Quality Standards in Education Support Services for Children and Young People who are Deafblind/Multi-Sensory-Impaired
The aim of these Quality Standards is to ensure that children and young people are enabled through high quality support to access education to a high standard to achieve the best possible educational outcomes and life chances. They are published together with Quality Standards for Children and Young People with Sensory Impairment and support the Quality Standards for Children and Young People with Visual Impairment which were published by the DfES in 2002.

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Introduction

These quality standards are a response to the current emphasis on inclusion and recognise that deafblind/multi-sensory-impaired children may be placed in a variety of educational settings. For deafblind/msi children inclusion is not a simple concept restricted to educational access and issues of placement. It recognises the wider implications of diversity, complexity and individuality.

Children may attend a variety of educational settings. For example, they may be in a mainstream school with a resource base, in a special school, in a combined placement (involving mainstream and special schools) or at home. Although pupils remain the responsibility of their host school, it is vital, if inclusion is to be successful, that appropriate specialist support services are available to offer practical help and advice to support the child, and school staff, in the learning process.

A high standard of specialist support will ensure that the needs of pupils, their families and the professionals who work with them, are met, wherever the child is educated.

Most mainstream approaches to education depend on teaching and learning taking place through the main senses of sight and hearing. Children who are deafblind/msi have unique educational needs because of their difficulties in accessing education in this way. Whether the child has a congenital loss, an acquired loss or a degenerative condition, communication is the key to successful inclusion in school. Developing an effective communication system is essential for each child to make the most of academic and social opportunities.

Specialist advice is provided through an advisory teacher, often working with a trained communication support worker, like an Intervenor or sign language interpreter who is based in the school. Their role, with the teacher, is to facilitate individual access to information for learning and to support suitable methods of communication.

The standards, which follow, have been drawn up by a working group of experienced professionals in the field of deafblind/msi education and family support. They are designed to provide guidance to the Support Services who work with schools and families and, if required, provide a tool to evaluate both quantitative and qualitative aspects of service delivery for deafblind/msi children and young people.
The aim of the standards is to:

• increase the quality of access to deafblind/msi support across the country;
• illustrate and support good practice in service delivery;
• provide guidance to assist the development of local provision;
• assist LEAs and others in determining appropriate resources and arrangements;
• assist with the monitoring and evaluation process.

Target audience for the quality standards

The standards should be relevant to:

• decision makers for deafblind/msi services;
• providers of services;
• parents and carers;
• related professionals;
• early years provision and schools;
• deafblind/msi children and young people.

Scope and definitions

The standards relate to deafblind/msi children and young people from birth and throughout all phases of education. Deafblind/msi, for the purpose of this document, is not defined in clinical terms, but is regarded as any degree of dual-sensory impairment that has a significantly adverse effect on the child’s ability to access education. The children in this group will have very different needs arising from a congenital loss, acquired loss or degenerative condition. They are broadly described as

“a heterogeneous group [of children] who may suffer from varying degrees of visual and hearing impairment, perhaps combined with learning difficulties and physical disabilities, which can cause severe communication, developmental and educational problems.”

DES Policy Statement, March 1989

In functional terms these children and young people may include those with:

• moderate to profound auditory and significant visual impairments;
• central processing problems of vision and hearing;
• progressive sensory impairments;
• a significant visual impairment; and a possible loss of auditory processing mechanisms (associated with severe physical disability or severe cognitive disability) and severe communication delay.
**General principles**

The significance and impact of deafblindness/msi can easily be overlooked and, in consequence, the child’s learning needs can be misinterpreted.

