

**Support and Aspiration: A New Approach to Special
Educational Needs and Disability
Consultation Response Form**

The closing date for this consultation is: 30 June 2011
Your comments must reach us by that date.

Department for
Education

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Reason for confidentiality:

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or the consultation process in general, you can contact the Consultation Unit by telephone: 0370 000 2288 or e-mail: consultation.unit@education.gsi.gov.uk

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Please mark ONE box which best describes you as a respondent.

| | | |
|--|--|---|
| <input type="checkbox"/> Parent/Carer | <input type="checkbox"/> Child/Young Person | <input type="checkbox"/> School/College |
| <input type="checkbox"/> Headteacher/Teacher | <input type="checkbox"/> SENCO | <input type="checkbox"/> Governor |
| <input type="checkbox"/> Local Authority | <input type="checkbox"/> National Voluntary Organisation | <input type="checkbox"/> Local Voluntary Organisation |
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Please Specify:

National Sensory Impairment Partnership (NatSIP) members represent specialist services, schools and voluntary organisations across the Sensory Impairment (SI) sector, working together to improve outcomes for children and young people with SI.

Chapter 1: Early Identification and Assessment

1 How can we strengthen the identification of SEN and impairments in the early years, and support for children with them?

Maintain the Newborn Hearing Screening Programme that identifies deafness at birth including the existing multi-disciplinary and multi-agency standards, quality assurance programme and multi-disciplinary assessment and care pathways and extend this programme across to other sensory impairments to ensure that screening protocols that enable the early diagnosis of ocular visual impairment link with identification which is supported by multi-disciplinary and multi-agency care pathways.

NatSIP believes that it is vital for children's sensory impairments to be identified and support provided as early as possible. There is a long history of effective identification and support in the early years by specialists in sensory impairment. For example, the skills of a Qualified Teacher of Visually Impaired Children (QTVI) who holds the mandatory qualification in visual impairment are used to best effect working in partnership with clinicians to support the family, often using the Early Support visual impairment materials for professionals and families. The Early Support approach currently works well, providing effective practice for a broad range of DSEND as well as impairment specific guidance. As the current Early Years Foundation Stage connects strongly with Early Support we would like to see this maintained in the revised EYFS.

50% of deaf children acquire deafness after birth. Epidemiological research indicates that children with the most severe levels of visual impairment are more likely to have had their condition from very early life (identified in the first year) (Rahi and Cable, 2003).

It is therefore crucial that:

- a) Health visitors receive training on identifying sensory impairment during developmental checks as part of the Healthy Child Programme
- b) Early Years providers receive training and advice on identifying the signs of sensory impairment
- c) There is a national programme of school entry screening.
- d) GPs receive training and advice on identification and made aware that 50% of deafness is acquired after birth (a significant number of parents of deaf children have told NDCS that their early concerns about deafness were dismissed because health professionals felt that it would have been identified by the newborn hearing screening programme)
- e) School staff are trained to identify signs of sensory impairment

particularly in reception and Key Stage 1 where there is a high incidence of temporary hearing impairment which can significantly impede learning, and undetected refractive errors

- f) When considering the results from the phonics screen check school staff need to be encouraged to consider whether sensory impairment is a possible reason why some children may struggle with the questions

In terms of support:

- Parents should be given clear information on sensory impairment, the implications for their child and how they can develop their child's language, communication, functional vision and independence
- On diagnosis of a sensory impairment there should be an immediate referral to a qualified sensory impairment teacher
- There should be more focused programmes for support to / counselling for the family.
- There should be adequate advice and support from specialist speech and language therapists for deaf children
- There should be rigorous monitoring of the progress of the child during the early years
- All early years staff working with pre-school deaf children must have the relevant skills and training. NDCS and the SI vol orgs and NatSIP partners would be pleased to provide further advice on how this could be achieved.
- Measures are taken to address the failings of social care services to discharge their duties under section 17 of the Children Act and Chronically Sick and Disabled Persons Act 1970. (For example these shortcomings are documented in the DH newborn Screen Programme Quality Audit Reports and research into social care provision for deaf children undertaken by the University of Manchester (2010))

A key outcome (performance indicator) for deaf children is the number and percentage starting school with age appropriate language as this is a key determinant of future educational success. For babies with VI, Dale and Sonksen (2002) have argued that it may be possible to minimize the risk of developmental setback that has been identified in some young children with profound visual impairment if babies with a visual impairment are identified early and intensive health and education developmental support is provided in the first two years of life, including visual promotion (for form vision).

A significant proportion of children with a sensory impairment have significant additional needs. Research by the University of Manchester for the NDCS into deaf children with additional needs found that either deafness was "overshadowed" by the additional need or that the deafness "overshadowed" the additional needs. There is considerable evidence of a very high prevalence of blindness and partial sight in children with learning difficulties, particularly

those with SLD and PMLD (Emerson and Robertson, 2011; Warburg, 2001; Sandfield Nielson et al, 2007). Specialist skills are required to effectively support CYP with complex needs and visual impairment.

This research highlights the need for all relevant professional to be involved in a holistic assessment and the subsequent support programme for children with sensory impairment and additional needs to eliminate the risk of overshadowing. It is these families that are most likely to be in need of key workers to help co-ordinate assessments and support programmes. Maintain the Newborn Hearing Screening Programme that identifies deafness at birth including the existing multi-disciplinary and multi-agency standards, quality assurance programme and multi-disciplinary assessment and care pathways.

2 Do you agree with our proposal to replace the statement of SEN and learning difficulty assessment for children and young people with a single statutory assessment process and an 'Education, Health and Care Plan', bringing together all services across education, health and social care?

This proposal depends on the attributes of the proposed new framework

Further Comments:

Replacing statements introduce a number of risks and absorb a considerable amount of time and resources. It is therefore essential that before a new scheme is introduced that the necessary legislative framework with regard to health and social care services is put in place. Unless there is an enforceable legal requirement on health and social care services to make the required provision and parents have the right to challenge health and social care aspects at Tribunal as they can with education, it is doubtful whether the proposed changes will result in desired improvements.

Without this legislative change a more cost effective option would be (i) to adjust the existing statutory process to ensure it focuses on plans to improve outcomes In which case a more cost effective alternative would be to ensure the existing and (ii) enacting existing legislation currently in the Equality Act 2010 to ensure schools comply with the reasonable adjustment duty with regard to education provision for disabled pupils.

In addition it is important to:

- a) clarify the relationship with the responsibility on local authorities to assess the needs of disabled children under section 17 of the Children Act 1989 using the joint assessment framework, which is a holistic

assessment already covering education, health and social care. Research has shown that local authorities are already neglecting their statutory duties under the Children Act 1989 with respect to children with sensory impairment.

- b) ensure that the multi-agency assessment does not dilute the education component of the assessment. Experience from the pilots in Wales where the Welsh Assembly Government is testing a similar multi-disciplinary model suggests there is a risk that the focus on educational needs, objectives and provision will be lost. Some of the assessments produced during the pilots were not fit for purpose lacking any meaningful information on educational needs, objectives and hence provision required to address needs and meet the objectives.
- c) ensure that the threshold for the proposed assessment should not be higher than the current threshold for statements. In Scotland the Additional Support for Learning Act 2004 replaced statements (called Records) with co-ordinated support plans. The number of children with sensory impairment receiving the statutory safeguards of a co-ordinated support plan were less than half of those that received statutory entitlement a Record. Any raising of the threshold in England will serve to reduce parental confidence in the system.

