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**REVIEW OF ROLE, ORGANISATION AND  
MANAGEMENT OF VISITING TEACHERS FOR  
CHILDREN WITH HEARING AND VISUAL  
IMPAIRMENT (VTHVI) SERVICE, IRELAND**

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FINAL REPORT JUNE 2014

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## **Acronyms used in this report**

DES: Department for Education and Skills

NEPS: National Educational Psychological Service

VTHI/VI: Visiting Teacher Service for Hearing impaired/deaf and Visually Impaired/blind children

SENO: Special Educational Needs Organiser

SNA: Special Needs Assistant

SESS: Special Educational Support Service

NCSE: National Council for Special Education

NCBI: National Council for the Blind of Ireland

HSE: Health Service Executive

CVI: Cortical Visual Impairment

ANSD Auditory Neuropathy Spectrum Disorder

CIDP: Catholic Institute for Deaf People

CPD: Continuing Professional Development

NatSip: National Sensory Impairment Partnership

SEEC: Scottish Executive Education Department

NARG National Audiology Review Group

FEAPDA Fédération Européenne D'Associations de Professeurs de Déficients Auditifs [European Federation of Associations of Teachers of the Deaf

## 1.0 INTRODUCTION

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The Visiting Teachers for Children with Hearing and Visual Impairment (VTHVI) in Ireland provides support for the education of children who are deaf or hard of hearing, and children who are blind or who have significant visual impairment. Support is provided at the pre-school stage, and at primary and post-primary school levels. In line with a recommendation in the NCSE Policy Document (NCSE, 2013), the Minister of Education and Skills approved a review of the Service in September 2013. The authors of this report were commissioned to undertake the review with a view to making recommendations to the Department of Special Education in relation to the delivery of the services which are currently provided by the VTHVI service (Appendix 1). The full Terms of Reference for the review are provided in Appendix 2. In line with the timeframe agreed with the department a provisional timetable was drawn up for the review (Appendix 3). In accordance with the Terms of Reference the review process included desktop research, meetings with a wide range of invited key stakeholders as well as a national invitation for written submissions from interested parties.

An Interim Report provided a summary of emerging findings within Phase 1 of the review and was presented to the Advisory Board in November 2013. An Interim Report summarising the emerging Key Findings and provisional Recommendations from each phase of the review was presented to the Advisory Board in March 2014. The Final Report draws on the emerging issues presented in the two Interim Reports, desktop research and an analysis of the written submissions from Phase 2 (n= 1372) to present Key Findings and Recommendations in accordance with the Terms of Reference. An Executive Summary is presented in Section 2.0. It provides a summary of the Key Findings and Recommendations and is intended to be read in conjunction with the Final Report.

## 2.0 EXECUTIVE SUMMARY

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### INTRODUCTION

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The Visiting Teachers for Children with Hearing and Visual Impairment (VTHVI) in Ireland provides support for the education of children who are deaf or hard of hearing, and children who are blind or who have significant visual impairment. Support is provided at the pre-school stage, and at primary and post-primary school levels. In line with a recommendation in the NCSE Policy Document (NCSE, 2013), the Minister for Education and Skills approved a review of the Service in September 2013.

The authors of this report were commissioned to undertake the review with a view to making recommendations to the Department of Special Education in relation to the delivery of the services which are currently provided by the VTHVI service (Appendix 1). The full Terms of Reference for the review are provided in Appendix 2. In accordance with the Terms of Reference the review process included desktop research, meetings with a wide range of invited key stakeholders as well as a national invitation for written submissions from interested parties. An interim report provided a summary of emerging issues within Phase 1 of the review and was presented to the Advisory Board in November 2013. An Interim Report summarising the emerging Key Findings and provisional Recommendations from each phase of the review was presented to the Advisory Board in March 2014. The Final Report draws on the emerging issues presented in the Phase 1 Interim Report, desktop research and an analysis of the written submissions from Phase 2 (n= 1372) to present Key Findings and Recommendations.



## KEY FINDINGS: VIEWS OF STAKEHOLDERS

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The Key Findings provide a summary of the views of the stakeholders who were consulted within Phases 1 and 2 of the review including an analysis of the written submissions (n= 1372). An analysis of these findings together with the desktop research undertaken of relevant literature and policy documents has been drawn upon to formulate the review recommendations.

