
Report To:	Education & Lifelong Learning Committee	Date:	16 March 2010
Report By:	Acting Director of Education	Report No:	EDUC/25/10/CL
Contact Officer:	Colin Laird	Contact No:	01475 712824
Subject:	Consultation on Partnership Working between Allied Health Professionals and Education		

1.0 PURPOSE

- 1.1 The purpose of this report is to provide information on the proposed response by Education Services to the consultation on the idea of partnership working between Allied Health professionals (AHPs) and education staff.

2.0 SUMMARY

- 2.1 Partnership between professionals in health and education services is key in securing the best possible outcomes for children and young people. Many parents and practitioners are of a view that collaboration in this area could be improved in areas such as speech and language and occupational therapy.
- 2.2 The consultation exercise seeks to find ways of improving the collaboration, particularly in terms of planning services and in joint training.
- 2.3 Education Services proposed response to the consultation is attached as Appendix 1. A local event, focusing on the areas covered in the consultation, was held in Education Services on 25 January 2010 and attended by professionals from both services. The consultation ran until February 2010. Appendix 1

3.0 RECOMMENDATIONS

- 3.1 It is recommended that members approve the comments included in the consultation response.

Albert Henderson
Acting Director of Education

4.0 BACKGROUND

4.1 Each section of the consultation documents picks out some key statements on collaborative working, some comments received from practitioners about joint working and some 'signposts for improvement'.

4.2 A number of significant points are appropriately highlighted in the consultation document as factors in achieving a high standard of collaborative working:

- Good quality leadership – leadership seen as the responsibility of all of those involved in the partnership
- Shared commitment by all professionals
- A can-do attitude and a common purpose
- Continuation of programmes by education professionals
- A culture which is positive towards all
- The embracing of the Getting it Right for Every Child principles
- Identifying appropriate joint Continuing Professional Development
- Use of self-evaluation tools and procedures for improvement
- Effective evidence-gathering
- Service level agreements, effective community planning
- Adherence to statutory principles, such as Additional Support Needs legislation

5.0 PROPOSALS

5.1 It is proposed that the committee approves the response prepared by Education Services.

6.0 IMPLICATIONS

6.1 Finance

None

6.2 Legal

None

6.3 Human Resources

None

6.4 Equalities

The principles embodied in this consultation, if accepted, will have a highly positive effect on children and young people with additional support needs.

7.0 CONSULTATION

7.1 A consultation event was held in Education Services on 25 January 2010 to which School and NHS/CHP colleagues were invited.

8.0 LIST OF BACKGROUND PAPERS

8.1 Draft Guidance on Partnership Working
between Allied Health Professionals and
Education

The Scottish Government
November 2009

Consultation Questions

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

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

A. The structure and content is very clear. The Scottish Government is correct in trying to set our guidelines for collaboration in these two key services. The parts of each section are set out in bold print. It might be even more helpful to have these numbered and spaced out in a clearer more defining way.

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

A. The guidance will be very helpful. This is a defining moment in multi-agency working because of new ASL legislation and restructuring issues in Council. The guidance will be most useful in setting out ground rules for closer collaboration with colleagues in health, which is arguably the hardest aspect of multi-agency working. It could perhaps be made clearer where the “What you said...” comments stem from.

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

A. Broadly it does. The issues discussed do reflect current experiences effectively. These are instruments already available, such as those developed by HMIE, which give us a helpful starting point in self-evaluation. I like the use of the softer term “signposts” as indicators of where we collectively wish to take the partnership.

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

A. I very much like the table used to demonstrate the various roles (Appendix 1). The practice described in the document broadly reflects our experience of working with health colleagues in a small local authority.

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

A. Consultation events around the document would be useful if not already planned.