

Workstream 2d – Joint Commissioning

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**Key Information to support joint commissioning of services  
for children and young people with sensory impairments**

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## Preface



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## **1. Joint understanding – what is sensory impairment?**

A child or young person (CYP) with a sensory impairment will have either a visual, hearing or dual sensory impairment (both a hearing and visual loss/MSI).

### **1.1 Description of Sensory Impairment:**

“Some children and young people require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided. These difficulties can be age-related and may fluctuate over time. Many children and young people with vision impairment (VI), hearing impairment (HI) or a multi-sensory impairment (MSI) will require specialist support and/or equipment to access their learning. Children and young people with an MSI have a combination of vision and hearing difficulties, which makes it even more difficult for them to access the curriculum or study programme than those with a single sensory impairment.” (Code of Practice, 2014)

### **1.2 What makes sensory impairment different from other disabilities?**

- It is low incidence
- CYP learn through hearing and seeing so having a sensory impairment (SI) presents complex challenges. Even mild impairment is a significant disadvantage
- The range of available technology does not alleviate the difficulties
- High prevalence of SI in children and young people (CYP) with multiple needs that can be overshadowed by the other disabilities

Therefore SI presents as a complex need that is low incidence but very heterogeneous where CYP use a wide range of technologies. Professionals will not have gained experience, knowledge and skills in meeting needs or the technologies, therefore CYP require access to qualified and skilled specialist professionals from early years through to Further Education.

### **1.3 What are the implications of sensory impairment?**

Research ([Ofsted 2012](#)) has shown that when diagnosed early and the right support is identified by specialists and parents/carers working together, CYP with SI can access education alongside their peers and achieve good outcomes. A range of provision will be required to meet their needs e.g. specialist resourced provision and special schools for a minority. CYP with SI are a very vulnerable group who are:

- 3-4 times more likely to suffer abuse
- 4 times more likely to be not in education, employment and training (NEET)
- Consistently scoring below the general population on a range of attainment measures from the Early Years Foundation Stage to the end of Key Stage 4. (Data ([NatSIP 2012](#)) shows deaf CYP scored on average 12.7% to 31.4%; CYP with vision impairment scored on average 8.2% to 40.9%, and those with MSI scored on average 40.9% to 87.3% below the general population)
- Likely to have additional disabilities unrelated to their SI (40% of deaf, at least 50% with vision impairment and 75% of multi sensory impaired children and young people)
- Significantly at risk of poor educational attainment (CYP with vision impairment and additional SEN)
- More likely to experience language and communication difficulties which affect their access to learning, social interaction and social and emotional well being
- More likely to experience a mental health problem e.g. 40% of deaf children and young people

experience mental health difficulties compared with their hearing peers

- More likely than children without disabilities or special educational needs (SEN) to experience social and economic disadvantage (Harris et al, 2012; Chanfreau and Cebulla, 2009 for CYP with vision impairment)
- So low incidence e.g. MSI that any formula funding for allocating resources for additional needs, which is based on proxy indicators of needs, will not reflect the true distribution of CYP identified as having low incidence special educational needs or disability

## 2. Joint Commissioning Requirements

Joint Commissioning arrangements must cover the services for 0-25 year old CYP with SEN or disabilities, both with and without Education, Health & Care Plans. These arrangements must be detailed in the Local Offer which the Local Authority produces. (See the NatSIP report [Creating confidence in services](#) - NatSIP guidance on the Local Offer)

Local authorities must work to integrate educational provision and training provision with health and social care provision with SEN or disabilities to improve the quality of special educational provision. (Children and Families Act 2014, Special Educational Needs and Disability Code of Practice:0-25 years 2014).

Local partners must co-operate with the local authority in this and the Local Offer will form an important commissioning context for the Local Authority on SEND. The NHS Mandate, NHS Act 2006 and Health and Social Care Act 2012 make clear that NHS England, Clinical Commissioning Groups and Health and Wellbeing Boards must promote the integration of services.