### THE FUNCTION AND ROLE OF THE VISITING TEACHERS SERVICE

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#### KEY FINDING 1: HOW THE SERVICE IS VALUED

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**There was clear consensus amongst stakeholders who were consulted as part of the review that the work of the VTHVI Service is highly regarded with broad agreement about those aspects of the work that were particularly valued.**

- Aspects of the Service that 'parents' reported as being valued included: the individualised specialist support provided to their child; the support offered to parents in their own homes and to the teachers and support workers within school; input to an assessment of their child's needs, explanations of appropriate ways to work with a child at home to ensure that development progress was monitored and supported.
- Aspects of the Service that 'interested parties' reported as being valued included: expertise in the management of sensory impairment in order to meet the needs of sensory impaired children; the support provided in accessing specialist technology to promote curricular access; advice on appropriate adjustments; assessment of individual learning needs and appropriate differentiation of materials to ensure optimum inclusive practice.
- Aspects that children reported they 'liked' about the support they received included: the visiting teachers facilitating active participation in the life of their school; supporting themselves and their peer group in understanding the implications of their sensory needs; supporting a responsive approach to curriculum access within mainstream settings; providing children with a sense of consistency and trust that their needs would be advocated for; a focus on seeing the potential within each child.
- A common view expressed by stakeholders in both phases of the review was that the Service was viewed as being a central thread in working with families to link different agencies and types of support at key points in a child's 'educational pathway' from 0-18. This was considered to be important in meeting the needs of low incidence disability groups particularly given that for the majority of parents sensory impairment is a new experience and an area of unknowns and uncertainty. Whilst other key professionals are involved at various stages in this pathway, input is often channelled through the Visiting Teacher as a 'hub' of expertise in a particular area of sensory needs. As such Visiting Teachers were described by a number of stakeholders as being akin to a 'key worker' or a 'core worker'.
- Additionally it was noted by a number of stakeholders that late onset of sensory impairment relating to specific syndromes and conditions, raises significant challenges for the individual child and family in addition to the challenges faced in accessing the curriculum. Input from appropriately trained staff was therefore seen to provide access to invaluable support, both in respect of social-emotional development and broader educational achievement.

#### KEY FINDING 2: ASPECTS OF THE SERVICE THAT WORK WELL

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**There was broad consensus amongst stakeholders about those aspects of the service that were considered to ‘work well’.**

- Aspects reported by ‘parents’ as working well included: liaison between home, school and with other agencies; reliable and consistent support in schools; the role of the VT in supporting and advising mainstream staff about the individual needs of sensory impaired children; the empathy and professional expertise of the VT that helps both children and their parents to feel more secure; supporting parents in navigating the education system; promoting optimum learning opportunities.
- Aspects reported by ‘interested parties’ as working well included: the specialist advice available for mainstream teachers, the support provided for resource teachers and support staff; individualised support that included assessment of needs and liaison with a child’s family and other agencies.
- The children recognised the very specialist nature of support that was offered and felt this was an investment that both reassured and enabled them in their educational setting. There was broad consensus that they found their teachers to be approachable and could provide practical advice that positively influenced their broader educational experience. In inclusive settings, a number of children noted that they felt mainstream staff needed a constant reminder so that they remembered the individual needs of children and made appropriate adjustments sensitively and on a regular basis.

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**KEY FINDING 3: ASPECTS OF THE SERVICE THAT WOULD BENEFIT FROM REVIEW**

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**A common theme identified by stakeholders as benefiting from review related to management of caseloads. For all categories of respondent the overriding response was that the caseloads of VTs were too large and their time was too stretched.**