NatSIP would be please to work with pilot areas in relation to children with sensory impairment and would want to see in place robust systems of monitoring and evaluation

3 How could the new single assessment process and 'Education, Health and Care Plan' better support children's needs, be a better process for families and represent a more cost-effective approach for services?

If this proposed process is going to better meet the needs of children and families with sensory impairment then:

- It should be conducted as soon as sensory impairment has been diagnosed. Many children have their sensory impairment diagnosed at birth and it is crucial that the assessment and plan starts then. The current perception that statutory assessment starts from the age of 2 unless there are exceptional circumstances needs to be changed
- The current legal obligations on education and right of appeal to a tribunal has to be extended to health and social care services
- There needs to be a national entitlement/threshold where all children with a sensory impairment that has the potential to result in

underachievement receives an assessment and plan to minimise the risk to under-achievement

- There needs to be the required investment in teachers qualified in sensory impairment to ensure an accurate assessment of educational need and an effective implementation of the plan
- There should be no dilution of the education component of the assessment and plan and there should be a clear focus on outcomes. Important outcomes for children with sensory impairment include (i) attainment and education progress; (ii) achieving good social and emotional well being including the development of social skills and self esteem; (iii) the development of independence skills, particularly mobility and daily living activities for children and young people with visual impairment (iv) the development of language and communication skills which are particularly critical in the early years (iv) moving from school into successful further / higher education, training or work
- There needs to be a focus on progress with the setting of short and long term targets which are monitored and reviewed
- The assessment needs to clearly set out what needs to change in the child's current or proposed education setting to ensure the child can successfully access the full curriculum, make friends and feel included in the life of the school and make good progress. For example this may include awareness raising sessions with school staff and pupils, changes to the physical environment such as improving acoustics or lighting, training and support for the child's teachers, consideration of how the curriculum and/or its delivery has to be adapted
- The duties of the Equality Act 2010 need to be met
- The assessment has to consider what support the family needs to help the child achieve good outcomes and the plan needs to set out how that support is to be provided
- The remit of the Tribunal should be extended to enable it to consider concerns from parents that service providers are not providing what is specified in the plan and its powers extended to compel the relevant provider to make the provision if it is found to be failing in its duty

4 What processes or assessments should be incorporated within the proposed single assessment process and 'Education, Health and Care Plan'?

Also see response to question 3

It will be crucial to define the relationship between the assessment and EHSC plan proposed in the Green Paper and the requirements to undertake a holistic assessment of a disabled child's needs under section 17 of the Children Act 1989 using the Joint Assessment Framework.

Assessments and plans should:

- a) Ensure effective multi-disciplinary support pathways in the early years
- b) Consider what changes need to happen in educational establishments to ensure the needs of the child with sensory impairment could be met including staff training, awareness raising, curriculum differentiation, the physical environment, changes in teaching approaches, availability of technology etc
- c) Consider what support the family needs to help their child succeed
- d) Ensure the child is fully involved
- e) Ensure parents are fully involved
- f) Ensure staff with the appropriate competencies and qualification are involved in the assessment to ensure it is accurate. In the case of sensory impairment this means the full involvement of teachers with the mandatory qualification in HI, VI or MSI in the assessment, the delivery of the plan and the monitoring and review
- g) Use of exemplars in guidance to illustrate the content of an assessment and subsequent plan
- h) Use of the team around the child (TAC) approaches with an identified lead professional or key worker
- i) Encourage the development of pooled budgets and multi-agency and multi-disciplinary pathways and protocols
- j) Ensure there is a right of appeal to a tribunal if parents have concern over education, health or social care aspects of the plan

5 What is the potential impact of expanding the scope of the proposed single assessment process and plan beyond education, health, social care and employment?

NatSIP feels that the focus should be on education, health and social care (0-25 years) and not be expanded into other areas. NatSIP does not support any further extension at this stage (including for DLA assessments) for the following reasons:

- Many parents find the existing statutory assessment process complex and cumbersome. Complexity will increase if health and social care is introduced. Adding further elements will make the system excessively complex and extend timescales
- It would add considerably to the risk that the education content of the assessment and plan would be lost
- There is a need to evaluate the impact of the new plans within existing framework before considering extension

6a) What role should the voluntary and community sector play in the statutory assessment of children and young people with SEN or who are disabled?

If the assessment and plan is well designed and executed with clarity over the local offer and with local authorities ensuring the provision of good information then the role of the voluntary sector could be minimal.

The voluntary sector also has a role in supporting children and their families who have not undergone the statutory assessment process (eg those at school action and school action plus) as it is also at these school based stages that parents report difficulties.

The voluntary sector's role could include:

- a) Providing information and advice and helping parents navigate systems and processes
- b) Advocating for the child at school level and during the statutory assessment process
- c) Advocating for the parent
- d) Co-ordination – liaising with families and the relevant partners to move the assessment process forward and ensuring it is completed
- e) Providing specialist assessments commissioned by local authorities or parents
- f) Involvement with proposed pathfinder pilots

But the capacity of voluntary organisations to do this varies considerably and the government would need to identify a clear role and ensure that is funded to ensure consistency across England otherwise the post code lottery in support to parents could be perpetuated

NatSIP perceives a considerable reluctance from voluntary sector organisations to be responsible for the assessment process as they feel this is the responsibility of the statutory sector

If voluntary sector's role is to be funded from statutory sources then NatSIP recommends the development of a quality assurance and accountability framework

6b) How could this help to give parents greater confidence in the statutory assessment process?

The involvement of voluntary organisations in the assessment process will only give parents confidence in the assessment process if the voluntary organisations themselves have confidence in the processes. For this to happen, the attributes of the system outlined in the response to questions 3 and 4 need to be put in place.

For example, a multi-agency assessment which identifies health needs is not going to improve parental confidence unless there are legal obligations on commissioners of health services to secure the provision.

See answer to question 6a

Voluntary organisations can reassure parents by providing independent information, help with navigating systems, undertaking independent assessments, advocating needs but parental confidence is more likely to be affected by the design and delivery of the process rather than the involvement of voluntary organisations. The voluntary sector should not be used to paper over any cracks in systems and processes.

7 How could the proposed single assessment process and 'Education, Health and Care Plan' improve continuity of social care support for disabled children?

Social Care and family support can play an important role in helping develop the capacity of families to help with their children with sensory impairment achieve their full potential.

The level and type of social care support a child with sensory impairment and his/her family need will depend on individual circumstances, but could range from preventative services to restorative services and include:

- a) information and advice in the family's preferred language
- b) support to help parents communicate with their child and develop their language skills (particularly deaf children)
- c) offering help in accessing benefits and housing
- d) offering lower tier mental health support and advice
- e) provision of equipment that promotes the safety and independence of the child
- f) provide an intervener in the home
- g) access to short breaks and help in accessing recreational activities
- h) offering help if parents experience difficulty in getting their child to crucial appointments with health services such as vision clinics and audiology clinics
- i) support for the child and their family/carer, including opportunities to socialise with other children with sensory impairment and availability of deaf/VI/MSI role models
- j) constructive support to enable young people with sensory impairment make a successful transition to the adult world
- k) support for children from sensory impairment in need of protection from abuse, including neglect
- l) support for children with sensory impairment in public care
- m) support of young people with sensory impairment in the Youth Justice system
- n) support for children with a sensory impairment who have been adopted.