## 3. Benefits of Joint Commissioning

Some of the benefits of joint commissioning are:

- Groups and Local Authorities pooling money and resources to buy or create something together as a means of: bringing the costs down for each party; making it more feasible to commission services for low incidence needs and ensuring a similar level of service for a broad range of people thus avoiding a post code lottery e.g. Joint commissioning across departments and regions, making [specialist social care posts/services](#) viable which can improve quality of service
- Clear multi-agency and multi-disciplinary pathways covering identification, diagnosis, support and monitoring where there is a clear understanding of the respective responsibilities of services and different professionals e.g. [family friendly, multi-disciplinary pathway](#)
- Decisions are based on a clear evidence base for [improving outcomes](#)
- More effective and better targeted services will be shaped by the needs of CYP and their families [\(examples of data sets/local offer\)](#)
- There is a co-ordinated plan for commissioning services in the local area especially in relation to low incidence sensory needs e.g. [Cheshire and Merseyside](#)
- Strategic planners and commissioners have a strategy to move resources as appropriate into preventative and early intervention services
- Strategic planners and commissioners make sure outcomes are sustainable in the longer term e.g. Access to qualified and skilled staff for 'organisations that do not have them' via local commissioning arrangements that allow purchase of specialist input where it is needed e.g. FE Colleges buying in Teachers of the Deaf through Service Level Agreements, LAs purchasing MSI Teachers from neighbouring LAs or SENSE
- Effective joint commissioning shifts from inputs and activity to levels to collaboration and outcomes

- Better value for money can be achieved through increased efficiency and effectiveness e.g. [East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire](#)
- Decisions are transparent, fair and based on a common understanding of outcomes [www.nice.org.uk/aboutnice/ccgois/CCGOIS.jsp](http://www.nice.org.uk/aboutnice/ccgois/CCGOIS.jsp)
- Joint commissioning may also facilitate the management of long term risks associated with the impact of sensory impairment and result in a significant cost saving;
- It will reduce costly out of county school placements e.g. [example of cost savings](#)
- Reduce need for long term residential care due to [mental health or other issues](#)

#### 4. Joint Planning

##### Resources

<http://www.batod.org.uk/index.php?id=/resources/survey>

[http://www.ndcs.org.uk/professional\\_support/our\\_resources/ofstedresources.html](http://www.ndcs.org.uk/professional_support/our_resources/ofstedresources.html)

[Early Support Resources](#)

##### Relevant Legislation

UK Vision Strategy JSNA:

<http://www.commissioningforeyecare.org.uk/commhome.asp?section=175&sectionTitle=Health+and+Wellbeing+Boards>

[deafblind guidance \(DH 2009\)](#)

[Eye health and sight loss; statistics and information for developing a Joint Strategic Needs Assessment](#)

[Sight loss Data Tool](#)

[Putting the UK Vision Strategy into action for children and young people](#)

[Evidence based review Children and Young People with Vision Impairment](#)

[Regional data of future deafblind population](#)

Identifying and meeting the needs of children who are deafblind: [Creating opportunities, achieving expectations](#)

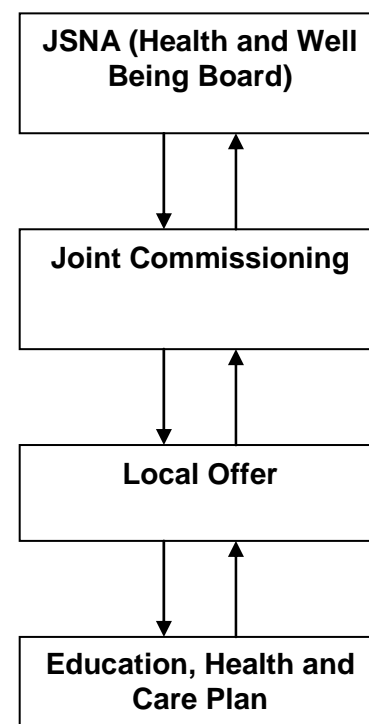
[Supporting the achievement of deaf children](#): resources for practitioners in early years settings, primary, secondary and special schools and further education