- A common view expressed by stakeholders was that the service needed to be expanded. Given the rapid rate of development in assistive devices parents reported wanting VTs to have access to appropriate training and on-going updates to ensure individual children were provided with state of the art equipment and best access to the curriculum.
- Parents also reported wanting interagency working to be facilitated to ensure all parties worked in a complementary way, that the needs of individual children were central to such discussions and parents were actively involved.
- Whilst early sensitive expert advice and support was reported by many parents as being invaluable it was reported that this raises some challenges, with year round support being required following the national introduction of the Newborn Hearing Screening programme.
- The management of caseloads of the VTs was also identified by ‘interested parties’ as the most important factor that needed review. Other aspects reported by these stakeholders included: clearly defined roles and responsibilities of the visiting teachers to support more effective interagency working; appropriate management structures to ensure that appropriate CPD opportunities are provided for the VTs; a nationally agreed bank of assessment materials; clarification of parental expectations in supporting their children; clear lines of governance and quality assurance mechanisms.
- A number of stakeholders questioned whether visiting teachers currently have appropriate expertise to meet the needs of more children with more complex needs.
- The most important aspect reported by children about how they felt the service could be made ‘better’ was to provide increased access to a specialist teacher to offer support and advice.

- Other common aspects reported by both groups of children was help in meeting peers who had similar sensory needs and the importance of ensuring their school peers understood the impact of their sensory loss.
- A number of children also noted that more support and advice to parents would be welcome and that out of hours and school holiday contact with teachers in the Service would be helpful.

#### KEY FINDING 4: DELIVERY OF EDUCATIONAL SUPPORTS

##### **There was broad consensus amongst stakeholders about which educational supports should be provided by specialist teachers in the service.**

- The majority of parents and interested parties were in agreement that the role should include: sharing advice on best practice, monitoring the educational progress of children with sensory needs, providing additional teaching for certain children, advising the National Council for Special Education (NCSE), the State Examinations Commission (SEC), and schools, in relation to resources, reasonable adjustments and interventions for children with hearing and visual impairments.
- Other types of educational support identified by parents included facilitating a network with other children who had a similar sensory loss, and with agencies that could provide social activities, support and advice. Transitional support was seen as being essential to a child's progression and a key aspect of the work of a VT.
- A number of parents reported that the individual needs of children would be better served if the Service had a higher profile that ensured mainstream staff were aware of the service, the role and responsibilities of VTs and knew where to ask for help advice and support.
- Parents commented on the skills and expertise of the Service that they felt should be better recognised and supported as this was central to good service provision. The importance of training mainstream staff in the needs, methods of adapting the curriculum and using assistive equipment appropriately was stressed.
- Additional access to Speech and Language therapy, Mobility training, radio amplification for pre-school children were all seen as important.
- A number of parents of children with VI/HI and who had additional needs reported wanting parity with other sensory impaired children in terms of access to a VT, assessment of needs, provision of appropriate technology, access to training for staff and on-going support and monitoring of developmental progress.
- Other types of educational support identified by interested parties included: pre-school support for parents of sensory impaired children; support for social and emotional development within a mainstream setting; appropriate use of assistive devices; training of mainstream staff.
- In feeding back on which types of support should be provided by another service, a commonly held view was that the Service had specialised expertise that respondents did not feel any other organisation or group had in meeting the needs of sensory impaired children. An overriding concern was that any changes should serve to strengthen the role of the Service rather than dilute it.
- A number of stakeholders expressed strong support for multi-agency working with the specialist teacher acting as the 'keyworker'. The importance of joint working across agencies was stressed with challenges relating to management of such working practice being identified but that the lack of clearly defined roles and responsibilities raised concerns.
- Non-Governmental groups were seen, by some parents, as a valuable addition to rather than replacements for the VTHVII service. Value was placed on the professional expertise

offered to mainstream staff with a strongly held view that the specialist support was considered to be vital in ensuring mainstream teachers could accept and appropriately work with sensory impaired children.

- The importance of offering Informed choices to parents and ensuring families knew of the range of additional services available to them, early in a child's life, was identified as important. Training of staff in a number of key areas was also identified including use of ISL and assistive technology.

## ORGANISATION OF THE VISITING TEACHER SERVICE

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### KEY FINDING 5: FUTURE ORGANISATION OF THE SERVICE

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**There was strong agreement amongst stakeholders that operating as a separate dedicated service, organisation meant that the service was able to maintain a strong focus on delivering its core areas of support. No clear consensus emerged about whether operating this structure meant that the service is currently professionally isolated from other bodies directly involved in the delivery of similar services. Similarly there was no clear consensus about whether the functions of the VTHVI Service could be more effectively provided through integration with other existing bodies or services.**

