

Workstream 6c – MSI Intervenors

Promoting Independence: Intervenors and deafblind/MSI children and young people

A guide to intervenor service standards for education, health and social care

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Preface



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- Sense, a national charity supporting and campaigning for people who are deafblind and those with sensory impairments
- National Organisation of Intervenorers (NOI)
- Surrey Physical Sensory Support Service (SPSSS)

Working group:

- Eileen Boothroyd (Education Consultant)
- Jenny Fletcher (NOI)
- Steve Rose (Sense)
- Pam Todd (SPSSS)

1. Introduction

The role of an intervenor is a specialist one, promoting independence and supporting people who are deafblind or multi-sensory impaired (MSI) to maximise their potential to learn, live and contribute in a hearing/sighted world, where otherwise they would find themselves socially excluded. It is a role that can support children, young people and adults to have equal access to education, the community or across both.

Multi-sensory impairment is a functional term that is frequently used alongside or interchangeably with deafblindness by teachers, social workers and families, because it communicates more effectively the impact of deafblindness. Understanding the impact can assist service planning.

A trained intervenor will understand the impact of multi-sensory impairment on the developing child or young person and have the skills to facilitate and support communication, mobility and orientation. It is a very practical role which is one to one and 'hands-on'.

Each intervenor has a different challenge; that is, under the direction of the teacher, to adapt their skills to meet the individual needs of the child or young person in an education, health or social care setting, or both.

1.1 What's in a name?

In some areas the intervenor role is described as teaching assistant or learning support assistant if based in school, or as support worker if working in community settings. It is the specialist training of the role holder that is the key to effective support.

This support:

- focuses on ensuring the objectives of the child/young person's individual EHC plan (Education, Health and Care Plan) are implemented
- supports all aspects of learning and safe movement through active exploration of the environment
- ensures that each child/young person (CYP) has full access to formal classroom teaching and learning and maximises everyday experiences and opportunities for incidental learning
- ensures that children, young people and adults enjoy community activities, clubs and hobbies.

1.2 The intervenor and the 'suitably qualified practitioner'

Intervenors work under the supervision of a suitably qualified practitioner, in education, health and social care settings. In this document, the term 'suitably qualified practitioner' may be used to describe:

- Teachers who hold the mandatory qualification to teach pupils with deafblindness/multi-sensory impairments in education.
- Practitioners with further advanced qualifications (such as Ad. Cert., diploma or masters level qualifications in health).
- Practitioners who are suitably qualified to undertake assessment in compliance with the *Care and Support for deafblind children and adults policy guidance* ¹ under section 7 of the Local Authority and Social Services Act 1970 ² (for children) and section 78 of the Care Act 2014 ³ (for adults).

¹ <https://www.gov.uk/government/publications/deafblind-people-guidance-for-local-authorities>

² <http://www.legislation.gov.uk/ukpga/1970/42>

³ <http://www.legislation.gov.uk/ukpga/2014/23>

2. Purpose

The way services to children and young people are planned, developed and delivered is changing. The guidelines in this document are designed to:

- introduce the concept of *intervention* with deafblind/MSI children and young people as an effective model of practice
- support staff with responsibility to plan and commission services for children with low incidence MSI conditions, by providing examples of how a good service can be provided
- inform the clarity and consistency of the local offer of available provision for MSI CYP
- provide guidance to achieve the outcomes identified in single assessment process and plans
- give information so that appropriate decisions about the increasingly complex nature of MSI/deafblindness, including multiple health needs, can be made
- set out the skills and knowledge required of staff.

2.1 Who is this document for?

This document is for:

- heads of sensory support services
- heads of social care teams
- voluntary sector services
- commissioners
- suitably qualified practitioner advisors and other practitioners working with deafblind people
- all types of schools, colleges and local services
- early years settings
- regulatory agencies such as Ofsted and CQC
- families and young people.

2.2 How can this document be used?

This document can be used:

1. By service providers and commissioners
 - in developing provision
 - to help review the quality of their services through self-assessment
 - as a practical tool to implement legal duties in relation to deafblind/MSI children and young people i.e. EHC plan, Deafblind Guidance
 - as a practical tool to collect evidence of the quality of the services being provided
 - for regular review
 - for use by commissioners, parents or providers at tribunals or court reviews to inform the debate about adequacy of provision and what is required
 - to inform inspection frameworks e.g. Ofsted & CQC.
2. As a basis for training and/or staff development .
3. To guide the consistency and development of the professional role of the intervenor.
4. For families as a guide about provision.

