

APPENDIX 2

SENSORY SERVICES – QUESTIONS AND ANSWERS IN RESPONSE TO THE RECOMMISSIONING OF EARLY HELP SERVICES IN ENHANCED AND PREVENTATIVE SERVICES

1 Purpose of addendum

Given the level of concern expressed by parents and other stakeholders, this appendix to the committee paper sets out the specific issues and responses in relation to sensory services.

2 Background

The response to the proposal to integrate sensory support services with the wider SEND Specialist Teams, has met with the greatest opposition during the formal consultation period. During the consultation period, over 57% of the written responses received have been in relation to the sensory services. Submissions have been received from the Royal National Institute of Blind People (RNIB) and the National Deaf Children's Society (NDCS), as well as medics working at Addenbrookes and Great Ormond Street. Inevitably the level of interest has generated press activity.

The level of anxiety expressed by parents led the service to extend the period of consultation to allow more time for discussions with parents to take place specifically. This period has included three meetings arranged with the Director and Head of Service, with approximately 15 – 30 parents attending each one. In addition, a petition was received by the County Council on February 13th, signed by 1250 people, requesting the committee to reconsider its proposals. The petition has specifically requested the retention of the countywide service, and for further resource to be allocated for Braille users. A third request in the petition, to extend the period of consultation to enable families to engage in further discussions about the proposal, has already been met.

During meetings with parents, some of the rationale has been explored, and as discussions have evolved, further options developed.

The following section outlines the response to some of the key themes and issues which have been raised.

3 KEY QUESTIONS AND SERVICE RESPONSE

3a Why are you proposing to integrate all of the SEND Specialist Services (Educational Psychology, Specialist Teaching, Early Years and Sensory Support)?

The proposals to create integrated SEND teams builds on the positive experience of the creation of other multi-disciplinary teams where needs are concentrated or where

parents or partners have expressed frustration at the difficulty of navigating complex public sector systems. These teams include for example the youth offending service and locality teams. Currently there are a number of SEND teams within Enhanced and Preventative Services (as outlined above) and there is some evidence to suggest that greater coordination of these services could lead to a better and more efficient use of resources, and less bureaucratic processes. The proposals also took account of feedback from parents as part of the consultation on the SEND Commissioning Strategy.

Parents consulted as part of the development of the SEND Strategy for Cambridgeshire (over 200 took part) indicated that what is important to them is:

- To be listened to and their views valued. To have the hopes and aspirations of the child and young person shape the solutions and outcomes and plan for the support needed.
- Importance of considering the needs of the whole family and their strengths and needs. To help families have more choice and control to develop their independence and resilience.
- Competent and well-trained staff with an understanding of SEND and the possible impact on educational, health and care needs for children and young people.
- For professionals to work collaboratively so that there is one conversation around a child to support the family, preventing duplication and fragmentation.
- Having a keyworker to help navigate the system, and for young people to have a mentor to discuss how, where, and when support should be provided.
- Transparency about the range of services available and how to access them; this enables choice and control for young people and their families.
- Clarity about accountability and what can be expected from services and provision.
- Flexible and responsive services to identify and support emerging needs and allow creative solutions to improve outcomes.

Our proposals reflect this direction of travel, as well as the wider aspiration in the Early Help Strategy to ensure that our services work in a 'whole family' way, and that our systems and processes support a joined up approach to assessment and support for families.

During the consultation process, parents of sensory impaired children have shared a very clear view as to why they consider the needs of their children are specific, and why the model of integration could have the opposite effect to that desired.

3b Will the proposed change lead to positive measurable outcomes for the children?

Currently (January 9th, 2015) only 12% of children receiving support from sensory services have a Common Assessment Framework (CAF). This compares with 55%

for Educational Psychologists and Specialist Teachers, and 29% for Early Support (early years). Nationally the RNIB has stated that:

- Severe vision impairment or blindness can substantially delay early childhood development and learning
- At least 50% of children with vision impairment have additional disabilities and/ or special educational needs...There is a higher than average prevalence of vision impairment in the population of children with learning difficulties.
- Many children – particularly those whose vision impairment is their only SEN – perform well at school and continue into further and higher education. However there is evidence that children with vision impairment and additional SEN are at risk of underachieving

(Source: Protecting specialist services for children with vision impairment, RNIB, October 2012)

It is understood that many children accessing VI and HI services only need those services, and do not require the wider support needs of other services. However our local and national data would suggest that there may well be other needs for children who may be falling through the net. Our aim is not to dilute or reduce the specialist HI and VI teachers we employ in our services, but to improve their connectivity to wider support services through being more fully part of an integrated service model. It is our hypothesis that the relatively low number of CAFs for children accessing VI and HI services *could* indicate that there are children and families whose wider support needs haven't been assessed, and there are other services which those families could be accessing.