[Social care for deaf children and young people](#)

[Protecting specialist education support services for deaf children](#) – advice to local authorities

[Data on local authority educational provision for deaf children](#)

[Schools for deaf children in the UK](#): a directory of special schools



## **5. Multi-sensory impaired young people – the facts**

- Approximately 4,000 Deafblind/MSI aged 0-19 years (Emerson & Robertson 2010)
- Prevalence 0.04 per 1000
- Deaf blindness is a unique disability in its own right. The two impairments of vision and hearing loss together increase the effects of each.
- Deafblind CYP will experience difficulty in;
- Finding out information
- Communicating with others
- Moving around the environment   Independently
- Approximately 4,000 aged 0-19 in England and Wales
- By 2030 it is estimated this will rise to 5,000
- Approximately 3 in every 10,000 with a dramatic rise predicted
- Approximately 80% have additional complex and physical needs
- They need specialist support and approaches to teaching, learning and   developing independence

## **4. Deaf children and young people – the facts**

- Approximately 38,000 deaf children and young people up to 18 years of age. (CRIDE, 2013)
- Prevalence 3-4 per 1000
- 72 % are educated in their local mainstream school.
- 7.9% in specialist resource bases attached to mainstream schools.
- 14.3% are in special schools for the deaf or for young people with additional needs.
- Around 8 % are Cochlear Implant users and 9% use sign language.
- Less than a quarter (17%) were identified as having a Statement
- of Special Educational Need
- [http://www.ndcs.org.uk/professional\\_support/national\\_data/uk\\_education\\_.html](http://www.ndcs.org.uk/professional_support/national_data/uk_education_.html)
- 90% of deaf children are born to hearing parents who have little
- or no previous experience of deafness. This can have significant implications for the child's social and emotional wellbeing both short and long term

**Your local Sensory Service should be able to provide accurate numbers of CYP with sensory loss including level of need, level of loss and placement.**



## **6. Children and Young People with vision impairment – the facts**

- Approximately 25,700 children and young people with vision impairment aged 0-18 in England (RNIB 2014)
- At least 50% have additional needs
- Approximately 70% are educated in mainstream, the remainder in special schools (Morris & Smith 2008)
- Only 2% educated in specialist schools for vision impairment
- Approximately 5% of CYP with VI read Braille as their sole or main literacy format
- CYP with severe VI/blindness may have particular difficulties in their use of language for social communication
- The number of children identified with vision impairment is increasing. New registrations each year have doubled from 1981 to 2011 (Mitry, Bunce, Wormald and Bowman, 2013)
- The population of children with vision impairment falls into two distinct sub-populations: those without and those with additional impairments/disorders. There is a marked difference in need and outcome measures for both these groups (Rahi et al, 2010; Harris et al, 2012).
- Vision impairment in UK children with learning disabilities very high. The prevalence rate for this cohort aged 0 - 19 is 5.6% (Emerson and Robertson, 2011)

## **7. Joint Delivery**

Joint commissioning must ensure:

### **7.1 Early diagnosis of sensory loss**

- by appropriately qualified professionals who can assess need and provide advice on the provision to meet the needs in line with statutory guidance as detailed in the SEN Code of Practice.

- [Case Studies](#)
- Quality Standards Audiology- <http://www.ndcs.org.uk/document.rm?id=8196>
- [National Quality Standards for Sensory Impairment](#)

## **7.2 Services establish multi-disciplinary [pathways](#)**

- from diagnosis so CYP achieve good [outcomes](#)

- In order to meet the needs of CYP 0-25 years after diagnosis the services commissioned must provide integrated working between Qualified Teachers of the Deaf, Vision Impairment and Multi-Sensory Impaired Teachers, ([specialist mandatory qualification](#)) audiology, ophthalmology, habilitation and mobility officers, trained sensory support practitioners, trained intervenors, Specialist Speech and Language Therapists, Occupational Therapists, Physiotherapists, Social Workers for the Sensory Impaired, health and voluntary services e.g. effective [Children's Hearing Services Working Groups](#).

