

**RESPONSE 1**

I have read the draft SEND strategy with interest and in principle agree with its content. In fact I think that we would all agree that improving the quality of life and reducing inequality is important to us all.

Building strong communities, growing the economy and spending every pound wisely is essential and I was pleased to hear all the references to early intervention. As an educator and professional who has worked within Darlington during the last 15 years I have seen many changes some for the better however over the last two years the funding issues have transformed schools and reduced resources to a bare minimum. Social deprivation has increased and whether as a result of this or not SEND needs have increased at such a rate that it is hard to manage and support demand as effectively as we would like to.

Early years provision and support has seen cut upon cut and I was therefore pleased to read that early intervention and support is key and then confused to read that the strategy suggests the best place for an early years hub is in a primary school? Surely the early years begins long before the child enters a primary school? In fact by the time the child enters full time education health visitors and the early years inclusion team have withdrawn their services?

We work with some of the most vulnerable families and children and it takes time for them to build trusting relationships with adults. Staff work hard in both settings to provide early intervention and support to parents who are often unaware of their child's needs and difficulties or not ready to acknowledge them. It can take time to build the necessary trust for parents to acknowledge the differences and accept support or involvement from outside professionals and the 1:4 ratios in 2 year old provision can mask all sorts of difficulties. Therefore it is important to us to invest time and effort into establishing strong relationships with our families. This begins with home visits and discussions with health visitors. Daily contact and incidental conversations with parents at drop off and pick up time provide us with the opportunity to provide that nurturing support and we invest a lot of time in working with the family to ensure that their child achieves the best outcomes possible and to ensure that the most appropriate support is in place.

Excellent links with health professionals such as health visitors mean that often before the child enters school we can ensure that the appropriate discussions with the family have taken place and the appropriate support arranged. We have also worked hard to establish effective multi-agency links working in particular with the early years inclusion team who's support for children ceases when they enter full time education.

Many of our parents have not had good experiences of the education and welfare systems and are reluctant to engage however we provide support groups for parents as well as delivering sessions designed to improve their confidence in working with their children and we can do so often without the parent even realising this and attendance at these groups is increasing. We could offer so much more with the appropriate mechanisms in place.

We currently have around X children identified on the SEND register. These are children with significant needs some of whom already have EHCPs and the others with one plans in place. In order to support these children we have well trained/skilled staff who can provide the support required. With limited funding streams available to us it is challenging managing this level of need. One Plans are costly, time consuming and cumbersome and don't always achieve the outcomes they are put in place to achieve. Often advice from professionals is to wait and see how children cope once they enter mainstream which means that children do not receive the timely support they need.

If the early years teams were placed within our settings I think it would improve the support we could provide and encourage parents to accept intervention at an earlier stage. Many of our parents are not keen to consent to additional involvement at the earliest stage because they feel either threatened or suspicious and I think having the teams working within settings would allay these fears. If we want to ensure that the 'views, wishes and feelings of children, young people and their parents/carers are at the centre of decision making and that they are given the right support and information in a timely manner' then this would be the best place to begin.

We have the space in settings to offer 'systematic, proactive and appropriate early identification, early help and provision' and are keen to support and develop partnerships within other schools and with other child care services. Transition has to be a key part of this and it is not just transition for children that is required. I am concerned that whilst all the supports to the family may be in place whilst they are in nursery with our open door policy often these supports disappear as the child enters full time education and it is at this point that I believe parents suddenly feel almost destitute and the good work that has begun with the family starts to crumble. We know that mental health is a serious issue and with some of the most neediest and vulnerable families passing through our doors having mental health professionals working within the nurseries would be another way of trying to support families more effectively.

It is important to utilise the SEND capital grant and other grants effectively in line with the SEND strategy key principles. With funding our settings could be developed to offer a specialist outreach provision or a resource base. We have facilities already in place but would require some funding to update the provision. We could potentially offer up to X full time places and then could also offer X short term places whereby other settings could buy into the service for a period of time if the child is requiring assessment or access to therapeutic services. This is an area ripe for further development and we could work closely with the early help team and early years inclusion team to develop this. It would improve transparency about the range of services and support available which is a key requirement from parents and would enable us to commission the right services to meet the needs of our children and families. If we want to improve communication and interaction then the earlier this begins the better and better partnership working at an earlier age should help to reduce the level of SEND needs/EHCP when children enter school.

If therefore you are committed to 'early identification of need, ensuring the right children and young people are in the right placement with the right support; to build capacity in mainstream settings to reduce reliance on specialist and out of authority placements; to ensure that children and young people are educated in their local community; increase achievement and improve outcomes; focus on effective collaboration, co-production and communication; achieving best value;' then I can see no better place to start than with nursery.

I believe that this is indeed an exciting time of opportunity and it is important that we get the support and provision right. I think meeting the needs of children and young people with SEND and their families through co-ordinated services has to be the focus if we want a more effective and efficient service. I will be happy to discuss this further.

## RESPONSE 2

It's difficult to argue with any of the objectives in the SEND Strategy. They all seem relevant and useful but I have some points/suggestions.

It's very wordy, which it has to be, but on first impressions there's a sense that perhaps one can't see the woods for the trees.

- The preamble is such that the objectives don't start until section 11, page 22. Who's going to read that far? Shouldn't the objectives be headline makers?

- Partly linked to the previous point, where is the 'in your face' prioritisation? i.e. the 5 (for example) key things upon which this plan succeeds or fails. Again, the objectives seem fine, and written by people who know the picture better than me, but they start to look a bit sameish visually.

- Finance is a very big driver for this strategy, but the strategy that could make the biggest difference to the finances - out of borough placements - is barely mentioned. Objective 2 does have reduced costs of such placements as an outcome, but there are no associated objectives that seem to fulfil this. The strategies listed in section 2 feel a bit jargonised and generic. How about a task/finish group identifying specific local premises etc? I feel that the work has to be this direct and specific, alongside the listed mainstream provision objectives, for us to actually crack this difficult issue.

## RESPONSE 3

- 1. Committed to the right support at the right time in the right place. Want to identify needs at 'a very early stage' so that the right support can be identified. Will ensure they have as many opportunities as EVERY C/YP to achieve, make really good progress and enjoy a fulfilling life.**

We believe that by and large we do well in this area identifying needs as early as possible via proactive transition work with our feeder schools, historically well supported in this by the LA. Unfortunately, all too often in secondary, we can be thwarted in our efforts to identify needs 'at a very early stage,' due to a few primary feeder schools appearing, at least, to be less proactive in identifying and addressing needs themselves. 'They'll sort that out in secondary school,' is a phrase that is often heard in meetings with parents of pupils new to the school

We suspect that this is largely a financially driven issue, as identification of need involves the cost of an Ed Psych assessment, plus whatever interventions are then recommended. There is also the colossal cost in resource terms of committing time to a full EHC Plan application. We note considerable inconsistency across our feeder primary schools in the numbers or levels of need being identified prior to KS2-3 transition. Perhaps this is a genuine reflection of need, linked in part at least to socio-economic deprivation levels. We are not sure if this is the whole story and wonder if more could perhaps be done via the LA to provide the training and motivation to identify early.

We fully appreciate that needs can emerge at a later stage, too. SEMH sometimes emerge as a looked after pupil hits puberty, for example, or a student who has done well to manage their dyslexic tendencies throughout KS1-4 suddenly finds that the wheels come off their coping strategies when faced with the much greater literacy levels demanded of GCEs and access arrangements are urgently required to provide the level playing field to which they are entitled and to reduce anxiety. As a Trust we are fairly self-sufficient in this regard, due to staff having attended CPT3A training.

