

6. Access to high quality training and development opportunities for families, settings and other professionals e.g.

- 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

7. Access to high quality support to empower CYP and families to make informed decisions through, e.g

- Specialist key working
- Early Support Resources <http://www.ncb.org.uk/early-support/resources>
- Clear, unbiased, current, accessible information
- A 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
- Specialist key working
- A Guidance Adviser
- Personal Budgets

Joint Review to improve service offer

1. A service specification should set out what will be commissioned and the expected outcomes from the service and will include the following data:

- Aggregated data for the region
- Local numbers, predictive numbers

2. The SEND CoP suggests useful data sets (see web address of the full report on p1)

Data should also be available so that services commissioned can continue to plan, develop and improve and measure effectiveness of delivery

3. Review outcomes of commissioned services to date in order to inform future planning and, if necessary, re-commissioning of services

4. Best practice requires provision to be co-produced taking into account the views of CYP, parent/carers and relevant stakeholders

5. Service Level Agreements should be in place between services commissioned and settings.



Joint Commissioning — Key Information

A guide for commissioners of services for children and young people with sensory impairments

Joint understanding – what is sensory impairment?

- A child or young person (CYP) with a sensory impairment will have either a vision impairment, a hearing impairment, or dual sensory impairment - both a hearing and vision impairment or multi-sensory impairment (MSI).

Description of Sensory Impairment from the Code of Practice:

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)

How is 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 remove the difficulties
- High prevalence of SI in CYP with multiple needs means that SI can be overshadowed by other disabilities

SI presents as a complex need that is low incidence and highly individual. CYP may use a wide range of assistive technologies. Non-specialist professionals will not have gained experience, knowledge and skills in meeting SI needs or in making the best use of the technologies; therefore CYP require access to qualified and skilled specialist professionals from early years through to Further Education.

What are the implications of sensory impairment?

Research by Ofsted has shown that when diagnosed early and given the right support, 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. Deaf children are 12.7% to 31.4% respectively below the general population, CYP with vision impairment 8.2% to 40.9% and those with MSI 40.9% to 87.3%.
- Likely to have additional disabilities unrelated to their SI (40% of deaf, at least 50% of those with vision impairment and 75% of multi-sensory impaired CYP have additional disabilities)
- 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. 40% of deaf children and young people experience mental health difficulties
- More likely than children without disabilities or special educational needs to experience social and economic disadvantage.
- 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. Resourcing for low incidence needs will not be evenly spread and available where needed.

This booklet contains a short summary of information from the NatSIP Report *Key Information to support the requirement for Joint Commissioning of services for children and young people with sensory impairments*, published in June 2014. The report contains full references and links to case studies and additional material.

The full report document is available on the NatSIP Website:
http://www.natsip.org.uk/index.php/doc-library-login/doc_details/761

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 and Care Plans. These arrangements must be detailed in the Local Offer which the Local Authority produces.

Local authorities must work to integrate educational provision and training provision with health and social care provision for those 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).

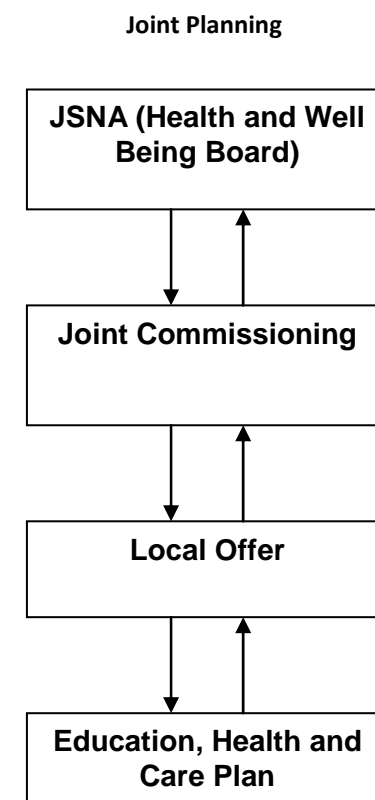
Local partners must co-operate with the local authority in this and the Local Offer will form an important commissioning context for the Local Authority on SEND.