Social care involvement needs to be underpinned by a high-quality, comprehensive **assessment** of the child's and family's needs in accordance with the national joint assessment framework. Practical guidance on assessing deaf children is contained in the NDCS document Social care for deaf children and young people: A guide to assessment and child protection investigations for social care practitioners

http://www.ndcs.org.uk/professional_support/our_resources/index.html

To make an effective contribution to the Education, Health and Social Care Plan, social care services will need to have in place:

- a) Arrangements for ensuring that services are clearly advertised and that initial contact is easy for families and professionals to make
- b) clear referral pathways for both families and other professionals/agencies
- c) access to advice and support from specialist social care professionals with specialist understanding of the complexity and variety of the developmental challenges faced by children with sensory impairment
- d) arrangements for social care staff to be routinely involved within the multi-agency service matrix, rather than brought in only when there is a crisis
- e) a strong preventative focus to social care provision for both the young person with sensory impairment and their family
- f) an acceptance that children with sensory impairment meet the definition of children in need under the Children Act 1989;
- g) staff who have a good knowledge of the range of implications of deafness in childhood and a strong understanding of the positive developmental potential of children with sensory impairment. Staff should be capable of recognising the seriousness and possible risk of some circumstances that otherwise would not meet the usually high levels of eligibility criteria for a service
- h) effective arrangements for continuing mobility training as the young person moves to adult services

Social care services for deaf children and their families should comply with *Deaf Child: Positive Practice Standards in Social Services*, produced in 2000 by the Association of Directors of Social Services, the Local Government Association, the National Children's Bureau, British Deaf Association, RNID and NDCS (http://www.ndcs.org.uk/applications/publications_shop/view.rm?id=879).

Unfortunately research such as that undertaken by the University of Manchester for the NDCS (2010) shows that that local authorities are not meeting their current statutory responsibilities to deaf children and this was also recognised in the Munro review

8 How could the arrangements for provision of health advice for existing statutory SEN assessments be improved?

The requirement to support the assessment and plan needs to be written into all relevant specifications under the new commissioning structure for the health service

There needs to be very specific standards and timelines for supporting the assessment and plans

There should be protocols for Visual Impairment, Hearing Impairment and Multi Sensory Impairment outlining the nature / type of medical advice and support that is required and by whom it should be submitted.

The above requirements should be underpinned by statutory obligations and identified sources of funding

9 How can we make the current SEN statutory assessment process faster and less burdensome for parents?

The use of key workers with authority to act and coordinate

Statutory requirements on health and social care to co-operate backed up by performance indicators

Increase staffing to ensure time of existing key health, social care and education professionals is not diverted from direct delivery of services to children into new assessment targets

Better training of local authority assessment staff particularly if the scope is going to be expanded

The reasonable adjustment duty on schools in relation to auxiliary aids and services under the Equality Act 2010 needs to be introduced.

Speed of process should not be at the expense of quality.

Chapter 2: Giving Parents Control

10 What should be the key components of a locally published offer of available support for parents?

The local offer should incorporate the key elements of the aiming high for disabled children core offer and the national service framework relating to disabled children and set out how this applied to children with hearing impairment, visual impairment and multi-sensory impairment.

Specific content of the local offer should include

- Key contacts in statutory organisations
- Details of relevant education, health and social care services what they provide and how they work together
- Details of specialist provision within and outside the local authority area which may be suitable for children with sensory impairment such as non maintained, maintained and independent special schools
- Details of eligibility criteria for specialist education and health service and social care services and how they compare with other areas (eg national average and average for similar authorities)
- Details of levels of service provision and how they compare with other areas (eg national average and average for similar authorities) and a explanation for any differences
- Transparency in key decision making processes
- Reasonable adjustments that should be made under the Equality Act 2010 to ensure children with a sensory impairment are not treated unfavourably compared with other children when accessing education.
- Reasonable adjustments that should be made under the Equality Act to ensure children with a sensory impairment are not treated unfavourably when accessing health and social care services
- Information on transitions arrangements and support at key points of the child's life
- Details of recreation opportunities and support provided to access them
- Details of school clubs and activities and the support provided to access them (eg after school clubs, breakfast clubs, community clubs)

All information needs to be age appropriate

11 What information should schools be required to provide to parents on SEN?

NatSIP agrees with the Council for Disabled Children proposals as outlined in para 2.22, but would add:

- The publication of outcomes in terms of age related expectations and national tests for children with the different types of SEN within the school
- Accessibility arrangements for after school activities for children with the different types of SEN
- The extent to which the school meets accessibility standards such as acoustics and lighting
- The findings of any external inspections / assessments re SEN , e.g. Ofsted Report

NatSIP would want to ensure that 'provision' also included access to specialist teachers such as Teachers of the Deaf, VI teachers and MSI teachers.

12 What do you think an optional personal budget for families should cover?

Personal budgets have the potential to provide additional choice particularly if there is a commitment to support parents in the exercise of these through providing key workers.

NatSIP agrees with UKCOD's view that "personal budgets should only be seen in the context of a wider personalised approach to service delivery and not the only option available to parents but one strand in a more person centred approach for those who would welcome it".

However, personalised budgets will be limited in what can be purchased. For example it is unlikely that individualised budgets can purchase an inclusive school ethos and general whole school awareness of HI, VI and MSI that both children and parents regard as an essential attribute of schools if they are to succeed.

The potential difficulties of personalised budgets are already well documented in the responses from NDCS, RNIB, Council for Disabled Children and the UK Council on Deafness. NatSIP agrees and has contributed to these responses.

In NatSIP's experience parents want a clear entitlement to essential services such a specialist sensory support services in the areas of education, health and family support and do not want to go through bureaucratic processes of applying for and spending personalised budgets.

Hence most interest is shown in personalised budget if

- (i) there is a risk of local authorities or health services cutting essential services such as specialist teachers in sensory impairment. In these cases parents

- would prefer to have their own budget to secure the provision needed
- (ii) there is a risk of delegating funding for specialist sensory impairment services to individual schools who decide on the parents behalf on whether to buy the service. In these cases parents would prefer to have the funding to make that decision themselves about whether their child receives the specialist support needed.

To restrict the content of personalised budgets to a limited range of items would not make them optional. Therefore the pilots should cover:

- a) Early years support learning from the experience in Australia (eg to help parents develop the language and communication of their deaf child)
- b) Equipment to access school and out of school activities and promote independence. It needs to cover ongoing professional support and training to ensure it works and is used to maximum effect in school, home and other settings, insurance and warranties, maintenance, support on health and safety considerations)
- c) Short term breaks and access to clubs and recreation activities
- d) Home to school transport and teaching of independent travel skills
- e) Specialist education sensory support services
- f) Community health services such as speech and language, occupational therapy
- g) Mobility and habilitation teaching
- h) 1:1 tuition
- i) Teaching Assistants (some parents may want a say if the school won't provide a suitably trained and competent teaching assistant or communication support worker to the detriment of the child's education progress)

The pilots need to consider the quality assurance/accreditation arrangements so that parents know they are purchasing quality provision and accountability arrangements to ensure funding is spent on meeting the objectives and targets in the EHC Plan.