- In reporting on the potential advantages of integrating the Service with other existing bodies or services, stakeholders noted that best use of all resources could only be achieved if organisations are accepted as partners in delivering services to children. A commonly expressed view was that, provided that there were clearly defined roles and responsibilities, integration could provide VTs with access to latest research, relieve pressure in specific areas and support networking of children and their families. One proposal outlined a model whereby VTs are allocated to cluster schools, to ensure effective sharing of expertise, providing services to each school on a yearly basis.
- In reporting on the potential disadvantages of integrating the Service, a common theme expressed by respondents was a fear of dilution of Service integrity and expertise. The impartial stance of a service, which is both recognised and valued by service users, could be lost by placing it within a larger organisation. Other reported potential disadvantages included reference to long waiting lists for service access, with a fear expressed that the current accessibility and fast response times would be lost.
- A number of stakeholders stressed the importance of the Service being viewed as being politically impartial in any future structure with the expertise, experience, knowledge and skills that are within the VT service being fully recognised. Reference was also made to the role of the VTs in understanding the way in which schools work, so as to tailor support to meet both the needs of individual children but also the school within which the child is being educated.

### KEY FINDING 6: FUTURE MANAGEMENT ARRANGEMENTS

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**No clear consensus emerged about which management arrangements were considered to be most conducive to the on-going change process of the Service.**

- A range of views were expressed about the role of the current structure in evaluating the overall impact of the Service in schools given the responsibility of the Inspectorate to manage the Service.
- A potential advantage of the current management structure identified by a number of stakeholders was that inspectors have a range of knowledge and understanding of the education system.
- A potential disadvantage was viewed as being the need for a highly specialised service to be managed by experienced staff who have training in sensory needs and can provide a clear lead and vision for the development of the service.

### KEY FINDING 7: FUTURE DEVELOPMENTS

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**There was strong agreement amongst all groups of key stakeholders that a dedicated Service should play a key role in the efficient and coordinated delivery of high quality supports for the education of children who have sensory needs.**

- The majority of respondents agreed that in order to provide appropriate high quality support for the education of children with sensory needs, the Service needs to evolve to reflect current and proposed developments in relation to special educational needs in Ireland. A commonly expressed view was that the availability of extra educational support in schools for mainstream children should not mean that VTs are no longer required.
- In reporting on ways in which they thought service delivery in Ireland should evolve to ensure the efficient and coordinated delivery of high quality supports for the education of children with sensory needs, respondents made reference to: establishing what constitutes 'best practice' including clearly defined roles and responsibilities around the work of the VTs; ensuring VTs have access to research information; using an assessment bank of materials and developing standardised ways of working and recording progress. It was also noted that the Service requires a planned training programme for staff, involving a skills audit that is monitored, funded and updated regularly, with cascading of knowledge and skills to other VTs.
- A number of respondents reported that consideration be given to developing dedicated leads with specialist areas of expertise (eg pre-school, children with complex needs, audiological management and technological support for VI).
- Given that the Service provides a strong link between home and school, reference was made to early involvement in supporting parents to develop an understanding of needs and how they can be met with examples presented of the role of the VT facilitating pre-school meetings to help network parents.

There was clear consensus amongst all groups of key stakeholders consulted for this review that the Service as a whole and the specialist educational supports it provides are highly valued. Despite the establishment of other services in Ireland that have a remit to support the educational development of children with special educational needs, there was strong agreement that a dedicated sensory support service with appropriately qualified staff is required in order to ensure high quality support for children, families and schools in Ireland. As discussed in Section 8.0 of the Final Report, this finding concurs with evidence from the literature that highlights the important role of highly trained specialist staff in providing effective support for children with sensory needs. There is evidence to indicate however that in order to provide appropriate efficient and coordinated delivery of high quality supports for the education of children who are deaf/hard of hearing, and children who are blind/visually impaired in the future educational landscape within Ireland, significant aspects of the current Service will need to evolve to reflect current and proposed developments in relation to special educational needs. Recommendations are outlined to support these developments.

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## RECOMMENDATIONS

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### INTRODUCTION

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Key issues arising from the review findings have been drawn upon to assist in formulating the review recommendations with reference made to relevant sources. These include recent work undertaken by the NCSE in Ireland (e.g. NCSE 2012, NCSE 2009a, NCSE 2009b), the National Sensory Impairment Partnership (NatSip) in England (e.g. NatSlp 2012), the Scottish Executive Education Department (SEED, 2001), publications by organisations for children with sensory needs, international literature and sensory service case studies. Drawing on research evidence from this study, national guidance documents and international research, each of the recommendations is discussed in further detail in Section 8 of the Final Report.