Delivery of educational support for children and young people who are deafblind/msi should take account of the need to:

- ensure equality of opportunity;
- maximise learning experiences of pupils;
- promote emotional well being, including the development of self esteem;
- provide opportunities that maximise independence;
- work in partnership to enable and encourage pupils and their parents and carers to be fully involved in decisions about their education;
- have access to high quality provision suited to their needs;
- work collaboratively with other agencies, including health, social services and the voluntary sector;
- respect and value diversity;
- develop professional skills of all staff involved;
- be accountable to parents, carers, pupils and schools;
- monitor and evaluate progress and achievements.
Identification, provision and progression

The quality standards are grouped under the following headings:

• Assessment

• Early years

• School years

• Transition to adulthood

• Beyond School

• Management   a) Practice
                b) Professional Skills
                c) Monitoring and Evaluation

Each section sets out a series of recommended standards.
ASSESSMENT

Assessment of a child who is deafblind/msi should always be concerned with the child “as a whole”, taking account of the views and knowledge of the family, the child and other professionals. Various forms of assessment may be needed during a child’s school life. Initially it should provide baseline information, and suggest strategies to encourage and support development. Subsequently assessment can be linked to measuring progress. Whatever the reason for the assessment, it should focus on how the child is using hearing and vision and include other significant and interrelated areas of development e.g. communication, cognition, mobility, and social and emotional development. Assessment reports should inform the development of individual education programmes (IEP).

Quality Standards in Assessment

There should be evidence that:

A1 Parents and carers are given the opportunity to be fully involved in the assessment process and encouraged and supported, if necessary, to make their contribution.

A2 Children and young people are given every opportunity to contribute their views and wishes at all stages of assessment and, when appropriate, support is offered to help them do so.

A3 An initial assessment of the child’s functional vision and hearing is undertaken as soon as possible after referral and is carried out by an experienced and qualified teacher of deafblind/msi children, in collaboration with the sensory support team (VI and HI), in an environment familiar to the child.

A4 Having established that the child has impairment of both hearing and vision, an assessment of global development focussing on movement, mobility, communication and cognitive abilities should take place, as appropriate.

A5 Where a trans-disciplinary or multi-agency assessment is appropriate, professionals focus on their own area of expertise. This process is facilitated and co-ordinated by the deafblind/msi teacher, (or key worker), to complete an “all round” picture of the child.
A6 Assessments lead to written recommendations, from all parties, describing the strategies to be adopted in order to maximise learning potential.

A7 When a child is undergoing statutory assessment, the contribution from the qualified teacher of deafblind/msi children contains a clear description of the child’s learning needs and recommends appropriate staffing support, resources and strategies.

A8 Formal and functional assessment procedures are appropriately chosen for individual deafblind/msi pupils. They should have clear aims, be well structured and clearly understood by all involved.

A9 On-going monitoring and evaluation of the child’s global development has been carried out to ensure any changes are identified so initial recommendations can be updated as appropriate. The implications of any complex medical conditions should be considered in the assessment.

A10 Visual and hearing assessments are reviewed at least annually and have been undertaken in a range of environments.

A11 Parents are given clear, jargon-free explanations of reports including the implications for learning.
EARLY YEARS PROVISION
(Birth-5 years)

“Effective education requires practitioners who understand that children develop rapidly during the early years – physically, intellectually, emotionally and socially. Children are entitled to provision which supports and extends knowledge, understanding, skills and confidence, and helps them overcome any disadvantage.” *Curriculum Guidance for the Foundation Stage (DfEE/QCA May 2000)*.

In the years preceding formal schooling, children who are deafblind/msi should have access to a range of opportunities in the same way as other very young children. Specialist support should be provided at home, in childcare and early education settings to promote effective learning.

It is particularly important that the significance of the parents’/carers’ role is fully acknowledged and that all work is carried out in partnership with them and with any other agencies involved.

Additional input is required to minimise the impact of the sensory impairments and ensure that learning needs are met. As soon as there is an indication of an impairment of hearing and vision, a qualified deafblind/msi teacher should be involved and continue to be available as often as appropriate, depending on individual need.

Quality Standards for Early Years Provision

**There should be evidence that:**

**EY1** Regular home visits take place from a qualified teacher of deafblindness/msi who has the appropriate experience and knowledge to work with very young children and their families.

**EY2** Close liaison with other early years services is maintained, ensuring trans-disciplinary, multi-agency collaborative working.