3. Background

3.1 What skills and knowledge are required for the role of intervenor?

An intervenor will have training in the following areas and be able to demonstrate practical skills and knowledge in their role:

- deafblindness and multi-sensory impairment – focusing on understanding the heterogeneous nature of the population and learning more, in depth, about the conditions and causes of multi-sensory impairment
- vision and hearing – focusing on the impact of sensory impairment on child development and learning
- ‘total communication’ – including the integrated use of communication methods, for example, environmental cues, touch cues, object cues, calendar systems, adaptive sign language, tactile signing, alternative and augmentative communication methods and speech
- touch interaction – exploring the ways of becoming a good communication partner
- mobility and orientation – including sighted guide, mobility devices and developing routes
- the role of functional sensory assessment – understanding its purpose and how to make use of it in a practical setting
- the role of communication assessment – understanding its purpose, how to contribute to it and make use of it in practice
- “Interactive Environments” – understanding how to adapt classrooms, community spaces or the home to be more reactive to meet an individual’s needs
- The role of an intervenor – exploring the importance of multi-disciplinary team working, understanding the roles of others, and the importance of the family and young person in all aspects of the work.

3.2 What does a trained intervenor do in educational settings?

A trained and experienced intervenor can support a wide range of functions.

The duties and activities should be matched to the specific needs of the child or young person with direction from a suitably qualified practitioner advisor and with advice from other specialists.

The focus of the day-to-day work will be on providing practical support to the child/young person by adapting the learning environment to provide access to the curriculum, supporting and developing communication and facilitating social opportunities with peers.

The areas listed below give some examples of how an intervenor might be deployed.

3.2.1 The learning environment

- enhancing and expanding communication (e.g. increase vocabulary, topics for conversations, and communicative skills)
- using communication techniques appropriate for the individual (e.g. environmental cues, touch cues, object cues, calendar systems, adaptive sign language, tactile signing, alternative and augmentative communication systems, Braille)
 - adapting the environment for auditory needs (noise, positioning, etc.)
 - adapting the environment for visual needs (contrast, lighting, positioning, etc.)
 - implementing the use of appropriate mobility devices (as directed by the paediatric habilitation specialist) and planning and developing routes
 - promoting the use of sighted guide, trailing and protective techniques, as directed by the paediatric habilitation specialist.

3.2.2 Developing Independence

- enabling the pupil to become an increasingly co-dependent / independent learner through planned support
- contributing to planning to achieve goals related to independence.

3.2.3 Social Skills and Confidence

- supporting access to after school clubs, social and leisure activities and the community (where appropriate)
- offering and/or finding support for joining other peer group activities
- understanding the implications of Deafblind Guidance⁴ for additional support out of school.

3.2.4 Equipment and Technology

An intervenor would be familiar with the way personal equipment and communication devices work and the maintenance they require, for example:

⁴ Mental Health – Divisional Intelligence Unit /20007 (2014) Care and Support for Deafblind Children and Adults Policy Guidance. Department of Health: UK
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/388198/Care_and_Support_for_Deafblind_Children_and_Adults_Policy_Guidance_12_12_14_FINAL.pdf

- amplification, cochlear implant, and assistive listening devices
- spectacles, low vision devices, and prostheses
- augmentative communication devices, word boards and speech output devices.

3.2.5 Planning

- contributing to the planning and preparation of learning activities
- devising clearly structured activities that interest, motivate and advance learning
- supporting the inclusion of the child in the learning activities and in interaction with peers.

3.2.6 Preparation of resources and materials

- contributing to the selection and preparation of resources
- adapting materials and activities to the child's/student's needs.

3.2.7 Monitoring

- monitoring responses to activities and modifying the approach accordingly
- monitoring progress in order to provide focused support and feedback
- supporting the evaluation of progress using a range of assessment techniques
- contributing to the maintenance of records.

3.2.8 Assessment

- supporting the contribution of the teacher, social worker or other health professional to annual reviews and individual plans
- contributing to, but not leading, both formal and informal assessment processes.

3.3 Personal qualities

The professional focus of all intervenors is to enable another individual to achieve their full potential.