#### RECOMMENDATION 1: FUTURE OF VISITING TEACHERS SERVICE (VTS)

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**It is recommended that a dedicated specialist sensory support service incorporating current services for children who are deaf/hard of hearing, and children who are blind/visually impaired should be retained in Ireland in order to continue to deliver support for these low incidence groups.**

#### RECOMMENDATION 2: STRUCTURE AND GOVERNANCE

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**To promote effective, efficient working it is recommended that an appropriate structural framework is developed within which a senior management team (SMT) is actively engaged in developing services and where clear lines of governance are in place.**

#### RECOMMENDATION 3: SERVICE MANAGEMENT AND DELIVERY

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**It is recommended that a new management and leadership structure is developed to ensure that the professional oversight and *direct* management of the sensory support service is undertaken by a person with a specialist qualification in the field of either visual or hearing impairment.**

#### RECOMMENDATION 4: FUTURE FUNCTION AND ROLE OF THE SUPPORT SERVICE

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**It is recommended that the service should be restructured to ensure a greater emphasis is placed on an 'outcomes' focused approach to service planning, delivery and evaluation that can be externally assessed against agreed benchmarks.**

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## RECOMMENDATION 5: DEVELOPMENT OF NATIONAL QUALITY STANDARDS

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**It is recommended that national quality standards are developed that provide a means of planning, monitoring and evaluating service provision for children and young people with sensory needs and which are suitable for the educational context in Ireland.**

## RECOMMENDATION 6: ELIGIBILITY CRITERIA

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**It is recommended that the current service eligibility criteria are reviewed and updated to ensure they are suitable for use within a restructured service.**

## RECOMMENDATION 7: REVIEW OF CASE LOADS AND DELIVERY OF EDUCATIONAL SUPPORTS

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**It is recommended that all current case loads are reviewed with reference to the revised service eligibility criteria and support allocation matrix to consider the nature of specialist teachers role and identify where they might work in closer partnership with other practitioners in providing particular educational supports.**

## RECOMMENDATION 8: SPECIALIST NATURE OF THE SERVICE PROVISION

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**It is recommended that all teachers in the Service are required to hold or work towards obtaining, within a set period of time, an appropriate specialist award in the education of children with sensory needs.**

**Consideration should also be given to renaming the service and the title of the teachers to more accurately reflect the role and specialist status of the service provision.**

**The job descriptions for all staff in the service should be reviewed and modified as appropriate to ensure these reflect revised roles and responsibilities in line with the review recommendations and indicate how they are expected to work in partnership with other stakeholders through service level and/or partnership agreements. Additionally contracts should clearly recognise that sensory impaired children and families require year round support.**

## RECOMMENDATION 9: CONTINUING PROFESSIONAL DEVELOPMENT

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**It is recommended that resource is allocated for all staff in the service to update their skills, engage in professional dialogue and participate in regular continuing professional development (CPD) in order to remain up to date and develop new knowledge, understanding and skills according to need.**

## RECOMMENDATION 10: WORKING WITH FAMILIES

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**It is recommended that agreed protocols are drawn up by the new SMT which identify clear quality guidelines for working with pre-school sensory impaired children and their families.**



**This should take into account Recommendation 8 that contracts should ensure that year round cover is available to meet the support needs of families and children with sensory impairment. As an example, the Newborn Hearing Screening Programme (NHSP) brings with it the need to have year round support in place to ensure continuity of support.**

## RECOMMENDATION 11: INTERAGENCY WORKING

**To ensure parents are aware of the work of the Service, it is recommended that a document is produced that clearly and without bias, describes the work of the Sensory team, HSE partners and NGOs. It is recommended that a similar booklet should be made available at each transition point, pre-school to primary, primary to post primary and post primary to third level for both parents and mainstream staff.**

## CONCLUSION

In a rapidly changing educational landscape for children with special educational needs it is important to have a clear vision and strategic direction for how educational supports will be delivered and evaluated to ensure that individual needs are met. The review has provided a valuable opportunity for key stakeholders to be consulted about how these supports should be provided for children with a wide range of sensory needs.

