



National Deaf Children's Society Review of  
Education Provision for Children and Young People  
with a Hearing Loss in Suffolk

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## Appendixes

Due to the length of the report several large areas are presented in appendix form and referred to in the main body of the documentation

- 1) Example of parents' questionnaire
- 2) Example of children and young people's questionnaires

### 1.0 Executive Summary

The National Deaf Children's Society (NDCS) was invited to carry out an independent review of the Hearing Impaired Service (HIS) section of the Sensory and Communication Service (SCS) of Suffolk County Council. This was prompted by an identified need following the Local Area Inspection and the phase 2 SEND review carried out by Suffolk CC. It was to identify good practice, investigate areas for further development and identify specific KPIs and evidence requirements.

The review was carried out by Tina Wakefield Educational Consultant for NDCS over November 2018.

The review involved parents, children and young people (CYP) with a hearing loss, staff and leadership in individual structured interviews, questionnaires and a document review.

Future challenges for the resources were discussed and a diagram of changing needs produced.

Recommendations for actions were described.

## 2.0 Glossary

BSL	British Sign Language
CSW	Communication Support Workers
CRIDE	Consortium for Research into Deaf Education
DYCP	Deaf Children and Young People
FTE	Full time equivalent
HIS	Hearing Impaired Service
KPI	Key Performance Indicator
QS	Quality Standards
SLT	Speech and Language Therapist
SEND	Special Educational Needs
SENCo	Special Educational Needs Co-ordinator
SEF	Self Assessment Framework
SLA	Service Level Agreement
SSP	Sensory Support Practitioner
TA	Teaching assistant
QToD	Qualified Teacher of the Deaf
QTMSI	Qualified Teacher of children with Multisensory Impairment

## 3.0 Introduction

Suffolk County Council working with the NDCS Regional Director, Gary Nethercott, requested an independent review of the Suffolk Hearing Impaired Service. This was driven by several factors including identified need following the Local Area Inspection by Ofsted and the Care Quality Commission. The subsequent phase 2 SEND review carried out by Suffolk CC was to be extended to the HIS and later to the teams for VI and MSI. This review was to comment on the effectiveness of the specialist education service for deaf children in Suffolk and good practice within the service; to make recommendations on areas for future development and any further evidence requirements. CYP with a hearing loss and their parents were to be asked their views by interview and questionnaire, and HIS and SCC staff interviewed.

As an education consultant with the NDCS and Ear Foundation I was asked to carry out the review. My experience includes working in mainstream as a SEND specialist and

SENCo, and then qualifying as a Teacher of the Deaf. I have over 30 years experience with deaf children and young people and have taught in both resource bases and as a peripatetic teacher over the whole age range, lately being the head of a large service for sensory impaired children and LA officer for inclusion.

### 3.1 Methodology

In November 2018 I made three full day visits to Ipswich and Lowestoft and carried out individual interviews with head teachers, SENCos, SSPs, QToDs, cluster leads and LA officials and the Chair of Suffolk Parent Carer Forum. In structured interviews I elicited their views on what they felt was going well, what was presently challenging and their views on future needs and suggestions for developments. Parent and CYP questionnaires were sent out.

Greer Hill SEND Manager (Specialist Services), Jan Welsh, Headteacher (Outreach Services), the three cluster leads, and I filled in the National Sensory Impairment Partnership (NatSIP) Quality Improvement Self-evaluation Tool and discussed matters arising from this.

I would like to thank all involved for the warm welcome they offered me throughout my visits. As a consultant I worked very closely with Greer Hill, who supplied me with valuable documentation and data. She helped arrange interviews, transport around the county and contacted interviewees.

### 4.0 Findings

#### 4.1 Basic data and national comparisons

In Suffolk children and young people with a hearing loss are educated either in mainstream, resourced provision within the mainstream, in local special schools not designated particularly for deaf children and young people (DCYP), or in out of county placement. The service is funded from the high needs block

Currently the majority of DCYP in Suffolk of school age are educated within their local mainstream school (77%) or local special school (14%). A smaller proportion, approximately 9%, are placed in mainstream schools with resourced provision to meet their needs. 2% are placed in out of county provision.