Paperwork to support transition is noted to be inconsistent. We wonder if perhaps GDPR legislation may have had an impact here, leading to a significant minority of schools to

perhaps sit on records and paperwork, rather than risk sharing anything inappropriately or in an incorrect manner and risking serious consequences. This may be an area where all of our schools could benefit from clear information-sharing advice from the LA. The lack of the former LA spreadsheet on the Common Transfer File means that no information on the needs of pupils at SEN Support now reaches secondary providers from the LA. This can put the secondary SENCo into the unenviable position of having to either make an intelligent guess in some areas, or to personally visit all feeder primary schools. In our case, that can be up to 29 schools. Hardly practicable. LA support in this would be especially useful to support early identification.

## **2. Need good quality support in their mainstream and local settings so they can achieve their academic potential and maintain their self-esteem and confidence.**

It is our secondary SENCo's experience that whilst in-school support is generally quite strong, some forms of support, when required in particularly complex or unusual cases, or to help meet the needs of particular vulnerable groups, is thin on the ground. For example,

- there is no EAL support, since Traveller Education was cut back
- the Social Communication Outreach Service would appear to be overstretched and it is our secondary SENCo's experience that feedback is difficult to obtain
- it would appear that it is difficult to obtain additional guidance or alternative provision for complex aspects of SEMH support without costs attached.
- there are no SALTS or SEMH provision for the secondary sector, other than Rise Carr, as provision is all being aimed at primary phase, other than in the area of autistic spectrum disorders
- these primary and secondary academies share the frustration of the great difficulty that exists in successfully proving that more funding is required via an EHC Plan in order to effectively support a pupil who has significant levels of need to achieve their academic potential and maintain fragile self-esteem in the process. This difficulty is exacerbated when internal policy is also obliged to keep a very tight grip on purse strings regarding the availability of TA support, when striving to demonstrate efficient use of public funds. The combination of factors here make life very challenging for SENCos who must field concerns and probing questions from anxious parents.

## **3. Should be educated in their local community, supporting independent living etc**

We are aware that expensive, out of County placement for learners who have EHC Plans is an issue that ultimately affects all of us. Here we wonder if the LA is receiving an accurate overview. This point has been mooted because difficulties are currently being experienced with inter-authority co-operation and communication in this area. Our SENCOs really struggle to find the time needed to study the complex resource acquisition systems of several different LAs, where children have arrived from out of area. Anything that is very time consuming for a SENCo is by its very nature already proving very expensive as a process for a school. The principle that children with SEND should be educated in their local community, supporting independent living, is a given. We are all signed up to this, as a happy journey towards an independent life is rarely won by moving away from one's friends and community for significant parts of the week throughout one's developing years. However, to prevent the need for these expensive and exclusive seeming arrangements being ultimately relied upon to solve problems at crisis level, we are in need of considerable investment in local alternative provision within the authority.

**4. Improve KS4 progress by ensuring that 'right support' is identified, the teaching they receive is meeting their needs and that this is kept regularly under review.**

Unfortunately the new exams quite simply do not meet the needs of learners with significant levels of Cognition and Learning difficulty, some kinds of disability or significant physical/medical vulnerabilities that affect cognition and/or emotional well-being. This list is not exhaustive. Stronger guidance and training or signposting from the LA linked to alternative qualifications would be valuable in this area.

**5. Importance of communication with one another. Ensure we work closely with parents / carers, CYP and education settings in all that we do. Important to co-produce documents, policies and ways of working together.**

Co-production is an area of relative strength for us in both settings represented here. The publication of the Ranges are a good example of this. Internally, Learner Profiles pull together all agencies working closely with the family and are structured to ensure that the child and family's voice is heard and actively shared and responded to within actions emanating from the plans. Our SENCos' meetings with families and staff or TAFs (and internal meetings of SENCos) are generally well managed and well run. Documentation on the running of child-centred meetings has left an indelible impression on the systems that operate around child and family in our academies here in post COP NE England. Person-centred review templates shared in anticipation of the first publication of the new COP in 2014 were particularly valuable in developing these strong systems, that have now become a routine part at the heart of all we do. Families are fully included most, if not all of the time and we believe that the LA has strong systems in place to lead and support with this.

Where we feel disappointed is with regards to the equitable sharing with other partners who work with children to support identified needs in a range of areas. It has been the experience and observation of our secondary SENCo that social care are quick to let schools know if something they require in order to meet their own statutory processes around a child has not been made promptly available. Unfortunately their own availability is often an issue when it comes to working as we would wish, with their regular and predictable attendance at child centred meetings. We would also welcome LA support in helping our social care colleagues develop awareness of what is realistically within the provision reach of SENCos.

**6. Wise use of monies. Staff, building, resources. Effectiveness ensured.**

There are currently not the resources out there to consistently and effectively meet needs early. We can identify needs with considerable areas, especially given the high quality partnership working brokered with external agencies such as EPs, SALTs and OT services etc. However, if there are scant easily accessible, in-area affordable resources to effectively be able to address and support these needs going forward, how helpful has the identification of need process really been? Has it perhaps risked merely serving to increase frustration?

**What is working well, less well and what simply needs tweaking**

1. We appreciate the clarity within the new Ranges and the consultation process led by Anne Astbury, which showed a genuine level of consultation during the training days allocated.

**Tweaking –**

We believe that greater familiarity with the new Ranges will assist greatly in tweaking this area for the better across the LA.

To this aim, MAT SENCo will be recommending to all our SENCos at our imminent MAT SENCo Meeting (being held 4 Dec 18) that we allocate time to this process at our first meeting of 2019. The meeting could be structured in a way that enables us to support one another to become a little more familiar with the language and levels within the ranges by playing to our separate strengths. We could allocate some time for close study within the meeting, followed by discussion in small groups, using memorable examples as referents to bring the documentation to life, via shared, anonymised case studies.

We could gradually assign a level from the Ranges to the carefully chosen examples of one of each form of primary need from the 4 outlined in the COP 2015, following some healthy debate, referring to our shared view of the descriptors projected on a large screen. This is likely to be useful to our colleagues from a neighbouring LA, who have to use similar documentation in their own identification of levels of need in order to assign appropriate levels of provision.

**2. We greatly appreciate the chance to come together as a group of SENCos, both within our own Trust and within our respective LAs.**

These meetings go a long way towards reducing the sense of isolation that SENCos can experience, almost always being the only one within their setting, so having no on-site colleagues in the way experienced by Key Stage colleagues in primary settings or by departmental, SEN or pastoral team colleagues in secondary.

Colleagues greatly appreciate and make very good use of the wider experience of both LA SEND teams and Case Workers allocated to schools. They are excellent opportunities for us to be brought up to speed with the latest initiatives in the field from DfE and as always, we all greatly appreciate the opportunity to network. This opportunity can be particularly helpful when feeder primary schools and secondary colleagues are able to have a little informal time together between agenda items, supporting transition issues and building important inter-school relationships that benefit our pupils, amongst many other things.

It is also incredibly useful and motivating to learn about the excellent practice going on in other schools within the local area. Even where a presentation may be about what is happening in a different phase perhaps outside of one's own direct personal experience, (eg exciting developments in SEND provision within Early Years settings) there is almost always something useful to take away from the examples shared.

Being able to secure prompt advice and support from a shared MAT Learning Support Officer / MAT SENCo is valued by our SENCos, particularly when new to post or to the academy. The same applies to the ability to seek specific advice and guidance from the LA's SEND Advisor, who is also a sound and much appreciated source of support, when required, by our MAT SENCo.

**Tweaking –**

Greater advance notice of meeting dates would be extremely helpful, given the difficulties involved in securing cover to allow time out of school.

We intend addressing this as a MAT at our next meeting, with several new colleagues on board for the first time. MAT SENCo is changing her part-time working days in the new term in order to be always available for the LA's CPD meetings.

More information at the start of each academic year about best times and methods of contacting our allocated LA case workers would be really helpful. This is because it would

lead to swifter responses to queries or concerns, making us all more effective in our identification and provision of support, also and importantly helping to reduce anxiety in the children and families we support.