13 In what ways do you think the option of a personal budget for services identified in the proposed 'Education, Health and Care Plan' will support parents to get a package of support for their child that meets their needs?

The concept of a personalised budget:

- Acknowledges the importance of 'listening to parents' and the importance of the considerable knowledge and insights they have of their own children
- Gives a strong signal to both parents and professionals that parents have a role in making decisions about their child's education and support
- Has the potential to give parents a 'real' / actual choice and puts them in the driving seat – this is not just rhetoric
- Children with SEN and their families are being given a degree of independence. They would be active, as opposed to passive, participants in the process and there is an opportunity to establish real partnership working

But against these potential benefits there are a number of risks and disadvantages documented in responses from UKCoD, RNIB, CDC and NDCS.

Hence the importance of piloting the proposal before personalised budgets are implemented nationally.

If personalised budgets extend from 0-25 years then consideration needs to be given to the point at which the child or young person determines priorities

14 Do you feel that the statutory guidance on inclusion and school choice, *Inclusive Schooling*, allows appropriately for parental preferences for either a mainstream or special school?

☒ **Yes**

☐ No

☐ Not Sure

NatSIP would want to see *Inclusive Schooling* retained.

NatSIP believes it crucial to maintain and invest in specialist services to ensure children with sensory impairment can make good education progress in their local mainstream schools and are truly included rather than "mainstreamed".

NatSIP would want to see retained the strong support for parents who want a mainstream education for their child with sensory impairment and emphasises the need for the right levels of specialist support to ensure it is an inclusive experience for the pupil

However, the tone of some paragraphs in "Inclusive Schooling" suggest to some parents that there is a weighting towards mainstream. An example of this

is para 34 which can be perceived as adversarial:

A local education authority normally has a duty to educate a child in a mainstream school; however it is not bound by this duty where a child has a statement and mainstream education is against the wishes of his parent.

However, this decision is up to the local education authority. They may still name a mainstream school in the child's statement. But the parents can also appeal against such a decision to the Special Educational Needs Tribunal (Our emphasis) (para 34 Inclusive Schooling)

This is legally correct but does imply limited parental choice and is out of keeping with the content of other parts of the guidance such as para 14 that places an emphasis on partnership working and exploring various options.

NatSIP would recommend that:

- the content of paras 34 – 39 be revised to include the need for discussion with parents
- the content of para 22 (even although it is based on Section 316 of Schedule 27) is revised to make it more child centred by making reference to successful outcomes for the child and recognising that they should also have a say in what type of school they wish to attend
- an updating of the guidance to reflect the Equality Act 2010 with regard to the reasonable adjustment section and admissions

NatSIP believes that a greater barrier to parental choice lies in the limited provision available in some local authorities who have not invested in peripatetic specialist support services to support pupils with sensory impairment in the mainstream or alternative specialist provision.

NatSIP believes that parental choice should include special maintained, non maintained and independent schools

15 How can we improve information about school choice for parents of children with a statement of SEN, or new 'Education, Health and Care Plan'?

There are children with significant levels of sensory impairment without statements and whether a child has a statement to a degree on which LA area they reside. So the issue of choice also applies to parents of children with sensory impairment without statements.

NatSIP agrees with the proposals requiring local authorities to publish clear information about what is available in local schools. This should link to the local offer.

The information should set out:

- the level of support available for each type of SEN and not just generic SEN support
- the level of external support from specialist teachers that can be expected
- the results of accessibility audits including details of the acoustic quality of the school
- previous experience of the school in educating children with significant sensory impairment
- The training that will be made available to the school if it has limited experience of supporting a pupil with HI, VI or MSI
- The outcomes for children with SEN
- Details of specialist provision (resource provision in mainstream, and special school including non maintained and independent) both within and outside the LA boundaries along with eligibility/admission criteria
- Details of home to school transport policy

16 Should mediation always be attempted before parents register an appeal to the First-tier Tribunal (SEN and Disability)?

NatSIP would like to see mediation always offered to parents before an appeal to SENDIST. It should not be allowed to delay the timescale for an appeal.

The outcome from the mediation should be enforceable and evaluated within a time scale set at the mediation.

Parents who refuse the offer mediation should give reasons for their refusal and this information should be part of the information considered by the Tribunal.

17a) Do you like the idea of mediation across education, health and social care?

17 b) How might it work best?

- a) Mediation across education, health and social care would work well if budgets and responsibility are clearly allocated
- b) This would work best if the law reflects and supports joint agency working

Chapter 3: Learning and Achieving

18 How can we ensure that the expertise of special schools, and mainstream schools with excellent SEN practice, is harnessed and spread through Teaching Schools partnerships?

Because sensory impairment is a low incidence need it is difficult to mainstream schools to develop skills in expertise in this area.

NatSIP is aware that there are examples of special schools offering outreach services of good quality to other schools with funding provided by the local authority (eg Oak Lodge School in LB Wandsworth)

However, there are not that many specialist SI schools so it is vital that local authorities maintain specialist support services and fund them at appropriate levels

The vast majority of children with sensory impairment are in mainstream schools so it is vital to stress that for any special school providing outreach that the number of children supported in mainstream greatly exceeds the number on the schools roll. Thus the outreach work needs to be given a high a priority as the education progress of pupils on its roll. Schools therefore need to be supported in meeting the standards expected of good support services

In particular staff in special schools undertaking the outreach in mainstream schools need training to keep up to date on developments in the organisation and management of mainstream schools, the curriculum and how it is delivered .how different mainstream establishments operate and deliver the curriculum. They require training to acquire the competencies required for peripatetic advisory work. Sensory support services in a number of areas provide an excellent source of training in this area and maximum use should be made of their expertise, particularly where special schools do not have staff holding the mandatory qualification in VI, HI or MSI and joint working can be promoted

19 How can we ensure that we improve SEN expertise, build capacity and share knowledge between independent specialist colleges, special schools and colleges?

No response

20 How can we continue to build capacity and SEN specialist skills at each tier of school management?

There should be an agreed schedule of competencies relating to knowledge of SEN that would be reflected in the person specification for key managerial posts.

These competencies would then be reflected in management and leadership training

These competencies could extend to non teaching staff for example a resources director with responsibility for budget, staffing and buildings should have a knowledge about improving the physical accessibility of building and the importance of acoustics and lighting

However, because sensory impairment is a low incidence disability, NatSIP believes it is unrealistic to expect senior managers to develop the same level of knowledge of sensory impairment as other types of SEN. Hence there will be a need for continued advice from specialist support services and whole school training when a child with sensory impairment starts at the school. This underlies the continuing need for the mandatory qualification in HI, VI or MSI and joined up working to support schools of all types.

NatSIP supports proposals in the Green Paper that there needs to be a focus on data collection and rigorous monitoring of the outcomes of the pupils with the different types of SEN against age related and national benchmarks. NatSIP is currently working to develop benchmarking data for sensory impairment. There also needs to be training on the implications of the Equality Act and the SEN framework

21 What is the best way to identify and develop the potential of teachers and staff to best support disabled children or children with a wide range of SEN?

