



OFFICIAL REPORT
AITHISG OIFIGEIL

DRAFT

Education, Children and Young People Committee

Wednesday 28 February 2024

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EDUCATION, CHILDREN AND YOUNG PEOPLE COMMITTEE
7th Meeting 2024, Session 6

CONVENER

*Sue Webber (Lothian) (Con)

DEPUTY CONVENER

*Ruth Maguire (Cunninghame South) (SNP)

COMMITTEE MEMBERS

- *Stephanie Callaghan (Uddingston and Bellshill) (SNP)
- *Pam Duncan-Glancy (Glasgow) (Lab)
- *Ross Greer (West Scotland) (Green)
- *Liam Kerr (North East Scotland) (Con)
- *Bill Kidd (Glasgow Anniesland) (SNP)
- *Ben Macpherson (Edinburgh Northern and Leith) (SNP)
- *Willie Rennie (North East Fife) (LD)
- *Michelle Thomson (Falkirk East) (SNP)

*attended

THE FOLLOWING ALSO PARTICIPATED:

- Dinah Aitken (Salvesen Mindroom Centre)
- Deborah Best (Differabled Scotland)
- Glenn Carter (Royal College of Speech and Language Therapists)
- Suzi Martin (National Autistic Society Scotland)
- Irene Stove (Scottish Guidance Association)

CLERK TO THE COMMITTEE

Pauline McIntyre

LOCATION

The Robert Burns Room (CR1)

Scottish Parliament

Education, Children and Young People Committee

Wednesday 28 February 2024

[The Convener opened the meeting at 09:33]

Additional Support for Learning Inquiry

The Convener (Sue Webber): Good morning, and welcome to the seventh meeting in 2024 of the Education, Children and Young People Committee.

The first item on our agenda is the second formal evidence session on our additional support for learning inquiry, which will consider how the Education (Additional Support for Learning) (Scotland) Act 2004 has been implemented and how it is working in practice 20 years on—wow!

We will focus on three themes throughout the inquiry: the implementation of the presumption of mainstreaming; the impact of Covid-19 on additional support for learning; and the use of remedies as set out in the act. Today, we will focus mainly but not specifically on the second theme—we will probably stray into other areas.

I welcome our witnesses. Suzi Martin is the external affairs manager for the National Autistic Society Scotland; Glenn Carter is the head of the Scotland office of the Royal College of Speech and Language Therapists; Dinah Aitken is the director of development and external affairs at the Salvesen Mindroom Centre; and Irene Stove is a deputy headteacher and committee member of the Scottish Guidance Association. I welcome all of you and I thank you for the written submissions that you provided ahead of the meeting, which have been extremely helpful.

We will move straight to questions. I have taken convener's privilege this morning and I have the first question, which is a bit of a scene setter. It focuses on Covid-19 and the impact that it has had on our young people. What are the main impacts that the pandemic has had on pupils with additional support needs, children, young people and their parents? To what degree have those impacts been mitigated by the support that schools and local authorities have put in place since then? Who would like to go first? That is a big scene setter.

Glenn Carter (Royal College of Speech and Language Therapists): The pandemic has had significant impacts on children with additional

support needs, and those impacts have been varied. One issue was access to services during the pandemic, when people struggled to get access to a range of different services. Our member speech and language therapists rapidly changed their way of doing business to make virtual offers. They had already established a good social media presence, which was helpful. However, many of them were redeployed to adult services, which reduced their capacity to provide services for children with additional support needs. When the schools started to reopen, access to schools was variable. Interestingly, whether they got access to the schools sooner rather than later depended on the local relationship and whether they were seen as core members of the team.

Access was therefore a clear issue, but our members, early years practitioners and teachers are saying that there has been a significant impact on children themselves. The primary impact that they have seen is the increase in the complexity of needs that is presented to them because of the lack of early intervention and prevention. We know that a significant number of children with additional support needs have communication needs, and there is quality evidence for the alignment between communication and their attainment, wellbeing, attendance at school, behaviour and future life chances. We are seeing an impact on all those areas. I suppose that all of that speaks to the importance of being able to get in as early as possible to meet the needs of children.

In summary, we are seeing an overwhelming increase in demand and an increase in the complexity of children's needs.

The Convener: Members will want to ask specific questions about speech and language therapy as we move through the session.

Suzi Martin, what about you?

Suzi Martin (National Autistic Society Scotland): I will give a brief introduction to our organisation for anybody who is not familiar with it. The National Autistic Society Scotland has been supporting autistic individuals and families for more than 25 years. We have a range of support services, some of which are directly for autistic children and young people, including a programme of support for those children and young people who are not currently engaged in education. The team looks to re-engage them in education or, if that is not possible, puts measures in place to put them on the pathway to a positive destination.

We also have a programme of support called empower up, which gives autistic young people the tools and strategies to navigate the world around them. We have a network of 16 branches across Scotland, many of which are run by autistic

people, parents and carers, a lot of whom provide support directly to families.

We also campaign alongside autistic people and their families, as many of you will know. You will be familiar with our campaigns. The “Not included, not engaged, not involved” education campaign was launched in 2018. We also have an on-going campaign for a commissioner for autistic people.

I thank the committee for the opportunity today. I should say from the outset that I will draw on a number of sources of evidence, including our report “Not included, not engaged, not involved: A report on the experiences of autistic children missing school”; our report “Left stranded: The impact of coronavirus on autistic people and their families in the UK”, which was United Kingdom-wide and covered the experiences of autistic people and families during Covid; and a short survey that we did just before Christmas specifically for this inquiry, which garnered more than 100 responses.

On the impact of Covid on autistic children and young people and on their education, I want to say from the outset that the problems that we experience in Scotland with additional support for learning provision and the issues around the presumption to mainstream existed before the pandemic and persist today. The pandemic did not cause those problems, although there is no doubt that it exacerbated the existing problems in the system. You heard that at your meeting last week, and you will likely have heard it at your participation session.

Obviously, lockdown significantly disrupted the lives of autistic people, particularly autistic children and young people and their families. Many of them used school as a coping mechanism, as it provided routine and structure. Where support was provided, it was much-needed support for learning. When that support was withdrawn, that had a huge impact not only on their learning and education but on their social life and the skills that they had learned at school. There was an impact on the family unit as well.

Our report “Left stranded” found that 68 per cent of families who responded said that their child or young person was anxious at the loss of routine and that 65 per cent said that their child or young person could not engage in online classes. Those were extremely significant impacts.

We also know that some children and young people had a different experience. Going to school can be a significant cause of anxiety and stress for many autistic children and young people, for a variety of reasons. That is largely down to a lack of support in schools. When the need to go into school was removed from their life, that removed a big source of anxiety and stress for those children

and young people. I will not say that being at home and learning online was better for them—for many of them, it would still have been extremely difficult—but some would certainly have found the online learning experience more positive, because they did not have the stress and anxiety of going into school.

The Convener: Members will drill into some of those themes later, so if you could just—

Suzi Martin: Sure.

We cannot overstate the importance of being in the school environment. At the time, we called for transition planning in relation to schools supporting children and young people coming back into school following the Covid pandemic. Some schools did that really well and others did not put transition plans in place. Some autistic children and young people are still not at school today because there was not the right support for transitioning out of Covid and back into the school environment.

There are great examples of good practice in which schools have mitigated the impacts and have got children and young people back into school, but some children and young people—and their families—are still really struggling today.

The Convener: Thank you.

What about you, Dinah Aitken?

Dinah Aitken (Salvesen Mindroom Centre): I would paint a picture similar to the one that you have already heard of. We support parents and carers of children and young people who are neurodivergent and the children and young people themselves. We also do some transition work in schools for children who are considering the next steps after school. It is true that those families were struggling and that services were scant before the pandemic, but the pandemic put a sharp focus on the isolation and the difficulties that those families have been facing.

Following the pandemic, we have seen a surge in demand for our services. We are supporting three times as many families as we were in 2019, and the level of distress within those families is much deeper and the issues that they are bringing to us are much more complex.

One of the key impacts of the pandemic on young people that we are seeing is the absence of transition. There are children in upper primary school who missed the key transition from the play-based learning of primaries 1 and 2 to the more structured learning of primaries 3, 4 and 5, and they are struggling in upper primary school to make up that difference.

There are also adolescents in secondary school who missed the in-person transition from their

primary school to their much larger secondary school. One of the key issues for those children is socialisation. The levels of anxiety among those children are quite extreme. We are supporting lots of families in which the children are not in school at all or have extremely part-time timetables—they may have just a couple of hours of teaching. We are finding that it is taking longer to help the children who are out of school to return to school, that they are out for longer periods and that the part-time timetables are persisting for longer periods.

I am sorry that it is a bit of a bleak picture, but we are facing quite a difficult period for all schools and families.

The Convener: We always try to shine a spotlight on the issues, so thank you for that.

A number of you have mentioned the “Stay at home, save lives” message and how young people really took that message to heart and are still finding being back in school a source of anxiety. Irene Stove, will you comment on that? In relation to your evidence, I am keen to learn about the families aspect and the role of respite services, which were stopped and, in many cases, have not returned. Will you respond on that element of it?

09:45

Irene Stove (Scottish Guidance Association): As guidance teachers, we had a lot of children who took the message to stay at home literally—particularly our children with autism and anxiety, and children who had to isolate because they or a family member have a suppressed immune system. Coming back to school continues to cause them anxiety.

Across Scotland, as you will be aware, attendance has dropped. We have children who have not made it back to classes or whose attendance is incredibly low. We have children who are waiting for medical treatment and are taking time off beforehand because they do not want to catch something in school. That impacts on attendance. All those issues impact on families, because they are struggling to engage with schools and to support their young people back into school.

I have had meetings—as have my colleagues—with parents who are really worried about the level of their child’s anxiety and who have had to engage with mental health services that they would not have had to engage with before the pandemic. The pandemic has caused an increase in the number of children with additional support needs due to the levels of anxiety. Dinah Aitken mentioned dysregulation, and we are seeing a lot of children with dysregulation, which is probably linked to their stress and anxiety.

As Glenn Carter mentioned, services are not getting into schools to provide support with communication. The children were not getting to use services during lockdown, and, when lockdown was lifted and we were back in school, we had all the mitigations in place, so it was really just core school staff who were in school. That meant that some children had to wait quite a long time, which has impacted on their communication needs, and that then impacts on their anxiety and their ability to regulate.

A lot of our members were engaged with the connected and compassionate communities initiative to ensure that all staff in schools were trauma informed and able to support young people. Education Scotland provided a lot of resources that schools tapped into to address some of the mental health needs.

On the issue of parents coming back into school, we were having parents nights online and were not building the same relationships. As Dinah Aitken said, the transitions for our most vulnerable young people are normally enhanced and cover a long period of time while they move from primary to secondary. During the pandemic, some of those transitions were made online, which was the best that we could do. Schools were trying different things—some were doing virtual tours so that the young people could see the school. However, for young people with complex needs, that was not enough.

