INTEGRATED SERVICES FOR CHILDREN WITH DISABILITIES: A STAFF DEVELOPMENT PERSPECTIVE

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ABSTRACT

This paper derives from research commissioned by a Scottish local authority (LA) and its associated Health Board through its Joint Strategy Group. Within an overall policy framework of social inclusion and the pursuit of social justice, the Joint Strategy Group considered the social and economic impact of disabilities on children and families and addressed how more integrated policy and service provision for this group might be developed. To that end, issues of staff development and training were identified as a priority and the writers were asked to investigate, first, what was needed by different groups of staff across all departments and, second, how far those needs were being met within the framework of current provision. The work was carried out with a range of staff from the Health Board and from LA departments providing a range of services. The focus in this paper is on findings emerging in relation to education staff and to the adequacy of systems of staff development in supporting their participation in coordinated support for pupils with additional support needs. Qualitative and quantitative data enabled comparison between the staff development opportunities available to different groups of staff. Interesting disparities and anomalies arise from these comparisons and these are discussed here.

The paper contextualises the project in current social policy with its emphasis on social inclusion and the pursuit of social justice. Integrated services are viewed as a main means of pursuing social inclusion, not least in education where the recent Education (Additional Support for Learning) (Scotland) Act 2004 endorses provision through coordinated support. This paper argues that the impetus towards more integrated services throws into relief dissimilarities in the staff development experiences of teachers and others supporting young people. Differences and tensions in approaches to staff development are discussed and evidenced using data from the research project. At worst, the lack of congruity in opportunities available to different groups could undermine effective joint working but will, in any event, create difficulties for those trying to promote a culture of collaborative working. Finally, the paper offers some thoughts on the implications of the research for a staff development strategy in relation to coordinated support for children with additional support needs.

1. POLICY BACKGROUND

New legislation enacted by the Scottish Parliament, the Education (Additional Support for Learning) (Scotland) Act 2004, established a new framework of provision for pupils with special educational needs. Central to the changes once the Act is commenced in 2005 will be more planned and coordinated support for a wider range of pupils both in school and, for some young people, extending to other services beyond schools. This legislation complements existing statute (Children (Scotland) Act, 1996) and wider social policy in its endorsement of integrated service support as a means of safeguarding and promoting the welfare of children. The rationale for stronger systems of interdisciplinary working lies in the social inclusion policies of the New Labour administrations (Scottish Office, 1999; Scottish Executive, 2000) and has given impetus to a number of local and national initiatives including the Social Inclusion Partnerships and Local Rural Partnerships. A key feature of such initiatives is their adoption of multi-agency approaches to promote social inclusion.

In Scotland, New Labour's social inclusion policy evolved into a strategy for delivering social justice: Social Justice – A Scotland Where Everyone Matters (Scottish Executive, 1999), a strategy founded on understandings of social exclusion as caused by structural inequalities as well as by discrimination and misrecognition (Scottish Executive, 2000:4). The strategy is presented through a framework of targets and milestones intended to chart progress towards increased social justice for a range of social groups such as children, young people, families and older people. Not all marginalized groups are mentioned, however. Tisdall (2001: 196) points out that disabled children are not covered explicitly by Social Justice targets (although one of the milestones refers to people with learning disabilities). And yet, attempts to address social justice for this group will have considerable bearing upon progress or otherwise towards milestones in education, employment and the reduction of poverty. Recent figures from the Disability Rights Commission (2004) illustrate the social position of disabled people across the UK:

- Unemployment rate for disabled people is almost twice that for non-disabled people

- 68% of households with a disabled person have an income of less than £10K per year

- 73% of disabled people report difficulty in accessing goods and services

- 27% of disabled population lack formal qualifications (15% of non-disabled population) (DRC, 2004)

In Scotland, where disabled people account for about one fifth (800,000) of the adult population, Riddell and Banks (2001) note a similar pattern, with 68% of households with a disabled person having an income of less than £10,000 per year. Tisdall (2001:188) notes that the link between social exclusion and disabilities/special educational needs is well established in the literature but asks how far policy trends have addressed this specific group in the overall quest for greater social justice. Nevertheless, the overall strategy is acknowleged:

> The New Labour government has encouraged 'joined-up' thinking to break down unhelpful divides between professionals and services, to see the connections between different problems and thus greater potential to develop more effective solutions. (Tisdall, 2001: 191)

Belief in the desirability of interagency working has a much longer history than New Labour's social inclusion policy but, in education at least, that belief has not been enough to ensure success overall in the establishment of effective integrated support. McConkey (2002), writing about the development of interagency support for children with disabilities over a forty year period, commented:

> It truly has been a road 'less travelled' as each service system has forged its own highway in trying to reduce the disabling effects of an intellectual impairment and the inevitable social consequences that it brings. Worse still, at times they have worked competitively rather than cooperatively, blaming one another for perceived shortcomings. And perhaps most seriously of all, they have worked in ignorance of one another's values, priorities and achievements.' (McConkey, 2002: 3)

This paper considers aspects of the development of more integrated provision for young people with special educational needs, given new impetus by the social justice agenda and by the new Education Act. But, given previous failings in this area, how well equipped is the education service in Scotland to participate in systems of coordinated support in and beyond schools? The particular focus here is on how

far current systems of training enhance or otherwise coordinated approaches in schools and with schools. The discussion will be informed by data emerging from a recent research project (Banks and Kane, 2004) conducted on behalf of one local authority in Scotland.

2. THE RESEARCH PROJECT

Responding to the political will and recognising that disabilities bring to individuals and families particular and multiple forms of disadvantage, one local authority and its associated health board, developed a joint strategy to tackle the impact of disability on children and families. The project from which data is drawn here ran between 2003 and 2004 and was designed to foreground issues concerning the education and training of all Council staff working with children who are disabled and their families. A range of qualitative and quantitative data was gathered from key informant interviews and from surveys of Council staff and of local authority provision across Scotland. In addition, focus groups were run with staff from all relevant Council departments; with pupils from special and mainstream schools; and with parents. The full report (Banks and Kane, 2004) is available from the authors. The next section will consider issues emerging from the literature on coordinated school-based working before going on to relate those issues to data emerging from the project.

3. SCHOOLS, COORDINATED SERVICES AND STAFF DEVELOPMENT

In the UK, the social inclusion policy has given renewed force to efforts to establish coordinated and interagency approaches to supporting young people (Riddell and Tett, 2001; Webb and Vulliamy, 2002; Macrae, *et al.*, 2003). In Scotland, commentators (Lloyd, *et al.*, 2001) have identified school-based interagency approaches as central to avoiding and reducing exclusions from school and, more broadly, to building stronger communities (Tett, *et al.*, 2001). Whilst interagency working is widely endorsed, commentators also make the point that effective interdisciplinary and interagency support requires opportunities for those involved to learn how to do it (Webb and Vulliamy, 2002; Sloper, 2004) – a view emphasised in the prospectus for New Community Schools:

> All proposals for the pilot programme should contain a programme of staff development and training for joint groups of teachers, social workers, community education workers, health professionals and childcare workers linked directly to their involvement in the NCS project. (Scottish Office, 1998: 13)

Sammons, *et al.* (2003) in their interim evaluation of the NCS pilot programme, however, indicate that those involved in Year 1 of the project reported sparse participation in such joint training, with less than 10% involved in what they would regard as a 'considerable' level of interdisciplinary staff training (Sammons, *et al.*, 2003: 5). For all schools, data emerging from the project discussed here indicated that there were significant anomalies and inconsistencies in the staff development opportunities offered to different groups.

4. COLLABORATIVE WORKING TO SUPPORT INCLUSIVE PRACTICE

Wearmouth, *et al.* (2000) note that, in England, the Green Paper *Excellence for All Children* (DfEE, 1997)) and its associated *Action Programme* (DfEE, 1998) pay just token attention to the promotion of inclusion through the continuing professional development of teachers. However, coming through from the data on this project was that, in education settings, teachers were relatively well-served. Concerns about staff development and inclusion were focused on groups such as auxiliaries

and classroom assistants and on issues of their collaboration with teachers. The relationship between staff development and collaboration within interdisciplinary teams emerged as a main theme of the project, with different perspectives from different groups becoming apparent. Health Boards seemed to recognize clearly the need to support interdisciplinary approaches through staff development for all members of interdisciplinary teams. In interviews with Health workers the terms 'interdisciplinary team' and' multi-agency team' were used with precision, the former to mean health workers who brought different skills to bear on a situation and the latter to mean a group representing different service areas. The same clarity of terminology was rarely apparent in interviews and focus groups with education staff where the terms tended to be used interchangeably. This would seem to indicate that notions of interdisciplinarity are less developed in some education settings, reflecting a lack of clarity about the nature of the roles of different contributors (teachers, auxiliaries, classroom assistants, etc.) to coordinated support.