NatSIP has developed core competencies for teaching assistants working with children with VI, HI and MSI and developed training programmes. Part of this work is funded by the DfE. NatSIP will be pleased to discuss this initiative with the DfE and new Teacher Agency to determine ways of sustaining the training across the country

While it is possible for teachers in school to develop knowledge and skills in the main types of SEN it is difficult for them to do this in regard to sensory impairment. As SI is a low incidence needs mainstream teacher will not have sufficient experience of teaching children with HI, VI or MSI to be able to develop necessary knowledge and skills.

It is therefore crucial that the programme specialist training in of Teachers of the Deaf, Teachers for Visual Impairment and MSI is maintained by the government.

22 What is the potential impact of replacing School Action and School Action Plus and their equivalents in the early years with a single category of SEN in early years settings and schools?

Schools Action and School Action plus are not categories of SEN but descriptions of actions and interventions required to ensure the pupil make at least satisfactory progress

There is a significant risk associated with this proposal and the Green Paper fails to articulate how this proposed change is going to achieve the objectives set out in paragraphs 3.39 to 3.40. Many children with significant sensory impairments that impact on their learning do not have statements .Because sensory impairment is a low incidence need schools do not have the knowledge, experience or skills to meet those needs from within their own resources. Parents would therefore want reassurances that any changes did not dilute entitlement to specialist support from qualified teachers in VI, MSI and HI.

NatSIP recognises that decisions about whether to place a child at school action or school action plus at times seems arbitrary and varies from local authority to local authority and school to school. It appears that some decisions about whether to place a child at SA+ is dependent on the availability of an external support service rather than the child's needs. Having one school based category would provide a stronger focus on need rather than whether specialist support is available.

However on balance NatSIP feels that the graduated responses should be retained with the emphasis on improving the way they operate and how children are identified and supported at SA and SA+. It is felt the system if used properly

ensures ongoing assessment and levels of support matched to that assessment in a graduated way.

NatSIP would also be concerned about removing the requirement of an IEP for pupils with a sensory impairment. NatSIP feels it essential to have a plan for children with sensory impairment which sets out :

- a) what reasonable adjustment need to be made to the curriculum and its delivery
- b) key targets (particularly in core skills of language, literacy, numeracy, independence and social development) and strategies to achieve those target
- c) monitoring and review arrangements
- d) how parents can support their child's learning
- e) who is responsible for delivery each aspect of the plan

Many parents value IEPs as it involves them in regular monitoring of their child's progress in schools and early years settings.

NatSIP supports the proposal to give clear guidance on the identification of SEN and how to avoid over identification of pupils at school action.

23 How could changing the school and early years setting-based category of SEN embed a different approach to identifying SEN and addressing children's needs?

NatSIP is not convinced that the proposed changes to the school based graduated responses will make a significant difference. Training and guidance will make a bigger difference.

The school and early years setting graduated responses are not a SEN category.

NatSIP supports para 3.44 of the Green Paper which states:

The most important thing for any child and their family is that the right support is put in place, no matter what barrier to learning a child experiences, and how appropriate support is to be provided.

However, the rationale and implications then described in 3.44 and 3.45 indicate a flawed understanding of the needs of children who are facing barriers to learning. If school action and school action plus were artificial distinctions, it appears now that a new artificial distinction is being created between those children who will benefit from 'a normally tailored approach (e.g. Every Child programmes) or something specific to SEN'. These 2 approaches to support are not 'either / or' in the case of deaf children – a deaf child not performing at age expected levels in reading could benefit from and Every Child a Reader programme as well as having specialist support from a Teacher of the Deaf on the teaching of phonics. We therefore believe this is an artificial division which

would not help to improve identification of children's needs or indeed raise expectations. NatSIP recommends this distinction be dropped.

24 How helpful is the current category of Behavioural, Emotional and Social Development (BESD) in identifying the underlying needs of children with emotional and social difficulties?

☐ Very helpful ☐ Helpful ☐ Not very helpful
☐ Not at all helpful ☒ Not sure

Comments:

NatSIP recognises that young people with Sensory Impairment may have other needs to support their emotional well being. The name of the category is less important that the joined up specialist services being available to meet the needs.

25 Is the BESD label overused in terms of describing behaviour problems rather than leading to an assessment of underlying difficulties?

☒ Yes ☐ No ☐ Not Sure

Comments:

This can be so

26 How could we best ensure that the expertise of special schools in providing behaviour support is harnessed and shared?

Comments:

No response

27 What are the barriers to special schools and special academies entering the market for alternative provision?

Comments:

No response

28 What are the ways in which special academies can work in partnership with other mainstream and special schools and academies, and other services, in order to improve the quality of provision for pupils with SEN and disabilities?

NatSIP believes that in order to support children and young people with low incidence special needs effectively it is important that providers work in association together. There is more likely to be a need for regional provision to ensure that there are no gaps and duplication.

29 What are the barriers to special academies becoming centres of excellence and specialist expertise that serve a wider, regional community and how can these be overcome?

With regard to low incidence SI special needs there is a need to pilot this approach over a region first. Quality Standards would need to be applied.

30 What might the impact be of opening up the system to provide places for non-statemented children with SEN in special free schools?

The provision of specialist support services from teachers of HI, MSI and VI would need to be provided, wherever young people are being educated.

31 Do you agree with our proposed approach for demonstrating the progress of low attaining pupils in performance tables?

☐

Yes

NO

☐

Not Sure

NatSIP agrees to the proposal to a degree but:

- information should be collected on *all* children with a specific disability as currently only those with a statement of special educational needs or those placed at school action plus have data collected.
- Many children with sensory impairment are not low attaining but their progress still needs to be carefully monitored and reviewed to ensure they are not underachieving and on track to reach their true potential

NatSIP is opposed to any system that perpetuates a culture of associating disability with low attainment.

32 What information would help parents, governors and others, including Ofsted, assess how effectively schools support disabled children and children with SEN?

Information on the attainment and progress of children with SEN and how that compares against national benchmarks

Information on what measures schools have taken to improve the accessibility of the curriculum and its buildings

Information on how the use uses access technology

Information on what the school has done to improve the knowledge and skills of its staff

Information of destination statistics of schools leavers (secondary/FE)

Information on the school's relationship with specialist sensory support services and specialist health staff

Information on what the school does to minimise bullying and how it deals with bullying

Information on what the school has done to ensure children with sensory impairment and additional significant cognition difficulties acquire basis skills

Information on how the school develops confidence, self esteem and skills in independence

Information on how the school monitors and tracks the performance of children with SEN and what it does if rates of progress are falling behind that of other children

Information on how the school support the participation of children with sensory impairments in breakfast and after school clubs and activities

Chapter 4: Preparing for Adulthood

33 What more can education and training providers do to ensure that disabled young people and young people with SEN are able to participate in education or training post-16?

Comments:

NatSIP recognises that an effective and timely transition process starts at Yr 9 with appropriate professionals from Health, Social Care and Education involved

NatSIP is updating earlier transitions guidance for young people with sensory impairment

The key for the training providers is to be kept informed by Connexions so they are prepared or are able to source appropriate, qualified support - this could take time.

The training provider should offer taster days for the young people, maybe on more than one course, a detailed discussion with the course leader and the Disability Advisor together with the advisory teacher of the deaf/vision impaired to ensure the young person can make an informed choice in plenty of time to apply in year 11.