An Intervenor's personal qualities play an integral part, alongside skills and knowledge, in contributing to the child/young person's progress and achievements. They will need, for example:

- to feel comfortable working in close physical proximity to students while frequently using touch to communicate with children who are primarily tactile learners
- to have a natural respect for the child/young person
- to be patient and resourceful and have a good sense of humour
- to learn from their interaction with the young person
- the ability to work hard at building good working relationships with both children/young people and adults
- the confidence to communicate effectively with both colleagues and families members
- the ability to work as an effective member of a team
- to develop good organisational skills
- the confidence to work unsupervised when required
- to have an interest in developing additional knowledge and skills through continual professional development (CPD).

3.4 How decisions are made about the need for an intervenor

3.4.1 MSI/deafblind pupils

Pupils who are deafblind/multi-sensory impaired range from those mildly affected to those who are profoundly deaf and visually impaired. The children cover the whole ability range.

What is less well understood is that hearing and vision loss, whether congenital or acquired, can also affect the use of other key senses. These include proprioceptive and vestibular function. So, a child's development can be additionally affected by poor balance and reduced mobility, as well as under- or over-sensitivity to touch and/or an impaired sense of smell.

The impact of these additional effects has led to the recognition and use of the term *multi-sensory impairment* (MSI) which describes the learning and communication challenges that each child can face, more effectively.

3.4.2 Causes

A range of conditions can lead to MSI.⁵ 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 conditions, a number of which are genetic, which are extremely rare; fortunately these are being identified more frequently than in the past. Understanding the full implications of diagnosis can really support the child's learning and development.

⁵ Sense (2013) Causes and Associated Conditions <http://www.sense.org.uk/content/causes-and-associated-conditions>

3.4.3 Descriptions from government guidance in relation to deafblind children in Education and Social Care

In 1989, the government recognised deafblind children and young people describing them as having

unique needs that require a specific response from education and social care departments. To help with identification for education they are described as a 'heterogeneous group of children who may suffer from varying degrees of visual and hearing impairment, perhaps combined with learning difficulties and physical disabilities, which can cause severe communication, developmental and educational problems.

DES Policy Statement 1989

For supporting social care local authorities have statutory responsibilities towards deafblind children, young people and adults:

persons are regarded as deafblind if their combined sight and hearing impairment cause difficulties with communication, access to information and mobility

Care and support for deafblind children and adults policy guidance 2014 ⁶

3.4.4 Identification for assessment and service provision

These simple, functional descriptions may help with practical identification of deafblindness/multi-sensory impairment and when an intervenor should be available:

- auditory impairment and visual impairment
- auditory and visual impairments with other significant disabilities
- central processing problems of vision and hearing
- progressive sensory impairments
- visual impairments and a possible loss of auditory processing mechanisms - associated with a physical disability or cognitive disability and communication delay.

As previously noted, MSI is a functional term that is frequently used alongside or interchangeably with deafblindness by teachers, social workers and families, because it communicates more effectively the impact of deafblindness. Understanding the impact can assist service planning.

4. How to use these standards

These service standards have been co-produced by intervenors, service providers, commissioners and voluntary organisations to ensure an agreement of quality for intervenor services.

The standards can be used in many ways. Fundamentally they should be used to benchmark the quality of service provision and set a route for improvement.

For each standard there are examples of how compliance with the standard can be demonstrated (see section 6). Self-evaluation against the standards can give evidence of the current state of a service and identify actions to improve it.

An example of a self-evaluation tool is included in section 7.

⁶ <https://www.gov.uk/government/publications/deafblind-people-guidance-for-local-authorities>

5. The standards

5.1 Core standards

- | |
|---|
| 1. Intervenorors have appropriate specialist training in 'core skills' ⁷ and knowledge to undertake their role |
| 2. Intervenorors demonstrate continuous learning, keeping up to date with developments in the field. This may include access to formal and informal training, online resources and network events |
| 3. The perspective of the child or young person is sought in relation to all aspects of service delivery |
| 4. Delivery of intervenor services is underpinned by the principle of enabling optimal independent access to education, health, social care, community facilities, etc. for the child or young person |
| 5a. Intervenorors contribute to the wider, formal assessment processes of a person's needs |
| 5b. Intervenorors use their assessment skills in how they regulate the support they provide to deafblind people |
| 6. Intervenorors are expected to work together with families and significant people in a person's life to ensure consistency support throughout a person's day |