**EY3** Approaches and strategies used when working with babies, young children and their families show respect for personal circumstances, beliefs and life styles.
EY4 Approaches and strategies take account of the highly individual needs of the deafblind/msi child and include an awareness of social, emotional and cognitive needs.

EY5 Parents and carers, and the wider family, are fully involved in any programme of support and intervention and their views taken into account.

EY6 Responses by professionals to enquiries and queries are rapid and clear and time is made available to properly address concerns expressed by the child or the family.

EY7 Parents and carers are provided with information at an early stage, and in an appropriate format, regarding:
- the roles of all professionals (e.g. education, social services, health services);
- the contribution of voluntary agencies;
- means of accessing specific services, resources and support, including Parent Partnership officers;
- relevant local contacts and contacts for information specific to their circumstances;
- the process of assessment as described in the SEN Code of Practice (when appropriate);
- the wider assessment process;
- toys and other resources.

EY8 Parents are offered information about, and the opportunity to participate in, appropriate networks for families.

EY9 Parental consent is sought to agree the free flow of reports between professionals, while respecting confidentiality.

EY10 Advice regarding medical needs has been sought (with parental permission) and the developmental implications have been integrated into planning for the individual child.

EY11 Training opportunities are made available to those staff working with families.
EY12 Active planning has taken place to ensure that the child can attend the chosen early years provision successfully. Additional specialist support, including on-going advice from a qualified deafblind/msi teacher, should be available.

EY13 Any structured programme includes deafblind/msi specific targets and activities. The programme and its purposes are made explicit to the family and professionals involved with them.

EY14 As the child approaches school age, opportunities are provided for parents and carers to be given information on the full range and types of educational provision, which may meet their child’s needs. They are supported in making informed decisions.

EY15 Prior to school entry, liaison has taken place with the Head Teacher of the “receiving” school. There should be evidence of planning that involves:

- opportunities for the child and parents to familiarise themselves with the school;
- in-service training for the whole staff on: deafblind awareness, the specific needs of the individual child, specific teaching and learning strategies;
- advice on:
  - any necessary adaptations to the environment;
  - differentiation of the statutory curriculum;
  - the requirements for additional staff resources;
  - specialist equipment;
  - specialist curriculum areas including communication, mobility, independence skills and sensory awareness.
THE SCHOOL YEARS

As stated in the Introduction, the primary responsibility for the education of deafblind/msi pupils lies with their school. The role of the support service will be to work in partnership to ensure that the needs of these pupils are fully met. Support will always be most effective when all those involved, including parents and carers, are working collaboratively and constructively.

The needs of every individual pupil will be different, and will change as they progress through their school years. All pupils, including those who are deafblind/msi, should have access to:

- the statutory curriculum;
- specialist aspects of learning e.g. sensory awareness and skills, communication, mobility, independence skills;
- adapted school premises as necessary;
- extra-curricular activities (e.g. school trips, sporting activities, and clubs).

All aspects should be planned according to each child’s individual needs with the advice of the deafblind/msi specialist. Support needs, identified during assessment, will be regularly reviewed to ensure maximum access to the curriculum and to enable the pupil to fulfil their potential for learning and independence.

Quality Standards for the School Years

There should be evidence that:

SY1 Pupils have access to a qualified teacher of deafblind/msi throughout their school years.

SY2 There are regular visits from the deafblind/msi teacher to ensure the child’s full access to learning opportunities.

SY3 Regular contact is maintained with the family in order to provide continuing support and facilitate continuity between home and school.

SY4 Parents have opportunities to be involved in all stages of planning and decision making, and receive clear information about the impact of deafblindness or multi-sensory impairment on learning.
SY5 A range of support is available from the sensory support service (HI, VI, Deafblind/msi), which may include:

- joint planning to support the work of the SENCO, class teacher, subject teacher and other appropriate staff;
- in-class support;
- advice about the provision of specialist equipment, (where necessary), and training in its use, to pupils and staff;
- advice on the provision of specialist adapted materials appropriate to the individual’s needs;
- providing advice on the incorporation and differentiation of therapeutic intervention including speech, communication, physio and music therapies;
- advice on, and teaching in, specialist curriculum areas e.g. the development of residual sight and hearing, tactual skills, communication, mobility, ICT support, daily living skills.