An appropriately supported interview when the young person has chosen a course(s)

A support needs assessment to be completed at the interview stage where all arrangements are outlined (eg in-class support, specialist tutorials, exam access arrangements, reasonable adjustments for practical work, visits/trips to be discussed).

In Service Training (INSET) for the relevant teaching staff, library assistants, receptionists, canteen staff prior to the young person starting in college delivered by appropriately qualified specialist providers (Teachers of the Deaf/Vision Impaired, Deaf Instructors etc).

If the young person is in agreement, INSET to the peer group to promote and encourage inclusion.

All transition planning and delivery should be bespoke and relevant to the individual needs of the young person e.g. a more flexible approach may be required for some e.g. a staged approach leading to full time attendance in college.

34 When disabled young people and young people with SEN choose to move directly from school or college into the world of work, how can we make sure this is well planned and who is best placed to support them?

Comments:

The availability of a Connexions personal adviser with knowledge and skills in HI/VI/MSI is important.

The needs of the young person and the help they need to succeed in work need to be fully assessed (eg access, mobility and habilitation training).

The personal advisers should have a sound knowledge of the workings of both colleges and Higher Education establishments to make their reports and recommendations meaningful and relevant. A flexible approach may be required when writing bespoke 139a.assessments

Specialist support services for young people with sensory impairment should be well placed to offer support. However, many currently lack the investment and capacity to do so and / or may be unfamiliar with employment support programmes. Up to date training is vital.

A key issue for young deaf people is access to funding for communication support. This is normally met through the Department for Work and Pensions Access to Work programme. Currently, many deaf people report it is cumbersome and complicated to access this funding, particularly for job interviews.

In addition, internships and voluntary placements are useful steps for many to move into employment. However, Access to Work is only available for paid work. This denies young people with sensory impairment the same opportunities as their peers to move into employment.

NatSIP recommends the Government review to reform the Access to Work programme with a view to reducing bureaucracy, making it easier to apply at short-notice and making it available for unpaid work.

35a) Do you agree that supported internships would provide young people for whom an apprenticeship may not be a realistic aim with meaningful work opportunities?

☒ Yes

☐ No

☐ Not Sure

35b) How might they work best?

Comments:

For supported internships to work for young people with sensory impairment, many will require access to funding for support through the Access to Work programme (eg communication support). Many young people with sensory impairment may also benefit from additional support and advice from a specialist teacher and /or a role model.

There is a wealth of evidence that a wide range of "supported employment" has worked well for disabled young people, and it will be important to develop close working with supported employment agencies to maximise positive outcomes. Supported internships are one possible model but there are others which deserve equal attention.

36 How can employers be encouraged to offer constructive work experience and job opportunities to disabled young people and young people with SEN?

Comments:

Increased awareness. Employers are often wary of taking work experience students due to their lack of awareness. Once they have engaged they have proved strong supporters for disabled employees, preconceptions are challenged with knowledge, these barriers are broken down.

If the work experience is being sought by college students, the specialist advisory teacher can offer appropriate training to the potential employer. This should be paid for by the college if the work experience is an integral part of the course.

A similar situation applies to employment. Employers are unaware of the funding support open to the young person by Access to Work and therefore job centres and Connexions require specialist training to enable them to promote the sensory impaired young people to potential employers.

Training and knowledge are paramount as is embedded the Equality Act 2010.

NatSIP partners have found that the bureaucracy associated with the Access to Work programme and the fact it is unavailable for unpaid work is a major barrier and discouragement to potential employers of young people with a sensory impairment

37 How do you think joint working across children's and adult health services for young people aged 16 to 25 could be improved?

NatSIP recommends that the following steps should be taken to improve joint working between children and adult health services for deaf children aged 16 to 25:

- Transition service needs to be in place with an allocated member of staff for transition who has responsibility for ensuring joint working between children's to adult services. This requires specific resources and planning by both children and adult services.
- Information sharing protocols between services must be in place which look holistically at the young person and include, for example, hearing loss/visual impairment information, equipment information, communication choice, mobility requirements etc.
- Staff in adult and children's services must have training and information on transition issues affecting young people with sensory impairment.
- Information needs to be available for young people in a range of accessible formats. This should be made available early enough and be flexible to reflect that young people will require different levels of support at different ages and stages relative to their own progress towards independence and to their support needs.
- Children and adult health services must provide information about accessing services when out of county, for example during university term-time.
- Specific information for parents and young people with complex needs must be provided.
- Timing of transition should be flexible and led as far as possible by the young person's needs.
- Young people and adults need to be involved in the design and review of transition services to ensure needs and expectations are met.
- A formal transfer agreement could be in place to ensure that services do not use 'delay tactics' when they know young people are coming up to the age when their service no longer has a duty to provide for them.

NatSIP believes that it is imperative that joint working must be improved across children's and adults transition services within health, education and social care not just health, in order that young people do not fall through gaps, work is not duplicated and that an holistic approach is taken.

smooth transition for a disabled young person from children's to adult health services?

Comments:

More training. A recent Contact a Family survey found that 74% of GPs had little awareness of the needs of disabled young people.

39a) Do you agree that our work supporting disabled young people and young people with SEN to prepare for adulthood should focus on the following areas:
(please tick those with which you agree)

☐ ensuring a broad range of learning opportunities

☐ moving into employment

☐ independent living

☐ transition to adult health services

☐ none

☐ not sure

Comments:

Yes to all

39b) What else should we consider?

Comments:

NatSIP believes that issues around the emotional well being and independence of young people with sensory impairment are central to long term successful outcomes in life.

Chapter 5: Services Working Together for Families

40a) Do you agree with the following three core features of the role of local authorities in supporting children and young people with SEN or who are disabled and their families? *(please tick those with which you agree)*

YES strategic
planning for
services

☐ none

YES securing a
range of high
quality provision

☐ not sure

YES enabling families to make
informed choices and
exercise greater control
over services

Comments:

NatSIP agrees to all three

40b) Are there others? If so, please specify.

Yes

☐ No

☐ Not Sure

Comments:

The Importance of Teaching sets out the role of LAs as commissioners of services for vulnerable children and a role of championing their needs

Good practice in commissioning services has a quality assurance and monitoring and review role. The Green Paper says little about how LAs are to discharge this role for the support they commission for pupils with SEN from schools

NatSIP believes that local authorities should have a role in quality ensuring, by focussing on outcomes, the range of high quality provision it secures.

NatSIP also believes that local authorities should hold centrally the budget for commissioning specialist sensory services for reasons set out in the answer to question 47. These services should be available to children both with and without a statement of SEN.

Given the importance of specialist support services to the education progress of children as documented in Ofsted reports, ensuring the provision of adequate specialist sensory impairment services should be a statutory obligation on LAs.

41 How can central government enable and support local authorities to carry out their role effectively?

The government must ensure it has in place a funding strategy for ensuring LAs have sufficient funding in the Direct Schools Grant to meet its obligations. In particular it is important that demographic growth is properly funded.

Also there is a need to recognise that LA held budgets for commissioning SEN services should not be a target for cuts. It does not fund bureaucracy but essential direct services for children who are most at risk of not achieving their full potential.

The government needs to set out clear expectations/standards for services provided or commissioned by local authorities and this should be in the public domain so that parents can hold local authorities to account.