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.

Benefits of joint commissioning

- Lower costs and better services by pooling resources
- Clear multi-agency and multi-disciplinary pathways covering identification, diagnosis, support and monitoring
- Decisions based on evidence for improving outcomes
- More effective and better targeted services will be shaped by the needs of CYP and their families
- A co-ordinated plan for commissioning services in the local area
- Strategic planners and commissioners have a strategy to move resources as appropriate into preventative and early intervention services
- Strategic planners and commissioners can ensure outcomes are sustainable e.g. access to qualified and skilled staff for organisations that do not employ them directly via shared/joint commissioning arrangements
- Focus on collaboration and outcomes rather than inputs and activity
- Decisions are transparent based on a common understanding of outcomes
- Management of risk associated with the impact of SI, leading to cost savings
- Reduction in the need for long term residential care due to mental health or other issues

For justification and support of the points above, please see the full document via the link on page 1.



For a full list of resources and links to tools and legislation, please see the full report (see page 1)



Multi-sensory impaired Children and Young People - the facts

Approximately 4,000 Deafblind/MSI aged 0-19 years, predicted to rise to 5,000 by 2030

Prevalence 0.04 per 1,000

Deafblindness is a unique disability in its own right. The two impairments of vision and hearing increase the effects of each.

Deafblind CYP will experience difficulty in:

- Finding out information
- Communicating with others
- Moving around the environment independently

Approximately 80% have additional complex and physical needs

They need specialist support and approaches to teaching, learning and developing independence



Deaf Children and Young People - the facts

Approximately 38,000 deaf children and young people up to 18 years of age in England

Prevalence 3-4 per 1,000

Around 40% have one or more additional needs, including health, physical and/or learning needs

About half acquire deafness after birth and many after acquiring spoken language

80% of the whole population of England will have at least one episode of temporary glue ear by the age of 10 years

72% are educated in their local mainstream school

7.9% are in specialist resource bases attached to mainstream schools

14.3% are in special schools for the deaf or for young people with a range of needs

Around 8% are Cochlear Implant users

9% use sign language

Less than a quarter (17%) were identified as having a Statement of Special Educational Need

90% of deaf children are born to hearing parents who have little or no previous experience of deafness which can have significant implications for the child's social and emotional wellbeing both short and long term



Children and Young People with vision impairment - the facts

Approximately 25,700 aged 0-18 in England

Prevalence 2 per 1,000

At least 50% have additional needs

Approximately 70% are educated in mainstream, the remainder in special schools

Only 2% are educated in specialist schools for vision impairment

Approximately 5% of CYP with VI use 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 per year have doubled from 1981 to 2011

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 these groups

Vision impairment in UK children with learning disabilities is very high. The prevalence rate for this cohort aged 0 - 19 is 5.6%

Joint Delivery

Joint Commissioning must ensure:

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 in the SEN and Disability Code of Practice.

2. the establishment of multi-disciplinary pathways from diagnosis so CYP achieve good outcomes

Services commissioned must provide integrated working between Qualified Teachers of the Deaf, Vision Impairment and Multi-Sensory Impaired CYP (with an appropriate specialist mandatory qualification), professionals working in audiology and 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 and health and voluntary services e.g. effective Children's Hearing Services Working Groups

3. Independent living skills, habilitation, mobility and self advocacy to promote inclusion and independence through assessment, training and support by teachers with a mandatory qualification in sensory impairment, habilitation and mobility Officers in partnership with social care and voluntary agencies, e.g. SENSE, NDCS, Guide Dogs and RNIB

4. Access to learning, communication skills and associated technology e.g. access to sign language training, radio aid/soundfield equipment, Objects of Reference and Intensive Interaction training and Braille/MOON

5. Access to social and emotional support to promote good mental health and well being