Interdisciplinary approaches in education settings were not enhanced by the level and forms of staff development available. These tended to be discrete for different groups of staff and hierarchical in that better qualified and more highly paid staff received more and better staff development opportunities. Indications from focus groups were that education staff had differential access to staff development opportunities with low-paid grades such as auxiliaries receiving little or no staff development, even where their contribution was important to coordinated support. Hierarchies pertained when staff development opportunities were offered. Senior staff were prioritised in the belief that those staff would filter the outcomes of their staff development down through the organisational hierarchy. However, these participants also acknowledged the dangers in assuming knowledge would be passed on to other staff:

> Sometimes easier to release senior staff – but cascade model does not always work. Some training targeted at specialist staff. Non-teaching staff have traditionally had less access… (LA officer)

The extent to which auxiliaries were able to contribute to educational support varied greatly and according to personal characteristics and previous experience. Sometimes their contribution was significant and their value then to teachers and pupils was strongly endorsed. For example, one mainstream primary class teacher indicated that she relied heavily on the knowledge of an SEN auxiliary:

> That's it – you have a new class of 30 children and you have got one with special needs… here you are, that's it get on with it. Fortunately, as I say, I have got this super SEN who has been with [pupil] since primary one… (Primary teacher)

Auxiliaries and classroom assistants themselves, however, did not always feel themselves to be a valued part of an interdisciplinary team. One auxiliary reported that she had worked in both mainstream and special schools and claimed that in the mainstream school she had not been included in the 'team' and that she was only given information on a 'need to know' basis, and not invited to meetings. In contrast, an SEN auxiliary from a special school stressed the importance of teamwork and everyone sharing information. This evidence is consistent with that from other studies (Graham and Wright, 1999; Reid, *et al.,*1996) which found that the greatest collaboration occurred in special schools.

Staff development offered to education staff tended to be offered discretely to specific groups rather than on an interdisciplinary basis. It was evident from the research that those involved liked things that way, in contrast to the views of professionals in other departments. From the survey of staff across LA departments, six out of ten respondents (59.6%) reported that they preferred training to be provided

in a multi-disciplinary setting and only one in ten (10.4%) over the whole group stated a preference for single discipline training. However, education staff differed from other staff on this matter. Whilst only 10.7% of the whole group cited a preference for single disciplinary training, 30.0% from education stated a preference for such approaches. The attitudes of education staff here may be a reflection of the traditional and often professionally isolated nature of their practice in classrooms.

For both of reasons of the discreteness of staff development and its prioritizing away from lower-paid staff, then, appropriate staff development/training was limited or non-existent for education staff with front-line responsibilities for supporting children with additional support needs.

5. THE RESOURCING OF STAFF DEVELOPMENT FOR INCLUSION

There was variation across local authority departments in the degree to which staff development was resourced by staff themselves, both in terms of paying for courses and in allocating time to staff development. For professionally-qualified staff in education, social work and health, funding was available to support their professional development in the area of disability but not necessarily to the same level. For these groups, staff development might be provided entirely through the resources of the organisation; at other times the individual member of staff resourced it. Systems for organising and funding staff development were discrete to different service departments, resulting in differences 'on the ground' and perceptions of inequity within interdisciplinary teams. The tendency for staff development to be compartmentalised within particular departments and for particular groups of staff was identified as a problem originating in the discrete nature of funding streams for CPD. One manager of a multidisciplinary team of teachers, health workers and social workers commented:

> If we are trying to develop truly integrated multi-agency teams, then there are enough barriers along the way, and there are enough things to stop that happening without creating another one by having different levels of skills across disciplines. We do not want to make people feel their contribution is less valuable, or second-class, but, inevitably, if my staff can access this training and they can't, then it is going to set up these tensions. (Adolescent Services Manager, Health Board)

This manager indicated that she had found it very difficult to access Education Department funding for teachers on her team and so had used Health Board funding. She was critical of such makeshift arrangements and argued for more integrated funding systems.