There needs to be greater rigor in the monitoring of such standards. For example there are a few local authority sensory services that fall far short of the government standards for SEN support services but rarely has this been identified as an issue in Ofsted inspections of LA services for children.

There needs to be greater clarity and advice on how LAs discharge their commissioning function particularly in relation to its quality assurance role

42 What would be the best way to provide advice to GP consortia to support their commissioning of services for children and young people with SEN or who are disabled and their families?

Comments:

NatSIP would encourage that GP consortia should be given model service specifications covering the provision of advice for non statutory and statutory assessments.

Given the low incidence natures of sensory impairment many services are not suitable for commissioning by individual GP commissioning groups and collaborative arrangements will need to be put in place to maximise economy of scale. (See responses from RNIB and NDCS).

GP consortia will require training to undertake this role. NatSIP partners are well placed to assist.

43 What would be the most appropriate indicators to include in the NHS and public health outcomes frameworks in the future to allow us to measure outcomes for children and young people with SEN or who are disabled?

Comments:

A possible outcome indicator for the Newborn Hearing Screening programme could be the level of language skills of deaf children on starting school.

The RNIB has suggested using the International Classification of Functioning Disability and Health with its biopsychosocial approach. This involves developing indicators in the areas of body structure and function impairment, activity restriction and participation limitation. We would also like to see work on process outcomes and positive measures of wellbeing, such as that being developed for Children and Young People with VI by the Institute of Child Health and Warwick University (Tadic, 2010)

The National Sensory Impairment Partnership is currently beginning to develop and measure a range of outcomes for children with a sensory impairment

44 What are the ways in which the bureaucratic burdens on frontline professionals, schools and services can be reduced?

Comments:

Firstly NatSIP would need to engage in identifying precisely what the burdens are and then assess their necessity in terms of low incidence provision or whether they can be simplified

45 In addition to community nursing, what are the other areas where greater collaboration between frontline professionals could have the greatest positive impact on children and young people with SEN or who are disabled and their families?

Areas of greater collaboration around Sensory Impairment have been identified in the responses submitted by the RNIB and NDCS. NatSIP support these.

46 What more do you think could be done to encourage and facilitate local services working together to improve support for children with SEN or who are disabled?

Comments:

NatSIP believes that consideration should be given to 'pooling' of budgets which would prevent cross service disagreements over funding and save significant waiting times for equipment while funding is being sought.

NatSIP believes the Department should consider financial incentives. Though this would involve initial costs, NatSIP believes this would be compensated for by long-term savings.

47 How do you think SEN support services might be funded so that schools, academies, free schools and other education providers have access to high quality SEN support services?

Comments:

NatSIP endorses the belief that Sensory Services need to be commissioned from a budget centrally held by local authorities. Funding should not be delegated to individual schools for reasons set out below.

Any arrangements for funding for SEN support services has to bear in mind the possibility of SEN personalised budgets (if the intention is for parents have funding or virtual funding then it cannot also be delegated to schools)

While some parents may be hesitant about personalised budgets they may consider this as the best option if the alternative is delegation to schools where the level of support their child receives is dependent on the willingness and/or the ability of the school to purchase the service.

In determining the arrangements for sensory support services it is necessary to consider:

- a) Who is the key customer: In most cases specialist support services have a number of customers:
 - (i) The local authority in discharging its responsibility to assess SEN (statementing), ensuring the specialist support specified in the statement is provided, undertaking acoustic accessible audits to ensure the suggested school is really available to pupils with a hearing or vision impairment, monitoring of placements in out of authority schools, transitions planning and support. Some services may provide a broader function such as advising on inclusion in youth clubs and other community activities.
 - (ii) Parents and children with a sensory impairment. A direct service to parents is provided in for children in the early years. However, support services also can provide a direct service to families of school aged children, thus helping parents to educate and improve the language skills of their children. In some cases specialist teachers in support services become key workers with a health and social care co-ordination role. Personalised SEN budgets may be relevant to this particular aspect of the work of SI support services.
 - (iii) Schools and early years settings offering training, advice on assessment, curriculum differentiation, intervention strategies for pupils with sensory impairment.
- b) Whether funding can be accurately targeted to pupils who most need the support. For pupils with low incidence needs, such as sensory

impairment or physical difficulties, this will be very difficult.

- c) The size of service. If services are small it is difficult to disaggregate the funding across the different phases of education (early years, primary, secondary and post 16) and different users/customers (the LA, parents, education establishments, multi-agency functions).

The provision of support services is also complicated by the fact that in some areas local authorities have commissioned some schools with specialist facilities to provide specialist outreach support services and the funding is part of the Individual Schools Budget although it remains a centrally provided service. A wider (possibly regional or cross authority) model for specialist sensory support services would be welcomed, in recognition of the low incidence nature of sensory impairment.

In considering the factors above NatSIP believes it is not desirable or practical to delegate funding to individual schools for specialist sensory support services.

NatSIP wishes to see a funding system that ensures specialist services for pupils with a sensory impairment are determined by the pupils' need and not whether a school is prepared or able to purchase this service from funding that is delegated to it. It fully supports the recommendation recently made by Ofsted that *"where young people are protected by the Disability Discrimination Act, their rights to additional provision should not depend, as they do at present, on where they are being educated"* (Ofsted report *More than a Statement* 2010).

We believe that this should be achieved by enabling local authorities to hold centrally funding for commissioning specialist support for pupils with sensory impairment.

Sensory impairment is a low incidence need and for many children the complexity of their needs is such that they require ongoing and regular specialist support to make educational progress. The cost of support can be high, including the purchase and maintenance of equipment.

NatSIP advises against delegation of funding for specialist hearing support services to schools because:

- a) The low incidence means that pupils with sensory impairment are not spread evenly across schools. It is thus difficult to use a national funding mechanism that ensures funding is allocated to the schools in a way that matches the distribution needs.
- b) The low incidence means that, unlike higher incidence SEN, schools will not have the opportunity to develop the necessary experience to

meet the needs of pupils with sensory impairment “in-house”. Neither will they have the experience in assessing needs to establish what level and type of specialist support is required for the pupils to make progress.

- c) The low incidence means that services are small. For example, in many areas there may be only one or two specialist teachers for deaf pupils and less for pupils with Viand MSI; hence there is not the critical mass to sustain a viable service if funding is delegated and spread evenly across all schools. A similar point was recognised by the DfE with regard to support of pupils from ethnic minorities in its consultation on the School Funding Regulations for 2011 (para 9):

If the Ethnic Minority Achievement Grant (EMAG) is mainstreamed into DSG, then we would propose to enable LAs to retain funding centrally within DSG for services which support schools in narrowing achievement gaps for under-performing ethnic groups and in meeting the specific needs of bilingual learners. This would enable LAs to maintain existing services if they wished, including in those areas with small numbers of such pupils and where it is consequently more cost-effective to run a central service than to spread funding thinly.

- d) Delegation could mean that many more parents would seek to ensure provision is secured for their child through statutory assessment adding what could be an unnecessary cost to supporting some with sensory impairment.

48 What are the innovative ways in which new models of employee-led organisations, such as mutuals and cooperatives, could improve services for children and young people with SEN and their families?

No response

49 In addition to their role in the assessment process, what are the innovative ways in which educational psychologists are deployed locally to support children and young people with SEN or who are disabled and their families?