For a lot of parents, the respite services that you mentioned stopped. That has put an immense pressure on families and it has impacted on their mental wellbeing as well. In our experience, respite services have not gone back to pre-pandemic levels.

The Convener: In your written evidence, you speak about how, when a young person goes to a facility, they have a social network there. Therefore, the service is beneficial for them as well as for their families.

Irene Stove: That is right. It gives the family a break and time to spend with their other children, but it is also important because a lot of children used to look forward to respite. At the moment, there is still anxiety among the young people we see who are accessing respite because they have not had the same opportunities to be away from home, so it is more daunting.

The Convener: Thank you. I will go to Michelle Thomson for some questions.

Michelle Thomson (Falkirk East) (SNP): Good morning, panel. Irene Stove has led on to the issue that I want to raise, and I want to bring in other panel members on that. I am interested in the insights that were gained during the pandemic about how dysregulated behaviours became more

apparent and increased. To what extent have they become embedded, particularly in children in the early years? You give a lot of information in your written evidence, but this is a chance to put that on the record.

I will go to Glenn Carter first.

Glenn Carter: There is no doubt that we are seeing an increased number of children with behavioural difficulties. In the context of children with communication needs, all behaviour is some form of communication. We know that communication is part of who we are as humans and that we long for connection. If that connection is not there and there is an inability to communicate, we can become distressed or depressed and low, and/or behavioural issues can come to the fore.

That is certainly what we are seeing. Children with communication difficulties are far more likely to have behavioural difficulties and are desperate to have their needs met and to express their needs and wants. That is where having speech and language therapists in educational establishments can really help. We can support staff to understand those needs and then to support children to express their needs and wants and get that connection that they desperately want.

There is a real connection between communication and behaviour. We know that, if we give those children a voice, everything settles down. They feel connected and supported by those around them. That is a really powerful tool to reduce the level of behavioural difficulties.

Michelle Thomson: Suzi, do you want to come in? You reference the issue in your written evidence.

Suzi Martin: The committee heard in its evidence session last week—I am sure that we will hear the same in this session—that there is felt to be an increase in the number of learners with additional support for learning needs. Autism is a lifelong disability. Some autistic people do not consider it to be a disability; they consider it to be an integral part of their identity. If there are more autistic children and young people, that is a result of more awareness of autism and people coming forward to seek a diagnosis and support for their autistic experience.

Without doubt, Covid-19 will have caused autistic children and young people a lot of anxiety and stress, which has probably resulted in dysregulation and certain behaviours. The removal and withdrawal of services will certainly have exacerbated that. For autistic children and young people, it is all about support. If support and services are there, they are likely to be able to enjoy their school experience and socialising with

their peers. However, if support is not there, they will experience dysregulation and will potentially behave in a way that others around them perceive as challenging or problematic.

I agree with Glenn Carter's point about communication. Communication support is a key aspect, along with other supports that need to be available. Part of the autistic experience can be difficulties with social communication, so being able to communicate well with your teachers and peers is a big part of being able to enjoy school and socialising. Covid-19 will have resulted in more autistic children and young people feeling dysregulated and all the behaviours that come with that.

Michelle Thomson: I will pick up on the way in which I framed the question. In your written evidence, many of you present how Covid has led to more dysregulated behaviour, but I am interested in not just the increase but whether there are instances of certain behaviours or issues having become embedded. Depending on the learning stage or age that the child is at, putting in place mitigations to overcome that would be extremely difficult.

Suzi Martin: I would defer to colleagues as to whether issues have become embedded at a specific age or stage and whether autistic children and young people, as well as others with additional support for learning needs, are still experiencing dysregulation and certain behaviours as they get older.

From our experience, when families receive the support that they need, the autistic children and young people really start to progress and do much better at school and at home. For us, it is about getting the support in place, and that is what families are fighting for. Nonetheless, I would defer to other colleagues in health and social care on that.

Michelle Thomson: I can see smiles from people who obviously want to come in. Dinah Aitken has caught my eye, and I can see that Deborah Best and Irene Stove are keen to come in, too.

Dinah Aitken: Again, I am not sure about commenting on whether behavioural issues have become embedded. I would certainly use the same phrase that Glenn Carter used: all behaviour is communication.

As an organisation, we have success in supporting families to improve those situations. However, it is very much a relationship-based approach that involves building trust and learning the communication needs of the particular individual, and that work is quite labour intensive. It takes time—there is not really a quick fix for some of these children, as they need intensive

support to enable them to manage better in the environment that they are in.

Michelle Thomson: Deborah, I know that you have not had the chance to contribute yet. Good morning.

Deborah Best (Differabled Scotland): Good morning—I am sorry that I have joined you late. The email to say that the time had changed slipped by, so I thought that the meeting was starting at 10 o'clock.

Differabled Scotland supports the whole spectrum of neurodivergence in families. There is a direct link, which our trainer in our training programme will highlight, with reaching the stage of puberty. That often causes regression behaviours throughout.

Early puberty, during the period of late primary school and the transition into secondary school, can be problematic. When puberty is kicking in, the regression in behaviours can present major difficulties in the transition to high school. That is when we see a lot of behavioural situations occurring, and there seems to be a lack of understanding that behavioural regression can take place during puberty.

Michelle Thomson: Thank you. Irene, I know that you have not had a chance to come in yet, but I will lead off with my next question, so you may want to pick something up from that.

In the light of what we now know, or have a strong sense of, what do you consider to be the key points of intervention post-pandemic, and where do they differ from what we might have thought were the key points pre-pandemic?

Irene Stove: I was going to speak about how online learning increased communication issues for young people. We were basically asking children to communicate and engage through computers and social media, and, as our members have noticed, that has led to a big increase in cyberbullying, which in turn leads to greater anxiety, stress and dysregulation. The environment of being at home and the lack of opportunity to learn social skills through play has also had an impact on children.

Can you repeat the last bit of your question, please?

Michelle Thomson: Have we been able to capture what we now know, with hindsight, would have been the key intervention points at which behaviour tipped into dysregulation? Have we gained new insights into that? In other words, is that a positive from the pandemic? We knew before what the key points of intervention were. Are they still the same and have they simply been exacerbated, or do we have any new insights? That is what I am trying to get to.

The Convener: That is a very small question—it is like the Covid inquiry on steroids, is it not?

Suzi Martin: I am happy to come in on that question. I do not know if I will answer it fully, but I will give it a bash. I am not convinced that the intervention points are necessarily different per se, although I am happy to be corrected on that by colleagues on the panel.

10:00

Early intervention is key—we always knew that. When it comes to dysregulation and autistic children and young people struggling, that happens largely because their needs have not been identified or have been overlooked. It will always be a case of coming in at the earliest possible opportunity.

The main piece of feedback from young people in relation to our programme of support for autistic children and young people who are not engaged in education, which used to be for young people aged 12 to 16, was that it was fantastic and that they wished that they had had it when they were at primary school. We reduced the age of those who can access that support from 12 to 10, so we now support 10 to 16-year-olds. That change, which was made just after Covid, means that we can support people with the transition from primary to secondary.

I am not convinced that the intervention points are necessarily different, although others might say otherwise. I think that it is always a case of early intervention—as early as possible.

Michelle Thomson: Do you agree with that, Glenn?

Glenn Carter: Yes, I do. That goes back to your previous question about whether dysregulated behaviours have become “embedded”. I am not sure that I would use that term, but it is absolutely right to say that, the earlier we get in, the more we can stop harm occurring—in other words, we can prevent some of those behaviours. Of course, we can still provide effective interventions further down the line, to turn things around and support kids to have their voice heard, to learn and to make friends in an education context.

On your broader question, I agree with Suzi Martin that the key intervention points are still the same. It is still a question of early intervention and prevention. I led a children’s speech and language therapy service during the pandemic. We had done a big piece of transformational work that involved a move towards a whole-system approach in our educational establishments, and I observed that, where that approach was working extremely well, that work was still going on, even when therapists could not get to their placements,

if that makes sense. There was still an element of sustainability. Because we had empowered educators and developed the environment, they were effective at early intervention and identification, and that was beneficial for the kids when we did not have access.

I hope that that gives you a sense of the learning that has been done. The pandemic shone a light on that particular aspect.

The Convener: I formally welcome to the committee Deborah Best, who is the director of Differabled Scotland.

We move to questions from Ruth Maguire.

Ruth Maguire (Cunninghame South) (SNP): Good morning, and thank you for being with us. My questions are for our witness from the Royal College of Speech and Language Therapists, but I am happy to hear from anyone else.

We have heard about the importance of communication and its impact on attainment and behaviour, and in protecting against mental health issues. In your submission, you say that there has been a marked increase in presentations since the start of the pandemic and that, three years on, demand is still high. I was quite struck by the numbers in your submission, in which you say that, in May 2023, more than 6,000 children were waiting for speech and language therapy and that the average longest wait for initial contact and the average longest wait for individualised therapy were more than a year.

I have a number of questions. Has there been any easing of the pressure? Does what you say about the average longest wait for initial contact and the average longest wait for individualised therapy mean that a child is likely to have to wait for more than a year or that they are likely to have to wait for more than two years, if that makes sense? Do they have the contact and then have to wait another year for the individualised treatment?

I would also be interested to hear about the impact of those waits on development. In answering my colleague Michelle Thomson's questions, you spoke about the importance of intervening and you said that it was possible to catch up, but it would be helpful for the committee to understand what the impact might be for a three or four-year-old, say, of having to wait for a year before receiving an intervention.

Glenn Carter: There is no doubt that there has been a significant increase in demand. In speech, language and communication, we are very fortunate to have high-quality prevalence data. Before the pandemic, the Scottish Government commissioned a brilliant report called "Equity for All: Children's Speech and Language Therapy Services in Scotland". That was the first time that

any country in the world had scoped its communication needs. It estimated that there were 275,000 children with communication needs.

According to a Public Health Scotland report, health visitors have noticed a sharp increase in communication issues and, indeed, have cited communication as their highest concern. It is always their highest concern, of course, but they have been noticing a sharp increase in such issues, particularly among two-and-a-half-year-olds. That is a key area for spoken language development.

Finally, we carried out a survey of all Early Years Scotland members and we found that 89 per cent of them had seen an increase or a significant increase in the numbers involved and the complexity of communication needs. I can come back to the why in a minute, if that would be helpful.

On your question about waiting times, demand has been very significant. Indeed, we put in a freedom of information request on the matter to all health boards, local authorities and health and social care partnerships. You are right to say that the average longest wait is a year and a month for individual contact, but the fact is that different services manage that sort of thing differently. Sometimes they wait for initial contact, while sometimes they put on another wait for individualised support, if that is needed. Not all children require individualised support, but some do. You might ask whether that is a normal sort of wait, but, through our FOI analysis, we were able to show that, over the past five years, the wait has increased—the wait for initial contact has increased by seven and a half months and the wait for individualised therapy, if required, has increased by 10 and a half months.