There was broad consensus that whilst a dedicated specialist service should continue to play a central role in the delivery of educational supports for these children, aspects of the current Service need to evolve to reflect current and proposed developments in relation to special educational needs in Ireland. The recommendations of the review are responsive to the key issues identified through the consultation and the wider literature, and are designed to ensure that the future service provision is more equitable, efficient and importantly can be judged as being 'effective' in terms of the quality of the support it provides.

In combination the recommendations seek therefore to ensure that future provision through the Service in Ireland is developed so as to:

- allow the quality of the work to be assessed as being 'effective' in relation to stated aims and purpose;
- support service quality assurance and self-evaluation through a reflective and evidence informed approach to data collection;
- offer the opportunity to facilitate benchmarking with Sensory Impairment Support services in other countries;
- enable the service to provide an equitable allocation of its resources;
- provide appropriate eligibility criteria to offer the service a means of identifying the levels of support required and provide entry and exit criteria;
- inform staffing level considerations, the nature of support and allocation of caseloads;
- offer transparency in relation to its function and role through for example, the development of Service Level Agreements with key stakeholders;
- provide consistency in its working relationships and support provided by the Service;
- offer a means of justifying the support provided to ensure it is accountable in its activities;
- engage service users and other key stakeholders for feedback and planning purposes.

If fully implemented the recommendations should serve to ensure that effective high quality supports offered by the service will lead to improved outcomes for all children with sensory needs in Ireland.

## **3.0 OVERVIEW OF WORK UNDERTAKEN WITHIN PHASE 1**

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### **3.1 INTRODUCTION**

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This section provides an overview of the key activities undertaken within Phase 1 of the review.

### **3.2 SITE VISIT 1: DUBLIN (5-6 NOVEMBER 2013)**

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The focus of the initial meeting with Advisory Group was to:

- Discuss the project brief and the Terms of Reference;
- Agree a project timeframe within the Terms of Reference (Appendix 3);
- Consider the timeframe and format for call of written submissions from interested parties within Phase 2;
- Review relevant documentation for reference purposes.

A series of meetings were held with invited key stakeholders including inspectors with management responsibility for VTHVI, representatives from NCSE, SESS, NEPS, VTHVI, Féach, Childvision, Catholic Institute for Deaf People, National Audiology programme, NCBI, Principals of St Joseph's school for VI and school for HI, Rosmini College, (Appendix 4).

The purpose of these meetings was to:

- Find out about the work of the VTHVI from a range of key stakeholders;
- Hear their views about the focus of the review;
- Consider any issues they wish to raise in relation to the work of the VTHVI and/or the Terms of Reference;
- Ascertain their views about the Service and to identify any aspects requiring review;
- Provide clarification about the timeframe and format for the call of written submission within Phase 2.

### **3.3 SITE VISIT 2: ENFIELD (12 NOVEMBER 2013)**

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A whole group consultation was undertaken with teachers and managers from the Service as part of their annual CPD event. Drawing on an Appreciative Enquiry process (Cockell and McArthur-Blair, 2012) the day was structured to allow team members to work collaboratively in order to:

- Review key developments in the service development leading up to the present day structure;

- Consider potential changes to service delivery in response to recent changes in service delivery (eg educational supports, population of children);
- Identify key features that might characterise effective service provision for children with sensory needs in Ireland;
- Provided insights into the respective working practices of the VI and HI services;
- Generate preliminary case studies to illustrate the 'service at its best' which could be developed to inform the review;
- Identify how best to structure and disseminate the call for written submissions to all relevant key stakeholders (eg children, parents and practitioners).

### 3.4 SITE VISIT 3: DUBLIN (JANUARY 2014)

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The focus of this site visit was to:

- Meet with Advisory Group to discuss the Interim Project Report;
- Review the timeframe for the call of written submissions from key stakeholders
- Undertake site visits to the campus of Childvision and Deafvillage
- Meet with further invited key stakeholders, Irish Deaf Society, Deaf Hear, Principals of St Joseph's and St Mary's School for the deaf, Irish Deaf Kids, Sharing the Journey, NBPU, St Pats, Trinity Deaf Studies

### 3.5 DESKTOP RESEARCH

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During the site visits, the authors collated a selection of key documents that have relevance to the terms of reference for the review (Appendix 5).