5.2 Service standards

- | |
|---|
| 7. Intervenorors should work with others as part of a multi-disciplinary team: they are the conduit for providing support to deliver developmental or/and educational outcomes. They work as equal partners supporting the deafblind person |
| 8. Managers (leadership roles, senior roles and MSI professional leads) have a clear understanding of what an intervenor's role is, including the core competencies and how this differs from other support roles |
| 9. Services should ensure that an individual plan is in place for every deafblind person, with a person-centred delivery of outcomes, underpinned by an assessment |
| 10. Service delivery and individual outcomes are reviewed regularly |
| 11. Person-centred planning drives the design and delivery of services and can be evidenced within service development or service improvement plans |
| 12. Intervenorors receive professional support for their role supporting an MSI person. This would include support from a suitably qualified practitioner advisor |

⁷ 'Core skills' should include as a minimum: The population – What is Deafblindness/MSI?; The Role of the Intervenor; Vision & Hearing; Functional Sensory Assessment; Communication Assessment; Total Communication; Touch Interaction – Being a Good Communication Partner; Mobility and Orientation; Legislation; Interactive Environments; Planning for individual development

6. Supporting evidence and examples – examples of how to gather evidence, examples of good practice and annotation

Standard	Supporting evidence	Example of good practice
Core	1. Intervenorors have appropriate specialist training in 'core' skills and knowledge to undertake their role	<ul style="list-style-type: none"> - record of attendance and certification at intervenor training programme – covering core skills and knowledge - record of ongoing supervision and reflections on practice
Core	2. Intervenorors demonstrate continuous learning, keeping up to date with developments in the field. This may include access to formal and informal training, online resources, and network events	<ul style="list-style-type: none"> - a service provides core training to intervenors locally, ensuring that core skills are attained - a service ensures that all intervenors undertake nationally recognised and accredited training for intervenors
Core	3. The perspective of the child or young person is sought in relation to all aspects of service delivery	<ul style="list-style-type: none"> - record of attendance at network days - demonstrating independent learning – skill sharing and shadowing - training records – continual professional development inset and individual record
Core	3. The perspective of the child or young person is sought in relation to all aspects of service delivery	<ul style="list-style-type: none"> - record of child's views/learner voice is available (written, video etc.) - child's and parent views gained though annual review or statutory assessment processes - records of child's progress - service planning ensures invitation and access provided for young person to contribute - evidence of planning and delivery of individual curriculum or programme

	Standard	Supporting evidence	Example of good practice
Core	<p>5a. Intervenors contribute to wider, formal assessment processes of a child's needs.</p> <p>5b. Intervenors use their assessment skills in how they regulate the support they provide to deafblind people</p>	<ul style="list-style-type: none"> - observation of practice - how intervenors respond to current situation - evidence that intervenors get access to information to tailor day to day support based on wider practitioners' support - the views of intervenors are sought as part of statutory assessment process - evidence of intervenor working collaboratively with practitioners 	<ul style="list-style-type: none"> - intervenors working with SLT to undertake a language assessment - intervenors gathers information in the day to day support to contribute to formal assessment process of EHC plan
Core	<p>6. Intervenors are expected to work together with families and significant people in a child/young person's life to ensure consistency throughout a person's day</p>	<ul style="list-style-type: none"> - evidence of intervenor working collaboratively with family/others - school home notebooks - liaison and handover records (home-school books, shift handovers, discharge planning meetings) - records of team meetings 	<ul style="list-style-type: none"> - intervenors who work across school and home settings, providing consistency of support and sharing information about approaches, keeping the whole team up to date about changes and development. Facilitating transfer of skills between settings