The reasons behind that are complex. There is, of course, the increase in demand. We also have a poor supply of speech and language therapists in Scotland; only two higher education institutions provide training, and current vacancy rates are between 10 and 11 per cent. Another really important issue that has come to the fore in recent times is that the funding for speech and language therapy services is complex and extremely vulnerable to cuts. Indeed, just last week, one local authority cut 100 per cent of its funding for speech and language therapy. These are challenging financial times and I am not using this position to blame anyone; I just want to point out that these are very difficult decisions that can—and will, I would suggest—significantly impact our children's future.

In response, then, to your question on impact, I would say that for a child to wait that amount of time at that age is, in my view, unacceptable. Again, I am not apportioning blame, but it is bad

enough for adults to wait that long, depending on what they are waiting for. For children, it is a very significant amount of time, given the amount of development that they do in the early years and critically around the age of two, three and four. It is an extremely long time to wait, and it has a very significant impact on their outcomes. We know that to be true, and that is why we are expressing concern about it.

Does that help?

Ruth Maguire: It does, thank you.

You were talking about how resource straddles health and education. I am not going to ask which local authority you are talking about—even though the convener is asking me to—but what do you think needs to change? After all, children's services as a whole straddle health and education, so the obligations to support children should already be there, if you know what I mean. I struggle to understand how that can happen.

Glenn Carter: I agree, because, in the end, these are not health children or education children, but Scotland's children—in other words, they are whole children. What has happened in some areas of Scotland is that you will get one local area asking what children with communication needs require in order to be SHANARRI—that is, safe, healthy, achieving, nurtured, active, respected, responsible and included—and then working as an integrated team and pooling resources to deliver on whatever the answer might be. Each area is different—there will be remote challenges, inner-city challenges and so on—but it is that answer that should drive the funding, not the other way around, if that makes sense.

I have been working across Scotland with key partners such as the Association of Directors of Education in Scotland, the Convention of Scottish Local Authorities, allied health professional directors and speech and language therapy leads to come up with an answer to your question about funding. I think that we should have a partnership funding agreement between health and education. We are developing a consensus on the challenges and trying to reach a consensus on the solutions, but we should find a way of supporting these children's needs and not fight over who is paying. The issue is too important for Scotland to wrestle with it.

At the moment, there is no accountability for these types of outcomes in communication. There are no particular measures. However, we could do something in Scotland to provide for accountability in health boards and local authorities. I would argue that there should be a joint accountability, because the issue is so relevant to both health and education. That would help to drive some of the change.

It is a complex issue. As a service lead, I have been talking about this for a long time. The vulnerability of funding for speech and language therapy is different from some other areas. I do not see that vulnerability in other areas of the United Kingdom, so it is a concern for me. We need to act quite urgently on that.

Ruth Maguire: Committee members spent some time with children and young people and heard what was important to them. One thing that stuck out for me was how important, protective and empowering it is for them to have positive relationships. Communication is key to that.

You spoke about a whole-system approach and gave a helpful example of where that had been built in and how all the staff or people around a child could pick up that approach. What needs to change for us to have a whole-system approach? Is it the case that getting it right for children with communication challenges or difficulties is better for everybody? Is it good for all children, such that it is not just about a specialist service?

Glenn Carter: That is absolutely right. This is a whole-system issue and everyone needs to be involved. It is everybody's responsibility. Speech and language therapists are a core part of it, but there is so much more to it.

What needs to change? Speech and language therapy and allied health professions in children's services as a whole have done a load of work to transform how they do business in terms of early intervention and prevention. They have bucked the trend in health services to get upstream. You will know the pressures on acute services, and there is lots of power within those services.

There are some unhelpful aspects of the focus on waiting time. Sometimes that focus draws people back to a more individualised, support clinic-based approach, which I think is unhelpful. That is why we are asking for different types of measures that are helpful and can drive the system.

In the whole-system approach, we need to value early intervention and prevention and say how important that is. We need to value that approach, through which there could be a speech and language therapist working in every school and every education placement—that is what we are advocating. They would not necessarily be there to do what people think speech and language therapists do in providing individualised support, although that is part of it; they could do work around embedding, supporting teachers and practitioners, and modelling and coaching contexts. Formal training is great, but we know from research that, without coaching and modelling contexts, it does not work.

We know that a whole-system approach works. I have been working on it for a long time as a speech and language therapist. You need a whole-system approach and you need people to value it. You need local authorities to value it as well.

In addition, you need a threshold resource to deliver it. I have been saying that, yes, we need transformation, but we need adequate resource to deliver it as well.

Pam Duncan-Glancy (Glasgow) (Lab): I have a supplementary question for Glenn Carter that relates specifically to the point about behaviour and behaviour as a communication. How involved has the Royal College of Speech and Language Therapists been with the cabinet secretary's summits on behaviour in schools? Have you been engaged by the Government on that?

Glenn Carter: To be honest, we have not been engaged in it. We have been making the case for the link between behaviour and communication, but we have not been involved in that specific bit of work.

Liam Kerr (North East Scotland) (Con): I will pick up on the same theme, specifically with regard to Covid and its impacts. Your organisation has made it clear that the interventions that you make cannot be one-offs in the early years and that, ideally, they should cycle right the way through. Did Covid break that contact with a lot of young people? If so, has it been easy to pick up the contact again after Covid, or have there been the challenges that Ruth Maguire mentioned, such as waiting times? Have some people been lost from your interventions?

10:15

Glenn Carter: You are right to say that, in early years placements and schools, a significant number of kids have inadequate spoken language skills. We hear from early years practitioners that, before Covid, they had a small group of non-talkers and a group of talkers, as they define it. However, after Covid, the position has flipped, which is a worrying trend.

We know the interventions and supports that can close the gap for those kids and provide them with the spoken language and communication skills that they need to access their learning environments. However, as you pointed out, that support needs to be maintained throughout their school careers. As soon as we stop working on communication and spoken language, that gap can widen.

There is variability across Scotland in access to a lot of services, with pressure on waiting times. Given that demand has shot up, there is a risk that

services are pulled back to old, traditional models in which they get through the waiting times but then that is where people sit, with individualised support rather than whole-system support. The pandemic has absolutely put extra pressure on that situation.

If we add that to the anxiety and stress that staff who have been through the pandemic have experienced, we can see that things are very difficult. Waiting lists are a blunt instrument. They measure only the people in the queue; they do not measure the number of people who cannot access that queue. The most vulnerable people who are struggling and living in poverty do not necessarily access that type of model as effectively, so I am particularly concerned about them.

The Convener: I want to ask a more generic question. The committee has heard about what happened during Covid. Suzi Martin, I think you said that some online learning opportunities were far better suited to some young people with additional support needs. I want to better understand the challenges in developing more flexible school education services during Covid and the challenges in keeping those services going now.

Suzi Martin: I want to clarify that point. Yes, some autistic children and young people felt that online learning was a more positive experience for them, but a lot of that positive experience will have been because the stress and anxiety that are caused by the school environment were removed. Therefore, the issue is about making the school environment inclusive rather than assuming that online learning is the answer.

Online learning definitely has a role to play, and we do not necessarily feel that there has been sufficient learning around that since the pandemic. Before Covid, there were autistic children and young people who could not go into school and were not getting an education, and then, suddenly, online learning was available and they could engage in education. Since the return to in-school learning, the online option has been removed and, again, they are now not engaging in education. That learning has not necessarily continued into the post-pandemic environment, which has been very disappointing for many families who benefited in some way.

However, I do not want to understate the importance of making the school environment inclusive, and I do not want all of us around the table to assume that online learning is the answer for all autistic children and young people, because it is not a case of one size fits all.

I cannot speak specifically to the challenges that schools experienced in putting online learning in place, but we know that online learning and not

being in the class environment increased some staff capacity. That allowed some staff to have more one-to-one time with learners, which they would not necessarily have received in a class environment. Some capacity might have been freed up in some situations, and learners benefited from that.

The Convener: Would that one-to-one time have been online?

Suzi Martin: Yes, it would have been online, and learners would not necessarily have received that in school. Therefore, in some cases, autistic learners received a little more support than they had received before the pandemic. However, the results of the survey that we did specifically for this inquiry showed that more than half of respondents felt that their support got worse during the pandemic. It is a mixed bag.

Deborah Best: We experienced something very similar. Parents report to us that the number of children who are not attending school has come off the back of Covid. That is because, for so many of those children, the learning environment, from the safety of their home, was much more suited to their style of learning. We are aware that that environment was not productive for some children but, overall, it has been reported that many children preferred learning remotely. We wonder whether there could be a hybrid model of learning, in which children and young people could attend school when they are able to but, when they might be struggling, there would be access from home to online learning and the curriculum, so they could still attain.

Dinah Aitken: One thing that happened during Covid was that, for parents who were able to take on the mantle of doing home learning with their children, they sat alongside their children and better understood what the children were required to learn. The parents saw more closely what their child was struggling with and understood their child's learning style and needs much more than they might have done when they sent their child to school and just asked them when they got home, "How did you get on today?"

When the schools went back, those parents were much more informed about their children's needs and asked the school for more support that would benefit their child. That has possibly added to the increase in awareness of additional support needs in schools and the demands on schools for suitable support for children.

The families that we support, which include children with all types of neurodivergence, had mixed feelings about online learning, too. For some children, it was great—they really took to it and would like to continue with it—but, for others, it did not work. A hybrid model that gave people

choice would potentially be the way forward because, unfortunately, there is no one-size-fits-all solution for those families.

The Convener: You spoke about parental involvement in young people's learning but, obviously, in some families, the parental engagement was not as positive, shall we say, which perhaps had an even more detrimental effect on the young person.

Dinah Aitken: Particularly during the first lockdown, when parents thought that they had to replicate the school day at home, people did not know what to do, and it was overwhelming. Even with the online stuff, because there was so much online, for the parents who were able to do it, it became a full-time job to administer the lessons and use all the documents and platforms. That was very difficult, and some families simply could not deal with it.

By the time of the second lockdown, people were perhaps a bit more relaxed and realised that they could not replicate the school day and that just keeping their children calm and happy was perhaps as beneficial as trying to replicate full-on teaching.

Irene Stove: The online offer across Scotland was varied and depended on where teachers were in their learning about the use of such resources. A lot of pupils did not engage at all with the online offer. Staff tried different things such as phoning or checking in with children in different ways. At times, guidance teachers posed silly questions such as, "What's your favourite flavour of crisps?" to try to get a response.

Online learning was not an option for many young people, such as children with complex needs and children who do not make eye contact and do not respond to questions that are posed. Staff tried to send resources home, including paper resources, and we were able to have some walk-and-talk sessions, when those were allowed. There were lots of different ways to try to engage young people.

