The role of sensory impairment support services and specialist teachers

The future of the sector

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Preface

Department for Education

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NatSIP
National **Sensory Impairment** Partnership

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### 0.	A note about NatSIP URLs and web links

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1.   Introduction

The Department for Education (DfE) commissioned NatSIP to look at the current and future role for specialist teachers in sensory impairment (SI) as part its contract for 2016-17.

To answer this question it is necessary to examine the wider context of the SEND reforms and changes to contracting arrangements, funding reforms and the enhanced leadership role for schools.

This report is relevant to the DfE, NatSIP, commissioners, specialist support services and schools in thinking about how to respond to the continued development of the SEND reforms and other changes to the structure of education provision and funding.

1.1   Sensory impairment - a low incidence group

Sensory impairment (SI) is a low-incidence special educational need and disability (LISEND) which is characterised as follows:

- A need which has the potential to have an adverse impact on learning and development unless additional measures are taken to support the child/young person.

- The prevalence rate is so low that a mainstream setting is unlikely to have sufficient knowledge and experience to meet these requirements. Settings will need to obtain specialist support and advice on how to ensure equitable access and progression (against national standards).

- The prevalence rate is so low that any formula for allocating specialist resources for additional needs which is based on proxy indicators of need will not reflect the true distribution of children and young people identified as having low incidence SEND.[1]

1.2   Numbers of children and young people with sensory impairment

In considering the role of specialist SI support services we have to understand the group of children they are designed to serve, how they are progressing in education and the prevalence.

1.2.1   Hearing impairment

Identification

The introduction of the new born hearing screening programme[2] radically changed the age at which intervention and support became possible for children with hearing impairment (HI). It allowed much clearer diagnosis and early intervention but also changed the age and type of support that specialist teachers were able to provide in the early years.[3]

The growth in numbers of children and young people with cochlear implants

For children born profoundly deaf (estimated at around 500 per year) the advent of routinely fitting cochlear implants at an early age has dramatically changed the service profile of SI services, impacting on the requirements and role of Teachers of the Deaf (ToD). The current figures suggest that 480 profoundly deaf children were fitted with cochlear implants (CIs) in 2015/2016 and cumulatively at least 5,211 children have been fitted with CIs in the UK.[4] This trend is set to continue and, with almost all profoundly deaf children

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[1] National Sensory Impairment Partnership https://www.natsip.org.uk
[2] https://www.gov.uk/guidance/newborn-hearing-screening-programme-overview
[3] Research from the early 2000s onwards shows the single most important factor for longer term outcomes for CYP with HI is parental engagement. The EY ToD role is key in establishing this e.g. supporting the family to encourage and maintain all the aspects of normal early non-verbal communications that are precursors to successful language development. See for example the development of Early Support resources for sensory disability. https://councilfordisabledchildren.org.uk/sites/default/files/field/attachemnt/merged-developmental-journal-for-babies-and-children-with-visual-impairment_0.pdf and https://councilfordisabledchildren.org.uk/help-resources/resources/deaf-babies-and-children-development-journal-early-support
[4] CRIDE 2016

being implanted from the early years, the type of support needed around language development has changed significantly for most services in the last 10 years.[5] This will additionally impact on the number of special school places needed and methods of communication support provided in mainstream schools for children with British Sign Language (BSL) as their primary means of communication, as the number of children who use BSL as their primary language declines further.

Cochlear implants bring many benefits, including many more children being able to acquire spoken language and attend mainstream schools. Nevertheless, children with cochlear implants still need significant and expert support to realise their full potential both through support to and from parents on language acquisition and in educational settings.[6] Some children with cochlear implants are also bilingual, using both spoken English and sign language; especially in the early years and therefore continue to need support in both languages.

Numbers

According to the Consortium for Research in Deaf Education (CRIDE) annual survey of local authorities' SI services, there are 41,261 deaf children known to local authorities.[7] However, the School Census figures for 2016 indicate there are 20,499 children where deafness is the primary SEN and who have been placed at SEN support or have a statement of SEN/Education, Health and Care (EHC) plan.[8] These figures suggest that the School Census continues to significantly under-record the number of deaf children. The 25,367 deaf children identified by the School Census (including the 4,868 children where SEN has been identified as a secondary need) amounts to 61% of the 41,261 deaf children identified by CRIDE.

Based on responses from 131 services, the survey indicates that at least 40,084 deaf children with permanent or temporary deafness were on service caseloads. The smallest number of children on a caseload was 64 and the largest was 1,323. The average was 308 children.

CRIDE figures show that 86% (28,280) of deaf children are using spoken language, while 8% (2,658) are using spoken language with signs and 2% (717) communicating through BSL in education settings.[9] BSL provision and language support is therefore reducing in early years, schools and specialist settings as spoken language becomes the dominant mode of communication including for profoundly deaf children. Nine out of ten deaf children are born to hearing families with no experience of deafness and most families need additional support in addressing their deaf children's language development and other needs.

Impact of Hearing Impairment on learning

Deafness is not a learning disability and non-verbal IQ results do not show significant differences between hearing and deaf children.[10] Government figures suggest that more than a quarter of deaf children have a secondary need.[11] Research has shown that their hearing needs can be overshadowed by other difficulties to the detriment of their progress.[12] However it is also the case that 40% of children with hearing impairment also have an additional need.[13]

Teaching and learning takes place through the main senses of sight and hearing. Having a hearing impairment therefore presents deaf pupils and those who teach them with complex challenges in developing

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[5] 'Despite this early identification, particularly of severe to profound loss it was estimated that only about three quarters of the anticipated cases were implanted by 3 years of age. This improved to well over 90% by the time children were 9 years of age' Raine, C, Atkinson, H, Strachan, D.R. and Martin, J.M. (2016) *Access to cochlear implants: Time to reflect*, Cochlear Implants International, 17:sup1, 42-46, and Raine , C. *Cochlear Implants in the United Kingdom: Awareness and utilization*. Cochlear Implants International 2013 Vol. 14.

[6] Archbold, S. (2010) *Deaf Education: Changed by Cochlear Implantation?* Nottingham.

[7] CRIDE uses the term 'deaf' to apply to all children with any degree of hearing impairment, including unilateral hearing loss.

[8] CRIDE 2016 Report. The two surveys collect data in different ways with the CRIDE survey relaying on data from sensory support services whereas the schools data is collected from schools that may under represent the actual numbers due to not recording hearing loss or flagging it as the primary need.

[9] CRIDE 2015.

[10] McCay, V. (2005) *Fifty years of research on the intelligence of deaf and hard-of-hearing children: a review of the literature and discussion of implications.* Journal of Deaf Studies and Deaf Education 10 (3).

[11] www.gov.uk/government/statistics/special-educational-needs-in-england-january-2015 The figure applies to where deafness is a primary need. A number of other children also have deafness as a secondary need in addition to a different primary need.

[12] University of Manchester (2010) *Service Delivery to Deaf Children with Complex Disabilities: What families want* Available at www.ndcs.org.uk/research

[13] NDCS (2012) *Deaf children with additional needs*

language and accessing learning. Research shows that even a mild hearing impairment can have a significant impact.[14]

Pupils with HI are the second highest attaining at GCSE out of all the pupils with SEND:

- 41.3% of deaf children achieved 5 GCSEs (including English and Maths) at grades A* to C, up very slightly by 0.2 percentage points from the previous year. The attainment gap between deaf children and other children has narrowed slightly as a result.

- The average attainment 8 score for deaf children was 42.5. This means their average score per subject was 4.3 which is between a grade C and D.

- The average attainment 8 score for children with no identified SEN is 53.2 or, per subject, 5.3, which is between a grade B and C. This means that, on average, deaf children underachieve by a whole grade in each subject compared to children with no identified SEN.

- Deaf children's progress 8 score of -0.05 means their progress between primary and secondary school was very slightly less than what was expected. The negative score indicates that deaf children are not 'catching up' from their lower starting points as they move through secondary school.[15]

1.2.2   Vision Impairment (VI)

Identification

Most blind and partially sighted CYP are born with their vision impairment (VI). Approximately two thirds of children with severe VI and blindness are diagnosed before their first birthday.[16] All new-born and 6-8 week old babies should be examined as part of the routine review to exclude retinoblastoma, glaucoma and cataract since they are treatable and, respectively, life and sight threatening. A systematic population screening programme for VI between 4 and 5 years of age should be offered by an orthoptic-led service. Vision defects include amblyopia, refractive error and strabismus.

Numbers

There are an estimated 34,560 CYP aged up to 25 years with a VI of sufficient severity to require specialist support in England. Of these, approximately 24,500 are under 19 years old. This estimate is based on visual acuity and does not include those with less severe vision impairment. The number of children with vision impairment is increasing. The number newly registered each year as blind or partially sighted over a 30 year period to 2011 has doubled.[17] Yet many children with relatively good visual acuity may have other types of difficulties with their vision that, particularly when combined with other SEND, can have implications for the child's learning and development.[18]

At least 50 per cent of CYP with VI have additional disabilities and/or chronic health problems, including many with multiple and complex needs. Of these at least 20% of young people with a VI have additional disabilities and/or special educational needs, and a further 30% have multiple and complex needs.[19] The prevalence of vision impairment is far higher in children with learning disabilities than in the general child population.[20]

According to the DfE statistics,[21] in January 2016 there were a total of 16,701 pupils in state funded mainstream schools and special schools in England with VI as their primary (main) or secondary special

[14] Ear Foundation (2015) *Experiences of Young People with Mild to Moderate Hearing Loss: Views of parents and teachers* available at www.ndcs.org.uk/research
[15] DfE (19 January 2017) *Revised GCSE and equivalent results in England, 2015 to 2016* SFR03/2017, 19 January 2017. Figure taken for comparison is for children with SEN vs Non SEN children. Attainment figures for children with SEN can also be compared to the pupils' measure and this gives a slightly lower overall average attainment figure of 49.9.
[16] Rahi & Cable. (2003) *Severe visual impairment and blindness in children in the UK* The Lancet, Vol 362, Oct 25, 2003
[17] Mitry, D. Bunce, C. Wormald, R. and Bowman, R. (2013) *Childhood vision impairment in England: a rising trend* Arch Dis Child 2013; 98: 378-380
[18] ONS (2013) National Population Projections for 2015, 2012-based projections release. Office for National Statistics
[19] Emerson, E. & Robertson, J. (2011) *The estimated prevalence of visual impairment among people with learning disabilities in the UK* CeDR, Lancaster University/Learning Disabilities Observatory report for RNIB and SeeAbility.
[20] *Ibid*
[21] PLASC Jan 2016

educational need. Just under two in five (39%) had a statement or Education, Health and Care Plan (EHCP). The majority of those with a statement or EHCP (68.8%) had another SEN in addition to their vision impairment.

Pupils with VI as their primary SEN were the highest attaining of all the SEN groups at GCSE:

- 43.1% of pupils with VI achieved five or more A* to C grades or equivalent including English and Maths compared with 57.4% of all pupils.

- 28.1% of pupils with VI were entered for all five components of the English Baccalaureate (EBacc), which is GCSE in English, maths, science, a language, and history or geography, compared with 39.7% of all pupils who were entered.

- 16.1% of pupils with VI achieved a grade C or above in all five components of the English Baccalaureate compared with 24.7% of all pupils.

- The average Attainment 8 score for pupils with VI was 43.7 compared with 53.2 for all pupils. This is 1.7 points higher than in 2014/15 for VI pupils, compared to an increase of 1.5 points for all pupils.

- The progress between KS2 and KS4 for pupils with VI was slightly below average when compared with all pupils.[22]

Approximately two thirds of children who have a VI are educated in mainstream schools, some of which are additionally resourced for learners with VI. Around one third attend special schools for learners with learning or physical disabilities. Two per cent attend specialist schools designated for blind and partially sighted learners.

Impact on learning

Severe VI or blindness can substantially delay early childhood development and learning, with some children following an atypical developmental pathway. Developmental setback (plateauing and regression in cognitive and social development) has been found in some children with severe or profound VI at around the age of eighteen months to two years of age.[23] There is also evidence of increased risk of autism in some children with VI. In addition to this, findings from major new research carried out by a team at GOSH/UCL/ICH, which is due for publication in peer reviewed journals in spring/summer 2017, will have significant implications for future specialist support for babies and young children with vision impairment.[24]

The potential effect of even a relatively moderate VI is significant, especially in combination with other low level needs. At all key stages, the attainment of learners with VI is lower than that of learners with no SEND, but higher than any other SEND group. We also know that at all ages, learners with VI as their only SEND do better in terms of their attainment and progress than learners with a VI plus an additional SEND.[25]

While learners with VI have the potential to do well academically, having access to the additional curriculum is crucial if they are to make a successful transition to independent adulthood. The UK additional curriculum for learners with VI has eight outcome categories which include independent learning skills, use of equipment, interpersonal skills, independent mobility and everyday living skills. Even with good academic qualifications, young people who leave school without these skills experience considerable challenges when attempting to negotiate FE and HE and to enter employment.

[22] DfE (19 January 2017) *Revised GCSE and equivalent results in England, 2015 to 2016* SFR03/2017, 19 January 2017
[23] Dale, N. Sonksen, P. (2002) *Developmental outcome, including setback, in young children with severe visual impairment*   Dev Med Child Neurol 2002;44:613–22.
[24] Mukaddes, N, M. Kilincaslan, A. Kucukyazici, G. et al. (2007) *Autism in visually impaired individuals* Psychiatry Clin Neurosci 2007;61:39–44.
[25] Harris, Keil, Lord & Lloyd (2014) *Sight impairment at age eleven: Secondary analysis of the Millennium Cohort Survey* RLSB, RNIB and NatCen Social Research. Chanfreau and Cebulla (2009) *Educational attainment of blind and partially sighted pupils* National Centre for Social Research (NatCen) for RNIB.

1.2.3   Multi-Sensory Impairment (MSI)

Identification

MSI is a functional term that is used alongside and interchangeably with deafblindness because it communicates more effectively the complex impact of deafblindness. What is rarely understood, and challenging to identify, is that hearing and vision loss, whether congenital or acquired, can also affect the use of other key senses. These include proprioception and vestibular function. As a result, a child with MSI can be additionally affected by poor balance, reduced mobility, as well as under-sensitivity or over-sensitivity to touch/smell.

A range of conditions can lead to MSI.[26] There is no single or main cause. The most commonly recognised causes in recent years are prematurity, CHARGE syndrome and Usher syndrome. There are many other causal conditions, a number of which are chromosomal or genetic, which are rare. Fortunately these are being identified more frequently as the science in this area is developing at pace. Understanding the full implications of diagnosis can really support the child's learning and development.