## RESPONSE 4

### ***Objective 1: Early identification of need ensuring that the right children and young people are in the right placement with the right support.***

Newborn hearing screening is in place and there is 52 weeks/year access to ToD for newly diagnosed children. There is a clear referral pathway and all protocols are adhered to. Children are monitored using the Deaf Early Monitoring Protocol. Pre-school Deaf children get a high level of early intervention from LINS staff, working on receptive and expressive language, visual and auditory memory and listening & attention. We work closely with family to help them to understand and meet the needs of their deaf child.

Currently we have no preschool children with access to a radio aid at home although research highlights the benefits of early radio aid use.

[http://www.ndcs.org.uk/professional\\_support/external\\_research/index.html#contentblock2](http://www.ndcs.org.uk/professional_support/external_research/index.html#contentblock2)

Darlington no longer commissions the School Hearing Screening programme for children in YR. This means that children with a progressive or acquired hearing loss will risk being undiagnosed for many years as the only route to diagnosis is through parent accessing a referral via GP.

### ***Objective 2: Building capacity in mainstream and specialist settings to reduce reliance on specialist out of authority placements 0-25***

Most Darlington hearing impaired children attend local schools. There are currently X Darlington hearing impaired pupils who go out of authority to Sunnyside Academy, Kings Academy and Northern Counties. We understand that currently Kings Academy do not employ a Qualified Teacher of the Deaf in their resourced provision. LINS Team have no involvement in the education of these children.

NATSIP (National Sensory Impairment Partnership) guidelines are used to allocate the level of support given to hearing impaired children.

There is no resource base for deaf children in Darlington.

### ***Objective 3: Ensuring that CYP with SEND are educated in their own local community and have an effective preparation for adulthood, including access to appropriate work, training and leisure opportunities.***

Children are not on our caseload after Y11 (6<sup>th</sup> form in Carmel, and age 18/19 at Beaumont Hill) We do initial transition support with QE and Darlington College but there is no regular support from our team for hearing impaired pupils in these settings. More needs to be in place to support children through transition to adulthood and to educate hearing impaired pupils about making and attending appointments, accessing hearing aid repair, assistive technology and reasonable adjustments in the workplace.

There are no Deaf Youth clubs or facilities for Deaf young people to mix and socialise with hearing impaired peers. These facilities exist in Middlesbrough <http://cdyp.co.uk/> The National Deaf Children's Society are developing **Deaf- friendly Standards** which clubs can use to offer Deaf children equal access to their activities.

[http://www.ndcs.org.uk/me2/are\\_you\\_an\\_organisation/support\\_for\\_me2\\_clubs/deaffriendly.html](http://www.ndcs.org.uk/me2/are_you_an_organisation/support_for_me2_clubs/deaffriendly.html)



**Objective 4: Increasing achievement and improving all outcomes for CYP with SEND.**

It is important to recognise that a mild or moderate hearing loss has a significant impact on learning and achieving. Incidental language learning is reduced so children need repetition and reinforcement of vocabulary and concepts. The gap with peers often widens from Y1 onwards. It is hard to measure our value added as we identify and address gaps in language as and when they arise – we address social and emotional needs by delivering the NDCS Healthy Minds programme as well as supporting academic development.

<https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=2ahUKEwidli8hPXeAhVmMewKHTWMAx4QFjABegQICBAC&url=http%3A%2F%2Fwww.ndcs.org.uk%2Fdocument.rm%3Fid%3D10331&usq=AOvVaw1I2y4vbSgzyevV7VoEVssq>

We are finding that a small number of the hearing impaired children have additional learning needs for example dyslexia.

Children with MSI (Multiple Sensory Impairment) need to have their needs identified and met by professionals with the appropriate qualifications and expertise.

**Objective 5: Collaboration, co-production and communication**

We have links with Social Care and Health and we are building collaborative practice with Beaumont Hill. We attend EHCP annual review meetings and this gives us an opportunity to meet parents. We attend CHSWG meetings.

**Objective 6: Achieving best value for money from all our services – human, physical and financial resources with clear agreed commissioning intentions**

The pathway for funding radio aids for early years is not clear as radio aids are currently partly funded by individual schools and settings through the Specialist Equipment Policy. The NDCS has produced research which demonstrates the benefits to language development from use of a radio aid in the home.

<http://www.ndcs.org.uk/document.rm?id=10331>

## RESPONSE 5

In response to the Darlington Send Consultation members of Darlington Parent Carer Forum members attended many of the consultations days and discussed the consultation with our members via our closed Facebook group, direct messages, emails and at forum meetings.

Though we at Darlington Parent Carer Forum note we do not represent all parents of children with SEND in Darlington in this response we have taken into account the views of those who have contacted us in order to form a collective response to this consultation and there is a few points we feel we need to raise.

We feel that consulting on the send strategy at the same time as the high needs funding review and a travel policy was too much and that it didn't allow for parents to make an informed and educated response to each individual consultation.

We believe that starting the consultation a week before half term was unwise and we feel that the letters written to families of those who would be impacted should have gone out before the consultation started and not after as this didn't allow for some parents to have appropriate time to plan and respond.

We also feel that for parents to be able to make an informed and educated response to the consultations particularly around the proposed funding model more information should have been available on what the current model looks like to be able to make said informed response, for instance many parents we spoke to didn't realise that the proposed funding model replaced the current one, the consultation questions did not make that clear.

Though we accept changes need to be made to the current system we would suggest that it needs to be done in a way which is both transparent and legally sound.

In response to the send strategy we feel that is an aspirational document and clearly based on the send code of practice. We would welcome an overarching SEND policy and would hope that it will be used in practice. Though we must note that one of the key objectives is coproduction and it is disappointing that the strategy itself was not coproduced.

The questions in the survey were found to be leading in some instances for example the ranges and attaching funding as mentioned above. Nobody would disagree with attaching a new funding model if they didn't realise it was replacing a pre existing one and we have also had a lot of feedback from concerned parents about the out of area provision questions. We feel as a collective that asking if you believe all children should have access to education in their own local area is only relevant if we had the provision to provide it which we currently do not and that isn't made clear.

Darlington Parent Carer Forum have been involved on some work regarding the graduated response but feel we must make clear that whilst we would support the ranges as a guidance document , anything above and beyond that we do not.

For example if the local authority are saying to have an EHCP assessment a school "might" try is fine to say a school "must" we believe to be unlawful with this in mind we are concerned as to how attaching the funding model to the ranges will work particularly as there was no clear information provided on the difference in the funding model or the impact it would have upon children both with EHCPs and at SEN support, so we feel we currently do not have enough information to make a formal response to the strategy and attached consultations overall.

## RESPONSE 6

I am the parent of X.

The delivery within the SEND strategy supports and encourages mainstream educational settings and I would agree with this. This however comes with a caveat of having appropriate resources and support in place to facilitate children reaching their utmost potential (and beyond).

Supported by X teacher the school have undertaken the challenge wholeheartedly and we work and support each other, cognisant of how to unite different skill sets going forward. The input by X working with X has been without doubt pivotal in her success and development thus far. I cannot stress this enough. X is visited twice a week by X. X could have an even greater positive impact if capacity to visit more was accommodated. I would urge that consideration for exploring this be given.

I would hope that the LA have an unswerving thirst to provide the provision and support (and this includes funding) to ensure X (and others) can succeed in mainstream education.

Consideration also to be given to support and continue to provide specialist work for children like X. Obtaining such support in Darlington was met with frustrating delay and a feeling of avoidance by the LA to commit to this undertaking.

To summarise , your vision and key principles are an encouraging read and I look forward to seeing how this strategy is put into practice.