As Suzi Martin said, some children loved online learning. For some children with autism, it was great, and it was the biggest response that we had had from them. However, a hybrid model for schools would need to come with additional resources. Schools are already struggling to cover classes. A lot of my colleagues who are principal teachers are covering classes and, as a depute, I spend a lot of time covering classes, because staff absences have increased following the pandemic and mental health has suffered. Although I would love to be able to welcome a hybrid model, I am not sure how schools would be able to cater for it without additional resources.

Pam Duncan-Glancy: Before I asked my earlier question, I should have said that I welcome you to the meeting. Thank you for all the information that you have given us in advance and for what you have shared with us in the meeting, which is really crucial. I will start with a general question, if that is all right, which I will direct to Suzi Martin and Deborah Best.

The first action in the Scottish Government's action plan for pupils with additional support needs is to have a vision for pupils, which is that:

"school should help"

them to

"be the best they can be. School is a place where children and young people learn, socialise and become prepared for life beyond school."

Do you think that that is happening? If not, why not?

I might have another supplementary question, but I will wait to see how we get on.

Suzi Martin: We welcome the additional support for learning action plan. However, progress has been slow and, currently, it has not created the change that we needed to see. That is still very obvious to this day, because, every day, we hear from families who do not feel that their autistic child or young person is supported or included in a mainstream school environment. We see continually that autistic children and young people are forced to "fail" in mainstream settings before any other option or support is offered, and families are still forced to fight the system to get that support, with many being forced into legal action and having to engage a solicitor before a solution is found.

Clearly, the system is not working for autistic children and young people when it comes to their right to an education, and we do not necessarily know the scale of the problem, because, for example, the recording of part-time timetables is not consistent or accurate. We do not currently understand the scale of the problem, but we know from the families that we hear from every day that not engaging with education and not feeling included in schools is a huge problem for autistic children and young people.

I will mention three fundamental things that are part of the solution. First, we need to ensure that the school environment is inclusive. There are lots of things that schools can do, which some do very well. The trend towards superschools is potentially unhelpful and quite harmful, depending on what those superschools look like.

Secondly, we need training to ensure that staff have the appropriate level of autism understanding. That touches on Ruth Maguire's point about positive relationships: we should

consider how you can have a positive relationship with an autistic child or young person if you do not understand what autism is.

Thirdly, there will always be a need for specialism in the mainstream. As Glenn Carter and others have touched on, we need to ensure that the specialist provision in the mainstream is adequately resourced in order to ensure that schools and education are inclusive for all and that all young people and children can access their right to an education.

Pam Duncan-Glancy: Thank you. I really appreciate that.

Before I bring in Deborah Best, I want to ask about the recording of timetabling data, which is not what it should be. Can you tell us a bit more about that and about what we need to change to make it more fit for purpose?

Suzi Martin: Of course. A code for recording part-time timetabling was introduced only in 2018-19 off the back of the "Included, engaged and involved" guidance. Schools have only recently started to be able to record part-time timetables. Previously, they would have been recorded as some kind of authorised absence under a different code. Obviously, we therefore expected the recording to not necessarily be great for the first few years, because it is a new code and schools are getting used to how to record a part-time timetable. In the most recent data set that we had, there was a note against the data saying that it was still inconsistent and that there were still significant variations. We need to ensure that schools are aware of and follow the guidance about recording absences and that they specifically record part-time timetables.

10:30

There is an issue in schools. Schools and teachers are undoubtedly struggling with a lack of resource. Part-time timetables can be a supportive measure and are often used with the intention of being supportive, but in a lot of cases they are a sticking plaster for a lack of support. They can be harmful in that it can be difficult for young people to get back to full-time education once they are on a part-time timetable. Some of the part-time timetables that we are talking about could be three hours a week. I have heard of autistic children and young people who are receiving only three hours of education a week.

There is an issue with how part-time timetables are being used in schools, which possibly feeds into their not being recorded accurately. They are seen as a supportive measure, but the way in which they are being used is not always supportive, even if the best intentions are behind it. I hope that that makes sense.

Pam Duncan-Glancy: It does. Thank you.

Deborah Best: We get lots of negative comments about part-time timetables and informal exclusions. Parents are regularly coming to take their children out of school for the safety and wellbeing of the child, but that means that the parent has to come out of work and the child is not accessing education. When I challenged that from a parental perspective several years ago, I asked to see how it was being recorded on the school register, and it was “Sent home sick with permission.” It is not recorded that the parent does not want to remove the child but the school is refusing to keep the child in the school environment.

That also has a huge poverty impact, because parents lose their jobs. It is difficult to sustain work and maintain good physical and mental health, because, if a parent cannot go to work and access respite because their child is either on a part-time timetable or is being sent home most days of the week, they feel that that fundamental right to education has been taken from them. That is a huge issue.

One of our parents, who engages with a lot of other parents through her child’s primary school, gave a wee bit of input, which covers a lot of it. If it is okay, I will pass on what she says. She says that many families that she speaks to continue to fall between the presumption of mainstreaming and special needs education. The first of the young people who were thrust into mainstream education were allowed to fail due to inconsistency or lack of support, especially in the early years, despite strong evidence of need and promises of support.

It seems that it is now almost a requirement that a child must first fail badly before they are seriously considered for a specialist placement. The parent said that she has even heard that said to families from within education. In the meantime, the child and the family endure so much trauma—trauma is a huge issue—that it takes years to recover from it, if they ever do. Evidence also tells us that the school staff are traumatised, as we see in staff absences, unsustainable stress and even some staff leaving the teaching profession altogether.

The other extreme, which the parent says she has seen with her youngest child—she has three autistic children—is when the child gets a specialist placement but the bar of expectation is set so low and assumptions are made about abilities, or the lack of them, and so much potential remains undiscovered that life chances and outcomes shrink and become limited. That impacts on the emotional and mental health and wellbeing of the young person and the family.

The young people do not even get a chance to choose subjects, because many of them cannot be offered within the special needs placement and, due to cuts, the model of going to other schools is becoming less of an option. Traditionally, children from the special needs school system would go to other schools to sit highers, because they might not be available in their school. However, we know that mainstream education, especially in secondary, would not and does not suit many of our highly anxious yet highly able young people.

We therefore need a model of education that can better differentiate and celebrate the strengths of all our young people and offer consistent support that is not removed when they begin to succeed. They succeed because they have good support, not because they suddenly do not need support any more, yet it is often removed just as it is beginning to work. Supports are regularly removed once the person starts to make some progress. Would we take a ramp away from someone who required to use a wheelchair to access the room?

The parent says that, instead of presuming mainstreaming for all, we need to presume that young people have potential and, as a collective of families and services, find creative ways to unlock and celebrate that potential, however it looks. To do that, we need to have trained staff who not only understand the many diverse presentations of neurodivergence but can also show genuine compassion and acceptance of our young people and their families where they are, even when that is not easy.

She says that we also need more peer support and advocacy so that families feel empowered, feel part of the solution and work with services rather than fight for them. No one wins when the current battle rages on and on. Energies need to be conserved and used wisely through people working together to the same end. That can be summed up as a thriving next generation of young adults who are differently abled being proud to be who they are without apology or limit.

The Convener: Ross Greer has a question on this theme.

Ross Greer (West Scotland) (Green): Suzi, you said that you welcome the ASL action plan but that there is frustration about the lack of progress. I want to tease out that issue with you. If others on the panel have a perspective on it, it would be useful also to hear from them. Is the issue that the plan is good but it is not being implemented quickly enough or well enough, or is it that, even if we implement everything in the plan, we will not make the progress that is required? The solutions to those two things will be different. If the plan is the problem, we can revise it, but if the plan is

good and the issue is its implementation, the committee will need to understand what the barriers to that are.

Suzi Martin: Thank you for the question, which is a really important one. The action plan is a good plan, but a lot of the actions in it are quite technical. Some of them are things that should probably have been happening anyway. We would also say that some pretty fundamental things are missing from the plan. Some of the actions go some way towards the solutions that we need, but not the full way. There is a mixture of things. Sometimes the issue is how the actions are implemented, but the plan could also go further.

We welcome the plan, and we particularly welcome the work that the national autism implementation team has done to make sure that there are objective measures against it, including measures on exclusion and part-time timetables, which are really important for us to understand the problem. However, the answer to your question is that it is a bit of both. Sometimes, the implementation is not happening or not happening in the way that we would like, but there are also some fundamental things missing. I mentioned environment first training, which we would expect to be mandatory and on-going, and work to ensure the level of specialism in schools. We question whether the plan will achieve those things.

Ross Greer: The next revision or update to the plan is due relatively soon. If you would share with the committee any submission or proposal that you make to the Government on that, we would find that valuable for the purposes of our inquiry.

The Convener: Pam, have you finished on that theme?

Pam Duncan-Glancy: Can I ask one more question?

The Convener: Yes.

Pam Duncan-Glancy: Thank you for allowing that, convener.

Deborah, thank you for that testimony. The point that you made about a ramp being taken away is a really good example, as it shows that having support does not necessarily mean that someone is independent, because it can be taken away. It is incredibly important to recognise that.

My question is for Glenn Carter and Irene Stove. We know that only a very small number of co-ordinated support plans are in place. Given your role, Glenn, and Irene's role as a guidance teacher, will you talk to us about why so few of those plans are in place?

Irene Stove: There are so few CSPs in place because, from a schools point of view, the individualised educational plan gives direct

support, within which there might be specialist support, and the child's plan, which is normally multi-agency, also provides a lot of support. A CSP is just another plan. Normally, children who are in receipt of a CSP have those plans already, and the CSP is just co-ordinating what supports are already in place—it does not add anything to them. Without wanting to land people in it, it is a lot more work for very little benefit.

Pam Duncan-Glancy: Do you think that one specific plan should replace all those plans?

Irene Stove: A child is still always going to need an individualised educational plan, and a good, robust child's plan—different local authorities call them different things—is better than a CSP.

Dinah Aitken: This has been the problem with CSPs for a long time. For us, as a support service that is very keen to tell parents, carers, children and young people what their rights are and how to enforce those rights, the CSP is important because it is a legal document, which sets it apart from the child's plan and the IEP, which are the more practical working documents.

It is a source of frustration that there are so few CSPs. There seems to be confusion about them. For example, people think that they do not need a CSP because they have a child's plan. In fact, if you meet the threshold for a CSP, you are entitled to a CSP. When we are advising families what their rights are, it is difficult to have to say to families that they will struggle to secure those rights. It goes back a wee bit to Ross Greer's question about the ASL plan. However good the plan is, if there is no real accountability for delivery of what is in the plan, it will not take us far enough, fast enough.

Deborah Best: The majority of parents we engage with do not have even a child's plan. There is planning, but there is nothing on paper. We will say, "Go back to the child's plan," but, when they do not have a plan from the school, it is very difficult to go back to that.