## **7.3. Independent Living Skills, Habilitation, Mobility and self advocacy**

- to promote inclusion and independence in the wider environment and community through assessment, training and support by teachers with a mandatory qualification in sensory impairment, Habilitation & Mobility Officers in partnership with voluntary agencies and social care services, e.g. SENSE, NDCS, Guide Dogs and RNIB

## **7.4 Access to Learning, communication skills and associated technology**

- to support learning and independence e.g. access to sign language training, radio aid/soundfield equipment, Objects of Reference and Intensive Interaction training and Braille/MOON teaching through:

- assessment, training and additionally supported by Habilitation and Mobility specialists, ICT Technicians, ICT Specialist Trainers, Specialist Support Assistants, Specialist Speech and Language Therapist
- partnership working with Hospital Audiology, Ophthalmology and Eye Clinics, Low Vision Clinics, Health services including Community Paediatricians and community nursing teams, Eye Clinic Liaison Officers and Voluntary agencies.

## **7.5. Access to social and emotional support**

- to promote good mental health and well being through:

- specialist sensory social worker
- respite and short breaks e.g. [Norfolk](#), Suffolk
- clear pathways to Specialist CAMHS
- appropriate role models and access to appropriate peer group through extended/out of school activities e.g. Deaf Youth groups, Actionnaires, Goal Ball
- access to a suitably qualified mental health professional e.g. a qualified psychotherapeutic counsellor who is also a Teacher of the Deaf to work with these children with close liaison with the Deaf CAMHS teams nationally ensures that children with a serious mental health problem can be quickly referred to the appropriate Tier 3 and 4 professionals.

## **7.6 Access to high quality training and development opportunities**

- for families, settings and other professionals to improve the quality of support for so CYP with sensory loss make good or better progress and achieve through:

- Targeted specialist parent courses e.g. Parents as Partners
- Accredited courses for Specialist Teaching Assistants e.g. BTEC
- Sensory awareness training for generalist social care practitioners
- Joint training for education in making learning environments accessible e.g. Deaf friendly teaching strategies

## **7.7. Access to high quality support**

- to empower CYP and families to make informed decisions through;

- Specialist [key working](#)
- [Early Support Resources](#)
- Clear, unbiased, current, accessible information
- Guidance Adviser
- Personal budgets

## **8. Co-ordinated advice and support at all transition points**

- to ensure the right placement and appropriate support is available through:

- Transition procedures at each stage and from Children's to Adult services that follow the Quality Standards (link or example)
- Specialist key working
- Specialist social worker for sensory impairment as appropriate (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/document.rm?id=5771>)
- Guidance Adviser
- Personal Budgets

## **8. Joint Review to improve service offer**

- 8.1. A service specification (hyperlink to examples) should set out what will be commissioned, the expected outcomes from the service and will include the following data;
- Aggregated data for the region
  - Local numbers, predictive numbers
- 8.2 The SEN CoP suggests useful data sets (see above). The following data should also be available so that services commissioned can continue to plan, develop and improve services and measure effectiveness of delivery;
- Progress and attainment of CYP – including both national and specialist data taking into account the effect of additional SEN when measuring outcomes for CYP with sensory impairment
- 8.3 Review outcomes of commissioned services to date in order to inform future planning and if necessary, re-commissioning of services (see above)
- 8.4. Best practice requires provision to be co-produced taking into account the views of CYP, parent/carers and relevant stakeholders
- 8.5 Service Level Agreements should be in place between services commissioned and settings e.g. [School SLA](#), [College SLA](#)

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