This is broadly in line with the national findings reported in the CRIDE Report for England 2017, which stated that 78% of school-aged deaf children attend mainstream schools (where there is no specialist provision). 12% attend special schools not specifically for deaf children, 6% attend mainstream schools with resource provisions, 3% attend special schools for deaf children, usually out of county.

At the moment the Hearing Impaired Service consists of 5.2 full time equivalent (FTE), working as peripatetic specialist teachers. Currently 3.2 of these are qualified Teachers of the Deaf (QToD) and 2 are in training at Birmingham University. One is in her first year of training, and the other in her second. Added to the 5.2 can be a 0.8 FTE per vacancy which currently exists but two part-time QToDs have recently requested increasing their hours to fill this, and a 0.6 FTE that exists due to staff temporarily covering the mainstream placement not included in this budget. **Therefore, a substantive team of visiting teachers of 6.6 FTE is funded.**

There are 1.3 FTE Sensory Support Practitioners (SSP) of which two staff work across both the hearing impaired and visual impairment service areas. There is an additional one FTE SSP providing BSL training and support.

There is currently a vacancy for Head of the HI Service (a role previously known as Lead Consultant and vacant since the end of August 2018) and for a 0.8 Technical Officer. It is the intention of the management team to utilise feedback from this review to shape the role of the Head of Service moving forwards. The post of Technical Officer has been advertised once already at the time of writing this report, however this was unsuccessful. The post is being advertised for a second time.

There are 2.8 FTE QToDs and five Communication Support Workers (single status staff employed on term-time only contracts) and an apprentice employed by the Service who are presently working in three of the integrated resource bases.

Not included in the Sensory and Communication Service budget is the staffing support for an individual pupil in mainstream. This is two FTE Communication Support Workers (interpreter level) and a vacant post for a full-time QToD. Due to recurrent difficulty in recruiting, this is presently covered by 0.6 QToD from the HIS and 0.4 QToD commissioned from Norfolk County Council.

Resource provision in Suffolk currently consists of three primary resources and one secondary resource.

Total known cases of HI in Suffolk

A snapshot of current caseload held by HIS shows 640 children known to have a hearing loss in the county, with 472 of these being active cases, ten being out of county. The rest would be deemed “On Request” therefore not active - total 161.

Levels of support allocated using NatSIP Eligibility Framework.

Placement type	Resourced	Special	*Remainder	Totals
Support Plus	37	3	21	61
Support	5	6	47	58
Monitor	0	23	116	139
Advice	0	34	180	214
<b>Overall total on active HI caseload</b>	<b>42</b>	<b>66</b>	<b>364</b>	<b>472</b>

EHC Plans- 220 CYP known to have HI have an EHC plan  
 Additional Needs- approximately 180 active cases recorded as having an additional need  
 Radio aids- approximately 160 users across all ages/county.

This leaves a caseload of 472 to be covered by the peripatetic team. **This shows an average caseload for a QToD of 72 DCYP.**

The national figures from CRIDE 2017 show that nationally, each visiting (peripatetic) Teacher of the Deaf has a theoretical average caseload of 60 deaf children. This is significantly less than in Suffolk.

CRIDE states that this figure is affected by circumstances. Areas that are large or rural like Suffolk, may, by necessity, need more visiting Teachers of the Deaf than areas that

are small and urban because of the need to allow for travel time. The theoretical caseload does not tell us about the outcomes achieved by deaf children in the area.<sup>1</sup>

In Suffolk it is not currently possible to obtain electronic outcomes data for DCYP. This has profound and wide-ranging effects on the service's ability to monitor and analyse DCYP's progress. A new system is currently being installed county wide that should make this possible in the near future.

#### 4.2 Self Evaluation Framework.

The self evaluation framework was completed jointly by LA officials, cluster lead QToDs and I. The completion of this detailed document is a useful quality improvement tool in itself, requiring reflection on the part of the service about all areas of education of the DCYP. The information gathered will be used to inform this review and recommendations.