## RESPONSE 7

### **We are writing this letter regarding the current Consultation on the Draft Strategy for Special Educational Needs and/or Disability (SEND) 2019 - 2022 The Best Start In Life**

DAD agrees in principle with six key objectives set out in the Draft Strategy and supports the key messages that children and young people with Special Educational Needs and / or Disability should receive high quality educational support and the right time, in the most appropriate provision and at the earliest opportunity, identified through high quality assessment and early identification of need.

DAD strongly feel an Equality Impact Assessment (EIA) is required which crucially identifies who is impacted ie children, young people and parents, what their involvement was to identify the impact and includes clear details of what mitigations will be put in place for those affected by changes in policy and practices.

I am sure you are well aware the duty to have due regard to the needs of disabled people is a duty on all members and officers of all public bodies. If asked to demonstrate how the duty was met when making a decision it must be revealed by means of an EIA.

Information coming from an EIA should be used in the making of the decisions and whether any potential positive or negative impacts were identified including any potential mitigation. Consideration should also be given to the impact on education providers as they adjust budgets to reflect changes in practice.

The results of this consultation alone will not be sufficient for members to fulfil their duty under the Equality Act.

We would ask that a copy of the Equality Impact Assessment be sent to DAD Chief Executive, Lauren Robinson.

The SEND Ranges may provide a useful mechanism to support the identification of need and the development of supporting provision map, however, we have concerns regarding the linking of funding to the ranges, particularly for children and young people who would be identified as being in range 3.

It is within this range particularly, that in some schools, they may be fully using the notional budget to support children and young people, evidenced through a costed provision map, but may still not be able to meet the needs of the pupil, increasing the attainment gap at a point where they may not be eligible for Education Health and Care Plan.

It is not clear from the supporting documents and the consultation what the impact of the proposed funding model will be, although DAD is supportive of the principle that funding should 'follow the child'. The supporting documentation states that the previous and proposed model can not be compared 'like to like' and does not indicate if the proposed model represent and increase or decrease in funding available per pupil.

We ask for further transparency and consultation in this area so that respondents are able to make more informed decisions and comments.

DAD supports the principles of inclusion and inclusive education with children and young people attending local schools within their community and local area but acknowledge that currently this is not possible and that specialist provisions, including alternative education establishments and out of area placements are essential to meet the needs of children and young people in Darlington.

We request that any review of specialist settings (Resource Bases and schools/colleges/work placement and employment) and support services is completed with full consultation and again believe that a full Equality Impact Assessment should be undertaken and request that a copy of the Assessment be sent to DAD's Chief Executive.

Yours sincerely

Darlington Association on Disability

## **RESPONSE 8**

### **Objective 1: Early identification of need ensuring that the right children and young people are in the right placement with the right support.**

Pupils reach the services at different ages although some have diagnoses some time before they are referred. Some health professionals refer if they feel there is a need for support in school rather than referring at diagnosis. Children should be assessed by a qualified teacher of vision impaired (QTVI) and a habilitation specialist upon diagnosis and given a plan as they will need support as early as possible.

Children and young people may attend a range of different eye clinics at the RVI, Newcastle, Sunderland Eye Hospital and Darlington Memorial Hospital. How is it decided where pupils attend Eye Clinics? It is clear some are placed where there are specific areas of expertise but this is not always the case. We have good communication with some of the clinics and we working to ensure we have this will all.

### **Objective 2: Building capacity in mainstream and specialist settings to reduce reliance on specialist out of authority placements 0-25.**

Parents are keen for their children to be educated in the local authority. In the near future there will be a need for production of tactile resources e.g. braille and tactile diagrams. For this to happen there needs to be equipment e.g. a braille embosser, braille transcription software, graphics software, swell fuser in the local authority.

Equally important to having the equipment is having staff who have the knowledge and expertise to use it. A pupil who is completely using tactile means to access should have full time support from a TA in class who has knowledge of braille and 0.5 member of staff who can produce braille resources. Staff can be trained to do this. It is essential a mainstream school has support from a QTVI who can share their specialist knowledge and help support staff understand how to meet an educationally blind child's needs. Due to the time constraints of Qualified Teacher of Vision Impairment (QTVI) it would be necessary to adopt an approach where a school TA supporting the pupil in class consolidates braille teaching provided by the QTVI. We have a good example of this working at two settings.

Due to the ages of pupils that are in different stages of their education it would not be possible to have all the pupils in one school. It could be possible to have one person to produce braille resources and tactile diagrams for the authority, but schools would have to be organised and distribution of the resources arranged. A neighbouring local authority has had a sudden increase in pupils accessing braille within mainstream schools. Funding from the higher needs funding block is used to buy the needed equipment. The sensory service provide training to the school in how to use the equipment and the school are responsible for producing all the resources in braille as well as tactile diagrams. A QTVI visits at least twice a week to carry out specialist teaching in braille and tactile skills which are followed up by school staff. The service also have specialist support staff who also carry out visits to support. Training on how to ensure curriculum access to teaching staff is delivered. This model could be used in Darlington.

Koenig and Holdbrook explain the achievement of pupils with vision impairment depends on their being able to understand what it is being taught and having access to appropriate teaching and learning materials (Koenig and Holbrook 2003). It is the role of QTVI to ensure staff understand each pupils optimal learning needs. Barriers can be overcome through adaptation to the environment, media, teaching style and use of equipment (NBCS). There are very few barriers to learning which are impossible to overcome (Webster and Roe 1997).

### **Objective 3: Ensuring that CYP with SEND are educated in their own local community and have an effective preparation for adulthood, including access to appropriate work, training and leisure opportunities.**

To be prepared for adulthood, it is essential pupils have access to an additional curriculum where needed to learn specific skills to overcome barriers linked to their vision impairment. The additional curriculum comprises of the following areas :- orientation and mobility, daily living skills, independent living skills, listening skills, tactile skills involving the learning of braille, use of specialist equipment and development of social skills. Children and young people with vision impairment need direct teaching to learn skills which sighted pupils could learn incidentally. It is essential to be clear how and when this will be provided. Due to the low incidence of blind pupils in Darlington until recently there has not been a need for this provision.

In the past, there were a greater number of staff at Vane House who were qualified and could provide support to children and young people. Vane House has equipment such as a talking microwave, talking scales which could be very useful. Adults are given support with cooking skills, but it is not clear if this available for children. Young people need mobility training not just on routes in school, to and from school but also for independent travel using different means of transport through a habilitation specialist to gain all the skills necessary. It is clear there needs to be a cohesive plan between education and social care with a clear plan of skills which will be taught and when this will happen. In order for pupils to be independent they need specialist support.

#### **Objective 4: Increasing achievement and improving all outcomes for CYP with SEND.**

Vision impairment is a low incidence need. Data from the World Health Organisation and World Population Bureau stated in 2014 it affected 3.9% of the population. Many teachers will have little experience or understanding of working with pupils with vision impairment (RNIB). Therefore it is vital teachers have support from a QTVI to ensure they understand the needs of a pupil who has a vision impairment. Wester and Roe explain that good educational outcomes are possible for pupils with vision impairment. Webster and Roe show how barriers or restrictions to learning and development occur because of restrictive learning environments, inadequate and inappropriate interventions rather than vision impairment per se (Wester and Roe 1998).

To ensure increasing achievement, it is essential to continue to monitor children and young people with mild / fluctuating vision impairment to ensure they can access learning and achieve. It is vital pupils in special school continue to be given the support needed according to the NatSIP criteria whether it is monitoring or specific teaching on tactile skills which can be reinforced by staff. It is also imperative to continue to ensure pupils are given specialist support to understand their visual impairment and articulate their needs and to ensure pupils who are tactile users are given the right amount of support in class as well as having staff allocated time to prepare resources so all lessons are accessible.

#### **Objective 5: Collaboration, co-production and communication**

I have carried out some collaborative work with to carry out an event with the RNIB for parents and pupils on using iPads. It would be good to carry out more events in collaboration.