On one council website, the link to apply for a CSP was there and then it was removed. It is not even visible to parents any more, so they do not know how they would start the process. Again, that process has to be formally requested. We regularly flag up CSPs to parents, and they quite often have the difficulty that the process starts but then they are discouraged and told that they do not need a CSP. When my son was at school, we had a CSP. I thought that it was highly valuable, and it was definitely required over and above his individual plan. However, your average parent is not even aware of CSPs. If child and adolescent mental health services or social workers are involved, parents should automatically be able to

apply for the plan, but it is neither highlighted nor suggested.

Glenn Carter: I am speaking as a practitioner, having worked in this area. Clearly, the parents' view of this, and whether they feel that the CSP is beneficial, is really important. Irene Stove raised an important point, though. Where services were well co-ordinated, in some ways it was a paper exercise, because things were going really well locally. However, there is no doubt that CSPs add weight. They ensure that services focus on how we are going to co-ordinate around the needs of a particular child. A good child's plan can be very effective as well. Clearly, we do not want to turn this into a combative approach—a child's plan can have its place.

Bill Kidd (Glasgow Anniesland) (SNP): I thank the panel for the breadth and depth of their replies. I will give you a bit of a breadth-and-depth opportunity, if you like. In 2019, the Scottish Government published guidance on the presumption to provide education in a mainstream setting. Given the tight financial situation that the public sector in Scotland faces, where might any additional resource have the most impact in supporting outcomes for pupils with additional support needs?

10:45

Dinah Aitken: To echo one of Suzi Martin's themes, training is important. Initial teacher education could be broadened to include far better training for teachers coming into the profession. There could also be training for other additional support staff in schools around neurodiversity and other disabilities and additional support needs.

Irene Stove: I echo the need for training. There is finite time for training in schools. We have to use in-service days for compulsory training, which impacts on the training that we can provide for pupil support assistants. They are really valuable in supporting learning and supporting our young people in schools, but most pupil support assistants in Scotland work a 27.5-hour week, which means that there is no extra time at the end of the day to offer them training, which is all done through good will. If we release pupil support assistants from school to engage in training, there is no supply list to enable schools to replace those assistants. Even if you are fortunate enough to be able to get a supply person in to replace the person who is away for training, they do not know the children's needs and are not able to give effective support.

I cannot remember who it was, but someone spoke earlier about superschools. We are building really big schools, but, in my opinion, we need to look at the environment that we expect children to

learn in. We are seeing a lot of open-plan schools with large, airy buildings that are quite similar to hospitals or shopping malls. If you have a dysregulated child on the ground floor, that can impact on learning across the whole school, and there is very little that you can do about that. It is important to look at our school buildings.

It would be good to look at the possibility of having junior high schools, where better transition arrangements would be built into the fabric of the building. There would be better opportunities for staff to get to know young people and for allied health professionals to work with them. That would be helpful.

I am a teacher, so I am going to say that a reduction in class sizes and an increase in the number of support staff would also be really beneficial.

The Convener: Who is next? Everyone wants to come in.

Suzi Martin: I am pleased to hear such support for the idea of training. Some of that work is already being done. The University of Strathclyde piloted the introduction of a training module on autism in initial teacher education. That has been developed and piloted by the university and the evaluation was very positive. Strathclyde university now delivers that training as part of its ITE course and, I believe, as part of its postgraduate diploma in education—do not quote me on that; you will want to check that with the university.

Strathclyde university has made that module available to all providers of initial teacher education throughout Scotland. The module is there to be used. We do not know how many providers are using it, but some work on training has already been done, and it would not necessarily cost any money to put that in place. It is just a case of providers putting the training in place.

That accounts only for new teachers, not existing ones. There is still an issue with existing teachers, so that would be a good place to put resources. There are issues about teachers' protected time and their capacity, which would have to be addressed, but that would be a good place to put resources.

I am not going to say that one thing is more important than the other, because that is not the case: everything is important. If we are building schools, we should be cognisant of the environment; if we are spending that money anyway, let us spend it well and correctly. The specialist provision in mainstream education will be the most expensive thing, and there is an argument that that is where some of that resource

needs to go, but I am not going to say that one thing is more important than the other.

The Convener: Before I bring in Glenn Carter, I note that, during our evidence taking last week, there were some questions about the initial teacher training element. It is interesting to hear your comments about the University of Strathclyde. We have written to the Scottish Council of Deans of Education to get some clarification and information on what is provided, so your comments are helpful.

Suzi Martin: I can provide a contact at the University of Strathclyde, who led on the pilot, if that would be helpful.

The Convener: Thank you. Glenn, it is over to you.

Glenn Carter: It is a great question. We need to be brave to stop doing what does not work. I have talked about the importance of the whole system. Schools and nurseries are complex, dynamic environments, and teachers and nursery workers are so busy. There are lots of things to juggle. Having done this for years, we know that the power lies in the local relationships. People should be embedded in the team, and specialists should be closer to the population. Where are the population? They are in the schools and nurseries, and that is where people should be located, in my view. I do not think that continuing with medical-type approaches in education settings is working. Extracting a child, doing a bit of work with them, putting them back into an environment that has not been adapted and expecting them to be fixed is not the right way forward.

We have done loads of work on the subject. The balance system is a great example, because it involves taking a whole-system approach and adapting the environment with the school. It is not about the expert coming in; it is about working as a team to improve the environment and how we interact with kids. We need good-quality training, which is important, but the thing that facilitates behaviour change and a shift in how we facilitate kids' communication is being in there and coaching and modelling with other people, rather than just throwing training at them and then walking away. We know that throwing training at people rarely works without follow-up and without coaching and modelling.

We need to be brave. We need to stop doing what does not work and make sure that we improve kids' outcomes, because we cannot wait any longer or continue with the models that are not working.

Deborah Best: The design of schools is important. We are seeing more people struggling with open-plan formats. When children run, there is a fight-or-flight response and they are running

through the whole school. We also need to think about the sensory aspect and noise coming from other rooms. New schools all seem to have open-plan designs. The question is, who is the architect? Could that design be changed? When there are lots of children with additional support needs, it is not ideal to have no doors on classrooms.

An area that comes up a lot is de-escalation in the school environment and where children are removed from the classroom to. Many schools have nurture rooms or quiet rooms—there are different names for those breakaway spaces. Children are quite often removed from learning and put into one of those rooms with a support teacher, sometimes for the full day, and they are not accessing the curriculum. What is the purpose of their going to that room?

At Differabled Scotland, we have a trainer with a background in sensory integration. We need to consider whether every school and nursery should have a proper sensory environment where children or young people can go to de-escalate. There is still too much focus on lights and sounds—I struggle with the lights in the committee room that we are in. I have friends in education who are trying to unpick what the sensory environment means. There has to be a strong focus on the vestibular and proprioception systems, and maybe some movement activities to allow children and young people to burn off some energy. We do not need so many nice lights, fancy textures and sounds. The provision of an appropriate environment and, for some, movement activities potentially means that they can quite easily go back into the classroom environment and be in a much calmer place to learn and attain.

We piloted training with some schools in Glasgow, which we delivered on in-service days and in staff development time. I have a friend who is a headteacher, and we know that it is really difficult to provide time and cover for teachers to be trained. Sometimes, training is booked for an in-service day and then the local authority changes the plan at short notice and the training has to be cancelled because something more mandatory has to be put in. There might sometimes be an hour and a half of staff development time at the end of the school day, and perhaps some training could happen in that slot.

I do not know whether you heard it during your consultation, but a lot of young people, including my son, report that they cannot learn in the school environment. Lots of our neurodivergent children are not currently attaining in maths and English because, more often than not, they are removed from the main class and taken somewhere else in the school, to a small-group environment with

more support and where they learn at a slower speed. That is a disruptive learning environment for many of them. There will be a lot of movement in the classroom, with a lot more noise and chat. However, those children should be taken somewhere else for small-group work in school, because a number of them are not attaining national 5 in English and maths, which has a huge impact on their progression throughout life.

In my opinion, school league tables should be abolished, because schools keep many young people at national 4 and refuse to present them for national 5 out of fear of their grades. That has an impact on their post-school progression. That is regularly flagged up to us.

The Convener: We have had some commentary about the physical estate, which Liam Kerr will ask some questions about later.

Willie Rennie and Ben Macpherson have supplementary questions.

Willie Rennie (North East Fife) (LD): Glenn Carter, your point goes to the heart of what we discussed last week. There was some discussion of compulsory training, but it was felt that that would be inappropriate, because there is not one type of additional need—there is a huge range. That range is constantly moving, and I presume that the training is constantly moving, too.

Your point is that, instead of expecting teachers to be experts on everything all the time, we should reflect on that model and say that we need specialists to give direct assistance rather than put extraordinary pressure on teachers to be up to date with everything all the time. Is that your summary?

Glenn Carter: I absolutely agree. We talk about experts, and sometimes—this goes back to my original point—we think that they should come in and do individual therapy with kids. Some kids need that, but there is so much going on for teachers. Each class is different and has different needs, so we must be able to adapt to the needs of the class and the child.

There is no doubt in my mind that the way to get that to work is by having relationships and trust within the setting. An expert can come in, give advice and go back out again, but, unless there is trust and unless people feel safe about changing their practice, bringing in experts rarely works. You have to be close to people to be able to do that work. I therefore agree with your point.

Willie Rennie: I am going to be a wee bit provocative and say that I think that you disagree with the other panel members, some of whom have even mentioned compulsory training. Can I flush that out? What is the actual consensus on that? Are we in favour of compulsory training? Do

we want every teacher to be an expert, or should we rely on pulling in experts as required?

Suzi Martin, do you want to come in?

Suzi Martin: I do. I can tell that you are being provocative, so I will come back at you by saying that I do not doubt the need for specialism within the mainstream setting, but we must acknowledge that there is a broad range of additional support for learning needs.

If we look specifically at autism, which is a spectrum, we see a quieter majority of autistic children and young people who are in school and engaging to some extent in education, who are not necessarily disruptive or perceived as challenging in the classroom, do not necessarily need input from speech and language therapists or additional support for learning teachers and do not need to use a support base. Their difficulties might be with their peers. They might be socially isolated or there might be particular classes in which they are not doing well. However, because they are not disruptive and are not causing the school “problems”, very little resource is put into ensuring that they have a good experience of school.

For those children and young people, that is where school staff training comes in. It is really important that they understand the autistic experience, what it means to be autistic, how children and young people might present if they are autistic, and what they might do. Staff can then identify when someone is isolated, being bullied or struggling to focus in class, and they can support them. It is not necessarily an either/or situation.

11:00

Willie Rennie: You could be a good Liberal. *[Laughter.]*

We need to be clear about this. You are saying that the type of training for teachers needs to be much more clearly defined. Instead of expecting the full spectrum of stuff to be taught, we need to understand which groups require an expert to be brought in and which require the teacher to play the central role. A bit of both approaches might be involved. Are you saying that we need to get much better at defining what we ask teachers to do?