Several main points were identified and discussed.

Good practice was noted in many areas including

- QToD, SSP and CSW operational delivery of individual support to DCYP
- good staff moral and team work – for example the cover of head of service vacant role by volunteer cluster leads
- links with newborn screening services and early intervention
- good multi agency working with health, although the recent changes following the break-up of the integrated Education and Social Care structure, have led to challenges in the links with social care.
- excellent BSL training and family support
- specialist training for staff e.g. all going to BATOD conferences
- local authority desire to improve service – this year a focus with the Suffolk SEND strategy
- innovatory practice with schools eg split placements in early years between mainstream and resource base
- good use of NatSIP eligibility framework for allocating support levels
- good annual FE transition process used by QToDs

#### Areas of challenge

- poor communication with parents and other stakeholders
- lack of policy documents – no development plan, assessment plan or communication plan. This has significant detrimental effects on the HIS ability to plan appropriately for future needs and to develop a true team approach to operational delivery.
- lack of ability to extract outcome and other data from current systems – although new system being introduced
- urgent need for head of service role to have strategic lead as well as operational
- recruitment – head of service and new technician
- variation of support in different areas e.g. no secondary resource provision in north of county, differing SLT provision due to different CCG,
- need for close liaison with HR to develop job and person profiles

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<sup>1</sup> In simple terms and for consistency across all parts of England, CRIDE calculates the theoretical caseloads by dividing the number of permanently deaf children living in any given area and in non-specialist provision by the number of visiting Teachers of the Deaf who are qualified or in training for the mandatory qualification. This will include some deaf children in some areas who are not being actively supported by the service. Even where a service is simply monitoring a deaf child, this still requires time and effort from the visiting Teacher of the Deaf.

- need for clear SLA with resource provisions
- information leaflets for parents and other stakeholders – newly diagnosed, parents in special schools etc
- there is a general need for performance measures – generally provided as numerical data which may reflect progress made by DCYP in the form of targets achieved, including those relating to: social, emotional, attitudinal or behavioural issues; attainment and achievement data
- perception measures – generally of the recipients of the service including DCYP, their parents and service staff, but also school improvement services, other partners, and local authority commissioners. This may take the form of evidence gathered from questionnaires, surveys and interviews.

#### 4.3 Parental views

Parents who were seen by peripatetic QToDs during the weeks of the review and parents in resource provision and special schools were given a questionnaire to complete (Appendix 1). I received completed questionnaires from 16 parents which showed a good spread for age of child, communication method and type of provision. In general, the numerical data and the comments were very positive.

Answers as to how they would rate the support their child received from HIS were 55% excellent, 35% good, 10% poor. This 10% related to SLT cover and lack of communication to parents.

Parents rated their contact with HIS as 50% excellent, 38% good, 6% satisfactory and 6% poor. Communication with HIS was rated 47% excellent, 33% good, 13% satisfactory and 7% poor.

100% of families felt involved when decisions were made by HIS about the support their child received and 100% felt they were able to make an informed choice about educational placement.

Individual comments ranged from

*'We have felt there has been great support from the very start.'*

*'My daughter benefits from routine visits but also flexible visits if there are problems in school'*

*I have seen a big improvement in his learning and confidence since having support from the HI service.'*

*'..great guidance- thoughtful'*

Worries about communication came from a few parents. These particularly concerned communication with LA officers and leadership rather than individual ToDs. Some suggestions to improve this included using the phone, email or a home school book. Although most thought they already had good communication systems.

*'I appreciate you deal with a lot of children in Suffolk, but it would be useful to hear from ToD over the phone or a quick meeting to see how your child is doing'*

*Now my child is at school I don't get as much feedback. I get a brief letter outlining what the TOD has been doing but not 1-1.'*

I interviewed the chair of Suffolk Parent Carer Forum, who is also chair of Waveney Deaf Children's Society and the parent of a profoundly deaf, secondary age child in mainstream who uses BSL as his main mode of communication. She discussed the views of her organisations and also her own personal experiences. Although she was very pleased with the support that her son had experienced in primary integrated resources and now in mainstream, she was concerned about the difficulty both she and others in her organisations have experienced in the recent past in communication with both management of HIS, LA officials and Suffolk County Council leaders – citing the need for frequent use of FOI and reference to ombudsmen.