SY6 The pupil’s communication mode is considered when determining placement to ensure a peer group with appropriate communication skills for learning and social interaction. Interaction between pupils should be actively promoted and supported through planned programmes.

SY7 All staff working with pupils receive training and support, including understanding the Teaching Assistant’s and Intervenor’s role where appropriate.

SY8 Teaching Assistants and Intervenors assigned to work with pupils who are deafblind/msi receive ongoing training in the specialist aspects of the role.

SY9 The deafblind/msi teacher has provided advice supporting the development of the Individual Education Plan (IEP).

SY10 Wherever possible, pupils have opportunities to be involved in decision making and planning their own programme of support, and are supported in their communication to do so effectively.

SY11 Advice has been provided to ensure that special examination arrangements have been made where appropriate, (both internal and external, including public examinations).
**SY12** Pupils have access to appropriate specialist equipment and are trained to use it independently.

**SY13** Where pupils are educated in specialist provision outside the home LEA, the placement decision and ongoing monitoring of the placement should involve a person with experience and qualification in the field of deafblindness/msi.

**SY14** Pupils’ social needs are considered and information provided on opportunities to meet others with similar sensory impairments and communication needs in a social, sporting or leisure context.

**SY15** Pupils are helped to develop an age and ability-appropriate understanding of their needs and how they relate to the way they learn, and should be supported to develop their confidence with strategies to make their needs known.

**SY16** Advice has been given to school staff and families of the psychological impact on pupils with deafblindness/msi, particularly in the case of those with acquired, degenerating or fluctuating conditions.

**SY17** Pupils are made aware of the contribution to society of disabled people.
TRANSITION TO ADULTHOOD

Each young person’s needs should be considered on an individual basis and their wishes and views taken into account before any decision is made about their future. From the age of 14 years consideration should be given to the changing needs of the young person, including adapting the curriculum to increase independence and life skills learning. The SEN Code of Practice describes the process of planning for transition in detail. An appropriate placement that offers ongoing specialist support for learning should be selected for post-16 or post-19 education.

Quality Standards for Transition to Adulthood

There should be evidence that:

T1 Professionals with appropriate experience and qualifications in deafblindness/msi, HI or VI are involved in planning and preparation for future placement.

T2 A comprehensive assessment of need by a qualified teacher of deafblind/msi is available to inform the 14 plus Annual Review meeting and subsequent planning meetings.

T3 Where appropriate, a specialist teacher supports the school in the planning and monitoring of work experience placements.

T4 The Connexions Service Personal Adviser and other careers specialists are able to draw upon information from the deafblind/msi professional when seeking to provide advice regarding the full range of education and career options, both locally and nationally.

T5 Young people and their families are directed to sources of information about the funding mechanisms to support student placements in further or higher education.

T6 Advice and information about the young person’s support needs is made available when funding applications are made.
Liaison is made with the appropriate agencies (e.g. social services, disability resource teams, voluntary bodies etc.) to ensure students have sufficient advice regarding personal and technical support.

Arrangements for support are put in place before the young person transfers from school and in-service training is offered to staff and fellow students as necessary.

The young person is prepared for the transition with a formal programme which has been developed with the involvement of parents/carers and, as far as possible, with their own involvement. This process should result in a clear transition plan, with specific outcomes.
BEYOND SCHOOL

Although the formal responsibility of a LEA ceases when a pupil leaves school, in practice it is helpful if the Support Service is able to oversee the transition to post-16 and post-19 education, working, as appropriate, alongside other professionals, e.g. Connexions Service. In addition some LEA support services are contracted by the post-16 provider to deliver ongoing support. It is for these reasons that this section is included in this document. The section may also prove useful as a guide to families and those who have formal responsibility beyond the school stage. Each service will therefore need to identify the standards that are relevant to their local context.