Suzi Martin: We certainly need to have realistic expectations of what teachers can do. The training needs to match what we can expect them to do within their roles; we cannot expect them to have a specialist understanding of speech and language therapy—or even of additional support for learning or being an ASL teacher. On the other hand, someone could specialise in being an ASL teacher, but we would not necessarily expect them to be an expert in behaviour. The training needs to match what we expect teachers to do. Where

additional specialist resource is needed, it needs to be embedded in the mainstream setting.

Willie Rennie: Do education leaders understand what you have just said?

Suzi Martin: They do. Most teachers want to go out and get training—indeed, they come and ask us for it—but the difficulty is getting the time to do it and ensuring that it is on-going in some way, that there are opportunities to refresh it and that learning is put into practice instead of there being a one-off session and that is it, done and dusted. There is an understanding of that.

The Convener: That point about training being embedded and on-going leads on to the point about coaching that Glenn Carter has raised several times this morning.

Suzi Martin: Absolutely.

The Convener: Glenn, would you like to come in on Willie Rennie's comments?

Glenn Carter: Just to clarify, I think that quality training is required—it is a core facet of this work. Teachers play a central role with all the kids and are with them every day, which is why we need to empower them. They do not necessarily have to be experts in everything, but they need to know whom to go to. Such support needs to be available when required. I hope that that clarifies your point, Mr Rennie.

Willie Rennie: Let me be clear. When you said earlier that the system is not working and that we need to stop doing the same thing over and over again, what precisely did you mean by that?

Glenn Carter: Let me paint a picture. In my view, what would work would be a whole-system approach in which people such as speech and language therapists would be embedded in education settings. They would not necessarily do all the individual work; instead, they would work with teachers to empower them to do some of it.

For example, communication issues are so prevalent that teachers need a basic level of knowledge and skills to deal with them. The therapists involved develop relationships with teachers and provide formal training, but they are also available to do stuff in a whole class, a group or an individual setting. They facilitate environmental changes, help with identification and provide support for effective interventions in context. Kids are asking for their needs to be adapted to and differentiated, and teachers need support with that.

Willie Rennie: You have not answered my question. What is not working?

Glenn Carter: The general model is not working. Because we do not have enough resource, some kids are having to be extracted

from educational placements, given a bit of support and then put back into them, but their environments have not been adapted.

The Convener: That was very provocative of you, Willie Rennie.

Ruth Maguire wants to come in on the theme of training, after which we will come to questions from Liam Kerr.

Ruth Maguire: I will be brief, convener. I think that the interactions have been helpful and interesting.

Quite often, we think that the answer is to cram everything into initial teacher training, but clearly it is not. I recognise the model that Glenn Carter talked about, in which allied health professionals and members of children's services teams are embedded in schools, but, in my experience, that sort of thing happens in a specific school. It is not happening across the board, even within a local authority area.

This might be a question for Irene Stove. Given the challenges in getting cover for teachers to undertake training and coaching on specific aspects, are there any examples of where work is done in the classroom—and perhaps even with the children and the teacher—so that it benefits everyone? I hope that that makes sense.

Irene Stove: I do not want to always come back to speech and language therapy, but it provides a really good example, because communication is key.

My experiences have been in working alongside a speech and language therapist, not in my current role but as a teacher. I have had them in as part of my class of young people with whom I am working. They might be there for a specific young person, but the whole class can benefit from that, because they are learning about a programme.

As the class teacher, you will meet a speech and language therapist to discuss what needs to be done and the different approaches that can be taken, and then you will go on and deliver that specific piece of work, while keeping in contact with the speech and language therapist to get feedback and adapt things and to assess where the young person is. That is one approach that I have found really helpful. It is easy for a teacher to work in that way, because you are not being taken away from your class; it is manageable within class time.

When we look at offering training for staff, we start to do so through our improvement planning process. We make decisions a year in advance about what training will need to be covered; then something different will appear and that will

become a priority, but we are not always able to address it in the best way.

I know that local authorities are engaging in things such as CIRCLE training. A local authority lead is given time to meet with members of each school, and the school member will take the CIRCLE training on board. That is happening across various authorities.

Ruth Maguire: I want to come back on that briefly. You have said that the improvement plans are drawn up a year in advance. Obviously those plans are prepared without knowing which children will be in the classroom and what their needs are. Is that right?

Irene Stove: You will not necessarily know your new intake. You will know quite a lot about them, because of the transition work that you do, but it might not always catch the ones who appear later on.

Ruth Maguire: Okay.

The Convener: I call Liam Kerr. Thank you for your patience, Mr Kerr.

Liam Kerr: I am grateful, convener.

I want to go back to something that was said earlier. I will start with Deborah Best and then go to Irene Stove, but I appreciate that other members might wish to come in.

Deborah, you talked and made some suggestions about the physical environment, but I want to give you the chance to elaborate on that. How do you suggest that the school estate's physical spaces be adapted to support pupils, particularly given the resource constraints? Who should be leading on collating and driving forward those solutions?

Deborah Best: That is a big question. I go back to the issue of sensory integration with regard to what is needed in those spaces. As far as I am aware, there are only five trained sensory integration occupational therapists in Scotland who have a background in understanding the sensory system and how to regulate it at a therapeutic level. Could there be specialist OTs in schools? I suppose that they could be pooled with various other schools.

Apparently, we, in the UK, are quite behind on sensory integration and on understanding the sensory needs of many neurodivergent people. We have not spoken today about dyspraxics—those with developmental co-ordination disorder—or dyslexics. The tradition is that people are removed to a shared space, whereas so many of those children need to move into a personal space in which to de-escalate. For example, my own son, in a secondary school environment, had access to a small room and to Classic FM and some

headphones. All that he needed was to go to that space and de-escalate, and then he could re-engage with education.

I think that I have wandered off from what you initially asked me.

Liam Kerr: No—that was hugely useful. I will put the same question to Irene Stove, but, if you think of something else that you would like to say, just catch my eye and I will come back to you.

Irene, as you have experience of what needs to happen to adapt the physical school estate for all pupils, can you give us any particular thoughts that you might have in that respect? Earlier you gave the example of a dysregulated child being on the ground floor of what you called a superschool.

Irene Stove: When we build new schools, we must think about the environment and speak to teachers as well as our partners who work with young people, so that we ensure that the space that we provide will be fit for purpose. We must consider our outdoor spaces, too. For many children, a way for them to be co-regulated or to regulate themselves is to get outdoors, but that needs to be done in a safe outdoor space. If we have a young person whom we might describe as a “runner”—I think that someone used that term earlier, and it is also how I would describe some young people—we need to know about that so that we can keep them safe. Many schools are community areas where the gates are not locked, which means that children can run out into busy roads. We need to consider how we keep everyone safe in our schools.

We also need adaptable spaces in our buildings. For example, if we are considering having a sensory room, we might want it to be a low arousal room, too. Therefore, we might want to consider how schools will resource such projects and how they will approach them. A sensory room generally contains a lot of stimulation, which some children cannot cope with. A room that can have sensory equipment taken into and out of it will be adaptable and able to be used by more young people.

Deborah Best's point about having areas in schools where pupils can just de-stress is really important. We also need to consider having little breakout rooms either outdoors or indoors, depending on the young people's age group.

Then there is noise. Some school buildings echo so much that it can be difficult for a person with a hearing impairment to focus. Many of our buildings have big glass panels on the sides of the doors. For a member of the senior leadership team, that is great because, just by walking past a classroom, we can see how things are going in there. However, the ability of a young person with attention deficit hyperactivity disorder to focus will

be really challenged if they see, for example, someone running in the corridor outside.

There needs to be more consultation with staff who know the needs of young people in the community, and their views should be listened to. Over the years, I have been involved in consultations on new builds where that has not always happened. I know that my colleagues on the panel have experienced the same.

Suzi Martin: We acknowledge that it is extremely challenging retrospectively to adapt existing school buildings, some of which are quite old by this point. It is not a cheap thing to do, either. New schools are another matter, as the issue with them is spending the money well. However, in the existing school estate, things can be done that do not necessarily require lots of resource. I would add the caveat that that should not be a reason not to fund appropriate adaptations to schools, although we recognise that resources are not readily available for what we might call ideal adaptations.

11:15

The national autism implementation team has great guidance that covers some really simple things. For example, if there is a high-backed chair in a particular part of the school, an autistic young person can go there to feel enclosed and private, and it will allow them to regulate. It means that something as simple as a high-backed, soft chair—you probably have some in the Parliament—can be a really helpful tool. Support can be as simple as having a desk at the back of the classroom with some sensory toys, so that young people who need to can remove themselves to a place where they cannot be looked at by other pupils. When you get doors with glass panes, support can be as simple as putting a piece of paper over the glass, if you know that you have a child with ADHD who struggles to focus when other pupils kick off in the corridor or when people walk past.

Things can be done within the existing school estate that will help without necessarily having a huge cost. However, that should not be a reason not to spend money, if the money is there to be spent on proper adaptations to schools.

The Convener: I see that Dinah Aitken is keen to come in, and I apologise to her if she wanted to speak during the last set of questions.

Liam Kerr: Let me pose a question first, convener. I am keen to hear your thoughts, Dinah, but I would also like you to deal with Suzi Martin's point about individualising to meet needs and how it relates to the proposals in your submission, which mentions a "universal design for learning". I cannot quite see what you mean by that and

wonder whether you might elaborate on it. How does a "universal design" relate to the individualisation that we have just heard about?

Dinah Aitken: The principle of universal design is that we should build a more flexible and adaptable environment from the ground upwards, so that, when someone needs individual specialisation, we can make minimal adjustments instead of having to start from scratch to make adjustments for that person. The environment would be more flexible and the curriculum more flexibly designed to accommodate different learning styles in the classroom more easily.

That links to what I wanted to say, which is that we already have legislation for this in place. It is quite old, and I think local authorities might have forgotten that there is a requirement, but they should all have an accessibility strategy to deal with the estate, with communication and with the curriculum. When we are trying to support parents to access their rights and entitlements, we might tell them to check out their local authority's accessibility strategy.

That strategy is meant to be proactive, but a lot of what we are discussing is reactive. We get presented with a child who is not managing and adapt to help them cope when actually we should be planning ahead. The adaptations that we have heard about would be wonderful and make a huge difference for all children, not only for those on whom we are focusing today.

The Convener: Ben Macpherson and Willie Rennie have supplementary questions.

Ben Macpherson (Edinburgh Northern and Leith) (SNP): I have a few questions, so please bear with me. First, thank you for all that you do, for being with us today and for your submissions.

I absolutely appreciate that, as one of you said, no one size fits all and that the needs of every individual student or young person are important. You have already covered many areas, including staff training, specification, continuing professional development, facilities in the school estate and the support that third parties give.