The population is also experiencing increased numbers of children with complex neurological disorders, both inherited and acquired through meningitis or accidental brain injury, for example. The newborn hearing screening programme ensures that children are identified earlier when they have MSI. However, anecdotally, there are difficulties identifying and recognising MSI in some local authorities. Until difficulties are addressed, the full picture of future need will not be known.

Numbers

Emerson and Robertson's estimate suggests that the deafblind/MSI population will increase.[27] The estimated population of 4,000 in 2010 is set to rise to 5,000 by 2030.[28] (This is a population-based-model estimation). The DfE PLASC data has shown an increase of MSI children identified consistently in recent years with 2,300 CYP with MSI (Jan 2016, schools census data), 1,440 more than in 2004 (+168%).[29] The issues with this data are well known and make accurate predictions for future planning purposes difficult. MSI may sometimes be misinterpreted as multi-sensory learning, and many deafblind children are mis-identified as having their primary (hearing, vision, physical or learning) disability identified above their MSI, so it is difficult to put too much confidence in these figures.

There are changes to the MSI population as well, as young people are diagnosed with complex neurological disorders. The CHARGE population is increasing. There is an increasing proportion of this population who are working closer to their chronological peers compared to fifteen years ago, and with more educational placements in mainstream settings. Numbers, using NatSIP outcomes benchmarking data, are still relatively small.

Impact on learning

MSI makes a significant difference to children and young people's learning and development. Most will have difficulties with accessing information about what is happening around them. They are likely to struggle with communication, forming relationships and mobility. The level of difficulty they experience will depend on the extent to which they have some useful hearing and vision. A mild hearing or vision impairment will still have significant impact. In the case of MSI, a mild hearing or vision impairment combined with a second sensory impairment multiplies the significance of the mild impairment beyond a singularly occurring mild impairment.

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[26] Nikolopoulos, T,P. Lioumi, D. Stamataki, S. O'Donoghue, (2006) G,M. Evidence based overview of ophthalmic disorders in deaf children: a literature update,   Ontology and Neurology 2006 Feb;27(2 Suppl 1):S1-24.

[27] Emerson 2011. *Op cit.*

[28] J Robertson, J. and Emerson, R. *Estimating the Number of People with Co-Occurring Vision and Hearing Impairments in the UK* CeDR Research Report 2010:1 April 2010

[29] Pinney, A. (2017) *Understanding the needs of disabled children with complex needs or life-limiting conditions; what can we learn from national data?* True Colours Trust/Council for Disabled Children.

1.2.4 Summary

Attainment for both HI and VI is improving and the gap with non-SEND peers has been reducing, though full comparisons are difficult given the changes to the examination system. This is against a background of rising numbers and reducing specialist teachers and more complex needs. The continued closing of the gap represents real progress for schools working with SI services but is not inevitable, and depends on the right professional support being available. However, more needs to be done to ensure that all children with SI can reach their full potential.

2.   The current context for sensory impairment support services

SI support services have developed over time and in response to the previous legislation and the accompanying SEN Code of Practice. Local authorities have funded specialist SI services through either the High Needs Block (HNB) or by top-slicing an additional part of the Schools Block to help support schools in addressing the needs of children with sensory impairment. This top-slice has then been incorporated into the HNB baseline for subsequent years.

There has been a move towards the delegation of local authority budgets for elements of SEND support in some authorities (e.g. Herts, Norfolk, and Nottingham City) over a number of years. In addition, schools are now expected to support the first £6,000 of expenditure per pupil. There has continued to be recognition that for low incidence disabilities such as SI, central provision is still the most cost effective means of providing this support. This has been so even where the mechanism has been established to delegate money to schools to purchase services via LA traded services. Ofsted noted the dangers of delegation for very low incidence needs as long ago as 2005 in a report on specialist services. It argued that delegation of sensory services could lead to a number of problems including:

> …waste of valuable funding. It distributes resources to schools that don't have any deaf children, while schools with deaf children are unlikely to receive a sufficient sized share of funding to deliver the support needed.

> Difficulties in retaining specialist expertise to meet the needs of all deaf children in an area, whichever schools they attend, without a reliable source of funding.

> The disproportionate impact on the service and its ability to meet the needs of all local deaf children that small reductions or fluctuations in funding can have.[30]

With the funding changes in 2010, Government ensured that academies could not be double-funded for SEN support but in doing so also stated clearly the need for local authorities to take into account low incidence SEN support and that it was considered effective for LAs to retain money to support specialist services. Local authorities retained the requirement to provide specialist support services to all schools:

> All local authorities will be required to provide these services (specialist support) to pupils in academies on the same basis as pupils in maintained schools.[31]

Until the most recent SEND reforms and associated funding changes, there has been a consensus about the need for centrally-funded local authority specialist support services for low incidence needs. While there has started to be a move away from this for higher incidence needs, it is difficult to assess how far this trend will extend to low incidence services such as SI services. CRIDE 2016 shows that at least 85% of HI services (therefore likely to be the same for VI services) are still provided centrally or through a resource base and there has not been a significant move by LAs to commission from other providers to date. Further traded services seem mainly limited to non-EHCP children in sensory support services. However, there was significant evidence in our survey of HoSS that this picture is a least being reviewed very actively by a number of LAs at the moment. This has been in response to funding pressures on the HNB and DSG or as part of wider reviews about where services are commissioned from and future models of provision.

As LAs are encouraged to focus on their role as commissioners rather than providers and there is a growing emphasis on school autonomy and leadership with the advent of academies, free schools and the move towards delegated funding the pressure to seek other provider arrangements is likely to be reinforced.

Looking at how SI support services are currently funded it was clear from our workshops that there is a wide mix of funding sources. In some authorities, services were funded from the HNB while others were funded

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[30] Ofsted (2005) *Inclusion: The impact of LEA support and outreach services*
[31] http://webarchive.nationalarchives.gov.uk/20130123124929/http://www.education.gov.uk/b00204848/academy-funding/lacseg-201314

through the Schools Block and directly charging schools for some of their work. Some services have been set up as traded services and others are being asked to structure themselves in this way or are currently being reviewed.

The emphasis in the Children and Families Act 2014 on classroom teachers having the capacity to support children with SEND with SENCOs and specialist support working with them to achieve this suggests that schools-led commissioning, either directly or through the LA, will grow over the coming years.[32]

2.1 Types of support offered from a sensory impairment support service

Typically, a SI support service might offer some or all of the following:

- Direct teaching and support for early years, children and young people with a sensory impairment. This might include supporting babies, toddlers, children and young people in their homes with their parents, in mainstream school or special school through a peripatetic outreach service

- Assessment for EHC Plans and for SEN support

- Support to a resource base within a mainstream school where they can access more intensive support from the SI support service who have staff based at the school

- Advice and information regarding education, health and social care issues or signposting

- Training for school, specialist training providers, EY settings and post-16 settings staff on teaching children with a sensory impairment

- Specific advice to SENCOs and teaching staff within schools

- Family support to families of children with a sensory impairment including keyworker and signposting roles

- Independence development and support with habilitation

- Technology support including equipment maintenance and advice to schools about acoustics, visual environment and related matters

- Provision of, and training in, the use of assistive technology

- Language support for children whose first language is BSL

- Support in the use of Braille

- Multi agency partnership working with education, health, social care and the voluntary sector and parents

- Help in examination administration and support for reasonable adjustments.

NatSIP has also produced an eligibility framework designed for services to use to identify who might need a service which looks at:

- the degree of SI

- the impact of SI on language, communication and access to the wider curriculum

- use of hearing amplification or development of habilitation skills

- the support needs of children and young people with SI to use equipment effectively

- training requirements for family or setting

- transition between settings and into further education

- the learning environment

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[32] Clearly, LAs retain responsibility for children throughout the 0-25 period.

- the impact of SI on the child or young person's personal, social and emotional learning

- SI teacher involvement in any multiagency liaison.[33]

The aim of the framework is to provide a tool for service development. It is not designed as a rationing or service allocation mechanism, though there is evidence that it has been (inappropriately) used in this way in recent service reviews. The framework is intended to be used by skilled professionals as a guide to help them in assessing benefit and intervention levels within their local environment. It is helpful in this context in illustrating the type of service criteria and decisions that SI services might need to address.

Depending on the local service configuration and size, there might also be provision of professional SI roles, including TA support, educational audiology, communication support workers, habilitation workers, Braille teachers, intervenors, deaf tutors and other SI specific roles. Usually, the majority of the service will be made up of a specialist teacher team, led by a qualified teacher of sensory impairment (QTSI) who is a Head of Service.

Different services also demonstrated very different mixes of the amount of direct teaching support they provided to the additional signposting and key worker roles. The amount of advisory to teaching input varied from 80% teaching-20% advisory to 40% advisory-60% teaching in feedback from the workshops.

There is no one typical size and shape of service and some are undergoing change. It will depend on local factors to do with population and level of need locally, how this has been identified and provided for, availability of local special school provision, size and role of local resource based provision in mainstream schools and level of delegation to schools previously. The Head of Service role is changing as financial and other pressures lead commissioners to look for synergies and cost savings, and increasingly see SEND managers (with or without QTSI status) leading specialist SI services for the LA within a wider SEND remit, as is already taking place in a number of LAs.

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[33] NatSIP Eligibility Framework for Scoring Support Levels. See https://www.natsip.org.uk/index.php/eligibility-framework

3. SEND reforms and support services

Any consideration of commissioning arrangements for specialist support services needs to be in the context of the Children and Families Act 2014[34] and the accompanying SEND Code of Practice.[35] Commissioning arrangements also need to align with the new funding arrangements for schools and an understanding of schools' and colleges' changed role in commissioning SEND support services.

3.1 Joint commissioning

The Children and Families Act (2014) strengthens pre-existing expectations on commissioners of education and health and social care to work together in meeting the needs of children and families with SEND. The Code of Practice makes clear that joint commissioning arrangements must set out:

- the education, health and social care provision reasonably required by local children and young people with SEN and disability, and how this provision will be secured and by whom.

- what advice and information is to be provided about education, health and care provision and who is responsible for providing this advice.

The Department of Health's guidance document Care and Support for Deafblind Children and Adults[36] requires local authorities to identify and keep a record of deafblind children and adults in their area and undertake specialist assessments of their needs.

3.2 Assessment and joint commissioning

The new Education, Health and Social Care Assessments (Code of Practice, Ch 9) require a new level of co-operation between different agencies which was not previously a statutory requirement. While it is clear in the legislation that the education authority will continue to take the lead in pulling together the plan, there are also clear requirements on health and social care to co-operate in the production of the plan and, crucially, to agree the provision to be made. Appeals against proposals for provision are taken, by parents or young people themselves, to the SEN and Disability Tribunal (SENDIST) and specialist teachers need to be involved in assessment as part of the EHC planning cycle.

3.3 Joint commissioning and the local offer

The local offer must be developed by local authorities and their health partners, together with children and young people with SEN and disability and their families. The local offer should build on the joint strategic needs assessment (JSNA) and the analysis of local SEN and disability needs. As well as providing information about the services that the local authority expects to be available, the local offer should also be used as a tool to improve provision by setting out how services will meet local need and achieve the outcomes set out by the joint commissioning arrangements (Code of Practice, Ch. 3).

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[34] DfE. Children and Families Act. 2014 http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted
[35] DfE/DoH (2015) Special educational needs and disability code of practice https://www.gov.uk/government/publications/send-code-of-practice-0-to-25
[36] https://www.gov.uk/government/publications/deafblind-people-guidance-for-local-authorities

3.4 Reviewing services

It is important to note that in reviewing or commissioning services LAs have to ensure that there is both sufficiency of provision and that any proposed alternative arrangements lead to improvements:

> 4.19. Local authorities must keep their educational and training provision and social care provision under review and this includes the sufficiency of that provision. When considering any reorganisation of SEN provision decision makers must make clear how they are satisfied that the proposed alternative arrangements are likely to lead to improvements in the standard, quality and/or range of educational provision for children with SEN.[37]

3.5 Implications for sensory impairment support services

Because of the low incidence nature of SI, regional co-ordination and joint commissioning arrangements become more - rather than less - relevant for the future. SI services will be involved in aspects of assessment and support for education health and care plans and also in providing early intervention and support aimed at ensuring children and young people can thrive, without necessarily having to secure an EHCP. Many SI services also provide crucial links and signposting between education, health and social care services and help support the development of a team around the child approach. Any reduction in support in these areas would have an impact on the cohesion and development of the contracting arrangements around SI support. It would also damage the ability of LAs to meet their statutory obligations to ensure SI professionals are involved in assessment processes.

A recent NatSIP workshop explored joint commissioning in the London area. It confirmed that there were examples of HI support services providing crucial links and signposting. There were also examples of good joint working with commissioners and across agencies, especially education and health. In these examples, it was crucial to have a good working relationship with local commissioners and a commitment to work together. It was clear that the SI support services were often the thread which supports these agencies in ensuring a more joined up approach. Any reduction in support for these activities would have an impact on cohesion and development of the contracting arrangements for sensory support.[38]

Some key factors which were identified at the workshop in supporting further development of joint commissioning included:

- ensuring good communication between agencies
- a commitment to joint working
- capacity of agencies to participate in all stages of the process from assessment to planning and delivery
- a willingness to pool budgets
- the engagement of parents and young people.

SI support services can play a crucial role in supporting this process with commissioners.

A key issue which was also identified was the reliability of data about numbers of children and young people and their needs. Section 22 of the Children and Families Act 2014 requires local authorities to identify all children in its area who may have a special educational need or a disability. SI services play a crucial role in helping LAs identify and support children with SI. Furthermore, there needs to be a clear focus on the handling and use of data as a baseline for monitoring outcomes, planning future service needs and feeding into the JSNA, health and wellbeing board, and local offer as part of effective service planning.[39] LAs and other agencies need to have effective mechanisms in place to consult parents and young people about these arrangements and again will rely on SI services to provide vital links to parents.

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[37] DfE. Code of Practice 2015.
[38] NatSIP working day on Joint Commissioning, 15 November 2016.
[39] As this ruling against Warwickshire County Council made clear "Plainly unless this local authority has such a register and knows more or less precisely how many disabled children there are in the county it cannot make a fully informed decision about budgetary allocation or as to the terms of a proposed Local Offer." www.bailii.org/ew/cases/EWHC/Admin/2015/203.html

4. Local authority support to schools and colleges

The recent education White Paper[40] has made clear that the Department for Education wants a more schools-led system with academies organised through Multi-Academy Trusts (MATs) as the key drivers to leadership within the school system. While the mechanism to achieve this through compulsory academisation may no longer be the preferred route, it is clear that the government still expects the system to move towards this goal but without the original deadlines.