It would be beneficial to have a clear understanding of what support children and young people with vision impairment can receive e.g. in terms of daily living skills and mobility. It would be beneficial to clarify what areas of the additional curriculum are covered by education and those that can be supported by social care. It is clear there is limited capacity compared to the past when there were three members of staff and now only one.

I have worked with a habilitation specialist which has been essential to meet the children and young people's habilitation needs. It is crucial habilitation support in Darlington continues. Currently Social Care do not have a qualified habilitation specialist. It would be ideal if the person carrying out habilitation for social care working with children was the same as the person carrying out habilitation support in education. This has been arranged in one case but it would be much better if this was standard procedure. In other LA's one habilitation

specialist carries out all the mobility work whether at home or school. In other authorities habilitation specialists visit educationally blind pupils weekly and provide daily living skills as well as mobility work.

In terms of links with Health services the Vision Impairment Service don't have a group comparative to that of the Hearing Impaired team as they meet once a term with Children Hearing Services Working Interest Group CHSWG (It comprises ENT, Audiology, Education, Social Services and nursing).

It would be beneficial to have similar meetings and collaboration with all the clinics children and young people attend e.g. the RVI, Newcastle, Sunderland Eye Hospital and Darlington Memorial Hospital.

## **RESPONSE 9**

**It is outlined that children with SEND will aim high and achieve their full potential and that they are well prepared for adulthood.**

My concern is that there is a very large Gypsy Roma Traveller Community which is well established in Darlington. According to recent research they are still the lowest performing ethnic group, with the poorest outcomes in the UK.

Although the Gypsy Roma Traveller community does not feature in the SEND strategy as they are not all SEND they are a distinct group in our borough who do have 'additional needs' and are a vulnerable group. These needs are distinctive as a result of many factors including low literacy skills of parents, cultural expectations and mobile/transient life styles and interrupted education. My concern is that although they have additional needs, they do not fit neatly into the Pupil Premium or the SEND category and therefore do not come with any additional funding.

As a service we want the very best for all Gypsy Roma Travellers CYP in Darlington. We continue to strive to support this community and have developed successful relationships with this traditionally hard to reach group. We have found that educational provision in Darlington Primary schools for Gypsy Roma Travellers is successful at reaching the needs of these children. However, the overall picture for GRT children accessing and continuing at our Darlington Secondary Schools is poor. Very few children transfer into Secondary school and of those that do only a handful of these reaches Key Stage 4. As a result of this a significant number of GRT children are on the Elective Home Education register. This then allows them to be a potential safe guarding issue with few opportunities and a lack of awareness of how to access employment, training and education. Once again we want to ensure that all Darlington children and young people can aim high and achieve their full potential and are well prepared for adulthood. This as you can see mirrors the aims for the Draft SEND strategy.

I feel that more provision needs to be made for the Gypsy Roma Traveller CYP here in Darlington so that they have equal access and equal choices and chances in life. There is scope to improve access to education and early identification of SEND in the Gypsy Roma Traveller community and there is a need to improve the educational experience of Gypsy Roma Traveller CYP in Secondary schools.

With no mention of Gypsy Roma Traveller CYP in the Draft strategy are we really striving to meet the needs of all CYP with additional and distinctive needs in Darlington?



## RESPONDENT 10

### CHILDREN AND YOUNG PEOPLE SCRUTINY COMMITTEE 10 DECEMBER 2018

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#### SEND STRATEGY AND FUNDING/TRAVEL ASSISTANCE POLICY CONSULTATION REVIEW GROUP

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### SUMMARY REPORT

#### Purpose of the Report

1. To present the outcome and findings of the Review Group established by this Scrutiny Committee to examine the proposals and submit comment on the consultation process.

#### Summary

2. Members will recall that, at a meeting of this Scrutiny Committee held on 29 October 2018 Members received a report outlining plans to consult on a strategic plan for delivering better outcomes for children and young people with special educational needs and proposed amendments to the application of the High Needs Block in relation to children and young people with Special Educational Needs and Disabilities (SEND).
3. Members also received a report on plans to consult on the introduction of a SEND (Special Educational Needs and Disability) Travel Assistance Policy.
4. The Review Group has met on 26 November and their findings are outlined in the report.

#### Recommendation

5. It is recommended that Members of this Scrutiny Committee approve the recommendations to be forwarded as the formal response of this Scrutiny Committee on the consultation process.

**Councillor Chris Taylor**  
**Chair of the Review Group**

#### Background Papers

Special Educational Needs Strategy and Funding Report and Special Educational Needs Home to School Transport to Scrutiny on 29 October 2018

S17 Crime and Disorder	There are no specific implications for Crime and Disorder.
Health and Well Being	Increased engagement for children and families in the receiving of timely services.
Carbon Impact	There is no carbon impact in relation to this report.
Diversity	There are no specific diversity issues in this report.

Wards Affected	There are no specific Wards which are affected by this report.
Groups Affected	Children and families in Darlington.
Budget and Policy Framework	This report has no impact on the budget or policy framework.
Key Decision	This report does not constitute a Key Decision.
Urgent Decision	This is not considered an urgent decision
One Darlington: Perfectly Placed	To enable children with the best start in life.
Efficiency	The outcome of this report does not impact on the Council efficiency agenda.
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers.

## **MAIN REPORT**

### **Information**

6. A number of Members of this Scrutiny Committee attended the various public consultation events that had been organised by this authority between 5 and 21 November 2018 to consult on the SEND Strategy and Funding and the SEND Travel Assistance Policy.
7. Members met on 26 October 2018 to discuss the feedback received at the various consultation events attended and to propose a Scrutiny response to the proposals in the strategy.

### **SEND Strategy and Funding**

8. With regard to the SEND Strategy and Funding the feedback from those parents that attended the consultation events was in general supportive of the principle of the money following the child or young person.
9. There were some concerns around transition between phases; the current lack of specialist provision in Darlington; the poor communication between home and school especially in secondary education; and the out of area placements which was above average in Darlington.
10. Parents also expressed their desire to have more information on their own child's funding and felt that there could be improved liaison between the Child and Adolescent Mental Health Services (CAMHS) and schools and the overall sharing of information between professionals could be improved.

### **SEND Travel Assistance Policy**

11. The main feedback received regarding this Policy was around ensuring that each case is examined to prevent hardship and encourage better utilisation of local facilities.

### **Conclusion**

12. From our discussions on the feedback from the various consultation events we concluded that in general there is support for the proposals in the SEND Strategy and Funding from parents and Members, however we felt that there were some improvements that could be made to services for children and young people with Special Educational Needs and disabilities. .
13. One of our main concerns was the lack of local resource bases and Members agreed that now was a good time to review the outside provision as the last commissioning was in 2010.

14. Members also agreed that the appointment of a key person for accountability and communication between parents and schools was key to the success of the proposed strategy.

**Recommendations**

15. It is recommended that:

- (a) There is adequate monitoring of the funding allocated, especially within the Academies.
- (b) Consideration be given to the appointment of a Parental Liaison Officer.
- (c) That more Resource Bases are commissioned in Darlington mainstream provision.
- (d) The need for a Portage Service in Darlington be re-examined.
- (e) The working arrangements with the health organisations and CAMHS be improved.

RESPONDENT 11

**A response by the National Deaf Children's Society**  
**November 2018**



## 1. About us

- 1.1. The National Deaf Children's Society is the leading national charity dedicated to creating a world without barriers for deaf children and young people. We represent the interests and campaign for the rights of all deaf children and young people from birth until they reach independence.
- 1.2. There are over 50,000 deaf children in the UK and three more are born every day. We support deaf children and their families, and work with decision-makers and professionals to overcome the barriers that hold deaf children back.
- 1.3. There are at least 90 deaf children living in Darlington.
- 1.4. By deaf, we mean anyone with a permanent or temporary hearing loss. This could be a mild, moderate, severe or profound hearing loss. The term deaf does not presuppose the use of any one communication method and could refer to children who communicate orally or through sign language. We also include children who have a hearing loss in one ear.