	Standard	Supporting evidence	Example of good practice
Service	7. Intervenors should work with others as part of a multi-disciplinary team: they are the conduit for providing support to deliver developmental or educational outcomes. They work as equal partners supporting the deafblind person	<ul style="list-style-type: none"> - annual reviews/team around the child meetings - feedback 	<ul style="list-style-type: none"> - intervenors working with SLT to undertake a language assessment, OT to undertake switch assessment/daily living skills assessment etc - intervenors act as child's key worker and participate in reviews and team around the child meetings
Service	8. Managers (leadership roles, senior roles and MSI professional leads) have a clear understanding of what an intervenor's role is, including the core competencies and how this differs from other support roles	<ul style="list-style-type: none"> - capacity building within schools and services - evidence that managers are trained in what an intervenor is - records of liaison with MSI advisory teachers/MSI advisory roles 	<ul style="list-style-type: none"> - a service provides clear differentiated job descriptions between intervenors and other support roles - a service that has an intervenor policy to outline the difference between roles and how the service approaches decision making
Service	9. Services should ensure that an individual plan is in place for every child/young person with a person-centred delivery of outcomes, underpinned by assessment	<ul style="list-style-type: none"> - Individual Education Plan - EHC Plan - Care Plans 	<ul style="list-style-type: none"> - MSI advisory teacher works with class teacher and intervenor to remind them of how to adapt the programme, ensuring it is successful for the person
Service	10. Service delivery and individual outcomes are reviewed regularly	<ul style="list-style-type: none"> - evidence from service audit - records of service review meetings - evidence in data collection activities about learner progress 	<ul style="list-style-type: none"> - service undertakes regular self-assessment review and produces action plans for self-improvements
Service	11. Person-centred planning drives the design and delivery of services and can be evidenced within service development or service improvement plans	<ul style="list-style-type: none"> - records of person's reviews - feedback from person/family - reference to this within-service improvement plan/service development plans 	<ul style="list-style-type: none"> - outcomes of reviews and EHC plans are used to inform the commissioning of service provision - feedback about the local offer is acted upon to improve and develop the service

	Standard	Supporting evidence	Example of good practice
Service	12. Intervenors receive professional support for their role supporting a child/young person with MSI. This would include support from suitably qualified practitioner	<ul style="list-style-type: none"> - records from supervision - records of liaison meeting with MSI advisor - records of multi-disciplinary team meetings - evidence of collaboration and working together to provide a co-ordinated service 	- close links between MSI Advisory teaching service/ qualified social worker or other suitable consultant are established and contribute to the development of care and support plans and overall programme design and adaptations

7. Example self-assessment

Promoting Independence: Intervenor and deafblind/MSI children and young people

O = Outstanding G = Good R = Requires Improvement I = Inadequate N/A = Not applicable

No.	Standard	Rating					Evidence
		O	G	R	I	N/A	
1.	Intervenor have appropriate specialist training in 'core skills' and knowledge to undertake their role						
2.	Intervenor demonstrate continuous learning, keeping up to date with developments in the field. This may include access to formal and informal training, online resources, and network events						
3.	The perspective of the child or young person is sought in relation to all aspects of service delivery						
4.	Delivery of intervener services is underpinned by the principle of enabling optimal independent access for the child or young person						
5a.	Intervenor contribute to wider, formal assessment processes of a person's needs						
5b.	Intervenor use their assessment skills in how they regulate the support they provide to deafblind people						

No.	Standard	Rating					Evidence
		O	G	R	I	N/A	
6.	Intervenors are expected to work together with families and significant people in a person's life to ensure consistency throughout a person's day						

Promoting Independence: Intervenorors and deafblind/MSI children and young people

O = Outstanding

G = Good

R = Requires Improvement

I = Inadequate

N/A = Not applicable

No.	Standard	Rating					Evidence
		O	G	R	I	N/A	
7.	Intervenorors should work with others as part of a multi-disciplinary team: they are the conduit for providing support to deliver developmental or educational outcomes. They work as equal partners supporting the deafblind person						
8.	Managers (leadership roles, senior roles and MSI professional leads) have a clear understanding of what an intervenor's role is, including the core competencies and how this differs from other support roles						
9.	Services should ensure that an individual plan is in place for every deafblind person, with a person-centred delivery of outcomes, underpinned by an assessment						
10.	Service delivery and individual outcomes are reviewed regularly						
11.	Person-centred planning drives the design and delivery of services and can be evidenced within service development or service improvement plans						
12.	Intervenorors receive professional support for their role supporting a MSI person. This would include support from a suitably qualified practitioner						

Apply the following scores to each standard:

Outstanding	4
Good	3
Requires Improvement	2
Inadequate	1

- Add these scores together and then divide by the number of questions (this number will be minus any questions judged to be not applicable). This will give you an average.
- Round this number up or down to the nearest round number. For example, 3.8 would be rounded up to 4 and be rated Outstanding. 3.2 would be rounded down to 3 and be rated Good.
- Any standard rated as Requires Improvement or Inadequate must have an action relating to it.

Overall grading	Outstanding	
	Good	
	Requires improvement	
	Inadequate	

Actions and Recommendations:		
Action/Recommendation	Owner	Timescale

-- End of Document --