### 3.6 CALLS FOR WRITTEN SUBMISSIONS

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As reported in 5.0 the call for written submissions was through differentiated questionnaires for key stakeholders. The call for submissions originally run from 3 December 2013 to 20 January 2014 with an extension provided until 30 January to account for the Christmas holiday period.

### 3.7 MEETINGS WITH KEY STAKEHOLDERS

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A series of meetings were held with invited key stakeholders including inspectors with management responsibility for the VTHVI service, representatives from NCSE, SESS, NEPS, VTHVI, Féach, Childvision (Appendix 4). The purpose of these initial meetings was to:

- Find out about the work of the VTHVI from a range of key stakeholders;
- Hear their views about the focus of the review;
- Consider any issues they wish to raise in relation to the work of the VTHVI and/or the terms of reference;
- Ascertain their views about the Service and to identify any aspects requiring review;
- Provide clarification about the timeframe and format for the call of written submission within Phase 2.

### 3.8 ASPECTS KEY STAKEHOLDERS APPRECIATED ABOUT THE SERVICE

Key stakeholders identified the following aspects which they appreciated about the Service:

- There was broad consensus from the key stakeholders that the VT service is viewed as being a central thread in linking different agencies and types of support at key points in a child's 'educational pathway' from 0-18. This was considered to be particularly important in meeting the needs of low incidence disability groups.
- Whilst other key practitioners are involved at various stages in this pathway (e.g. NEPS), input is often channelled through the VT as a 'hub' of expertise in a particular area of sensory needs. As such Visiting Teachers were described by a number of the key stakeholders as being akin to a 'key worker' or a 'core worker'.
- Knowledge and expertise of the VTs. Appropriate qualifications were viewed as being essential for any VT who was going to offer support, advice, guidance to families and schools on the educational and social needs of children with permanent childhood sensory losses.
- Work with families was considered central especially given that for the majority of parents sensory impairment was a new experience and an area of unknowns and uncertainty. Early sensitive expert advice and support was considered to be invaluable. It was reported that this raises some challenges however with year round support being required following the national introduction of the Newborn Hearing Screening programme, on 02.11.2013, it was reported that 108 children had been identified, through NHSP, with permanent hearing loss, this included 8 children with auditory neuropathy spectrum disorder [ANSO].
- Interdisciplinary working was identified as being important but as noted below lack of clarity of roles and responsibilities, of definition of boundaries and mechanism for sharing information could be problematic.

### 3.9 ASPECTS STAKEHOLDERS IDENTIFIED AS POTENTIALLY BENEFITING FROM REVIEW

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Key stakeholders identified a number of aspects of the Service as potentially benefiting from review. These are summarised as ‘emerging issues’ below in relation to *Function and Role* and *Organisation and Management*. The issues formed the basis of further investigation within Phase 2 including the design of the call for written submissions, desktop research and focused discussion with members of the Project Advisory Board.

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#### EMERGING ISSUES: FUNCTION AND ROLE

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##### EMERGING ISSUE 1. STAKEHOLDER VIEWS OF THE SERVICE

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- It was highlighted by a number of key stakeholders that there is not a shared understanding of the role of VTs creating potential confusion as to the boundaries of the role.

##### EMERGING ISSUE 2. RELATIONSHIP WITH OTHER EDUCATIONAL SUPPORTS

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- Changes have taken place at a national level in recent years which means other practitioners have a potential overlapping role in terms of the educational supports available to children with sensory needs.
- Whilst it was reported that the other practitioners could not be expected to have the same depth and breadth of experience in the area of sensory needs, a number of key stakeholders highlighted that the role boundaries between different practitioners were blurred and would benefit from clarification and clearer definitions to ensure more effective working practices.

##### EMERGING ISSUE 3. CHANGING ROLE OF THE VISITING TEACHER

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- It was reported by a number of key stakeholders that the role of the VT has altered in recent years to reflect the educational supports now in place within schools as well as the changing needs within the population of children with sensory impairment. An example was provided of some VT’s now having less of a teaching role and more of an advisory one.