## 2. Introduction

- 2.1. We welcome the opportunity to respond to this consultation on Darlington Borough Council's strategic plan for education of children and young people with SEND from 2019 to 2022.
- 2.2. We focus our submission on the six key objectives from the draft strategy and how the proposed changes may impact on the support that deaf children receive.
- 2.3. We also make a number of suggestions and recommendations, with the aim of ensuring that deaf children and their families remain at the heart of any changes and continue to have access to high quality specialist education support.

## **3 Our feedback in relation to the proposals**

### **3.1 Early identification of need**

#### **3.1.1 Early intervention**

Early intervention is key to good outcomes for deaf children. The development of language and the ability to communicate lies at the heart of a child's development. Deafness and often society's lack of understanding of the needs of deaf children and young people can present a barrier to their social and emotional development, preventing them from achieving their full potential.

It is important to understand that in addition to supporting the curriculum and providing access for school aged children, Teachers of the Deaf co-ordinate and deliver specialist support for children and their families in the home from diagnosis onwards which more often than not is within the first few weeks of birth. This peripatetic Teacher of the Deaf role is particularly important in the context of the implementation of universal Newborn Hearing Screening.

Teachers of the Deaf are critical in raising parents' aspirations of their deaf child at the earliest possible stage. They also ensure that parents provide access to early language and communication, whatever mode that may be. Early intervention and support of this kind maximises the possibility of children being successfully included in mainstream schools if this is the parental choice.

This work should be monitored at local authority level, through the Children's Hearing Services Working Group (CHSWG), at individual services level and at a strategic level.

#### **3.1.2 Social and emotional wellbeing of deaf children**

We would like Darlington Borough Council to take the opportunity to review the provision of the social, emotional and mental health (SEMH) needs of deaf children through these proposals, given that SEMH is high on the agenda. Across the country, we are aware that the social and emotional needs of deaf children are rarely understood and provision of

effective support is often not forthcoming. This is particularly noted where there is a lack of expertise on deafness across Early Help right through to Children with Disabilities and safeguarding services.

The concerns around joint working with social care, assessments, support and the need for deaf children to have a positive self-identity of their deafness, have been evidenced in the mapping and pathways work that we have been undertaking across all disciplines/agencies that work with deaf children in County Durham and Darlington.

However, more recently and very positively, Darlington local authority has been fully involved in the North East regional education and social care multi-sensory impairment (MSI) group, who are working together and with Directors of Children's Services to develop a regional 'approach' to the assessment and provision of services for this very low incidence group of children.

Darlington Council itself has recently bought in the services of a qualified assessor to undertake a Section 7 assessment in collaboration with social care for a child. This child's profound and multiple learning difficulty (PMLD) initially appears to have masked the formal identification of the child's hearing and visual impairments. The outcomes of this assessment and the strategies put in place for this child are now improving his overall wellbeing and educational outcomes. This is an example of good practice in Darlington which we are highlighting at a regional level but we would like to move this to a regional model, sharing resources and good practice.

### **3.1.3 Communication options**

We are aware that parents and their deaf children do not currently have access to a full range of communication options on a consistent basis. For instance, we are aware that there is a total communication approach with children, and taster sessions in British Sign Language (BSL) for parents. However, BSL and other communication choices e.g. Cued Speech, are not routinely available either for deaf children to learn and use in their local school, or for parents to learn to enable them to communicate effectively with their child.



We believe that parents should have access to a full range of different options and then be in a position to be able to choose whichever suits their child best and in whatever setting they prefer. We would welcome this being reviewed.

### **3.1.4 Assistive Listening Devices (ALDs)**

ALDs refer to various types of amplification equipment designed to improve the communication of individuals with hearing impairment to enhance the accessibility to speech when individuals are in poor listening environments. These include radio aids but also devices that use newer technology.

We are aware that radio aids are currently provided through a specialist equipment policy whereby schools pay towards radio aids. This can cause problems with schools when they may not wish to pay or they deem the radio aid to belong to the school rather than following the child to their next setting.

We would recommend a review of this system and consideration of a loan system to schools with Teachers of the Deaf being the key contact and provider of these ALDs. This would enable their knowledge and expertise to be used to ensure that deaf children access an optimum learning environment in school. It is unclear currently who has responsibility for fitting and maintenance of the radio aid during its lifetime.

In addition, we recently commissioned research<sup>1</sup> on the provision of radio aids in the early years, particularly in the home which highlights the positive outcomes for children when radio aids are provided. Consideration needs to be given to how deaf children in Darlington could access a radio aid at a very young age e.g. 18 months - two years old. We are aware from the research that everyday situations present a risk to learning spoken language and that using a radio aid can reduce this risk and maximise potential benefits for the child and their family by:

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<sup>1</sup> [http://www.ndcs.org.uk/professional\\_support/external\\_research/index.html#contentblock2](http://www.ndcs.org.uk/professional_support/external_research/index.html#contentblock2)

- Improving hearing for speech in difficult listening conditions.
- Increasing the amount parents talk and interact with their child.
- Having a positive impact on the family's well-being.

We are also aware that Darlington Council is consulting on its spending of the Special Provision Capital Fund and so we would ask for consideration on the provision of radio aids for children in the early years so that language and communication can be enriched in the home, prior to the child attending any educational or childcare setting. The Capital Fund is not ring-fenced and the Department for Education has not ruled out that it could be used in this way.

## **3.2 Building capacity in mainstream and specialist settings**

### **3.2.1 Teachers of the Deaf**

We know that all children learn through hearing and seeing. Not being able to hear fully what a teacher is saying presents a complex learning challenge to both the child and teacher. So mainstream teachers will need much more support in areas such as effective use of technologies, effective ways of communication, improving listening conditions, the assessment of need and progress, and specialist teaching and learning strategies that work well for deaf children.

Unlike higher incidence needs (e.g. autism), pupils with sensory impairments are not spread so evenly across schools. Therefore, mainstream teachers are unlikely to have the experience, knowledge and skills to support deaf children to access the curriculum. For this reason, deaf pupils, their teachers and other education staff will depend on support from specialist Teachers of the Deaf to help deaf children progress in their education.

This support is particularly critical in the early years, when a child is developing language. Failure to support a deaf child at this time will result in higher support costs in schools as the child gets older.

It is also important to note that deaf children who have a unilateral, mild or moderate loss still need the specialist support of a Teacher of the Deaf, working closely with mainstream settings. Research commissioned by the National Deaf Children's Society<sup>2</sup> on mild and moderate hearing loss highlighted that:

- Children and young people with mild/moderate hearing losses in school have to use greater levels of effort than generally realised.
- Mild/moderate hearing loss frequently has a social and emotional impact on the child or young person.

We do not disagree however, with building capacity within mainstream schools through training that Teachers of the Deaf can provide to mainstream staff and we would encourage this. This may be around deaf awareness, supporting technology, developing skills of Teaching Assistants. We would encourage Darlington Council to embed this training as part of the overall workforce development for all professionals.

### **3.3. Ensuring that children and young people are educated in their local community and have an effective preparation for adulthood**

#### **3.3.1 Importance of a centrally managed service**

Sensory loss is a low incidence need, meaning that it requires a different response to provision of services. Because both hearing and visual impairments are very complex disabilities, it is vital that the service is flexible if all deaf children in Darlington are to achieve excellent outcomes and this can only be achieved through keeping the service centralised. In addition, it is easier for deaf children to be managed centrally in order to maintain a consistency in the level of provision.