It is clear that the white paper saw a limited role for local authorities in the management of schools and school improvement. However, it was unclear on the respective roles in relation to SEND given the statutory duty on LA under section 24 of the Children and Families Act 2014 (e.g. an LA is responsible for a child or YP identified by the LA as having SEND or who may have SEN or is brought to the LA's attention by any person as someone who has or may have SEN). The recent DfE stage 2 consultation on high needs funding (December 2016) suggests that an outcome from a LA strategic review is a strategic plan that might include for example

> measures to support mainstream schools in meeting the SEN of a wider range of pupils, for example through workforce training or clear routes to access of specialist expertise

The combination of changing commissioning arrangements, the emphasis on school leadership and changed funding for high needs is already beginning to drive changes in the commissioning of SI services both for children without and with a plan judging from the responses to our survey detailed below.

4.1 Funding

4.1.1 The Government's funding consultation

The new white paper envisages that local authorities will continue to be expected to develop strategic plans for SEN which should consider:

> measures to support mainstream schools in meeting the SEN of a wider range of pupils, for example through workforce training or clear routes to access specialist expertise"   (para 4.26)

It also continues to give local authorities a key role in

> Ensuring the needs of vulnerable pupils are met: including identifying, assessing and making provision for children with special educational needs and disability and looked after children.[41]

> …The schools, colleges and early years settings in an area should work together to ensure that good practice is shared and that they have access to effective support and expertise in identifying and meeting particular needs (for example, sensory impairment, autism or behaviour support).   (para 4.50)[42]

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[40] DfE (2016) Excellence for All
[41] DfE (2016) Educational Excellence Everywhere. (4.77, pp.69-70)
[42] DfE (2016) High needs national funding formula and other reforms Government response and new proposals for consultation – stage two. 14 December 2016.

4.1.2 Early years funding

The Government is concerned that some LAs hold back too much money for central services. It is therefore capping the amount of EY funding LAs can retain centrally. A minimum of 93% of an LA's allocation will need to be passed directly to providers in 2017-18, rising to 95% by 2018-19. Any funding from the Early Years Block which is used to fund specialist SEND support services will be counted within the amount held centrally. This could have implications for LAs who may use a significant proportion of their EY allocation to fund specialist SEND support services. The DfE is prepared to consider representations if the cap is causing particular difficulties.[43]

All LAs will be required to establish an inclusion fund for 3- and 4-year-olds building on good practice already established in many areas. LAs in consultation with EY providers, parents and SEN specialists, will be responsible for deciding for which children the SEN inclusion fund will be used. The DfE advises that this should be focussed on children with lower-level or emerging SEN as those with a higher level of needs should be covered through high needs funding via an EHC plan. The inclusion fund can also be used to support specialist services, but funding for this purpose will not count towards the 93%-95% pass through requirement other than in some very specific circumstances.

LAs are able to apply for a disapplication of the cap on central spending in certain circumstances. With regard to the need to maintain SEN support services, the DfE guidance helpfully states that LAs must present evidence that:

> …disapplication is essential to avoid a significant overall reduction in the level of specialist early years SEND services offered to providers free or on a subsidised basis. Such evidence might include a description and costings of current services, an assessment of how these might need to be constrained by the high pass-through requirement. Evidence should also be provided on why it is not possible for providers to obtain such services on a buy-back model.[44]

These changes suggest that SI services will need to work closely with commissioners and early support services to ensure that there is a clear strategy for how support services work with providers in the early years to ensure that crucial early years support is maintained around language acquisition and habilitation. This would be helped by robust evidence on the impact of specialist support on outcomes and evidence from EY providers of the need for specialist help.

4.1.3 High needs funding reforms and the future role of the sector

The government is consulting on changes to the funding system which, which will continue to allow local authorities to continue to vire between the high needs block (HNB) and the dedicated schools grant (DSG) only under very specific circumstances. From 2018-2019, they will be able to move funding between some parts of the funding system, local authorities will no longer be able to move funding from the schools block into the HNB unless the local schools forum and a majority of local schools agree. This poses a danger that the use of the HNB to fund support SI services as has been done in the past will not be possible to the same extent in the future.

Different arrangements will then apply from 2019-20. The consultation proposes that schools could agree with the local authority to pool some of their funding to create a local budget to meet high needs. The pooled funding, combined with high needs funding from the local authority, could then be deployed to provide support for pupils with high needs in mainstream schools or in special schools or units, depending on

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[43] Set out in DfE publications (i) *EY Funding – Government consultation response and EY National Funding Formula* and (ii) *EY National Funding Formula – Operational Guide*.
See: https://www.gov.uk/government/consultations/early-years-funding-changes-to-funding-for-3-and-4-year-olds and also https://www.gov.uk/government/publications/early-years-national-funding-formula-allocations-and-guidance
For a more detailed guide to the EY funding changes, see NatSIP's series of funding briefing notes at https://www.natsip.org.uk/index.php/natsip-documents/natsip-briefing-documents-and-papers/funding-briefings
[44] DfE (2016) *EY National Funding Formula – Operational Guide Dec 2016*.

local patterns of provision. The DfE expects the deployment of funding in this way to be made against a local authority strategy for special educational provision which is going to be required as part of the reforms.

As part of the transitional arrangements to the new funding system for schools, the government has stated that it will ensure that no authorities will lose from their high needs block and that current historical spend will be taken as the starting point. However, this also means that some authorities may not gain as much as they might have done under the old formula.[45]

LAs have taken £100m per annum from the school block over the last three years to plug the funding gap in high needs learners, special schools and top up rates. The current proposed funding changes will make this harder in the future as they try to cope with the funding shortfall. The much clearer distinction between the HNB and the schools block raises questions about how specialist services and support are commissioned and funded in the future across all specialist support services in a response to this shortfall. How this will impact specifically on SI services is not yet entirely clear but has the potential to restrict funding if flexibility is not maintained.

At a minimum, there will have to be a much clearer understanding and commitment from schools as to what specialist support they want to see provided by the LA or in conjunction with them through pooled resources. A number of commissioners reported that they are already putting in place mechanisms to liaise with schools about which services schools find most valuable and would therefore continue to be commissioned. This may hold out the longer term prospect of a more co-ordinated approach but will also challenge sensory support services to communicate more clearly with both commissioners and schools about what the need is locally and how they can help to meet this.

4.1.4   Post-16 funding and colleges

Funding for colleges has undergone significant changes and the system has moved from post-16 learning support being provided through a Learning Disability Assessment to an EHCP. Colleges are expected to meet the needs of students with lower levels SEND from their element 1 (study programme) and disadvantage funding. For high needs students, the providers receive:

Place funding:

Element 1:   Study programme which for 2017/18 the DfE has averaged at £5k per annum per full time place

Element 2:   £6k per annum per full time place

Element 3:   Top up funding for any additional cost over and above the £6k

Unlike schools, post-16 providers are not required to contribute the first £6k of meeting a learner's additional needs. The definition of a high-needs student is the same as a high needs pupil (i.e. a learner whose additional support costs more than £6,000). It is not a legal requirement for a pupil or a student under 19 years to have an EHC Plan to receive top-up. All that matters is that their additional needs cost more than £6k.

However, some LAs require an EHC Plan as a matter of policy (i.e. they have set the threshold for an EHC Plans at an additional cost of £6k). If a pupil or student has an EHC Plan but the additional needs cost less than £6k to meet then neither the school or post-16 provider will receive top up.[46]

Early evidence of implementation has suggested that colleges and LAs have been challenged by this change, with disputes about who funds additional provision for students not in receipt of EHCPs despite the legislation being clear on responsibility for additional funding. Anecdotally, there is considerable evidence that LAs seek to stop EHCPs post-16 with the transition to college but further work needs to be done on this area.

[45] Ibid and on the 'losses' see https://www.tes.com/news/school-news/breaking-news/exclusive-send-pupils-missing-out-more-ps100m-due-funding-cap
[46] https://www.gov.uk/government/publications/high-needs-funding-arrangements-2016-to-2017/high-needs-funding-2016-to-2017

There was much less evidence in the survey and consultation sessions on work with colleges, but this to some extent depended on local circumstances and where services have traditionally provided support as well as LA practice on this.

Some colleges refuse to buy in specialist provision due to concerns about the cost. Instead, they provide the (non-VI or HI specialist) support in-house. Some colleges don't know about the high needs top up funding. Where a student has an EHCP but the college is failing to provide the support detailed, there is no effective way of policing or challenging. Different LAs have different criteria for EHCPs which can cause problems for colleges. One college disability officer stated that some LAs can be quite inflexible e.g. about the number of hours support the student needs and will only pay for a certain number of hours.

4.2   Combining specialist support services

The latest Government consultation on funding also recognises the strategic challenge for specialist services and suggests the continued development of specialist resources with centres of expertise to ensure that they continue to provide the expertise needed:

> 4.32   Local authorities may wish to consider combining specialist SEN and disability services, for example for expert professionals such as educational psychologists and specialist teachers, so that sustainable centres of expertise are created, providing schools and other institutions with the extent and quality of specialist support they need.[47]

In our consultations with the SI sector and commissioners it was clear that a number of models were being explored and developed which combined different services and levels of specialist support in different management arrangements.

Assuming that the consultation proposals proceed, the way in which head teachers identify and prioritise the needs of the children with SI could have a dramatic impact on what specialist services are commissioned either through continued funding of specialist support centrally or through schools' delegated budgets.

The LA will still have responsibilities to work with providers in ensuring that there is a sufficiency of provision and strategic plans should be based on the review of local provision and should show how high needs funding will underpin a pattern of provision to meet local needs. However, this will depend in turn on what the local offer and the joint planning duties have identified as priorities locally, what head teachers feedback to LAs they most need, and what schools and colleges are willing to directly or indirectly fund.

What is clear is that we are moving from a model where the LA provides some traded services to schools in some LA areas towards a model where most services could be traded, commissioned directly by schools, colleges or by MATs and academy chains, either directly, or through arrangements with the local authority. As this way or operating becomes more typical this might well pose serious questions for the current commissioning arrangements around SI services.

4.3   Regional commissioning

As stated in section 3.5, regional and cross borough co-ordination and joint commissioning arrangements are likely to become increasingly relevant for the future. This was explicitly recognised early on in the funding reforms when the DfE noted that:

> Addressing the shortage of good local provision for children with the most complex needs is often beyond the ability of a single authority because the numbers of children concerned are too small. This is a facet of the SEN funding system which might be greatly improved by a systematic regional or sub-regional approach to commissioning.[48]

This has been further reinforced in the Government's recent funding review:

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[47] DfE (2016) High needs national funding formula and other reforms. Government response and new proposals for consultation – stage two. 14 December 2016.
[48] DfE (2015) Research on the Funding of Young People With SEN Section 12

4.34   We would particularly encourage local authorities to work together when considering provision to meet low incidence but high complexity SEN. Such provision is frequently offered by providers which operate at a regional or national level, often through independent or non-maintained special schools and specialist post-16 institutions. It may be much more efficient for a group of local authorities to take a combined approach when engaging with such highly specialist providers. Sharing intelligence across a region would allow a group of local authorities to develop a strategic plan for meeting low incidence but high complexity needs, reviewing the quality and sufficiency of existing provision and working with providers to ensure the provision available meets both current and anticipated needs. This would offer a number of benefits, including reducing costs by removing duplication in the commissioning and quality assurance process. It would also allow highly specialised providers to plan ahead, ensuring the provision they offer reflects the likely demand from commissioning local authorities.[49]

The main thrust of this section of the government consultation is looking at provision of special school places, given the strong interface between some specialist SI schools and SI services. However, the possibility of specialist schools providing support services to LAs and multi-academy trusts means that support from regional special schools may have an increasing role to play in the development of support services and therefore also where specialist teachers are employed and deployed. However, the recent closure of some specialist SI schools, such as Margate and Penn, will not make continuum of provision and support between specialist provision and mainstream easier.

4.4   New ways of commissioning services

Local authorities are already moving towards becoming commissioners of services rather than providers in respect of many areas of provision for children in education. The reduction and eventual removal of the education support grant (ESG) has already led to erosion in school improvement services. Some of these services had a particular focus on SEN provision as part of their remit. Some LAs are also looking at divesting themselves of being a provider of specialist support services, preferring to restrict their role to commissioning, which could include SI services. A similar trend has been apparent with educational psychology services.[50] Alternatively there is also evidence, in respect of EP services and other provision such as speech therapy services, of school clusters, academy chains and MATs purchasing their own specialist provision and employing these resources directly.

Feedback at the three regional conferences on 'The future of the sector' which NatSIP co-ordinated also provided evidence that a large number of LAs are actively undertaking reviews of SI services. In many cases the expectation was that these reviews would lead to significant changes to the way those services are going to be commissioned in the future. The funding pressures are likely to accelerate this trend, as LAs try to sustain service provision by charging schools for services previously centrally funded without delegating a commensurate amount of money. This may mean that LAs explore different models of delivery or simply not fund services, in the hope that schools pick up the funding. This though seems unlikely if their budgets are also under stress.

We are also seeing some LAs beginning to contract out the bulk of their schools support to new agencies, for example in the London Boroughs of Kingston and Richmond. At the moment this has not included the SI service but it raises the possibility, in this type of model, of SI support services being provided by third parties contracted to the LA alongside other schools support which is contracted out. There is no particular reason why this would provoke a reduction in the total number of specialist SI teachers but does raise the question of whether the model of delivery would stay the same when LAs and traded services are looking for synergy across different SEND specialisms, groups and services.

More generally, LAs are asking questions about the location and role of SI services as part of a local ecology of support which might include local special schools, specialist support units embedded in mainstream schools and other providers. It will not always make sense from the LA point of view to maintain different provision and funding arrangements within a number of different settings.

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[49] *Ibid*

[50] Fallon, K. (2016) *Trading educational psychology services: opportunities and issues. School Commissioning for Send: new models, limits and possibilities.* SEN Policy Research Forum Paper.

Potential models we have identified following a review of recent proposals reported by HOSS or by examining recent consultation proposals include:

- an 'All Age Sensory Service' – bringing together adults' and children's sensory services into one grouping

- going out to tender for a SI Service or merging with another commercial provision

- combining with the SI Service provided by another LA

- converting into a traded service (where not already the case) with schools taking a much greater role in commissioning

- merging with other specialist support services either at the management level or as a whole service

- combining resourced based provision with the SI Service if they were separate

- establishing an SI Academy Trust where local SI provision might be lacking

- creating new 'hubs' containing different professional groupings across SEND and other professionals into one support service.