Many of the parents we have met during the formal consultation process have given us an alternative view, and spoken highly of the way in which the specialist teachers in the service have acted promptly to lever in additional support when needed. This feedback challenges some of our assumptions which may need to be further tested.

3c Parents have expressed how much they value the services and support they and their children have received from sensory services. How will you prevent the current specialist support children and families receive from becoming diluted? How will professional supervision be provided for staff?

We are delighted at how positively parents view the service they receive from the County Council through its sensory services. We have sought to reassure parents that the proposal has never been driven by a need to make savings in sensory services, and no savings have been proposed against the front line resource. The proposed reduction by two managers within the service would be a consequence of implementing a new management structure which would create efficiencies in management. Since the beginning of the consultation, it has been clarified that the post holders front line capacity would not be lost, only the percentage of their role which relates to team management. There would be no intention to remove the specialist teaching role from the sensory provision as it currently stands.

We do however have a wider responsibility to ensure that all our services are working to deliver the greatest impact which will improve outcomes, and ultimately

reduce longer term costs in the public sector. Parents have shared a view that the effectiveness of the current services at maintaining children in mainstream schools within Cambridgeshire is in itself a cost saving strategy. If the service is less effective (a fear expressed if the proposals were carried out) then there could be a higher chance of specialist provision being sought outside the County.

Parents, staff and other stakeholders have shared their great anxiety that any change to sensory services could change the quality of what their children receive. Concerns have focussed around whether a manager who is not a specialist in HI or VI could effectively manage, assess and support a specialist teacher in their casework, or effectively represent the needs and interests of their children with other parties where an escalation is needed in a case, or further expertise needs to be sought.

As the service offer is developed for integrated SEND specialist services, this will include arrangements for how professional supervision will be organised for all the disciplines within the integrated team. This includes Educational Psychology, Specialist teachers and early years specialists. These supervision arrangements are common in multi-disciplinary teams, and complement line management arrangements which support the whole team functioning as well as the individual. All professional groups would receive regular access to a Senior Practitioner who is a specialist in their own discipline, as well as line management from an SEND Specialist Team Leader. This will include the continuous professional development of each of the specialist areas of knowledge and development.

It is recognised however that the nature of the work in sensory services is often highly specialised and long term, involving a number of specialist practitioners within sensory services.

3d How can a team which includes a number of individual specialists be able to divide into three areas?

Concerns have been raised that posts or resources which are highly specialised, and of which there may be only one in the County, could be harder to access if located in geographic teams. There is a concern that the process of decision making and resource allocation will become complex and potentially prevent a child who needs access to that resource from accessing it as swiftly as they may need it.

There are many models where a specialist can be managed or held by one geographic team, but with a wider remit and is deployed across an area or countywide. For example, in Locality Teams, there are specialist posts hosted by one team, but serving the needs of children and families across a much large geographic patch. This is also the case with other practitioners, such as Educational Psychologists, where an EP with a particular set of skills would be deployed across the county but be based in one of the three area teams. The leadership and collaboration between team managers is critical as part of the wider SEND responsibilities.

However, we recognise the specialist nature of the sensory support provided – it is low incidence and often high need. It is agreed that there is a slight risk, despite of

our confidence in the arrangements we are proposing, that it will be more challenging to keep oversight of how that total resource is most efficiently deployed to meet a very specific need. It is also acknowledged that the relationships between specialist medical services and the sensory services is a unique aspect of the service, and that navigating a more distributed management structure for colleagues in the Acute trusts could hinder some of the relationships and service needs.

There is no reason why very specialist resource couldn't be hosted by one team, but deployed countywide, with that team manager having that specific remit. Access and swiftness of response would not in our view be impaired, but the concern of parents is recognised.

3e How will equality of support for individual children/young people/families be provided in the proposed structure?

The sensory services team will retain a professional identity and oversight of VI and HI cases will be maintained at a County level to ensure equity of support and allocation of resources. Clear practice standards for each element of the SEND Specialist Services will be reviewed and maintained to ensure there is clear guidance on the type and level of support families should expect.

3f What is the statutory requirement of the Local Authority in relation to provision of sensory services?