However, Darlington is a small authority and for low incidence groups of children such as deaf children, there may not always be the staff specialties to support deaf children in their locality, for example, educational audiologists, support for children with additional needs, working with babies, and specialist speech and language therapists.

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<sup>2</sup> [http://www.ndcs.org.uk/professional\\_support/external\\_research/index.html#contentblock4](http://www.ndcs.org.uk/professional_support/external_research/index.html#contentblock4)

In addition, it is difficult for one or two peripatetic Teachers of the Deaf based and working in a locality to develop sufficient knowledge to provide effective support for deaf children across all age ranges and all education key stages.

In response to this, we are aware of the Tees joint arrangement which supports all deaf children from across the four Tees authorities under the management of Middlesbrough Council. This gives not only a greater mass of deaf children but a higher and more specialised team of Teachers of the Deaf and other staff, to support those children. As Darlington is 'attached' to this area via for example, the Tees Valley Commissioning Group and the Tees Valley devolved council, this gives Darlington the opportunity to consider the potential for collaboration and/or a formal partnership with the Tees joint arrangement.

The SEND Code of Practice Section 3.68 advocates for this type of arrangement for low incidence needs and is indeed the reason why the MSI regional arrangement is being considered. This section highlights greater choice, access to a wider range of services and educational settings and could also represent greater value for money.

A wider partnership would not detract from deaf children being educated in their local community, in fact it could enhance that as it would be easier to move staff from locality to locality to reflect the changing pattern of need. It is also easier to ensure cover is provided for absences. In addition to this the specialist equipment necessary to monitor the development of communication, speech and language could also be enhanced through 'bulk buying'. A centrally held stock is cost effective, up to date and available to all staff.

There is also a growing change in the population of deaf children, many have more complex additional needs and many children are arriving in the country with no English or British Sign Language. These children need Teachers of Deaf with additional specialisms to support them. A sub-regional arrangement may enable this support to be delivered more effectively.

While we advocate that a central local authority arrangement should be in place, we do accept that good outcomes for deaf children may not be achieved purely through one service. Leaving the service centralised would not stop those partnerships from developing through for example the proposed Early Years Hubs.

Currently the sensory support service is devolved to a school but it does not have the appropriate management and leadership of someone with the mandatory qualification in either deafness or visual impairment. It is vital that this is put in place as soon as possible.

### **3.3.2 Preparation for adulthood**

We are aware of the increased requirement for the low incidence team to work with post 16 deaf young people and that smooth transition is key to further improving outcomes for deaf young people. Research undertaken by Manchester University<sup>3</sup> on behalf of the National Deaf Children's Society highlighted that:

- While Further Education (FE) is the most common destination for deaf young people leaving school, there is evidence that it does not serve many of them well.
- Decisions were being made for and with deaf young people to go to FE without a detailed consideration of what kind of FE environment might best suit them.
- In some cases local authorities were steering young people and their parents to the least expensive and most local provision without due consideration to whether it is the most suitable or effective for the individual deaf young person.
- Many deaf young people were not accessing enough information or offered enough experiences to gain the understanding they need to make knowledgeable choices about what they want to do in FE and afterwards.
- Currently there is no national process for tracking deaf young people's progress through FE, and therefore identifying what works best in which circumstances. Opportunities for effective intervention to improve outcomes are therefore lost.

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<sup>3</sup> [http://www.ndcs.org.uk/professional\\_support/external\\_research/#contentblock5](http://www.ndcs.org.uk/professional_support/external_research/#contentblock5)

It is therefore vital that Darlington Council understands the issues for deaf young people and recognises the specialist tailored careers advice that they need, as well as the full range of options for furthering their education/training at age 16. In addition to the research, a survey conducted by the National Deaf Children's Society in 2016 revealed that many Teachers of the Deaf felt they lacked the knowledge and confidence in strategies for supporting deaf young people who have not achieved good grades in English and/or Maths by the age of 16.

The Darlington SEND strategy highlights the need for equality of access and consistency and continuum of provision for post 16 as well as strengthening young people's preparation for adulthood from an earlier age. We are concerned that Teachers of the Deaf will be expected to support more deaf young people, with no additional funding or staff allocated in order to do this.

It is also not clear whether the Teachers of the Deaf currently supporting both early years and school age deaf children have the necessary expertise to work across a whole range of offers for post 16 deaf young people. For instance, will there be enough specialism and someone who is experienced in supporting deaf young people to support their move into apprenticeships and work placements, if they do not chose the FE route? It will therefore be crucial to consider how the specialist teacher's work overlaps with the colleges, apprenticeships and supported internships, and how that might work.

The National Deaf Children's Society has a range of resources to support deaf children moving into adulthood. These can be found [here](#) for parents and [here](#) for professionals. We are continuing to develop this area of our work and we would be keen to work with you on this.

### **3.4 Increasing achievement and improving all outcomes for children and young people with SEND**

#### **3.4.1 Mainstream settings**

We believe that staff are the most valuable resource that any service can have. Teachers of the Deaf provide consistent, direct and long term support to deaf children and young people in mainstream schools in addition to building school capability and capacity. They are able to

monitor the quality of curriculum delivery and provide practical advice to mainstream teachers to make teaching and learning accessible at the level of classroom strategy.

Due to the low incidence nature of deafness in terms of numbers, even small fluctuations in the numbers of deaf children and young people can have a significant impact on caseload.

As previously highlighted, unlike higher incidence of needs, pupils with sensory impairment are not spread so evenly across schools. Therefore, mainstream teachers are unlikely to have the experience, knowledge and skills to support deaf children to access the curriculum. For this reason, deaf pupils, their teachers and other education staff will depend on support from specialist Teachers of the Deaf to help deaf children progress in their education. Failure to support a deaf child at this time will result in higher support costs in schools as the child gets older.

### **3.4.2 Special schools**

We are aware that there is a high incidence of additional complex needs amongst deaf children and therefore there is believed to be a high prevalence of hearing loss in children attending special schools for disabled children.

Research has shown that the hearing needs of deaf children can be overshadowed by other difficulties to the detriment of their progress. Research undertaken by Manchester University on behalf of the National Deaf Children's Society on Service Delivery to Deaf Children with Complex Disabilities<sup>4</sup> particularly highlighted issues in relation to deafness.

These issues related to problems and delays in assessing hearing problems, complexity of needs masking concerns regarding hearing status, access to Teachers of the Deaf, and lack of deaf awareness. What parents cited as being helpful was the flexibility of roles and individuals with for example, Teachers of the Deaf taking responsibility for their child's language development.

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<sup>4</sup> [http://www.ndcs.org.uk/professional\\_support/external\\_research/#contentblock10](http://www.ndcs.org.uk/professional_support/external_research/#contentblock10)

A key recommendation from this research is that all children who are deaf, whether or not they have additional complex needs, should have access to a qualified Teacher of the Deaf that is appropriate to their level of deafness and not determined by any other needs they may have, or by the educational establishment they attend. In one case in the research undertaken, a parent reported that once their child was identified as having learning disabilities he had automatically lost access to a Teacher of the Deaf and yet parents were clear that “deafness had a ‘multiplier’ effect, and that their children should have a right to regular access to a qualified Teacher of the Deaf”.

Staff within the school would need to be able to monitor hearing aids and make decisions about which children are eligible for radio aids/sound field systems as well as ordering and looking after the equipment, carrying out functional listening assessments etc., if local specialist services were not involved. This is a specialist service and one that Teachers of the Deaf are specifically trained in.

### **3.4.3 Resource provisions**

We are aware that as a geographically small local authority in England, it becomes difficult to support those even smaller groups of deaf children who need more intensive support than the peripatetic service can provide, as well as a deaf peer group when children are communicating through BSL for example.