Due to the unique learning patterns of deafblind/msi students, continuing education is highly recommended. As before, the needs of each student should be considered on an individual basis and their wishes and views taken fully into account. Appropriate support will be essential to facilitate access to learning and social life. In every case, it will be important to seek the consent of the student to any programme of intervention and the sharing of information.

Quality Standards for Beyond School

There should be evidence that:

**BS1** Prior to placement, the “receiving” institution is fully informed of the student’s needs based on detailed assessments.

**BS2** The “receiving” institution is aware of the communication needs of the student, staff are trained accordingly, and necessary resources are made available.

**BS3** The student has access to trained communication support personnel which may include, as appropriate, an Intervenor, BSL Interpreter, Communication Support Worker, Relay Interpreter, Communicator Guide, Note Taker.

**BS4** Advice has been given about the necessary adaptations to the acoustic, visual and tactile environment.
BS5  The student has access to, and training in, the use of appropriate ICT and technological equipment (including CCTV, tapes, computer equipment, loops, amplification), and has access to a named person on site to provide technical support.

BS6  The student continues to receive education and training in those personal, social and employability skills which will equip him/her for adult life.

BS7  The student’s needs are reviewed regularly with support from a specialist deafblind/msi professional.
MANAGEMENT AND LEADERSHIP

All services should have in place a management structure that enables the organisation of support to be well planned, monitored and evaluated. It is appreciated that service structures within LEAs will vary but the principles upon which these standards are based will still apply.

Quality Standards in Management and Leadership: Practice

There should be evidence that:

M1 The professional oversight and management of the service to deafblind/msi children is undertaken by a person with an additional qualification in the field of sensory impairment (deafblind/msi, VI, HI).

M2 If that person is not a qualified teacher of deafblind/msi, there is a senior specialist teacher who is qualified and experienced in this area of SEN specialism.

M3 Delivery of services and allocation of support is based on locally agreed published criteria and is regularly reviewed to reflect changing needs.

M4 The service has clear procedures for communication with parents, schools, medical and social services and protocols for interagency working.

M6 Clear roles and responsibilities for specialist deafblind/msi teachers, Teaching Assistants, Intervenors, Interpreters and other personal support staff have been established and are incorporated into job descriptions (which should be reviewed regularly).

M7 Appointment panels for all key staff working directly with deafblind/msi children have access to relevant advice and information.

M8 LEA service plans include reference to the needs of deafblind/msi pupils.

M9 The specialist service advises schools where necessary in drawing up the appropriate policies.
Quality Standards in Management and Leadership: Professional Skills

There should be evidence that:

**MP1** In addition to having a qualification in the field of sensory impairment, the manager of the Sensory Support Service possesses the skills listed in the National SEN Specialist Standards (Teacher Training Agency, December 1999 – see section 3c, page 29/30, Managerial Roles and Responsibilities) and has opportunities to further develop these aspects of management expertise.

**MP2** Teachers of deafblind/msi children, Teaching Assistants, Intervenors and others have access to regular opportunities to update and review their professional skills in both the mainstream and the specialist aspects of their work. This could include, for example:
- mechanisms for regular performance management;
- professional development interviews;
- visits to other services;
- access to specialist courses.

**MP3** Because of the low incidence and individual nature of the impairment, there is a planned process of induction and continuing training which draws on expertise from within and outside the service for specialist staff.
Quality Standards in Management and Leadership: Monitoring and Evaluation

There should be evidence that:

**MM1** Arrangements for delivery of specialist support are subject to regular review and evaluation by professionals in the deafblind/msi field.

**MM2** Mechanisms are in place for regular auditing and adjustment of levels of specialist support.

**MM3** Evaluation of the effectiveness of service delivery is based on:
- records of individual pupil progress;
- academic and social standards achieved;
- views of the establishments accessing the service;
- Best Value measures.
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