She felt that now leadership was listening more but was still concerned that invitations to parents for co-production of initiatives within the service were still erratic. The geographical demands of a large county such as Suffolk create challenges of transport for DCYP and she felt that those parents in the north of the county had expressed to her the need for a nearby secondary resource which she would personally endorse.

#### 4.4 Comments of children and young people with hearing loss

It was very disappointing to only receive 4 replies from pupils - all from King Edwards School resource base. It is important that children's views are taken into account. This response is not sufficient to judge the views of pupils as a whole. It is important that HIS makes regular efforts to obtain the views of DCYP and sets up systems for this.

Of the 4 I received the responses were very positive, 100% saying they rated support as very good. They felt good at asking for help when hearing was difficult in the classroom and confident about describing their hearing loss to friends.

Comments included-

*'If I didn't get help I wouldn't know things like homework'*

*'I like doing 'deaf stuff'. People come in and teach me sign language'.*

*'(Support)...helps me feel confident.'*

*'TA support is good and the Roger pen (Radio Aid) '*

*I would like more 1-2-1*

#### 4.5 Structured interviews

Interviews were held with QToD in two resources, three QToD cluster leads, the consultant for deaf/blind, 4 QToDs, two SSP, head of two resource schools and one head of secondary mainstream.

In general staff employed by the HIS were very positive about their roles and enjoyed working with children with a hearing loss. They felt they really made a difference. The main challenges at present were thought to be in encouraging the pupils to be more independent, being aware of strategies to help their loss and to respond to the innovations of new technology. They missed the presence of the technician and looked forward to him being replaced.



They felt that in the future more complex children would be coming through and create challenges for true inclusion. The amount of QToD time given to the schools might have to be reassessed in the light of these future demands.

Many HIS members would have liked the opportunity to have input into setting up of protocols, documentation and discussion of future developments following this review.

My interview with the deaf SSP brought forward many issues. He is trained to level 6 BSL and teaches level 1 and 2 to staff, families and CYP. He delivers Family Sign and is qualified to assess BSL receptive and expressive development in CYP. Looking at his timetable and in view of these qualifications, in discussion with Greer Hill I would recommend that his job designation is looked at carefully with perhaps the move to Deaf Instructor at an unqualified teacher rate should be considered.

Work with the HR department to produce appropriate job and person profiles for all HIS staff is needed.

#### 4.6 Resource provisions

Suffolk has three primary integrated resources –

- Elm Tree Primary Academy, Lowestoft in the north of the county
- Rushmere Hall Primary School, Ipswich in the south of the county

Both of these have a combination of LA and delegated staff

- Westgate Community Primary School, Bury St Edmunds in the west of the county, which has entirely delegated staff.

There is one secondary resource which is located in the west of the county –

- King Edward VI School, Bury St Edmunds

I was unable to visit King Edward VI School but received documentation about their procedures. At the moment there is no mention of the DCYP or the provision on their website, but this is now being added.

I was able to speak to the headteachers of Elm Tree and Rushmere Hall who were both very enthusiastic about having a resource for children with a hearing loss in their schools. They both, however stressed the difficulty of having a mixture of staffing – part paid by the LA and part by themselves. They stated the difficulty of financial planning in these circumstances. They both wished for greater clarity in the system and I feel that further co-production between the heads and the Local Authority is needed to discuss the pros and cons of moving the resources completely into LA staffing. If this move happened it would lead to greater simplicity of funding and allow for flexibility of staffing according to need.

