May be pre-referral involvement or post-discharge involvement/consultation
- No AHP open duty of care. If consent has not been obtained from the parent by education to seek general advice then no identifying information should be shared. If AHP requires further more detailed information about an identified child then referral should be made to AHP service
- A child receiving specialist input may also receive support typical of the targeted role where support is also provided for those working and spending time with the child



Specialist Role – AHP has open duty of care for a child who has been formally referred

- Unique contribution by predicting change of a timed episode of care for child
- Work could be with an individual child or as part of a group or both
- Aims to develop the expertise of others in managing an identified need e.g. giving advice to others about a named child
- Collaborates with professionals and parents to assess the risk and need of individual children
- Support will involve agreed desired outcomes, agreed strategies, joint goal setting and planning how identified goals can be integrated into the child's daily life at home and school
- An AHP programme may be appropriate with specific tasks carried out by an AHP assistant/pupil support worker or others within the child's environment
- A child receiving specialist input may also receive support typical of the targeted role where support is also provided for those working and spending time with the child.
- Some direct AHP intervention may be appropriate, in or out of school to be supported by the school and family
- Effectiveness of AHP input must be evidenced and jointly reviewed leading to either further input or the child and family prepared for discharge

APPENDIX 6: MEMBERSHIP OF THE PROJECT STEERING GROUP (2008-2010)

NAME	DESIGNATION
Maggie Tierney (co-chair) previously Mike Gibson	Deputy Director Support for Learning Division Learning Directorate
Jacqui Lunday (co-chair)	Chief Health Professions Officer Chief Nursing Officer Directorate
Tracy MacInnes	AHP Officer Education and Workforce Chief Nursing Officer Directorate
Norma Wright	HMIE
Linda Kirkwood	Curriculum for Excellence
Chris Ridley previously Lorraine Spalding	Getting it right for every child
Ruth Thomson Laura Meikle Rachel Barrie	Policy Officers Support for Learning
Martin Vallely	Edinburgh City Council
Sandra Mitchell	Children In Scotland
Jane Mallinson	Royal College of Speech and Language Therapists
Ann Kendall	Chartered Society of Physiotherapists
Elizabeth MacDonald	College of Occupational Therapists
Rachel Sunderland previously Robin McKendrick	Support for Learning Division
Sheila Downie	AHP Children's Services Action Group
Nicola Robinson	Development Officer – Partnership Working Project – Allied Health Professions
Douglas Hutchison previously Donald Ewing	Development Officer – Partnership Working Project – Education





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Support for Learning Division
Learning Directorate
Victoria Quay
Edinburgh
EH6 6QQ

Telephone number 0131 244 4914

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