In many cases, there was at least some financial imperative in respect of the changes being sought and sometimes an explicit strategy to free up resources from specialist provision supporting mainstream provision to fund special school places and provision of EHCP plans.[51]

4.5 Implications for SI services

The twin drivers of funding changes and the enhanced commissioning role of the LA is going to drive new ways of commissioning services. The implications of this include the following:

1. The new funding arrangements around the high needs block will provoke more discussion of what LAs provide centrally and what is devolved or retained by schools to meet SEND obligations. This may challenge current ways of organising low incidence services centrally even where there is a good case for retaining central provision.

2. Specialist SI support services cannot assume previous organisational models of delivering the service will continue in the future. They will need to become more adept at forging links with other services and providing support in new ways working across professional boundaries and structures. Many services are already exploring what these models might look like.

3. SI support services need to demonstrate the specific ways in which they are meeting the access and educational needs of children and young people and what outcomes they are delivering for the additional support they are providing. This will not always be simple given the nature of some of the support work. However, this makes it even more necessary to ensure that they are forging close links with their commissioners, schools and colleges to ensure they understand what is most needed and how they can address those needs.

4. SI services will have to look more closely at the deployment of specialist teacher teams and their role within any particular structural arrangements.

5. SI services will have to look at working across LA and CCG boundaries and there are already some examples of this. The Bristol and Berkshire SI support services follow this model and it may be the case that other LAs will start to look at commissioning from services outside of their immediate authority boundaries in looking to rationalise services. In both areas there have been reviews of the historic arrangements of this model to test if it is still the most appropriate in today's environment.

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[51] See for example Manchester City Council consultation on the Lancastrian Service; (Manchester City Council Item 5 Children and Young People Scrutiny Committee 28 February 2017) which explicitly stated that reductions in the sensory support service would "also reduce the overall cost of the commission which will release funding within the High Needs Block of the Dedicated Schools Grant, where there are pressures to meet statutory requirements in relation to Education, Health and Care plans for children and young people 0 to 25 and sufficiency of special education provision." Page 1.

6. SI service models for the future will need to look more closely at what can be delivered through special schools either within an LA boundary or across a number of LA and CCG boundaries if regional commissioning becomes more established.

7. Further consideration will also need to be given to what can be delivered through a specialist SI service providing to a number of MATs or other types of school and colleges and arrangements commissioned directly by special schools, resource bases or SI services. To do this, specialist services will need a very clear view of what it is that schools and other settings most value about the support they provide.

8. SI services will need to consider the implications of their work with newly diagnosed children and their families as early intervention has proven benefits but may fall between funding and commissioning arrangements.

9. SI services need to establish good relationships with commissioners and be able to demonstrate their impacts.

NatSIP needs to undertake further work to examine the changes which commissioners are planning and look at the organisational and professional implications of different ways of working and how professional models of support for the specialist teaching workforce may have to change. For example, the fact that many LAs are beginning to question the 'keyworker' element of the specialist teacher role and see that as potentially being provided by mainstream services and agencies.

Work also needs to be undertaken into how services can best demonstrate how they support schools to achieve better outcomes and progression for pupils to commissioners and schools in ways that they find relevant.

5. Greater role for parents and children and young people

One of the most distinctive requirements of the new legislation is the need to ensure that the views of parents and young people are taken account of at every stage of the process, from the commissioning of services, to working with individual families, children and young people in assessment of their needs, either with or without an EHC plan. The SEND Code of Practice lists the main areas where engagement is required:

Commissioning

> At a strategic level, partners must engage children and young people with SEN and disabilities and children's parents in commissioning decisions, to give useful insights into how to improve services and outcomes.
>
> Page 42, para 3.18

Local offer

> To make provision more responsive to local needs and aspirations by directly involving disabled children and those with SEN and their parents, and disabled young people and those with SEN, and service providers in its development and review.
>
> Page 59, para 4.2

Individual service provision/assessment

> The impact and quality of the support and interventions should be evaluated, along with the views of the pupil and their parents.
>
> Page 100, para 6.45

> Local authorities must consult the child and the child's parent or the young person throughout the process of assessment and production of an EHC plan.
>
> Page 147, para 9.21

5.1 Implication for SI services

Parents' reactions to the new SEND reforms have been broadly positive.[52] However, we do not yet have specific feedback from parents of children with SI nationally as a separate group. The SI service provides a crucial link in many LAs in mediating its relationship with parents and ensuring that their views are taken into account. SI teams have to provide wider support and working between the LA services such as assessment, educational psychology, SENDIAST and other support services and this has allowed them to play an important role in engaging in early intervention work with families and ensure better assessment. This has been especially true for very early years and pre-school work where, in relation to HI, there is a clear expectation that a qualified teacher will make contact with parents as part of the new-born hearing screening programme. We also know that parental engagement in early years language development is crucial.[53] Similar considerations apply for early intervention in VI and MSI services. However, the more that early years services, schools and colleges are expected to purchase services from the LA traded service or provide their own support, the more this role may become questioned. Early intervention work might also be at risk in the early years if providers do not use the delegated funds for SEND to commission low incidence support.

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[52] Lamb, B. (2016) *The SEND reforms and parental confidence are the reforms achieving greater parental confidence in the SEND system?* SEN Policy Research Forum Papers.

[53] Ambrose, S,E. Walker, E, A. Unflat-Berry, L, M. Oleson J, J. and Moeller, M, P. (2015) *Quantity and Quality of Caregivers - Linguistic Input to 18-Month and 3-Year-Old Children Who Are Hard of Hearing* Ear and Hearing 2015, Volume 36 (Nov/Dec) – Supplement 1, pp.48S-59S

LAs have so far seemed to accept the role specialist support has in supporting parents in the very early years in respect of language acquisition and habilitation. However, there is evidence that ongoing support beyond the early years is now being more routinely questioned and that LAs are looking to more general parental support mechanisms such as the SENDIAST team, independent supporters and the voluntary sector for this type of support.[54] This will challenge the current model of support but may also provide opportunities for SI services to ensure that mainstream services are properly trained to meet parents' needs because at the moment many of these services do not provide to this group of parents given SI support services' role in supporting them.

5.2   Specialist SI support within a school-led system

When providing support for children with SI, there are specific requirements in the legislation. The Code of Practice notes that:

> Many children and young people with vision impairment, hearing impairment, or a multi-sensory impairment will require specialist support and/or equipment to access their learning, or habilitation support.
>
> Code of Practice 6.34

Also that:

> Those teaching classes of children with sensory impairment must hold an appropriate qualification approved by the Secretary of State. Teachers working in an advisory role to support such pupils should also hold the appropriate qualification.
>
> Where assessment indicates that support from specialist services is required, it is important that children and young people receive it as quickly as possible. Joint commissioning arrangements should seek to ensure that there are sufficient services to meet the likely need in an area.
>
> Code of Practice. 6.60

This would include:

> …specialist teachers or support services, including specialist teachers with a mandatory qualification for children with hearing and vision impairment, including multi-sensory impairment, and for those with a physical disability.
>
> Code of Practice 6.60

> Commissioners will therefore need to ensure that within a schools-led system there is the necessary specialist support to support mainstream teachers to operate in the way envisaged by the Code of Practice.
>
> It is also important to recognise that children and young people with sensory impairment will be covered by the Equality Act duties, and it is important to ensure that:
>
> Where a child or young person is covered by SEN and disability legislation, reasonable adjustments and access arrangements should be considered as part of SEN planning and review.

Also that:

> These duties are anticipatory – they require thought to be given in advance to what disabled children and young people might require and what adjustments might need to be made to prevent that disadvantage.
>
> Code of Practice, Introduction

These sections of the CoP therefore make very clear that the SI teacher is crucial to the successful delivery of support within schools and in respect of good assessment processes around SEN support and for EHCPs.

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[54] See for example the consultation on the Lancastrian service and also feedback to the NatSIP consultation.

5.3   Classroom teachers

For children with SEND there is an expectation that classroom teachers will be able to provide good core support delivered through a graduated approach. This is a focus which was recently emphasised by the Secretary of State:

> And running through all this there is a recognition that we need to be conscious of the right approach for teachers working with children with special educational needs and disabilities. Every teacher is a teacher of children with SEN and disabilities, so it is important to ensure that this is mainstreamed within our NPQs, training and best practice. I think this needs to happen as they are being developed, rather than as an afterthought so that the professionals are properly equipped to support all pupils.[55]

Educational Excellence for All recognised this when it noted that:

> As well as improving initial teacher training (chapter 2), in 2016/17 we will invest in supporting professionals in schools and colleges to achieve better outcomes for pupils with SEND, including by ensuring that they have access to training and support on specific impairments such as autism or dyslexia, and to improve our evidence base and develop our understanding of how we can best support them.[56]

The aim of the SEND reforms is also to ensure that schools take more direct responsibility for delivering better outcomes for children with SEND, but are supported to do so, not just through the education system, but across Education, Health and Social Care whether children have an EHC plan or not.

5.4   Delegated budgets and Schools Support

As noted, the SEND and wider reforms envisage a more school-led system, where schools are responsible for the provision of the first £6,000 of SEND provision - the notional SEN budget. In some LAs schools receive a greater level of delegated budgets to address children's needs and as a consequence the trigger point for moving towards an EHCP is higher. Commissioning arrangements for SI services will need to take account of the levels of delegation and also support schools commissioning decisions where there are high levels of delegation. This will lead to different patterns of provision in different authorities. Furthermore, different levels of delegation and the weight put on EHC plans to release resources can cause problems when children are being sponsored by LAs or move to other LAs with different levels of resourcing. However, it is clear that the LA retains the responsibility for oversight of the system and to ensure that children with SEND are receiving adequate support.

SI services have been seen as supplementary support to schools in the delivery of their offer to children on roll identified as being at the level of SEN support. However, for children with SI, the very low incidence and consequent prevalence at the level of individual schools makes it not only difficult but uneconomic for schools to routinely develop significant levels of expertise in this area, unless there is already a specialist resource based with them. The move towards a shared strategy and greater co-operation through MATs may help to address the current lack of uniformity in some local areas as schools coordinate more on commissioning decisions. However, if specialist SI services, and therefore SI children, are not to lose out in this process they need to be very proactive in pointing to the needs of sensory learners with commissioners and schools.

The emphasis on the level of classroom teacher expertise has already changed the practice of many SI services as they have started to provide more training for EY settings, school and college staff in aspects of SI as part of their core offer or traded services. While development of the frontline workforce is to be welcomed it raises issues about what the future level of demand might be for more individual support of children in schools. A number of services and teacher representative bodies expressed concern that developing this model too far might put children and young people at risk of not getting the specialist support they require. As one of the teacher organisations noted:

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[55] Justine Greening, Inaugural conference of the Chartered College of Teaching, 16 February, 2017
[56] https://www.gov.uk/government/speeches/justine-greening-teachers-the-experts-driving-social-mobility
[56] DfE. (2016) Excellence for All Par 6.70

> Many classroom teachers do not know what they do not know and therefore are not often in a position to decide what is most appropriate for a child in their classroom without additional advice. It can be dangerous if classroom teachers make assumptions without the right knowledge for children with more complex needs.[57]

The main issue is what is the balance of more centrally-held services and information and what specific specialist SI support needs to be provided to supplement what we would expect any classroom teacher to be aware of, and who is going to ensure that they have this knowledge? The role of the SI service is clearly fundamental to ensure that teachers and support staff within schools and colleges can be supported to deliver this role. Training and outreach from the SI services can play an important part in enabling schools to meet their responsibilities.

It is also important to recognise that schools need to ensure that good data is available for SI services to work with. NatSIP research found that many specialist teachers had problems in ensuring that schools were producing adequate data on which to base professional decisions and monitor and support effective progression and attainment.[58]

Placing the responsibility for SEND with the school does question the deployment of the specialist teacher team across more general (non-education specific) support for parents, and asks whether this resource should be more tightly deployed, perhaps focusing on supporting the teaching and support workforce to ensure a wider range of skills and competence while still providing one-to-one support in schools for children with more complex needs.

5.5 Implications for sensory impairment support services

There is a danger in the new contracting arrangements, where LAs are expecting schools and colleges to commission more services directly, that many providers will not make provision for low-incidence groups as it will not be economic or effective. There is no incentive for schools and colleges to invest in developing the skills of the workforce when they will have few or no learners with SI in any particular year. Many services currently provide a broad spectrum of support that goes beyond direct educational provision and specialist teaching support. The key question is how sustainable this will be and will schools and colleges pay for support from SI services in a more delegated system? The alternative is a fragmented system which has the dangers which Ofsted pointed to in its review of specialist support.

There are a number of implications which follow from these considerations which include:

1. Schools and LAs need to be cognisant of the clear statutory obligations that they have in relation to ensuring that specialist teachers are available to perform key support functions as outlined in the CoP. This support needs to be available at both the schools level and in the production of statutory reports. All commissioners are required to continue to ensure that there is a specialist workforce in place which can support good identification, assessment and ongoing support of children with SI.

2. SI services need to ensure that the role and need for their services is being well evidenced and fits with the development of LA, schools and college thinking locally. Parents and young people's views will also be crucial in this process as LAs have a duty to consult with them about provision and SI services are often a crucial link in facilitating this work.

3. SI services also play a crucial role in ensuring that education providers and the LA have the capacity and expertise to meet their obligations to children and young people, especially in relation to equipment and advice about the reasonable accommodations in respect of Equality Act Duties.[59]

4. Even with the enhanced expectations on classroom teacher, there clearly remains a crucial role for specialist support in ensuring that the classroom teachers and support staff are properly trained and

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[57] Communication from BATOD

[58] NatSIP. (2016) Pupils with a hearing impairment who do not make the expected progress. See https://www.natsip.org.uk/index.php/natsip-documents/natsip-documents/suporting-the-si-workforce/06-pupils-with-a-hearing-impairment-who-do-not-make-expected-progress

[59] For a summary of schools' equality duties and how they interface with the Code of Practice see Introduction to the CoP DfE 2015.
See also the NatSIP Briefing Note *Provision of equipment and technology for children and young people with a sensory impairment* https://www.natsip.org.uk/index.php/natsip-documents/natsip-documents/natsip-briefing-documents-and-papers/provision-of-equipment-and-technology-briefings

competent to support children and young people with sensory impartment. This may further change the role of specialist teachers towards expert support and training.

5. Commissioners should be aware that that the issues for children with SI are more complex than some other areas of SEND. This is due not only to the low incidence nature of the disability, but also because of the duties imposed by the Equality Act 2010. It cannot be seen as simply the responsibility of the SI service to meet the needs of children with SI. Specialist support can enhance the whole of the school and college system and assist them to meet their statutory duties but this needs to be a partnership with commissioners and providers.

6.   The role of specialist SI teachers

There are three versions of the mandatory qualification (MQ):

a) for teachers of deaf learners

b) for those teaching learners with VI

c) for those teaching learners with MSI.