At the moment none of the resource schools have current SLA contracts. This would lead to greater clarity for all concerned. The NDCS Quality Standards for resourced provisions specify that this should set out many of the options already mentioned above - including:

- the responsibilities of each party
- funding arrangements
- number of places funded and admissions criteria
- quality standards
- monitoring and quality assurance arrangements

I also spoke at length to the headteacher and SENCo of Bungay High School in Lowestoft who currently have five DCYP in mainstream, one of whom has significant support.

They could see the benefits for all children of having DCYP in their school. The DCYP were included in a supportive environment and the school as a whole benefitted from many aspects such as -

- the school's familiarity with, and the valuing of, BSL as could be seen from the signing choir, the number of mainstream children and staff learning sign etc
- disability role models for the mainstream children,
- deaf awareness
- methods of differentiation and development of learning conditions that were beneficial to all children.

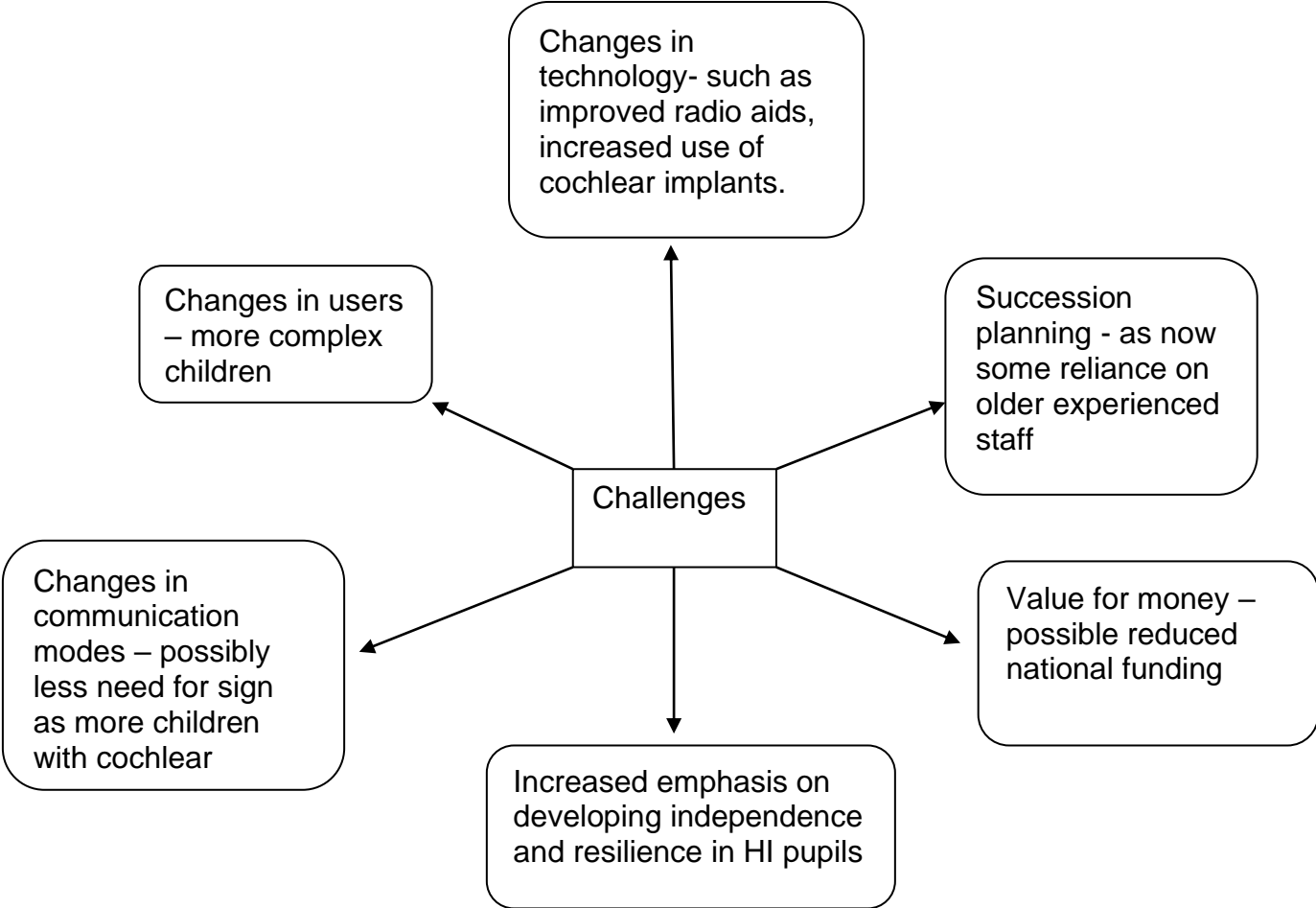
The head teacher was particularly positive about the possible development of a resource base for DCYP in the school, which could draw from the north of the county. This would also fill a locational, social and educational need for children moving on from the primary resource in Lowestoft.