Comments:

There is a need for a greater number of specialist trained EPs with knowledge and understanding of the potential for pupils with sensory impairment.

50 How do you envisage the role and service structures of educational psychologists evolving to meet local demands?

Comments:

No response

51 What are the implications of changes to the role and deployment of educational psychologists for how their training is designed and managed?

Comments:

No response

52 What do you think can be done to facilitate and encourage greater collaboration between local authorities?

Comments:

NatSIP believes that the Department could do more to promote the benefits of regional collaboration to local authorities and to explore what barriers currently exist and what incentives could be in place.

The Secretary of State for Education currently has the power to intervene where specialist support services for children with low incidence needs are not meeting the needs of deaf children. The Department to consider making greater use of this power to promote collaborative working to ensure children and young people aged 0-25 years with SI have access to services offering the full range and depth of specialist support.

A system of accreditation where no service can operate unless it is accredited would promote greater collaboration and regional commissioning.

53 What do you think are the areas where collaboration could have the greatest positive impact on services for children, young people and families?

Comments:

NatSIP believes that collaboration is most effective for low incidence needs such as sensory impairment. VI/MSI and HI are low incidence needs, but cover a very wide range of diverse needs for which there are sub specialisms within the field, e.g. cochlear implants; methods of communication; mobility and habilitation, access technology, working with babies, working with young adults, work with children with multiple needs etc. It is unrealistic and certainly not cost effective for every local authority to cover every specialism and so sharing expertise in partnership across neighbouring local authorities is very advantageous to ensuring that all children with sensory impairment get the right support and so make good progress. As the SEN Green Paper notes, regional collaboration has been effectively managed over the 6 LAs done in Berkshire.

54 How do you think that more effective pooling and alignment of funding for health, social care and education services can be encouraged?

Comments:

NatSIP is supportive of the suggestion that the government produces a report evaluating the possibility of creating a national education and health, and possibly social care, pooled budget for disabled “high cost” children. This budget would then be distributed to local areas according to agreed and fair criteria. The pooled budget could be used to (i) give personalised budgets to those parents who want them; (ii) fund the education, health and social care plans suggested in the SEN Green Paper; (iii) fund integrated services and integrated education and care pathways for deaf and disabled children; (iv) fund preventative work with children who do not necessarily need a statutory assessment of needs.

Such a pooled budget could include education support, health services such as speech and language therapy, occupational therapy, physiotherapy, CAMHS, paediatric audiology, school nursing. This could work to the advantage of children and families with “low incidence high cost” young people

55 What are the ways in which a Community Budget approach might help to improve the ways in which services for children and young people with SEN or who are disabled and their families are delivered?

Comments:

See 54 above

NatSIP endorses the proposal of a community budget. Pooling budgets for local services, could be an effective way of ensuring that the help children with sensory impairment receive is determined by what they need, and not by idiosyncratic local funding arrangements.

It could potentially ensure a more holistic service is delivered to children with sensory impairment from different services.

Because sensory impairment is a low incidence need the size of the community would need to be given careful consideration.

56 What are the ways in which we could introduce greater local freedom and flexibility into the ways in which funding for services for children and young people with SEN or who are disabled is used?

Comments:

Answers above apply here for low incidence SI needs

57 What are the areas where the voluntary and community sector could have the greatest positive impact on services for children and young people with SEN or who are disabled and their families, and what are the ways we can facilitate this?

Comments:

Support for *specific* disabilities in the form of:

- Information on the disability and its implications in various formats written, DVD etc)
- Information on benefits, systems such as statutory assessment
- Direct support to the family
- Direct support to the child
- Facilitating group meetings for families and children with the same disability
- Publishing resources for professionals in the field;
- Carrying out / commissioning research into particular aspects of the disability
- Working partnership with education, health and social care (NatSIP is an example where the different perspectives and knowledge from local authority services and voluntary organisations are brought together to improve education services for children with a sensory impairment

58 How do you think a national banded funding framework for children and young people with SEN or who are disabled could improve the transparency of funding decisions to parents while continuing to allow for local flexibility?

Comments:

NatSIP supports the view that national resource banding could give parents and young people with SEN a broad indication of what level of support they can expect, irrespective of where they live. It could also give local authorities and schools a better idea of what they are expected to provide.

We suspect there will be tensions in developing a banding system that (i) can as far as possible match individual needs (recognising, for example, the current provision for pupils with a profound hearing loss in the same local authority can range from £6,000 to over £40,000); (ii) is not overly complex.

If banding is introduced :

- a) The band would need to include access to specialist support services
- b) There will need to be an explicit recognition that each band is likely cover a broad range of needs and there will still be a need to consider individual needs
- c) It should not be dominated by medical criteria and there should be a recognition (i) that the needs of children with a given level of vision or hearing loss may have needs that fall within different bands (ii) different

levels of support are required for different school and family contexts. The key question is what support does the child need to fully access the curriculum and school life, make at least the same rate of progress as other children and/or narrow existing attainment gaps.

- d) Care will need to be taken to manage parent confidence and expectations who may tend to regard the banding as a minimal entitlement and fear that local authorities are using the banding as an absolute a maximum entitlement
- e) There would need to be clear processes and criteria for placing a child at a resource band, monitoring and moving from one band to another
- f) The relationship with the proposed EHC Plan needs to be clear. If resource banding is to cover education, health and care it could add considerably to the complexity of the task.
- g) The NatSIP eligibility criteria for Sensory Impairment is already being used by over 50% of LAs and could make an important contribution to the development of resourced banding for sensory impairment with regard to education provision

59 How can the different funding arrangements for specialist provision for young people pre-16 and post-16 be aligned more effectively to provide a more consistent approach to support for children and young people with SEN or who are disabled from birth to 25?

Comments:
No response

.

60 Please use this space for any other comments you would like to make

Comments:
No response

61 Please let us have your views on responding to this consultation (e.g. the number and type of questions, was it easy to find, understand, complete etc.)

Comments:

NatSIP welcomes the opportunity to comment on the wide variety of elements which make up SEN. We look forward to continuing to support the improving successful outcomes for young people with sensory impairment. Thank you.

Thank you for taking the time to let us have your views. We do not intend to acknowledge individual responses unless you place an 'X' in the box below.

Please acknowledge this reply x

Here at the Department for Education we carry out our research on many different topics and consultations. As your views are valuable to us, would it be alright if we were to contact you again from time to time either for research or to send through consultation documents?

Yes

☐ No

All DfE public consultations are required to conform to the following criteria within the Government Code of Practice on Consultation:

Criterion 1: Formal consultation should take place at a stage when there is scope to influence the policy outcome.

Criterion 2: Consultations should normally last for at least 12 weeks with consideration given to longer timescales where feasible and sensible.

Criterion 3: Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.

Criterion 4: Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach.

Criterion 5: Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees' buy-in to the process is to be obtained.

Criterion 6: Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.

Criterion 7: Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience.

If you have any comments on how DfE consultations are conducted, please contact Donna Harrison, DfE Consultation Co-ordinator, tel: 01928 738212 / email: donna.harrison@education.gsi.gov.uk

Thank you for taking time to respond to this consultation.

Completed questionnaires and other responses should be sent to the address shown below by 30 June 2011

Send by email to send.greenpaper@education.gsi.gov.uk or by post to: Consultation Unit, Department for Education, Area 1C, Castle View House, East