We do understand that placing resource provisions within the borough, as other inner city or larger local authority areas are able to do, would be very difficult in terms of numbers. Nevertheless, while we are aware that Darlington Council currently places deaf children at the resource provisions in Middlesbrough on an ad-hoc basis, it may be beneficial to seek a more formal partnership with the Tees joint arrangement to ensure that this is another option for parents to make an informed choice about the education of their deaf child.



We believe that the Darlington Teachers of the Deaf should be fully involved, not only in the decision making to send deaf children to Middlesbrough provisions but also in the ongoing support via annual reviews as they are the professionals with the expertise.

We would also expect your Local Offer to have information about other local authority resource provisions for deaf children where that authority borders Darlington.

Finally, it is important that data is collected across all areas of SEND and is fed into the JSNA as well as this strategy. The strategy currently fails to do this in terms of low incidence. We are aware that deaf children are failing to achieve good GCSEs compared to their hearing peers and fits with other areas of SEND in Darlington.

In 2017<sup>5</sup>:

- The average attainment 8 score for deaf children is 37.4. This means their average score per subject is 3.7 which, under the old grading, would be a grade D. This compares to the average attainment 8 score for children with no identified SEN which was 49.5 or, per subject, 5. Under the old grading, this would be a grade C.
- The progress 8 score for deaf children is -0.12 compared to children with no identified SEND which was 0.07
- In the North East the attainment 8 score was 37.4 and the progress 8 score was -0.19

This means that on average, deaf children underachieve by over a whole grade per subject compared to children with no identified SEND. This gap has widened since 2016.

### **3.5 Focus on effective collaboration, co-production and communication**

We are aware that deaf children and their parents are often seen as a 'hard group' to engage with. Nevertheless, the local authority must find ways to not only engage parents and deaf children in those conversations but to meaningfully involve them in co-production of

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<sup>5</sup> <http://www.ndcs.org.uk/document.rm?id=11186>

services. This is a legal requirement under the Children and Families Act 2014. We would be able to support this with our resources and best practice.

### **3.6 Achieving best value**

#### **3.6.1 Overall funding for low incidence needs**

As previously highlighted, the formula for calculating school budgets does not evenly reflect the distribution of low incidence needs pupils and so mainstream teachers are likely to require much higher (and hence more expensive) levels of support than for other types of higher incidence SEND.

This is therefore a very good rationale for the specialist sensory support team to provide the specialist input for deaf children in mainstream schools as a centrally funded team, working across all areas and all schools in Darlington. The Department for Education's decision that low incidence specialist education services should be funded through the High Needs Block shows that this is also their expectation.

As previously highlighted, it may be even more cost efficient to join the service with the Tees area.

We would be opposed to any reduction in the budget for the sensory support service. This position is in light of the levels of support required for this low incidence group of children, and also the current underachievement and gap in attainment. For further information on funding for specialist services for deaf children we would direct you to our resource 'Specialist Education Support Advice for Commissioners'<sup>6</sup>.

#### **3.6.2 Banding**

While the need to budget for a level of funding for different types and levels of SEND is necessary, we recommend that the bandings that have been published should be more flexible and truly respond to need.

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<sup>6</sup> <http://www.ndcs.org.uk/document.rm?id=1218>

Therefore it might be advisable to allocate 'between' for example £3,001 and £6,500 for Band 4b, rather than what appears to jump from £3,000 to £6,500 with nothing in between. There is also a risk with bandings of a perverse incentive for schools for example to determine a child as being 5a for example rather than 4b as that attracts more funding.

However, we do agree that changing to banding from a delegated Element 3 level is crucial to ensure that you are responding to individual need.

We have looked at the SEND Ranges documentation and recommend that at range 5a and 6a for sensory, there should be mention of consideration of a resource provision.

### **3.6.3 Top up funding**

The Government has made it clear that local authorities have the option to provide top up funding without the need for an Education, Health and Care Plan (EHCP). We would like Darlington Council to explore this option. There may be deaf children who for a very small amount of top up funding, could see significant improvements in their outcomes. This may mean there wouldn't be the need to apply and go through the process of an EHCP.

There would need to be clear criteria with an effective system in place so that a child is not inappropriately left without an EHCP where it is needed.

### **3.6.4 Robust and local governance, accountability, decision making and support**

Effective leadership is crucial to the quality of service provision and good multi-agency working. It will therefore be important via the Local Offer to be absolutely clear about roles e.g. where referrals are received, how assessments and allocation of children will happen and who will carry that out.

In addition, it has to be recognised that:

- a) Many of the changes introduced by the Children and Families Act 2014 rely on support from a Teacher of the Deaf to ensure effective implementation. For example, accompanying regulations state that advice from a Teacher of the Deaf must be sought in any EHC needs assessment. Teachers of the Deaf also provide specialist advice on assessments and teaching strategies to ensure effective implementation of the 'assess, plan, do, review' cycle. In addition, Ofsted found in a study of best practice<sup>7</sup> that when deaf children progressed well, it was because services were underpinned by a good understanding of the need for specialist services for deaf children and a strong commitment to maintain them.
- b) All of this is compounded by the diversity of need within low incidence. For example use of different technologies (hearing aids, cochlear implants, bone anchored hearing aids), communication preferences (oral/signing/total communication), additional needs and having English as an additional language.
- c) The Children and Families Act 2014 requires local authorities to keep provision for children and young people with SEND under review. However, your strategy contains no information on low incidence needs and instead concentrates mainly on ASD, MLD, SEMH and SLCN. While it highlights current data and recent trends, it does not consider likely changes in the future for all SEND children and young people.

## 4. Recommendations

**Darlington Borough Council should:**

- 4.1** Continue to provide the specialist education Sensory Support service as a centrally led and managed service.
- 4.2** Protect the funding of the Sensory Support Service. This should be provided via a planned budget which supports identified key trends and patterns across the borough together with the necessary and appropriate specialist staff and technology.

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<sup>7</sup> [http://www.ndcs.org.uk/search\\_clicks.rm?id=7269&destinationtype=2&instanceid=641346](http://www.ndcs.org.uk/search_clicks.rm?id=7269&destinationtype=2&instanceid=641346)

- 4.3** Ensure that the staff in the Sensory Support Team are led and managed by a specialist Teacher of the Deaf or Teacher of the Visually Impaired
- 4.4** Provide the statutory support of Teachers of the Deaf into special schools to support those deaf children with additional needs.
- 4.5** Consider a review of ALDs, provision of radio aids to schools and their management
- 4.6** Consider the use of radio aids for deaf children in their early years in to the home.
- 4.7** Consider the funding radio aids via the Special Provision Capital Fund
- 4.8** Review the skills and capacity of the Sensory Support Team in order to ensure that they can appropriately and effectively prepare deaf children for adulthood
- 4.9** Consider the current social care pathway for deaf children and how this can be improved to support effective early intervention.
- 4.10** Ensure that any proposed changes will lead to improved outcomes for deaf children as required by the SEND Code of Practice (Paragraph 4.19).
- 4.11** Consider how you will discharge your duties under sections 22, 23 and 24 of the Children and Families Act 2014, which makes your local authority responsible for all children with SEND. Specifically related to these sections we would ask:
  - a) How will you support health services to deliver on their duty to report to the local authority those children who have, or probably have an SEN or Disability
  - b) How will the local authority monitor the progress of deaf children in mainstream, resource provisions, special schools and out of borough placements?
  - c) What will the local authority do if it is clear that a deaf child is not making expected progress?
  - d) How will the local authority advocate for children who are not making good progress and challenge schools where support is not being provided appropriately and at the right level?

Darlington Borough Council must have regard to the SEND Code of Practice legislative framework and guidance which relates to Part 3 of the Children and Families Act 2014, and its associated regulations, when making any changes to provision. This includes co-producing services with parents and deaf children to ensure that they meet the needs of all children with SEND. This is something that Ofsted and the Care Quality Commission are now looking closely at with their inspections of local area SEND provision.

### **5. For further information please contact:**

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