Those employed to teach classes of children and young people with a sensory impairment who do not already hold an appropriate MQ are required to gain the qualification within their first three years in post.[60] The Code of Practice also expects specialist SI teachers working in a peripatetic capacity to have the qualification.

In looking at any SI service it is clear that the role of the specialist SI teachers is at the core of their work. In the descriptions below it is possible to interchange TOD, QTVI and QTMSI in many places as their specialist role links to their qualifications.

6.1   The current role of Teachers of the Deaf (ToD), VI (QTVI) and MSI (QTMSI)

There are a number of key roles undertaken by specialist teachers including from birth to 25 years, including;

- supporting parents of babies and pre-school children at home including advising on how to support their child's development and, in particular, their language and communication skills

- undertaking and interpreting specialist assessments to get a full understanding of the child's needs so this can be used to inform plans, provision, and teaching and learning approaches

- advising staff in early years settings, mainstream schools, special schools and colleges on how best to support deaf children to make good progress and achieve good outcomes

- working with other professionals who support deaf children, including for example, speech and language therapists and social workers for deaf children

- advising on the effective use and maintenance of hearing technologies and improving the listening environment

- providing specialist advice in examinations

- managing TAs and CSWs[61]

- managing referrals from health to education

- assessing children's functional vision and liaising with health professionals

- advising in mainstream and specialist settings on curriculum access, independent learning and social inclusion

- guiding the work of other professionals such as teaching assistants

- teaching specialist skills (for example Braille) to children and developing the visual and communication skills of those with additional or complex needs

- supporting students through transition into post-16/FE education and independent adulthood.

- liaising with habilitation/children's mobility officers.

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[60] Statutory instrument 2003 No.1662. The Education (School Teachers' Qualifications) (England) Regulations 2003: "A qualified teacher may be employed to teach a class of pupils who are hearing impaired, visually impaired, or both hearing and visually impaired if the headteacher is satisfied that the person in question is in the process of obtaining the relevant MQ and provided that the aggregate period for which the teacher teaches a class of pupils does not exceed three years."

[61] For a full list of functions see http://www.batod.org.uk/index.php?id=/resources/teaching/tod-role.htm

6.2 The current numbers and placement of specialist SI teachers.

A central concern of SI services and the DfE has been ensuring that the specialist teacher workforce is sustainable in the future so that there is the right professional expertise to continue supporting SI CYP whatever the particular organisational structure of support services may be. The evidence on future numbers presents a mixed picture and is not unrelated to some of the wider contextual issues explored already.

6.2.1 Current data on number of professionals and trends in recruitment - ToDs.

There are still four MQ training providers for HI in England (University of Birmingham, University of Hertfordshire with Mary Hare School, University of Leeds and University of Manchester). In response to requests from the British Association of Teachers of the Deaf for current data all course providers in England replied.

Dr Emmanouela Terlektsi, of the University of Birmingham, Programme Director for the MQ for HI Course at Birmingham, Lecturer in Deaf Education at the University of Birmingham, and who is the Programme Co-Ordinator, reports that Birmingham has around 35 places available annually on the course. She also reports that for AY2016-17, they have had a large number of applicants, and have 46 new students on the course.[62]

Helen Nelson, University of Hertfordshire and Mary Hare School, suggests that their current maximum would be 30 per year.

Dr Jackie Salter, University of Leeds, suggests that they usually work to around 20 new students a year but there is no set maximum, which means there may be the possibility that this could increase. At the moment their capacity is 20 new students but they have up to 40 PT students at any point in time.

Professor Wendy McCracken, Professor in the Education of the Deaf at Manchester University, reports that Manchester University could readily accommodate 50 students per year on their course, and could increase this to 75 if needed using a mix of on-campus and on-line approaches.[63]

BATOD suggests that 90-100 teachers qualify each year.

There has been a major concern about the age profile of TODs. Figures from BATOD[64] show that within their members there is a preponderance of teachers over 50 in the role but that the situation has slightly improved since 2011.

Percentage of BATOD members who are	2011	2017
Aged 50 years or over	63%	58%
Aged under 40 years	10%	19%

Nevertheless over half the workforce in this area is still over 50 years of age and only 19% under 40 years of age. Also, over half of all Teachers of the Deaf are due to retire in the next ten to fifteen years.[65] This must continue to raise concerns about the current attractiveness of this role for teachers and the potential for a large scale shortage of TODs in the future.

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[62] Personal communication from Dr Terletski, October 2016
[63] Personal communication from Prof McCracken
[64] Personal communication from BATOD president (31 January 2017) BATOD membership covers around 80% of TODs and therefore this figure will not be statistically representative of all TODs but is a good indication of the sector.
[65] CRIDE 2014

Even where the teaching profile has become younger, with teachers with only a few years' experience training, this has caused a number of problems.   As one head of service observed:

> It has been very challenging to manage with so many inexperienced teachers clustering together and implications for time for mentoring, funding for training, study time, managing teaching placement absences with poor cover availability etc. etc.
>
> It has increasingly been much harder to attract good applicants partly because of demographics but the uncertainty around the future of LA central services and the high level of redundancies/redeployment in other central services is also a factor.[66]

The 2016 CRIDE Survey shows the total number of ToDs:

	Total – peripatetic service	%	Total – resource provisions	%	Total – working flexibly between peripatetic service and resource provisions	%	Total number of Teacher of the Deaf posts overall (FTE)	%
Teachers of the Deaf with the mandatory qualification	588.55	91%	297.18	82%	56.65	92%	932.28	88%
Teachers in training for the mandatory qualification within three years	49.9	8%	59.9	16%	2	8%	114.8	11%
Qualified teachers without the mandatory qualification and not in training	4.7	1%	7.4	2%	0	0%	12.1	1%
Total	633.15	100%	364.48	100%	58.25	100%	1059.28	100%

Table 1: Number of Teachers of the Deaf in employment overall

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Teachers of the Deaf with the mandatory qualification in employment	1,062.1	1,063.7	1,031.9	992.2	995.75	932.38
Number of teachers working as Teachers of the Deaf in employment	1,162.5	1,136.4	1,117.5	1,079.9	1,126.35	1.059.28
Number of vacant posts	34	44.5	28.3	45.8	45.8	60.9
Number of Teacher of the Deaf posts (including vacancies)	1,196.5	1,180	1,158.2	1,125.7	1,171.95	1,120.18

Table 2: Changes in number of Teachers of the Deaf from year to year

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[66] Personal communication from Head of Service, 31 January 2017

	% change over the five years 2010/11 to 2015/16	% change over the last year 2014/15 to 2015/16
Teachers of the Deaf with the mandatory qualification in employment	-12%	-6%
Number of teachers working as Teachers of the Deaf in employment	-9%	-6%
Number of vacant posts	+79%	+34%
Number of current Teacher of the Deaf posts (including vacancies)	-6%	-4%

Table 3: Percentage changes in numbers of Teachers of the Deaf

CRIDE asked if services had experienced difficulties in recruiting Teachers of the Deaf or supply cover over the past 12 months. 49 services reported difficulties in recruiting for a permanent post whereas 51 reported no difficulties, with 31 services stating that this question was not applicable to them. 49 services reported difficulties in recruiting for supply cover whereas 19 reported no difficulties, with 54 services stating that this question was not applicable to them.

Combining the decline in the number of Teachers of the Deaf with the increase in the number of deaf children we get the following picture of the change in provision and potential gap in services:[67]

The CRIDE data suggests that demand is likely to increase on the current service model and assuming past trends. This is also confirmed by the NatSIP survey which showed that over half the respondents were finding it hard to recruit professionals. This new data supports the conclusions of the NatSIP survey last year into the factors affecting the supply of SI specialist support teachers.[68]

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[67] Graph source: NDCS
[68] NatSIP (2016) A report on the factors promoting and inhibiting the successful supply of specialist teachers of children with sensory impairment See https://www.natsip.org.uk/index.php/natsip-documents/natsip-documents/suporting-the-si-workforce/report-on-the-factors-promoting-and-inhibiting-the-successful-supply-of-specialist-teachers

6.2.2   Implications for SI services

As this evidence shows, there has been a decline in the overall number of ToDs at the same time as there has been an increase in the overall number of deaf children identified. The consequences of this are also illustrated by the growth in the increase in the number of vacant posts. Even assuming that specialist teachers are responding creatively and adapting to different ways of working, this can only mean that fewer children are being supported to the same level. A continued drop in posts at a time of increasing numbers radically questions the current model and ways of deploying specialist teachers. Furthermore, we know from research that even a mild hearing Impairment can have a major impact on children. We also know from the NatSIP outcomes data that children with mild hearing Impairment are achieving poorer outcomes compared to hearing children and that we would not expect this simply from the level of sensory impairment those children have.[69]

6.2.3   The QTVI workforce in England

Although there are now three MQ training providers for VI, only one (Birmingham University) has a track record of providing the course in England. The other two (Liverpool John Moores/St Vincent's School, and Edinburgh University/with a VI service) are new and therefore as yet untested.

There is a gap in the provision of a course in the south of England. This was previously filled by the course at the Institute of Education working in partnership with RNIB. As a result of this, the Birmingham course is oversubscribed. Some 52 students were accepted this year and a further 18 put on the waiting list for 2017.

6.2.4   Number of QTVIs and QTMSIs

The RNIB FOI survey[70] of all 152 LAs in England identified the following numbers employed by VI/sensory services in 2015:

Type	Number
QTVI	496
QTMSI	33
Dual QTVI/QTMSI	22
QTVI in training	47
QTVI awaiting a training place	29
QTVI vacancies	17

Table 4: Number of QTVIs and QTMSIs

As this data is derived from services, it excludes QTVIs and QTMSIs employed directly by schools.

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[69] NatSIP. (2016) Pupils with a hearing impairment who do not make the expected progress See https://www.natsip.org.uk/index.php/natsip-documents/natsip-documents/suporting-the-si-workforce/06-pupils-with-a-hearing-impairment-who-do-not-make-expected-progress
[70] http://www.rnib.org.uk/knowledge-and-research-hub-research-reports-education-research/vi-service-provision-2015

6.2.5   Age profile of QTVIs

In 2012, the RNIB undertook a survey of VI services in England. The table below is based on responses from 82 VI services, and applies to 412 QTVIs including those who were in training when the survey was undertaken.

Age band	Number	%
20-29 years	6	1.5
30-29 years	50	12.1
40-49 years	130	31.6
50-59 years	183	44.4
60-64 years	36	8.7
65+ years	7	1.7
Total	**412**	

Table 5: Age profile of QTVIs

This data is similar to the findings of the 2007/08 RNIB survey. In that survey, 372 QTVIs in 65 VI services were reported, with 55% being aged 50 or over, and only 11% under the age of 40.

Since the 2012 survey[71] there has been a loss of QTVI posts through redundancy and retirement. It is probable that around half the QTVI workforce (including HOS) is aged 50 or over.

6.2.6   Demand for QTVIs and QTMSIs

The RNIB has a body of anecdotal evidence indicating that demand currently outstrips supply of QTVIs. In some LAs, retired QTVIs are currently returning to fill vacant posts. Some LAs have been unable to recruit. The RNIB is aware of at least one LA with no VI support at all due to failure to recruit.

In addition to the 29 teachers working in VI services in 2015 who were awaiting a QTVI training place, a further six were employed by the service but with no plans for them to begin training within the next two years.

6.3   MSI

There is now only one provider of the MQ MSI: The University of Birmingham. The MQ MSI is provided as a distance learning programme, which can lead to a number of awards, including the MQ MSI. This year there are 19 participants in the programme. Of these, 17 have been entered for the MQ. The University could offer 25-30 places on the programme in total. There is a trend that most course participants are taking the MQ qualification.

On average during 2001-2014, 12½ teachers entered per year. This average includes the period 2009-2010 when the DfE provided funding. There was an increase in places in these years (17-21 entered - although followed by a low year in 2011 with only 6 being entered).[72] Until 2014 there was a second provider, Whitefields School/Kingston University. During 2004-2014 it is estimated that no more than two participants entered. Between 10-12 teachers qualify as QTMSI per year.

If we look at the register held at NCTL of teachers who have completed the MQ MSI, 143 teachers are listed. There are some concerns that this data is not wholly accurate but it is the best data currently available. Of

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[71] http://www.rnib.org.uk/knowledge-and-research-hub/research-reports/education-research/vi-services-england
[72] Personal communication from Steve Rose, then Head of Children's Specialist Services at Sense

this cohort, 66% of MQ MSI teachers are aged over 50. This includes 17% who are aged 61+, compared to 12% VI and 11% HI in the same age range. Data on the numbers of teachers who have retired is not kept.

Anecdotally, it has been noted on the training programme that the participants are getting younger, which is encouraging for the profession. This still does not meet the gap that people who are retiring will create. It is also noted that those who come into the MSI field do stay – for example, people who may have come in through an SLD school based role may then progress onto MSI advisory roles within an authority.

Mark Geraghty, Principal of Seashell School and the major centre for the North West for multiple sensory impairment and complex disability, reports that in seven years, he has been able to recruit only one member of staff with the MQ, as compared to paying for the training of 18 members of staff over the same period.

There are changes to policy which include the roles of SI teachers in assessment stages which will increase demand, particularly for children who are deafblind. Screening processes are improving and children are identified earlier than 5-10 years ago, which increases the need for staff capable of making early interventions. The deafblind guidance[73] places duties on LAs to identify, assess and provide services for deafblind children. There is a role for teachers in transition assessments here. More generally, there is an increase in requests for MSI teachers (who have the expertise) to join multi-disciplinary assessment to comply with the social care for deafblind children and adults guidance.

Where there have been established MSI teacher roles, local authorities have identified an increase in the number of children identified with MSI. As people in these roles have retired there has been a commitment in the LA to continue the work.

Sense was a service provider until 2017, but is reducing direct services due to funding pressures. Until now it had included support for families and capacity building for local authorities in the provision of MQ MSI teacher services across the UK. As an example of recruitment challenges, Sense children's service employs 13 roles filled by MQ teachers. Some are manager roles, but still have a practice element within them. In the last four years there has been difficulty recruiting qualified staff and Sense children's service currently has employed four (31%) teachers to train for the MQ. In the next five years there are four people (31%) who are expected to retire, and two (15%) of those are to retire within the next 18 months.

6.4   The implications for SI services

As with ToDs this shows a worrying gap between the growth in numbers of children for both VI and MSI while at the same time there are not enough specialist teachers to support them - with similar consequences to those already outlined above. There is also a preponderance of older teachers who will be nearer to retirement and while there is some evidence that recruitment is picking up in the HI stream there is the danger of a growing gap between numbers trained and numbers retiring or leaving teaching at a time when pupil numbers are increasing. It is not clear from the current evidence that there are enough trainees coming through the system to replace all of those being lost and there is also a blockage on the number who can be trained.