I would wholeheartedly support that such co-production discussions including Bungay High School, parents' groups, LA officials, QToDs and DCYP start as soon as possible. I was very impressed by the inclusive philosophy of the school and look forward to a positive outcome.

6.0 Future external demands

Throughout the structured interviews management and staff reflected upon the future challenges for the HI pupils. A diagram of changing needs discussed can be seen below.

National five-year projection of changing needs



## 7.0 Recommendations

The following main recommendations can be summarised from the findings above.

1. Urgent need for the appointment of a Head of HI Service to manage both strategic and operational needs. It should be considered whether this should be offered on teachers pay and conditions or single status.
2. Look at recruitment procedures for this and the technician role and work with HR to develop job and person profiles for all staff. Look at job designation for SSP currently delivering BSL.
3. Urgent need to continue improvements in communication between SCC, HIS, parents and other stakeholders using a variety of communication systems – focus groups, surveys, letters and email, social media etc.
4. A close look at the Local Offer website is needed as at present it is hard to navigate and shows wrong information e.g. listing a resource provision that is now closed and failing to mention another.
5. Develop and implement a coherent management and evaluation systems to ensure consistency of support across the county with monitoring reports on an annual basis to the management team.
6. Set up links to the new data systems to facilitate extraction of outcome and other pupil data and ensure this data is used in the annual assess, plan, review systems embedded in the development plan
7. Review and write comprehensive policy documentation - particularly a development plan in line with SCC SEND strategy
8. Resource provisions –
  - a. Establish formal SLAs for all resources.<sup>2</sup>
  - b. Initiate discussions on transforming the staffing and financial links for those resources currently staffed by both school and HIS personnel to provide clarity of funding and staffing
  - c. Begin formal discussions with Bungay High School over the possibility of establishing a resource provision in the north of the county.
9. Write user friendly information leaflets for parents and other stakeholders and seek feedback on their usefulness, keeping under review
10. Investigate greater use of performance and perception measures.

These recommendations should be part of any future action/development plan for the HIS and should be linked if possible, to the Suffolk SEND strategy.

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<sup>2</sup> Example SLAs to establish for resources for hearing impaired children can be found on the NDCS website

## 8.0 Conclusions

These recommendations are subject to the need for a continuous cycle of quality improvement based on planning; implementing; reviewing and analysis. This ensures that services monitor how to improve provision they make, to ensure all DCYP access high quality learning, make good progress and achieve good outcomes.

They are written with reference to the National Sensory Impairment Partnership (NatSIP)<sup>3</sup> Quality Standards for Sensory Support Services, the Ofsted Inspection Framework and the NatSIP Quality improvement document.

Parents showed good satisfaction ratings for their contact with ToDs but there were concerns about links with leadership and LA officials. It was noted by some that this had recently improved, and local authority leaders now articulate good expectations for children or young people with a hearing impairment and show a renewed commitment to ensuring that any attainment gaps are closed. The involvement of parents and other stakeholders in this process is vital.

I would like again to express my thanks to the staff, parents and DCYP. In my review I can only touch on the amount of good operational practice already present and hope that the suggested actions will help future progress.

Tina Wakefield.

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<sup>3</sup> NatSIP holds the contract with the Department for Education (DfE) in England for provision of specialist information, advice, support and training to improve the outcomes for children and young people with sensory impairments.