With regard to the reconsideration of the action plan and how we go from identifying the problems and the challenges to finding solutions and improvement, what change could we make that is deliverable and that would improve things on a consistent basis? What I am getting from all of you is that consistency of support is a real challenge in different parts of Scotland, and that it depends on how empowered different families feel and what information they have. How do we get to a better position with regard to the provision of consistent support, while appreciating that every individual child has their own needs?

Suzi Martin: One size does not fit all, but the three fundamental things that I mentioned at the start are all as important as one another. There is not necessarily one change that we should make that is deliverable. However, schools require direction and some resource to make environmental changes. It is important that direction is provided on that so that schools know where to find the guidance on what changes work for children and young people. It is not simply a question of making adaptations. Direction and guidance need to be provided to schools on what those adaptations should look like and how they can go about putting them in place. That would make a big difference. There are things that can be done with the existing estate, even though that poses challenges.

Ben Macpherson: So, we need a specific set of guidance for all 32 local authorities that says that, with their buildings, they should seek to do A, B, C or D.

Suzi Martin: Yes. We said in our written submission that schools need direction and resource when it comes to making environmental changes, and the provision of that direction and resource needs to be sustained. It cannot simply be a case of, "Go and do this," and then that is it. Schools need to be encouraged to make changes over a period of time and to improve adaptations where they can, but they need guidance and direction.

From our perspective, it is fundamental that all staff have a basic understanding of autism. Although specialism is always required when it comes to the nuances, staff must have a fundamental understanding of what autism is. Not all staff do.

Ben Macpherson: That involves training and continuous professional development.

Suzi Martin: Yes, that is what we want to see—training and continuous professional development. The first place to start is initial teacher education. The pilot has been done, the evaluation has been done and the module is there, so let us use it.

The final thing is ensuring that all mainstream settings have an element of specialism embedded, because that will always be required. Not all schools have that. Some schools have some specialist resources, but not enough. Some schools have great specialist resources in place, but they might have issues around recruitment and the number of staff that they have in place. That is a trickier thing. Others have talked about the whole-system approach, and that is where the whole-system approach comes in.

Ben Macpherson: I am sorry to cut you off, Suzi, but I want to feed that to Glenn Carter, who argued that there is not enough capacity in the

system and that we do not have enough trained people to provide that specialism in every setting in which it is required. Is increasing the capacity a priority for you?

Glenn Carter: Absolutely. The two key things are that we transform the system and that we have adequate resource. As I keep saying, if we try to do one without the other, it will not work.

To go back to your point about consistency, you are absolutely right. It is clear from "Equity for All" that there are areas of Scotland with the highest need that have the lowest level of speech and language therapy resource. That is a real concern for me, particularly when it comes to families who are living in poverty.

We can have brilliant policy—I think that we have excellent policy in Scotland—but there is a bridge between that and practice. What is it that allows us to deliver excellent policy in practice? I keep coming back to the fact that that is down to the power of local relationships. It is true that we need quality training and quality guidance, but there is also something that we can do at a national level about accountability in relation to measures and outcomes. What are we counting? Are we counting the right things? Is that driving the system unhelpfully?

We can try to understand the needs of the local population and then deliver what we need together. It is a case of facilitating quality guidance—I think that the Government can do that—but also of facilitating some integrated practice on the ground. It is complex.

Ben Macpherson: You talked about access to the queue earlier. Do you want to elaborate on that? How do we improve that on a consistent basis?

Glenn Carter: Waiting times do not measure demand. In the previous service that I worked in, when we transformed locally, we got close to the population and saw the huge amount of demand. We unveiled that demand by working in a different way. That is not a bad thing, but it is the reality. The most vulnerable people who live in poverty cannot be expected to travel via bus to a community clinic to access services. In order to serve that population, we must deliver services closer to home.

Ben Macpherson: I have more questions. Deborah—

The Convener: I am sorry, Ben, but I am looking at the time and other people want to come in on another theme. If you can, make your questions more concise, please.

Ben Macpherson: I am trying to consolidate them, so I will do. Thank you, convener.

Deborah Best talked about the average patient not being aware of the plan. Is that a key takeaway?

Deborah Best: Yes. Many parents are unaware of their right and need to have planning. Without having meaningful planning, and without raising actions and reviewing plans, it is difficult to move forward. It is a fundamental point that every ASN child requires a plan. You can work with that parent to create that plan, but sometimes plans come from the educational perspective without parental input.

Ben Macpherson: Is greater consistency needed?

Deborah Best: Absolutely. There is a postcode lottery at a national level in relation to planning and everything that we have spoken about. There is much better support in some areas than in others. We still have huge issues around the highest-performing schools. The reduced support for a lot of ASN pupils is because of league tables and attainment assessments—those are the priorities.

Very quickly, there has been talk about training. For me, training is fundamental, and it has to be mandatory, because many neurodivergent children and young people get missed in the first instance. When the evidence from that perspective is requested from the educational environment, many parents are told that their child will not be taken forward for neurodevelopmental assessment, because the nursery or the school does not see what the parents see. If a child or young person is internalising, that is extremely worrying.

Under the Education (Additional Support for Learning) (Scotland) Act 2004, every one of those children is entitled to support, but too often that is not happening without diagnosis.

Ben Macpherson: I do not know whether our other two witnesses want to add anything on consistency, but I am happy to ask my other questions later, if there is time, convener.

The Convener: Thank you, Ben. I was conscious that the planning element is coming up, but that is okay. Does anyone else want to comment on Ben Macpherson's questions?

Irene Stove: A deliverable thing that we could do consistently is make sure that there are staff on the ground in the first place. In some areas of Scotland it is really difficult to recruit staff. Encouraging more teachers into the profession and enabling them to stay in the profession would help to solve that problem.

Dinah Aitken: I do not know whether this sits under consistency, but I am keen to highlight the importance of home-school partnerships. A lot of

the work that we do is about restoring broken relationships between families and schools because families have lost faith that the education system is able to provide for their child. They may have withdrawn their child from school not because they want to home school but because they do not think that the school can provide the right support.

One way to achieve better home-school relationships is to provide more time for teaching and educational staff in school to spend time with the families. Often, it is a matter of asking what the child needs. You do not need to wait for a diagnosis—you could have a discussion with the family, the child or the young person, and they can indicate what would make a difference and what would work better in the school. Teaching staff simply do not have enough time to spend on home-school communication and building those relationships—it goes back to relationships—with families.

11:30

Willie Rennie: Have we moved on from buildings?

The Convener: No, we are still on that theme.

Willie Rennie: Do you have good examples of new buildings having been constructed that are sympathetic to the issue? In your discussions with Government and local authorities, what do they say?

Irene Stove: Sorry, I do not have any examples.

The Convener: Suzi Martin, do you have anything?

Suzi Martin: I cannot, off the top of my head, give any examples of fantastically adapted mainstream settings, but I am happy to come back to the committee with some information on that. We are approached by a lot of schools that want either to undertake training or, potentially, to do something autism friendly in the school. We try to facilitate that where possible, but usually our conversations are directly with schools as opposed to local authorities.

Willie Rennie: I am talking about when new buildings are being constructed. I presume that you try to have some kind of input into the design.

Suzi Martin: As an organisation, we would not necessarily do that.

Willie Rennie: But you would try to make the case.

Suzi Martin: The local community would be consulted. There is probably something about specifically ensuring that families of children and

young people with additional support needs are consulted as a group as part of that process.

Willie Rennie: But how about specialist advice on what kind of buildings they should be building? We are building a lot of schools, and it is alarming that they are not really fitting in with the mainstream policy that the Government has in place. What are you doing about that?

Suzi Martin: Our organisation has a training consultancy team that can advise on that kind of thing—public spaces, including schools and the like—but it is not something that we do regularly with local authorities.

Willie Rennie: Has anybody gone to Jenny Gilruth and said, “What on earth are you doing?”

Dinah Aitken: No. Not yet, anyway. I suppose that it comes back to training, because there must be architectural services in each local authority that are advising on the design of those buildings; perhaps they also need more training in the needs of the particular populations. We have heard about sensory environments and hard, cold surfaces. We have all been in noisy restaurants where you cannot hear a word. It also takes a toll on teaching staff, who are having to project and so on.

Suzi Martin: Ensuring that public spaces are autism friendly is part of our new three-year strategy as an organisation. We are looking at how we achieve that, and part of that involves working with local authorities throughout the UK. That work will be happening over the next three years. There are different relationships in different places and different people whom we will need to speak to, but I do not have specific examples at this point.

The Convener: Thank you. Stephanie Callaghan has been waiting patiently online.

Stephanie Callaghan (Uddingston and Bellshill) (SNP): Thank you, convener.

Before we move on from talking about buildings, I am interested in whether the panel think that, as a minimum, every school should have safe spaces, be they wellbeing rooms, sensory rooms or small rooms. Maybe that is something that we could do more quickly. Also, is there a need for those safe spaces to be accessible throughout the school day and not to close at certain times? The evidence talked about children wandering into toilets and so on because there was no safe space for them to go to.

The Convener: Can you direct your question to a panel member initially, please?

Stephanie Callaghan: I have not always been able to see who has been answering questions. Perhaps Suzi Martin.

Suzi Martin: Thank you for your question, Stephanie. Wellbeing rooms and sensory rooms

certainly have value. As I said before, we do not want to fall into the trap of saying that that is the place where everyone goes if they need to regulate, because you could end up with 10 or more children and young people in a given space at a given time.

The NAIT guidance says that safe spaces should be available for children and young people whenever they need them, so it should not be the case that they cannot access their safe space during class time. That defeats the purpose. Safe spaces should be available whenever a child or young person needs them. They should be accessible. Children and young people should be able to go to them safely, independently and unescorted. Those are the kinds of things that NAIT advises. I will leave it there.

Irene Stove: There should be safe spaces in all schools. I have been in post for about 10 months. During that time, we have purchased two safe spaces for our school, and have adapted another room. However, safe spaces need to be carefully managed. You need to be able to keep an eye on the young person when they are in the safe space, so that they do not find themselves with other children who could trigger them.

Stephanie Callaghan: Do formal planning processes support better outcomes for pupils with complex needs? On the other side of that, I suppose, when it comes to getting the balance right, is there also a need to recognise and respect the expertise of parents, carers and autistic children and young people in identifying their needs and challenges and how to overcome those effectively, with advocacy support if that is needed?

Deborah Best: We have spoken about formal planning being important—it is fundamental. For the school to build and have that working relationship with the parent or carer, it is important that planning happens and that it happens jointly. We will always say that the parent is the expert on their child. It is key that the parent is able to contribute aspects of their child’s or young person’s presentation and that that information is included in the plan.

In our training, we work with communication passports, personal profiles and sensory diets. A profile for ASN pupils would be extremely useful, so that the various staff members who come into contact with that child or young person have a brief overview of their presentation, some of their triggers, and some de-escalation information. That could be really beneficial.