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[73] Section 7 of the Local Authority Social Services Act 1970 (for children) and section 78 of the Care Act 2014 (for adults).

7.   The views of SI services

As part of this review, NatSIP surveyed SI services to ascertain the views of heads of sensory services (HoSS) as to their current preparedness for the new commissioning and support arrangements and their thinking on how the current workforce was positioned to respond to the anticipated changes.[74] We also ran four workshops with HoSS between October and December 2016 to understand their views in more detail.

7.1   The role of the mandatory qualification

The Mandatory Qualification (MQ) was highly valued by many HoSS and was also seen as a bulwark against a lowering of expertise and standards of support, as exemplified by this comment:

> The sector needs to ensure that specialist qualifications remain mandatory in order to maintain good outcomes for young people. If the MQ is removed, cost cutting exercises will follow, and service delivery may be compromised. We need to be careful about preserving professional identity, whilst building capacity within settings. (137)

and

> We need to protect our specialist qualifications because without these, the service will be undervalued and our advice wouldn't be taken seriously. (105)

However, many saw the long term future of specialist SI support as being under threat if nothing was done. One service saw the need to tackle the need for more specialist professionals on a national basis:

> There needs to be a national push to fund training for specialist teachers as the number of referrals is increasing and with an aging population of qualified teachers of VI/HI and unless local authorities take note of this, the future regarding specialist teachers providing targeted support for children with SI in our mainstream settings looks bleak. (34)

There were also concerns about the nature of training and how this could be maintained on an ongoing basis. One solution proposed was to put additional training on a mandatory basis:

> Funded mandatory annual training hours to maintain the mandatory qualification, similar to those required for Educational Psychology or Speech Therapy, would help maintain the skills of the workforce. Current funding arrangements for training often prevent teachers who may wish to train from doing so. (168)

There was also an imperative not to let professional expertise decline in the workforce:

> I feel that it is crucial to continue training the next generation of professionals but the climate is not encouraging and we may face a gap in skills and knowledge or rely on a very small pool of people if nothing is done about it. (81)

Common themes were that without greater incentives, more investment and support for teachers to qualify there was a danger of teachers not wanting to train as both the current uncertainty about future funding and pressures of the role would continue to make recruitment difficult. Having noted this it does need to be set against the context of a small recent rise in recruitment numbers for HI.[75]
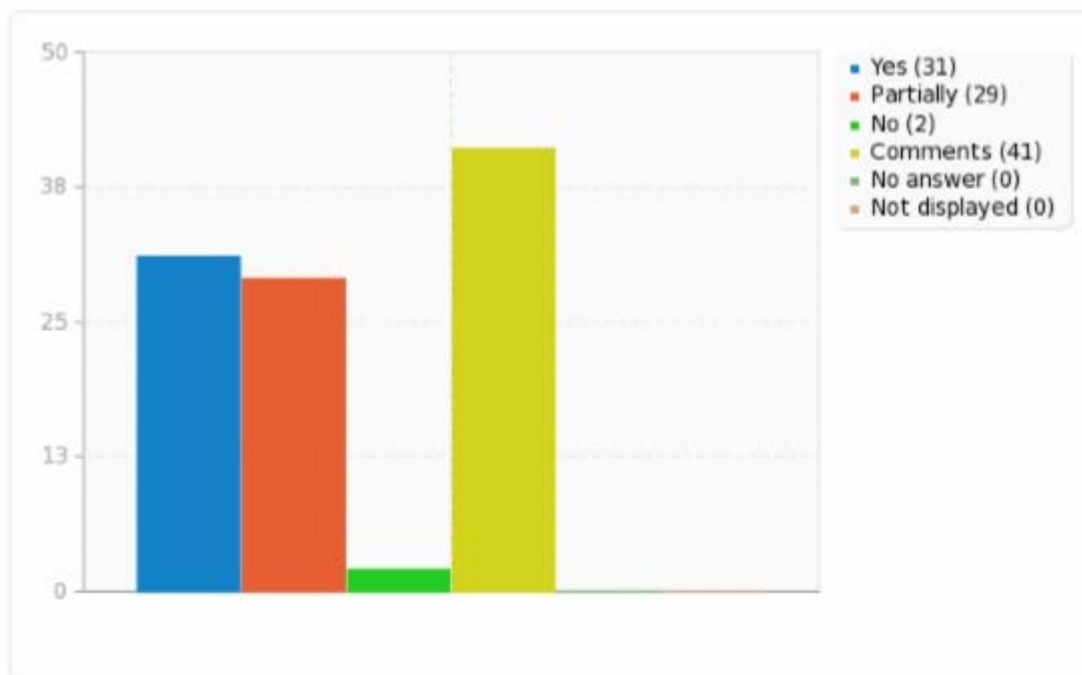
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[74] The survey was undertaken in December 2016.
[75] See BATOD figures referred to in section 6.2.1

7.2   Views of professionals on the adequacy of the current professional qualifications

7.2.1   Hearing impairment qualification

There are very mixed views about the relevance and adequacy of the current MQ qualification. While there were more respondents thinking that the course was fit for purpose almost half the sample thought it was only partially so.

 Of those wanting to see some changes more content on audiology training was a major theme. For example:

> I would like to see more hands-on audiology training through the course. We have to provide a lot of follow up support to bring skills up to standard.

and

> Audiology teaching/equipment used for training not always up-to-date. Understanding of technology and impact on learning not robust enough. Limited knowledge of the variety of different provisions and practices in current use. There should be more directed visits to ensure a greater variety of practices are observed. (162)

Also, there was a view that the greater complexity of children coming to services required a different approach

> Should also take into account the requirements of different levels of support ... there are less children in Resource Provision and more children with complex needs in mainstream and special settings. (102)

There was also some basic lack of knowledge about what the content of the current course was:

> I don't have great knowledge about any of the mandatory qualifications.   (191)

Many of the comments were less about the actual professional content of the course per se and more about how this was embedded in current practice and the needs of services in a fast-changing environment. Many of the comments reflected a concern about how easily professional knowledge could be applied to the schools context. These comments were typical:

> ToDs need to have a new skill set that includes the ability to challenge schools effectively and to empower settings, partnerships, MATs etc. to take on more responsibility for support to CYP with SI but this is best done where staff are experienced so is an issue in the current climate.

> It seems to me that the specialist teaching areas are good but there needs to be more focus on how to work in partnership with schools i.e. how to persuade them to take responsibility for the needs of CYP rather than viewing the children as 'ours' and the school support as incidental. (191)
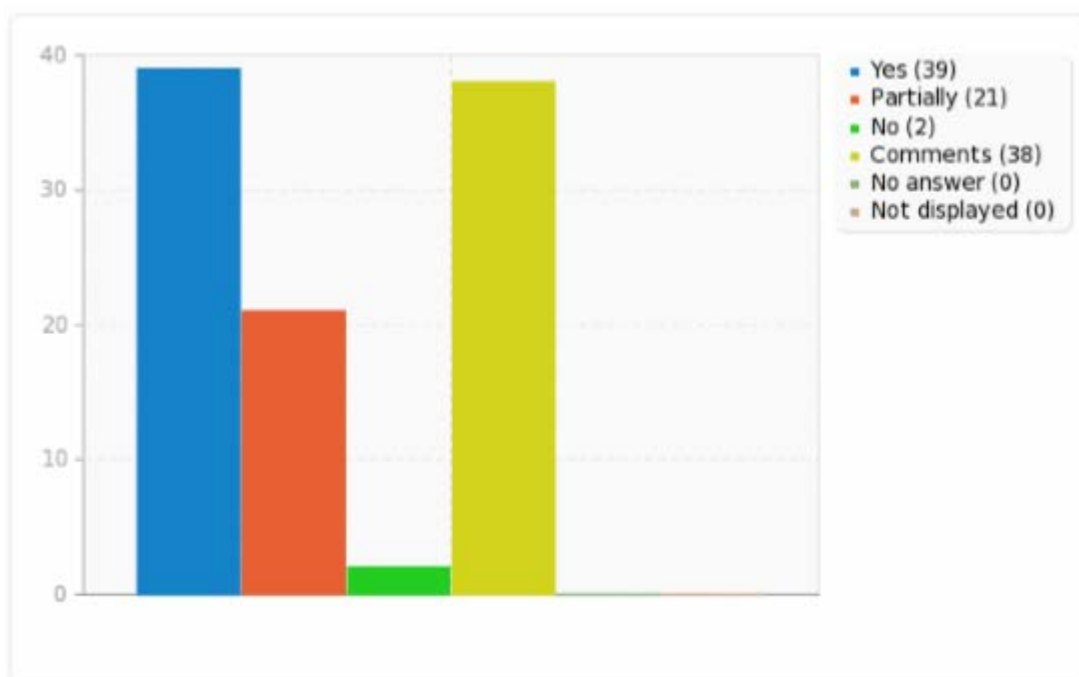
Issues were also raised about the cost of investing in staff through the qualification:

> It has become a very expensive option and it is difficult when staff move on and so much investment has been made. (161)

Importantly, no respondents questioned if the qualification was needed; comments were all about ensuring it moved with the times to stay relevant.

7.2.2   VI qualification

There was a greater level of satisfaction expressed over the relevance of the VI qualification with 39 responses saying it was fit for purpose and only 21 saying it was only partially so.

Comments about what needed improving focused on access to technology:

> Need more expertise in technology and VI (197)

and

> Think there needs to be more emphasis on technology skills required for blind students (91)

> Needs to be more focus on the use of technology in supporting pupils with VI to access the curriculum (191)

> Not enough on the mechanics of teaching Braille (98)

As with the HI qualification there was an emphasis on the wider context for the role

> More emphasis should be on working with mainstream staff and how to engage them (98)

and

> also being able to be an advocate and challenge settings and other professionals as well as 'market' ourselves is a need currently not filled in training. (136)

7.2.3   MSI qualification

Views were evenly split on whether this qualification was fit for purpose. However, it is important to qualify this, as many of the individual comments made clear that the respondents had limited or no knowledge of the course and it is likely to be this rather than the course content which is being reflected. What comments there were, were positive:

> MSI teacher reports satisfaction with the rigour and learning achieved in the course. (105)

Comments were that MSI specialists might have a more VI caseload and that this might lead to disadvantage:

> Often the MSI teacher predominantly has a VI mainstream caseload. They do not feel that they have the depth of knowledge compared to their VI colleagues. More basic VI mainstream content could be useful. (49)

It was commented also that there was a clear scarcity of MSI professionals (confirmed in recent correspondence on the HoSS network) in services given the very low incidence and therefore caseload within many services.

7.3   Recruitment of specialist teachers

In our survey of sensory support services, over two thirds (44 services) said they found it difficult or very difficult to recruit specialist teachers.

The reasons for this are complex and relate partly to availability of teachers with the MQ and partly to uncertainty about the future of SI services and the nature of the role.

In our survey, services reported finding it increasingly difficult to replace teachers who are retiring with similarly trained staff:

> loss of very experienced staff when they retire and not being able to recruit   (81)

was cited frequently as a major problem.   Another service found no difficulty in recruiting for ToDs but:

> Recruitment in VI is difficult; we put an ad out for QTVI nationally twice last year and got no takers at all; we have recruited someone internally who we are training up.

This was reflected in another service:

> VI teachers are impossible to recruit and so we have two unqualified staff at present – one training and one waiting to start training in September - this is a huge pressure on the two qualified teachers. There is less of a problem recruiting teachers of HI. (110)

While in another service it was ToDs who were difficult to recruit:

> Recruiting qualified staff. We can recruit to train up but have advertised for the lead ToD for the primary focus provision four times without any applications.   (98)

One of the consequences of not being able to recruit is the reduction in service while in-house training was undertaken:

> As we could not recruit trained staff the challenge is delivering a high quality service with so many staff in training.   (62)

However, the time this took was seen as a major challenge:

> Allowing staff to have training in understanding the needs of deaf students and the potential impact on their learning and access in classrooms.   (21)

Also there were major concerns about the age of the workforce in some authorities:

> Recruitment of staff - for HI in particular, 50% of the teaching team will be likely retire in the next three years and could do so before that. Training is a real issue in this regard.   (168)

> Aging population of specialists - all due to retire within the next four to five years   (173)

Another theme which came through strongly in the comments was the challenge and need for more training around the increasingly complex caseload within sensory services and a large number of services made comments on this. Typical were the following:
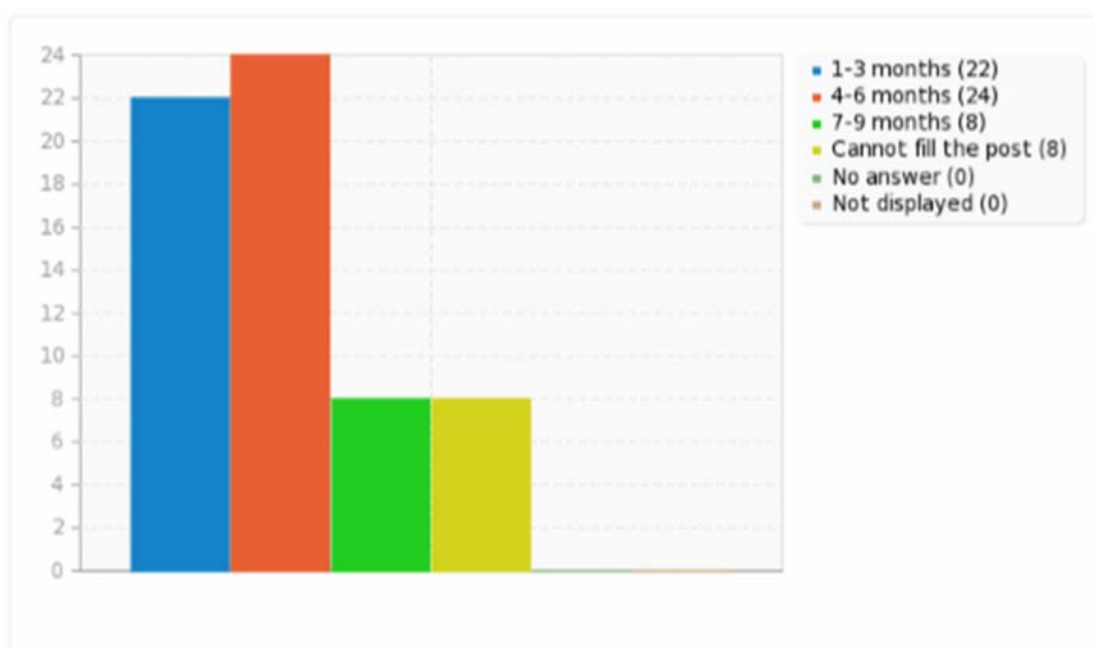
> Increasing numbers of children with complex needs - do we have the skills to address this?   (222)

> Capacity issues due to more CYP with higher levels of need.   (72)

Also. that in some LAs cuts to the service or services which worked with the service were creating additional pressures. For example:

> Cuts in funding - meaning a recruitment freeze - meaning retiring staff are not always replaced (against what looks to be a rise in SI numbers).   (217)

With the most common amount of time being three to six months to fill a post. With eight services finding that they could fill the posts since recruitment was attempted and another eight taking between seven and nine months. These delays were seen to be having a damaging effect on the ability of the service to provide the full range of support to children and families which the service aimed for.