In the context of the issues raised, it might be helpful to clarify what legislation and national guidance indicates are the responsibilities of the Local Authority:

- Services must meet the obligations set out under the Equality Act 2010 to promote equality of opportunity between disabled persons and other persons and to take steps to take account of a person's disability. The Equality Act requires Local Authorities to make reasonable adjustments for disabled children and young people. This includes provision of an auxiliary aid or service and, where this relates to provision of information, reasonable adjustments include providing information in an accessible format.
- The SEND Code of Practice (2014) states that, if a child or young person is either visually or hearing impaired or both, the educational advice and information must be given after consultation with a person who is qualified to teach pupils or students with these impairments. [9.49]. This also applies to the process for reassessment.
- The COP (2014) also makes clear that there is a requirement for Health to identify babies and children with SEN under school age and to bring them to the attention of the local authority. [5.14]
- Deafblind Guidance (2009) places statutory duties on local authorities to identify, assess and provide appropriate services for people who are deafblind by suitably qualified practitioners.

Deafblind Guidance' Social Care for Deafblind Children and Adults guidance published in June 2009 under cover of Local Authority Circular LAC(DH)(2009)6 has

been superceded by new policy guidance. (*Care and Support for Deaf Blind Children and Adults Policy Guidance, DoH, Dec 2014*)

- The Short Break duty requires local authorities to provide breaks (respite care) from caring for carers of disabled children which includes children and young people with a sensory impairment (Children Act 1989).
- There is a system of certification and registration for blind or partially sighted children and young people to gather trends in data on which to base resource and service provision.
- There is an NHS Newborn Hearing Screening programme to universally screen all children for the presence of hearing impairment.

The Local Authority must set out in their Local Offer an authority-wide description of the educational and training provision children and young people with SEN or disabilities can expect to be provided from the funding provided to providers of relevant early years education, schools and the full range of post-16 providers in their area (COP section 4.4.) This should include information about all the areas specified in the Special Educational Needs (Local Offer) (England) Regulations.

We shall continue to ensure that the legal requirements are met, and that we review our offer in the context of national guidance.

3g Has the SEN Test of Improvement been applied to the proposed model?

Developed by the previous government in 2007, the SEN Test of Improvement is no longer a requirement for Local authorities. Much of the focus for this Test was on specialist provision rather than services. Although no longer a requirement, the proposals have taken account of relevant Guidance, including "Access to Specialist Services: In any proposals for change LAs will need to ensure access to appropriate specialist support from a range of people including educational psychologists, curriculum and behaviour support professionals, specialist and advisory teachers"(pg 10).(*Planning and Developing Special Educational Provision. A Guide for Local Authorities and Other Proposers*" DCSF, 2007)

4 Options

Section three highlights some of the critical issues raised with us during the consultation process. As such, during the last two meetings with parents, we started to explore two further options with parents:

- Option 1 **Fully Integrated** (The model proposed in the formal consultation document). The Sensory Service would be broken up into smaller geographic teams (multi-disciplinary teams made up of Educational psychologists, Specialist teachers, Early Years staff and Sensory Support staff). Sensory staff would come together for professional

development and service meetings. Team leaders would be SEND Specialists and may or may not have a background in sensory services specifically.

Option 2 Semi Integrated – The Sensory Service would be broken up into the three Area teams, but there would be a Team leader for HI and VI, and staff would come together for professional development and service meetings. Team leaders would be SEND Specialists and may or may not have a background in sensory services specifically.

Option 3 Retention of Central Sensory Service – this model would see the retention of the sensory support team as it is structurally and managed centrally, led by one Team Manager for the County, managing one HI and one VI Leader. This proposal would focus on ensuring that the systems and processes which support an integrated approach across all wider support services are a core part of the sensory support service, such as assuming the role as lead professional when required, and taking part in multi-agency assessment and allocation meetings as needed. This model would also actively seek to co-locate the sensory team with the SEND Specialist teams as they are established.

Parents in both sessions where this was explored expressed a strong preference for Option 3.

5 Conclusions and recommendations

The process of debate and consultation with parents and other stakeholders has been extensive, but instructive in terms of developing the thinking for the future of the sensory services. Whilst the direction of travel towards further integration of our resources remains a central proposal within the wider SEND services, the consultation has raised sufficient doubt about whether structural change for sensory services will create the right conditions to effect the whole system change we are seeking.

Given the strength of feeling which has been expressed, and the genuine concerns of key stakeholders, our recommendation to Committee is that we agree option 3, which would see no structural change for sensory services. We would however, be seeking to deepen the connection between this service and others through the following activities in the next 12 months:

- Build in opportunities to continue to meet with parents accessing the service, to review current arrangement and consider where and how improvements can continue to be made
- Undertaking further analysis of the cohort of children, testing further our assumptions that some children may be falling through the net in services, and taking action needed to address this if needed

- Seek to formalise (as with all SEND services) expectations of lead professional/ key working role within the service, and reviewing where and how sensory services need to be involved in holistic family assessments more routinely
- Building in from the outset close links to the SEND Specialist Teams so that sensory services form part of a wider virtual team albeit one which is managed centrally
- Seek to co-locate the sensory service with SEND Specialist Teams