Glenn Carter: As part of the formal planning process, the voice of the child is so important. Often, their voice is not heard, which is particularly difficult for children who have communication

needs. However, it is absolutely possible to ensure that their voice is heard, particularly given that the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 has received royal assent, and the right to a voice and to access to education will be supported in that.

We have systems such as talking mats, through which we support children to express what is challenging in school, what is going well and what they would like to happen in their future. We should absolutely build that into planning for improving those kids' outcomes.

Irene Stove: I agree that formal planning is important, and it definitely should involve the parents and the young people. The more successful plans that I have been involved in are those for which everyone is clear about what they are doing and what their role is; the plan is regularly revisited; there is honesty about what is working or not working; and there is a looking outwards to get more support from other professionals when we need it—when things are not working. We need to ensure that we share the plans, so that everyone is clear about what their role is.

Stephanie Callaghan: I will pick up on the fact that there are a lot of different plans. We have the child's plan—which is called different things across different local authorities—and the co-ordinated support plan. Does the fact that different local authorities call plans different things muddy the waters a bit, and is there a need to standardise that?

Suzi Martin: I will kind of answer your question. For families and young people, the outcome is the most important thing, as opposed to the bit of paper or document that it is written on. We can be quite process driven, but the outcome is the most important thing.

As Dinah Aitken pointed out, the co-ordinated support plan is a legal document that is important for families because it allows redress and recourse. However, it is a very complex landscape, which is the case not only for families and young people but probably for professionals as well. I want to keep the focus on the outcome being the most important thing for families and young people. Listening to them, hearing their voice and trusting their expertise is, as you say, extremely important.

Dinah Aitken: The advocacy that Stephanie Callaghan mentioned is also an important part of the picture. It is about supporting the parents and supporting the child or the young person to make sure that they are equal partners in drawing up those plans. As Irene Stove said, it is those plans that have the most successful outcomes, because everyone is involved and they understand and

have agreed what the desired outcomes should be.

Stephanie Callaghan: It sounds as though—if I am picking this up right—the formal plan is important but quite often it is the less formal stuff that lies underneath it that drives the positive outcomes.

I am also interested in how policy makers and local authorities can ensure that there is equitable access to support for families and young people when there are disputes around the provision of additional support. I know that even parents who, for example, work in local government or in inclusion can struggle to access the supports that their child needs.

Dinah Aitken: I suppose that we are talking about redress. There is really limited resource for accessing the support that you think you are entitled to. There are the formal routes, through tribunals and so on, but those can be extremely daunting for families that are already struggling with their relationship with the local authority. I know that the tribunals are not meant to be as combative as the courts; nevertheless, local authorities are often supported by legal teams, whereas it is very difficult for families to find skilled legal representation that can take them into the tribunals.

I think that there should be much more accessible routes for families to challenge when they are not getting the support and when the child is not thriving. I am not quite sure what that would look like, but it has to be easier for families to understand the processes and how to speak to local authorities about the provision that they are receiving or not receiving.

Suzi Martin: I reiterate the point that I made at the start, that we hear every day from families who are fighting the system and are fighting tooth and nail for the support that they need. It should not be that way. It should not be the case that redress is so difficult to access. It should be much easier for families and for children and young people to access. I think that that is what Dinah Aitken is referring to.

Seeking redress through a tribunal route is a very daunting task for families. The point is that it should not be getting that far in the first place. What is happening before that, and what are families not getting that we need to put in place, so that they do not feel that they must go all the way to the tribunal or take other legal action?

The Convener: Deborah Best is keen to come in, too.

Deborah Best: I will follow on from the point about the financial barrier to people accessing legal representation. We see many families who

are eligible for legal aid and can follow that course, but those in the middle, who are on a modest income, cannot afford it.

It was reported to us recently that a parent wanted to challenge a placement request refusal but it would cost them £4,000. They did not have that money. People are being locked out and are unable to take matters forward legally.

11:45

It would be good if there was access to free legal representation when school placements are refused or when there is disability discrimination. As has been said, no one wants to take that route, but sometimes that is all that is left and the parent has to fight to get what the child or young person needs. Unfortunately, I had to do that myself, and it was a distressing journey.

Stephanie Callaghan: That point about legal representation is really important.

Suzi Martin said that support should already be in place, so that we do not get to that stage, but I am sure that there will be unfortunate occasions like that. How can we bring information together and make it easier for people to access? Should it be brought together on a website that is easily accessible for parents? What are Suzi's suggestions?

Suzi Martin: You are right. We put out a survey for the committee's inquiry and it was really interesting to see that there was already a high level of awareness that the legislation gives young people and parents the right to access advocacy, mediation and adjudication. However, those survey responses came from a self-selecting group of people who probably have a keen interest in the area and may have accessed that support themselves. There is quite a bit of awareness of those options within the autism community, but a lot of families will not know that they have those rights and will not have the financial resources to fight the system.

I am not sure that a website is necessarily the right way to go. Having all the information in one place would be no bad thing, but that would not ensure that parents and young people are aware of their rights. There is probably something schools could do to ensure that families and young people are aware of their rights within legislation, but I do not think there is an easy answer. We certainly want more families to know what their rights are within legislation. We should try not to get to that point, but we need to have those legal protections in place.

Irene Stove: The advice service Enquire already has a good website and is a good source of advice and support for families and for

professionals. I am always amazed that, even though there are leaflets in schools and we tell parents about the support that is out there, there are still parents who are oblivious to the support from Enquire.

The Convener: We will hear about the tribunal element next week, so we can dig into that then.

Stephanie Callaghan, have we covered everything? Can I bring in Ben Macpherson?

Stephanie Callaghan: I will pick up really briefly on the point about Enquire and advocacy. There is lots of information out there, but parents need to be directed to the information that is most relevant to them and their child.

Ben Macpherson: I have two final questions on areas that we have not covered already.

We have talked about schools today. Do you want to emphasise anything about the experiences of young people in further and higher education or in apprenticeship programmes? Also, and relating to what we have discussed already, a lot of my case work is about the housing crisis, and many of the constituents I try to assist are in temporary accommodation and have children with additional support needs. Do you want to emphasise anything about the effects of the housing crisis on the young people you support?

Dinah Aitken: On the issue of further and higher education and apprenticeships, we have just taken a look at apprenticeships in Scotland, because we were trying to trace the post-school pathway for neurodivergent young people. We found that there was not very good data. We had a quantitative methods student embedded with us who was going to interrogate the data to let us see what those journeys looked like for those young people, but the data was collected inconsistently across the different types of apprenticeships. Also, Skills Development Scotland advised that, although it had some data on neurodiversity, it was a very small data set that it was not at liberty to share with us for that reason. Therefore, all we could see was disability more generally described. It appears that the most disadvantaged groups of people going through the apprenticeship system are care-experienced young people, followed by people who have a disability.

One of our findings was that the apprenticeships that we thought school pupils ought to be able to take advantage of were incredibly patchy across the country. Some schools had nothing to offer the pupils, while others had a range of apprenticeships that they could suggest. We have a report on that, which I can share with the committee.

Ben Macpherson: Please do.

Irene Stove: I echo what Dinah Aitken has just said about the lack of opportunities for children with additional support needs. The availability of those is patchy across Scotland. It is really difficult for these young people to find apprenticeships, college programmes and further education, especially if they want to leave school at 16. That is the right move for some of them, but finding the right thing for them to do next is an issue. We hear from pupils who are very clearly saying that they do not want to be in school for fifth or sixth year but want to do something else. If there is nothing out there for them that guidance teachers, work coaches and so on can find, it is really challenging.

Glenn Carter: I think that your question points to future outcomes for these young people. The research is clear that 88 per cent of young unemployed men have communication needs and that 60 per cent of young people in contact with the justice system have communication needs. These young people will struggle to access some services, such as housing and further education, unless we do the preventative work.

There is not a lot of hope out there. I recently wrote an article called "Language of Hope". I did that because, yes, it is hard working in the public sector and it is hard meeting needs, but communication needs is the area that is most amenable to change if we get in as early as possible. It has such powerful impacts on the future lives of these young people that we cannot ignore it. We are at a tipping point, and I am concerned that, unless we take action on the decreasing resource for speech and language therapy and the lack of supply, we will see the impact of that in the next generation and in generations to come.

Suzi Martin: My point links back to education in the mainstream setting at primary and secondary ages. Education is a fundamental human right, and all children and young people should be receiving an education. That right is being routinely violated in Scotland for children and young people who have additional support for learning needs, particularly autistic children and young people, and that affects their future life prospects. We see that it affects their ability to move into higher or further education and employment, which has a knock-on impact on all aspects of their personal lives, such as housing, contact with the justice system and so on. That is a really important issue, and it is important that we get the support in the mainstream setting right.

With regard to support in further and higher education, we provide support for autistic students at, I believe, five universities across Scotland, which is paid for by a Government fund. We sometimes work with colleges as well. We have an

employability team that works with young people who will potentially go to college or university, and we work with those colleges and universities.

We find that colleges are good at putting adaptations and support in place. Indeed, they are often a bit better at that than some universities. There is a lack of consistency, however. The support is inconsistent across the country, and it very much requires us to work with the young person a lot of the time for that support to be put in place.

Ben Macpherson: So, universities do not provide their own support.

Suzi Martin: I am sure that some universities do. We provide a specific service, funded by a specific Government fund, but I am sure that some universities are putting their own support in place. We often work one to one with a young person who is going to a specific university or college, and we will work with that university or college to help it put support in place for that student.

Ben Macpherson: Thanks for correcting me.

Deborah Best: On the point about training in relation to apprenticeships, it is really important for any young apprenticeship that someone goes into that the organisation has neurodiversity training, so that it is able to support the young person.

Could the wider access programme for those coming from deprived areas and care-experienced backgrounds be extended to neurodivergent students who struggle to attain their potential level of ability within the secondary school environment? They often do not get the qualifications that they should come out with, and they are losing opportunities in the further education environment.

Ben Macpherson: Nobody wants to touch on the impact of temporary accommodation.

The Convener: I do not know whether this panel has particular expertise on that.

Ben Macpherson: If that question is not appropriate, I will withdraw it.

The Convener: Does Deborah Best wish to comment on that point?

Deborah Best: We have a parent of a young man who is undiagnosed and who was in supported accommodation, but he lost that tenancy and became homeless. It is an extremely sad story. I think that the absence of a diagnosis did not help, because no one really understood his challenges.

Ben Macpherson: Thank you all.

The Convener: I thank our panel of witnesses for their evidence this morning. We plan to take

further evidence for this inquiry at our meetings in March, and we will then produce a report based on what we have heard, with recommendations for the Scottish Government.

That concludes the public part of our proceedings. The committee will move into private session to consider our final agenda item.

11:57

Meeting continued in private until 12:30.

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