 A number of services perceived that the situation was becoming worse and urgently needed addressing. For example:

> We have found it easy to recruit up to now - attracted good candidates, many already trained etc; however, this has now changed and I don't think we will be recruiting for a long time. I feel that it is crucial to continue training the next generation of professionals but the climate is not encouraging and we may face a gap in skills and knowledge or rely on a very small pool of people if nothing is done about it.   (81)

The evidence points to a bleak picture of the sector to meet children's needs using teachers trained to the mandatory standard. Clearly both SI support services and schools have responded to the current shortage with a mixture of bespoke training and funding existing staff to take the course. This may provide part of the future means of addressing the shortage within the current workforce but it is not clear if this is sustainable as the shortage grows which seems likely from the current evidence around numbers who may retire, growing demand and greater complexity of need and role.

Some of the wider issues which have contributed to these problems were identified by NatSIP in our previous work on specialist training and are still relevant and were reflected in the additional data and responses collected here.[76] These included the following:

- Funding for training was identified as a major concern from both heads of service, students and MQ providers. A significant proportion of students had not managed to acquire funding at all and were self-funding.

- Often, it is only possible for a prospective SI teacher to secure funding to become a QTSI when they have attained a post teaching SI children. This creates a catch-22 situation since the prospective TSI doesn't yet have the qualification to teach children with a sensory impairment. This also has the negative impact on SI children of them being taught for several years by untrained teachers.

- Funding of travel costs was also an issue. Given the relatively low number of training providers, these costs could be considerable in some cases where the student's home was a long way from the training provider.

- The MQ providers make it clear in their prospectus the importance of provision of supply cover during teaching practice and study time. However, this was sometimes not provided. The lack of study leave was one of the most frequently mentioned challenges for students undertaking the MQ course.

- MQ providers felt that one of the main barriers for teachers to retrain as a QTSI was general lack of knowledge by mainstream teachers about the role of the specialist teacher. They felt that publicity for the existence of the role was very important.

- The MQ providers showed many examples of good practice attempting to disseminate information about their courses but were aware of the need, and the cost implications, of spreading information about the role and the MQ to more mainstream teachers.

- Uncertainty over responsibility for funding the training of specialist teachers in resourced provision in mainstream schools where funding had been delegated was identified as an emerging issue. In some cases, where there were few applicants from QTSIs, schools appointed unqualified specialist teachers and then looked to the peripatetic services to divert resources away from other schools to offer advice and support, sometimes for very long protracted periods.

7.4   Training forecasts

A small scale survey of heads of service[77] looking at what their future training needs were also found the following:

a. HoSS would favour sending a team member for training via stand-alone postgraduate modules or short courses as compared to a full postgraduate qualification for the MQ, if this was available.

b. Overall for Educational Audiology and early years training, practitioners who have funding are most likely to attend short courses and second most likely to attend stand-alone modules rather than full postgraduate qualifications, with more interest shown in the early years topics.[78]

c. Future training;

   i. More CPD opportunities needed to cover the full age range 0-25 years with greater reflection of the increased diversity and heterogeneity of the client group.

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[76] NatSIP (2016) *A report on the factors promoting and inhibiting the successful supply of specialist teachers of children with sensory impairment.* https://www.natsip.org.uk/index.php/natsip-documents/natsip-documents/suporting-the-si-workforce/report-on-the-factors-promoting-and-inhibiting-the-successful-supply-of-specialist-teachers

[77] Nelson H (2017) *The Engagement of Post-Qualification Teachers of the Deaf in Continuing Professional Development.* Conference Poster. BATOD National Conference 2017 Positive Futures for Deaf Children, Manchester.
Rosenberg J (2017, in press) *Innovations in Bridging the Gap* Conference Presentation BATOD National Conference 2017 Positive Futures for Deaf Children, Manchester.

[78] Rosenberg *ibid*

ii. A robust national system of required and audited CPD needs to be developed potentially along a similar model to that in use by Health Care Professionals Council (HCPC).[79]

The key question becomes what can be done to start to address training shortfalls and future funding for the MQ that will motivate people to train. Furthermore, how can the sector and providers support training development given some of the practical barriers identified here? However, we also need to think about the shape and role of the service within the new commissioning framework and what implications that has for training models and workforce development in the future.

7.5   The main challenges for SI services

HoSS outlined a number of challenges in delivering to the current model of specialist provision.

It was noted by a number of services that it was becoming more difficult to engage schools, especially for some of the children with less complex needs. These comments were typical:

> The engagement of schools and staff in schools to accept responsibility for equipment and supporting CYP with hearing impairment. (21)

and

> Accept responsibility for equipment and supporting CYP with hearing impairment. Allowing staff to have training in understanding the needs of deaf students and the potential impact on their learning and access in classrooms. (21)

> Ensuring that schools understand the needs and impact of sensory impairment on all aspects of education, social and emotional well-being for VI/HI children and young people.

While another noted the issues that followed from SI being low incidence:

> Pupils are low incidence therefore difficult to build capacity in schools competing with higher incidence disabilities - as autism seems to be a priority for schools. (98)

Also where ongoing support needs were not seen as requiring additional support for children at SEND support level:

> Meeting the needs of youngsters in mainstream schools without plans, ensuring schools meet needs when regular specialist teaching is not indicated/required but needs are still present.   (137)

A number of services felt that the current changes to service organisation and priorities were radically changing the frequency and types of support they were able to offer. There were specific concerns about reducing services to those most in need:

> Staff feeling that we're often not providing as good a service to CYP as we once did. The feeling that although we fight inequalities, we are actively discriminating against some CYP when deciding upon levels of support. We have traditionally supported at a high level in special schools; that is becoming increasingly hard to do. As a result, these CYP are not necessarily getting the same level of input as mainstream pupils on the grounds that they are in specialist provision. They have as much right to our service as mainstream but finances are dictating otherwise.   (49)

A number of services in the survey and at the focus groups flagged up the significant changes being considered to service models and what will be commissioned in the future. A number of services are already under review or have been told they will be as part of service reviews. This service identified that this often led to short term thinking and a potential reduction of service:

> LA looking at the most minimalistic model! - number of children on case-list is increasing but HI Service is not expanding. Causing significant strain on teams…   (162)

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[79] Nelson (2017) *ibid*

This was already creating uncertainty both about the security of current roles and potential changes for the future. For example:

> We are having a review of the future of our service but as yet have no idea what this might actually mean.   (218)
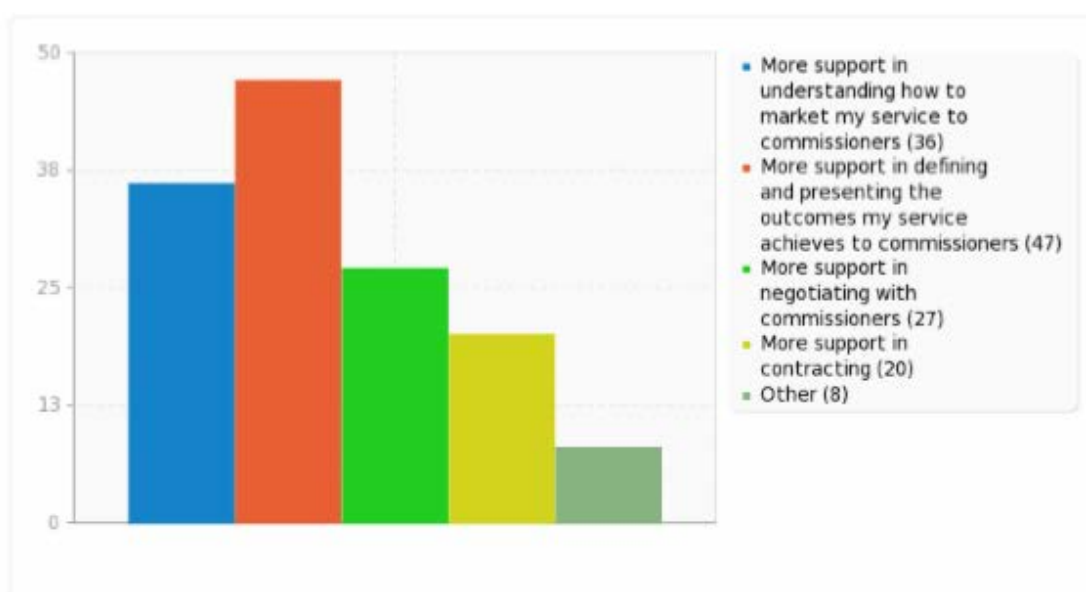
and

> The local authority is also questioning funding streams and this is leading to uncertainty.   (30)

7.6   How well prepared are SI services for the new commissioning arrangements?

Overall, heads of service felt that they were not currently well prepared for some of the major changes to the role of the services. Many of the changes involve the skills to understand and help shape what commissioners and schools want to purchase in the new more market style arrangements, then to be able to market and promote the service. That assumes the availability of time and skills to research that market and liaise with commissioners, schools and other settings.

The main need identified was that they needed more support to be able to identify more specific outcomes to commissioners, followed by skills to market services better and then negotiate and contract with commissioners.

These needs were also reflected in some of the comments from HOSS including this:

> Nationally we need to move away from looking at inputs… to identifying outcomes for children with complex sensory (and additional) needs and then basing support from a TAC on the achievement of these outcomes… We need to be talking with parents and settings about how we identify appropriate outcomes both short and medium term for a child and then how we collaborate with all professionals and parents and settings to meet these needs. (106)

Another service was positive about the focus on outcomes by commissioners:

> already commissioned and would have been useful to know life doesn't end with commissioning - there are advantages for students and staff as we are now much more focussed on outcomes, which can only be a good thing. (105)

7.7   Summary of the survey

Overall, the survey reveals considerable disquiet amongst heads of services about the pace of change because of changing legislative requirements, organisational changes in services, changes to the school

system and the profile and complexity of the children and young people they are working with. With the changing role services need additional support to navigate the challenges thrown up by new commissioning frameworks and the squeeze on resources. Despite there being an uneven experience across different services there remain significant concerns about services' ability to either recruit or train an adequate number of specialist teachers and support staff in a significant number of services. SI services all need support in maintaining a professional workforce which meets the requirements of the Code of Practice to provide appropriately qualified teachers for assessments and support in line with Government policy. There is a willingness amongst heads of service to respond to the challenges facing them but they seek support to do so.

8. Other specialist resources in SI services

The survey revealed a wide range of other specialist support provided by SI support services. These included:

- Communication Support Workers (CSWs)
- Habilitation Officers
- Educational Audiologists
- Specialist Teaching Assistants (TAs)
- Mobility Officers
- Sign and Communication Tutors
- Braille Tutors
- Intervenors
- Technicians
- Family Development Officers

For HI, the CRIDE survey has a very clear estimate of numbers and types of support workers. (See Appendix 3).

The numbers and type of roles depended very much on the specific size and role of the service. However, it is clear from the responses that support services provide a much wider scope of support and expertise to parents and to schools and colleges than is often encompassed through the idea of a specialist teacher service. As discussed above, this does raise issues of what the particular focus of some SI services is in enabling wider support and early intervention. This goes far beyond the school gate and how this support will be accounted for in any commissioning arrangements which focus too narrowly on classroom issues and examination outcomes. It also has to be remembered that the specific needs of children with SI often present major problems with access to the curriculum, the need to be supported to be independent and wider access issues more typically covered by the Equality Act Duties - but without which schools could not properly support children or meet their legal obligations.

8.1 Communication Support Workers (CSWs)

During the consultation the issue of CSWs was raised a number of times.

In an education context 'communication support worker' has the specific meaning of an education professional tasked with providing flexible support to a child or young person who needs communication support to access the curriculum. This support could be provided in a range of ways including signing (BSL and other sign systems), lip speaking, notetaking, etc. depending on the individual needs of the deaf child.

NatSIP has already carried out a feasibility study[80] into national occupational standards (NOS) for CSWs in education. Given that deafness is a low incidence need, standards will be needed because many local authorities will not always have a good understanding of the specialist needs of deaf children in this area.

Where children need British Sign Language (BSL) support to access the curriculum, it should be provided by someone with at least a level 3 qualification in BSL. Depending on the individual needs of the child, a higher qualification will a be needed. Level 2 is roughly equivalent to a GCSE. NDCS suggests that asking a CSW with a level 2 qualification to support a deaf child would be akin to expect a student with a GCSE in French to support a French speaker.

However, fewer than half of CSWs hold a BSL level 3 qualification according to findings from a survey carried out in 2010 by the Deaf Education Support Forum.[81] Anecdotally this is confirmed by professionals working in the field. In education, CSWs are not sign language interpreters. This is because CSWs do more than just interpret what the teacher is saying – they provide additional support to access the curriculum.

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[80] https://www.natsip.org.uk/index.php/natsip-documents/natsip-documents/bsl-coalition/893-csw-standards-feasibility-study-2015
[81] http://www.acsw.org.uk/PDFs/DESF%20Survey%202010.pdf "Of the 230 CSWs listed, 42% possess BSL Level 3 and above."

Given that CSWs act as a type of specialist TA, there may be a case for a further qualification to provide assurance that CSWs are also able to take notes to a high standard, provide general language support and be able to support the pupil appropriately (i.e. by ensuring they don't act as a barrier themselves to the pupil's inclusion in the wider classroom). We understand that a qualification is in development.

For the past three years, NDCS has been provided with funding from the DfE through the NatSIP contract to issue grants to CSWs wishing to improve their sign language skills. In 2015/16, 37 grants were issued. In each year, the grant has been oversubscribed. It is not possible to reliably estimate what unmet demand there was, as publicity ceased after the grant fund grant became depleted – however, this would suggest there is unmet need for more training.

One of the conditions of the grant was that funding be 'matched' e.g. it only met 50% of the costs. It was NDCS' expectation that local authorities or schools would meet this additional cost. However, a large proportion in 2015/16 (59%) funded the other 50% at their own personal cost. We believe that this indicates a widespread lack of funding from schools and LAs for staff to learn sign language. This is partly because of restricted training budgets but also because there is no specific requirement for CSWs to hold any particular qualification.