A second anomaly in funding arrangements, potentially undermining of coordinated support, were the arrangements for ensuring staff development for auxiliaries. Training was very limited for auxiliaries with generic responsibilities since national funding arrangements (through a Scottish Executive specific grant) covered training only for SEN auxiliaries, although auxiliaries and classroom assistants often worked with children with disabilities. Limited access to training was considered by some education participants in the research to be a contributory factor to the relatively high turnover of auxiliaries, resulting in a poorer service for children and their families. Participants also drew attention to the lack of career structure for auxiliaries who often left after having gained a great deal of useful 'hands on' knowledge and experience. On some occasions when auxiliaries left, teachers reported that it was difficult to cope without their support. The unevenness of funding arrangements for staff development provision for those working with children with special educational needs seemed to be a factor potentially undermining of strong and integrated support in educational settings.

6. MODES OF STAFF DEVELOPMENT PROVISION

The survey of 183 staff of the focus LA and its associated health board showed similar attitudes to staff development across service areas. Similarities emerged in preferences in accessing training/staff development. The most popular method of accessing training was via an on-going programme of staff development in the workplace with six out of ten respondents (60.7%) opting for this. The indication from all groups in the survey was that experiential and work-based learning was highly valued. This was borne out in focus group discussions and in interviews. For example, social work managers indicated that training courses had been poorly attended, possibly due to heavy workloads and difficulty in enabling participants to find time to attend. But it was suggested that if training were programmed to coincide with team meetings it might be attended by a larger number of staff. This would have the advantage of focusing specifically on issues and themes of current concern to area teams. For all groups, work-based learning seemed to offer the possibility of closer alignment between issues of current professional interest and staff development activity. In addition, for education staff, this mode of provision offered the possibility of all groups of staff in a school being able to participate alongside each other.

7. COORDINATION AND COMMONALITY OF STAFF DEVELOPMENT PROVISION

Finally, coming through from the data was a desire to have all of those staff involved in coordinated support to have a common platform of understanding and experience in relation to additional support needs. Attention was drawn to the importance of providing a baseline, a basic training that could be organised on an on-going basis for all staff in order to ensure a minimum level of knowledge and confidence.

> I would like my play workers or the staff to have that ground knowledge so that whoever walks through the door, no matter what disability they have they will be integrated there and then and they don't have to pre-book a place. (Manager, leisure services)

There was widespread support for the provision of training leading to baseline competences for all staff working with children with disabilities. In addition, it was pointed out that, though a range of training opportunities and resources were available, these existed in pockets within one service and, however relevant to a wider client group, systems did not support wider access. What was needed, therefore, was not more training/staff development packages and activities but more coordinated access for all groups to existing provision.

CONCLUSION

The impetus towards educational inclusion through coordinated support means that many more education staff will be coming into contact with children with additional support needs but they are often not equipped for this change. For some staff, especially in lower paid positions where initial qualifications are not required, there has been no preparation for working with children with additional support needs and their families, and only limited access to training while in post. Experiential learning was considered by all groups to offer a way forward. Some workplaces, particularly health settings, had mechanisms to encourage learning through the sharing of expertise and experience. Health workers worked and learned regularly as part of a team but for other groups, this kind of professional learning was less likely. It was felt that, for all groups, staff development could be embedded more fully in team practices, where, for example, additional support issues arising and requiring particular kinds of knowledge could be discussed and shared at team meetings. The staff development component, therefore, could be linked directly to common and current concerns arising from work with children and their families.

The organisation of national funding streams for staff development in relation to disability, and for CPD more generally, was seen to be unhelpful. Funding tended to be directed towards discrete groups of staff, and operated against not only the provision of interdisciplinary and multi-agency courses but also against efforts to build multi-agency teams.

At the start of this research, it had been anticipated that gaps would be identified in existing provision for staff development/training in disabilities and that the provision would be further developed. In the event, the development of provision in this area has not emerged as a priority. Rather, what was needed was the development of more unified frameworks for the delivery of staff development/training across groups of staff and beyond discrete departments. More integrated systems for funding staff development and cross-departmental coordination will enhance capacity to utilise more effectively what is there already.

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