8.2   Teaching Assistants

From the RNIB FOI survey we know that in 2015 the majority of TAs supporting pupils with VI were employed directly by schools. Fewer than one in five TAs were employed centrally by VI/sensory services, and in 45% of LAs there were no centrally employed TAs.

Despite the high level of knowledge and skills required to effectively support pupils with VI - i.e. in acquiring literacy through Braille or large print, and in learning appropriate behaviour and social skills - there is no formal training requirement. There are concerns about the degree and quality of training provided to TAs employed directly by schools.

We know some pupils are supported inappropriately and that the methods used do not encourage pupils to become independent learners; for example, simply providing large print readers with enlarged materials as opposed to teaching them independent use of assistive technology.

There is a range of national training courses available which were originally developed by RNIB and now run by VIEW.[82] However, numbers are low as many employers do not seem to see a need to train their staff. The courses comprise:

Understanding visual impairment in children and young people
Approximately 50 hours online study leading to VIEW certificate. Approximately 60 students a year.

Partners in learning
Approximately 180 hours online study and assessment plus 2 face-to-face training days. Leads to BTEC level 3 certificate. Runs over 12 months starting in February each year. Approximately 30 students per year.

To put these numbers into context, according to figures collected by the RNIB survey, in 2015 there were 2,764 pupils identified supporting VI pupils in 146 LAs in England. Of these, 2,241 were employed directly by schools. This is an underestimate of the true figure as some LAs were unable to provide precise figures.

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[82] https://viewweb.org.uk/training/

8.3   Habilitation officers

For children and young people with VI to learn independent mobility, everyday living and social skills that are required for them to meet the DfE's Preparing for Adulthood outcomes,[83] training is required from a Registered Qualified Habilitation Specialist (RQHS) or children's mobility officer. Because schools are judged on the educational attainment outcomes of their pupils, these skills (which form part of the UK additional curriculum for VI) are often neglected. The majority of habilitation/mobility officers are employed or commissioned by the VI/sensory service to work as part of the education team, although in a few LAs this support is provided through social care (sometimes via an adult rehabilitation officer). Anecdotal reports received recently by RNIB indicate that in some LAs the habilitation officer role is being reduced and/or assessments and provision restricted to pupils with an EHCP.

8.4   Intervenors

A similar role for children and young people with MSI is provided by an Intervenor. A trained Intervenor offers one-to-one support to help individual CYP to interact and communicate with the outside world. The Intervenor helps the young person to experience and join in the world around them as much as possible. They promote their personal and social development, encourage independence and support their communication. Intervenors may be provided by some local authorities, schools or voluntary agencies.

8.5   Implications for SI services

The role and development of other ancillary professionals in SI services also has to be considered alongside the role of specialist teachers. The ecology of the support system can be severely damaged if all the elements are not in place to provide the support those children and young adults need. It is dangerous to think that support will necessarily be there in more generic services providing for SEND. Staffing levels needed to support informed choice for parents and students. This will not be achieved without access to a variety of specialist support.

For some roles such as CSWs there needs to be clarity and understanding about the requirements of the role and professional standards attached to this. Funding needs to be considered to ensure that supply matches demand, but there also needs to be more work about what effective demand there is now, and in the longer term, given the decline of children and young people who depend on BSL for their first language and what the overall role is for the support function.

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[83] http://www.preparingforadulthood.org.uk/

9.   Conclusion

SI services are heading into a period of significant change. However, that change is not equally distributed. Some services will be experiencing massive changes to their contracting arrangements, funding and role while others will experience little change and feel relatively stable. The implications of the more negative aspects of contracting and funding challenges outlined here are not inevitable but will only come to pass if SI services do not respond to the challenges they pose. In some areas changes are significant and immediate; in others they represent a slow erosion of provision and service through funding cuts. However, the danger for services, even in areas that are relatively stable, is that recognition of the changing environment may come too late if action is not taken now.

As some of the broader system changes identified here begin to reshape the SEND landscape, there is likely to be greater questioning of the role of SI services. Services will need to be flexible in adapting to these changes and better at demonstrating their impact. For these changes to happen in ways which enhance the attainment and outcomes for children and young people with SI, and their families, this change process needs supporting. Otherwise the danger with low incidence disability such as SI is that the needs of these children, young people and families will drop off the radar compared to what appear to be more pressing concerns of numerically larger groups. However, as this report shows, failure to address the needs of this group of children will only lead to greater costs to the education, health and welfare systems.

A key part of the SI services' ability to deliver during this period of change is the access to fully qualified specialist teachers and support staff. Significant questions have been raised by HOSS about the ageing composition of the current workforce, the ability of the profession to attract new entrants, the suitability of the MQ for all the challenges a service faces and the long term attractiveness of the role. There is clear evidence of additional demands on a shrinking workforce. This has been coupled with an overall reduction in training places. As the demands on the service change so will the role of specialist professions. Looking at the increasing needs identified in this report a crucial issue is how the system ensures that the training for those on the MQ keeps pace with ever more complex needs and that we have the right number and mix of professionals to meet children's and family's needs going into the future.

9.1 Recommendations

The recommendations which follow are the minimum necessary to try and help the sector navigate these changes and ensure that we retain and grow a support sector and the qualified staff to meet the needs of a growing population. They are also essential to ensure that children and young people with SI can achieve their full potential.

9.1.1 For the DfE

The LA strategy on SEND reforms, which is required by DfE as part of the funding reforms, needs to account more clearly for how improvements are being made for specific groups of SEND, including SI, in line with a proper analysis of local need. The performance of LAs needs to be more directly related to outcomes for children as part of this process and linked to the contribution of specialist SI services.

There needs to be further consideration of regional models of commissioning for very low incidence need and DfE should look at ways in which pilots can be supported to trial the best way of achieving this.

DfE needs to continue to stress the statutory obligations for the deployment of specialist support as outlined in the CoP and in relation to providers Equality Act duties.

Guidance needs to be developed on the role, framework and minimum national occupational standards for CSWs and Intervenors.

Modernise and enhance the content of the MQ in line with developing delivery structures of education for CYP with SI.

There needs to be a review of the funding support available for the training of specialist teachers and a clear commitment to the continued development of the specialist teacher workforce, including ongoing evaluation of courses available.

Guidance needs to be developed on the role, framework and minimum national occupational standards for TAs supporting pupils with VI.

The role of habilitation officers working with pupils with VI to develop their mobility, independence and living skills needs to be strengthened.

9.1.2 For commissioners

There continues to be a need for greater joining up of provision locally across different elements of support for children and young people with SI between resourced provision, special schools and colleges and SI services. Commissioners and HOSS need to work together to establish the most effective methods of delivering support to improve outcomes.

In exploring new models of provision commissioners need to be aware of their obligations under the Children and Families Act to ensure that where a service review is taking place the commissioner demonstrates both sufficiency of provision and that service changes enhance the support which is provided.

In making commissioning decisions commissioners need to ensure that they have the adequate data and that parents, children and young people have been consulted in line with their duties in the Children and Families Act 2014, both in respect of joint commissioning, the requirements of the local offer and in individual assessments.

Commissioners and schools also need to take into account the Equality Act duties in relation to children with SI when making commissioning decisions and in working with SI services.

Commissioners need to take into consideration the benefits identified by Ofsted and other research which shows the effectiveness of providing low incidence services through a central resource.

9.1.3   For specialist SI support services and NatSIP

SI services need to explore different models of SI services to ensure a focus on outcomes and demonstrate best use of resources.

NatSIP should consider supporting services through the DfE contract to develop these models further and also establish what good practice needs maintaining and developing.

SI services need additional support to be able to transition into the new contracting and funding environment if they are going to be able to make their case. Key areas for further support include demonstrating outcomes, contract negotiation, marketing services and strategic planning. These should be considered as part of any future NatSIP work in this area.

SI services need to develop greater clarity about the role of specialist teachers and support staff especially in respect of the facilitation of mainstream support and key working role of many specialist teachers.

SI services need to develop greater capacity and expertise in supporting the further development of the early years, schools and college workforce. NatSIP should support SI Services in developing consistent training and support tools for dissemination for front line workforce.

SENCOs play a crucial role in supporting the classroom teacher on SI-related issues and in developing a strategy for the school around SI provision. SI services need a clear offer for SENCOs around supporting children with SI and develop further their work in supporting a whole school approach to SI support. NatSIP should help SI services in developing this offer and provide training nationally which can be disseminated.

10. Acknowledgements

Thanks to:

BATOD, RNIB, NDCS, Sense and VIEW for providing sector information, data, and content for this report.

Heads of Service who attended and contributed to the four workshops on the Future of SI Services and those who responded to the questionnaire or provided personal communications.

Colleagues in the NatSIP Reference Group for their contributions and comments on drafts of the report.

11.   Appendix 1
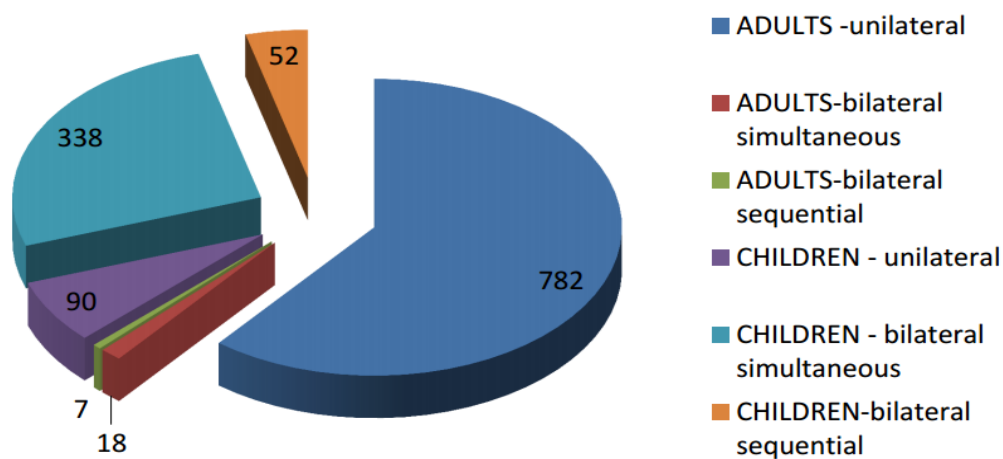
Information about the current MQ providers in England

In Autumn 2013 DfE (SEND) initiated a review of the MQ specification across the three SI areas. This review was led by NCTL (for DfE) with the involvement of NatSIP, the existing providers and the SI sector. The revision of the MQ specifications was required because the provider approvals, as set out in 2009, expired in September 2014. NCTL and SEND division wanted to use the opportunity to work with the sector, led by NatSIP, to encourage sector-led activity in line with the current Government policy.

Delivery of MQ training courses requires training providers to gain the approval of the Secretary of State under the Education (School Teachers' Qualifications) (England) Regulations 2003). The approved providers, for delivery of courses leading to the MQ from September 2016, are:

- Birmingham University (HI, MSI and VI courses)
- Edinburgh University (VI)
- Mary Hare School with University of Hertfordshire (HI)
- Liverpool John Moores University with St Vincent's School (VI)
- Leeds University (HI)
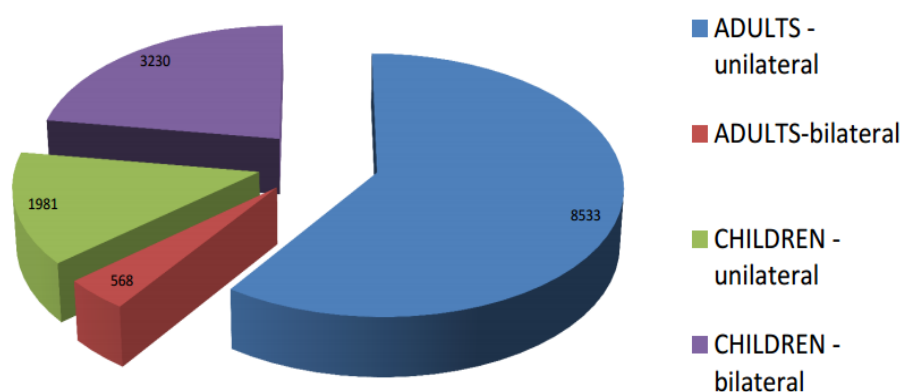- Manchester University (HI)

12.   Appendix 2 - Summary of BCIG survey of implant centres

Total Number of New CI Recipients
01/04/2015 - 31/03/2016. N= 1287

- ■ ADULTS -unilateral
- ■ ADULTS-bilateral simultaneous
- ■ ADULTS-bilateral sequential
- ■ CHILDREN - unilateral
- ■ CHILDREN - bilateral simultaneous
- ■ CHILDREN-bilateral sequential

52

338

90

7

18

782

Total maintained CI population in UK
year ended 31 March 2016; total n= 14,312

- ■ ADULTS - unilateral
- ■ ADULTS-bilateral
- ■ CHILDREN - unilateral
- ■ CHILDREN - bilateral

3230

1981

568

8533

13. Appendix 3 - CRIDE Survey 2016

	Peripatetic		Resource Provisions		Working flexibly		
	Number of staff (FTE)	Number of services with staff in relevant category	Number of staff (FTE)	Number of services with staff in relevant category	Number of staff (FTE)	Number of services with staff in relevant category	Total
Teaching assistants, classroom support assistants, etc.	137.59 (38%)	58	650.49 (61.5%)	72	49.0 (52%)	13	837.08 (55.4%)
Communication support workers, interpreters, communicators, etc.	100.91 (28%)	17	307.22 (29.1%)	47	7.0 (7%)	6	415.13
Deaf instructors, deaf role models, sign language instructors, etc.	25.90 (7%)	29	56.9 (5.4%)	32	13.9 (15%)	16	96.59 (6.4%)
Educational audiologists	33.05 (95)	42	0.9 (0.1%)	4	2.5 (3%)	4	36.45 (2.4%)
Technicians *et al*	23.95 (7%)	29	10.55 (1%)	10	6.3 (7%)	8	40.8 (2.7%)
Speech and language therapists	14.90 (4%)	19	21.85 (2.1%)	21	9.8 (10%)	9	46.55 (3.1%)
Family support workers, liaison officers	17.10 (5.5%)	17	6.75 (0.6%)	8	3.9 (4%)	4	27.75 (1.8%)
Social workers, social workers for deaf children	7.8 (2%)	4	3.0 (0.3%)	2	1.0 (1%)	1	11.8 (0.8%)
Total	361.20		1,057.55		93.4		1512.15

Table 6: Number of specialist support staff by role

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