- An exception for VTs supporting children with visual impairment was noted as being braille instruction which was still required significant teaching input.
- For VTs supporting children with hearing impairment there had recently been a greater emphasis on input to preschool children in the home environment following the new-born screening initiatives.
- An issue was raised about ensuring there was differentiation in relation to individual needs to ensure appropriate support was available at key points in a child's educational pathway. An example was presented in relation to the preparation required for key transition points in this pathway.
- New groups have emerged, for example, those children with Auditory Neuropathy Spectrum Disorder, 8 such children being identified through the Newborn Hearing Programme. Such children may not be fitted with amplification initially but will require detailed specialist input to enable positive on going management, to work closely with Audiology to provide a picture of emerging needs.

#### EMERGING ISSUE 4. CONSISTENCY IN WORKING PRACTICE

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- A number of key stakeholders made reference to some areas of practice seeming to be dependent on an individual VT without a clear service rationale for input.
- Examples were provided in relation to Service eligibility criteria. It was reported that there appeared to be a lack of consistency in the way such criteria were applied by different teachers both within and across different regions.
- In relation to visual impairment it was noted that children with Cerebral Visual Impairment (CVI) as well as those with more complex needs may not always be eligible for support as the current criteria relate predominately to measures of sensory acuity.

#### EMERGING ISSUE 5. CURRICULUM DELIVERY

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- It was reported that whilst VT's have a central role in coordinating aspects of curriculum delivery for children with sensory needs there are a number of important differences in this role for VTs of the HI and VI given the needs of the children they support.
- For children with visual impairment, the 'additional' curriculum is considered to be those areas that may require additional input in order for the child to access

the mainstream curriculum. These areas include mobility, access technology, independent living skills. For a child with HI these areas include environmental audit of the listening environment, detailed assessment of language skills to ensure appropriate differentiation of the curriculum, use of ISL where this has been identified as the chosen method of communication and proactive management of assistive technology and deaf awareness training at a school level.

- A number of stakeholders reported that it was not always clear however what the role of the various agencies was in the delivery of these activities. Examples were presented in relation to mobility and access technology to highlight the lack of clear referral and monitoring routes between different providers.
- For children with hearing impairment there was evidence of some confusion regarding roles and responsibilities when providing access to amplification equipment, without consultation or discussion with the VT and without any clear line of communication regarding such provision. This raises significant issues regarding management of amplification.

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## EMERGING ISSUES: ORGANISATION AND MANAGEMENT OF THE SERVICE

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### EMERGING ISSUE 6. STRATEGIC DEVELOPMENTS IN SEN

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- A number of key stakeholders reported that service developments had not been linked to growth in other areas of national SEN delivery. Examples included the introduction of new support teachers (including resource teachers) to whom some functions of the service could potentially be devolved with appropriate support from the VT (e.g. some areas of classroom teaching currently undertaken by the VT).
- It was highlighted by some stakeholders, that without adapting to the new SEN landscape the Service risked being viewed as 'separate' from other agencies and as such could be professionally isolated.
- Development of the SESS has provided training for mainstream teachers, resource teachers and Special Needs assistants but its role in working with the VTHVI appears to lack a higher level strategic 'fit'.



## EMERGING ISSUE 7. MANAGEMENT STRUCTURE

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- Concerns were expressed by a number of key stakeholders about the current management structure which was considered to be inappropriate in the current SEN context.
- Examples cited included the current regional management structure resulting in potentially limited coordination of activity at national level; the current senior management positions not requiring experience of sensory needs; the flat service structure of the VTs not allowing for internal promotion opportunities.

## EMERGING ISSUE 8. GOVERNANCE ARRANGEMENTS

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- The current governance arrangements for the Service was raised an issue. It was reported that the current structure did not allow appropriate governance arrangements.
- The lack of a service audit mechanism was identified as being of concern, together with the need to establish clearly articulated targets and outcomes measures.
- Whilst SENOs and Managers have an overview of service delivery this was felt to lack higher level strategic underpinning, making it difficult in some areas to provide a cohesive national service.

## EMERGING ISSUE 9. INTERAGENCY WORK AND RELATIONSHIP WITH OTHER STAKEHOLDERS

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- The need for greater understanding within the Service of the need to, and structures to, support inter-agency working was raised as an issue.
- It was highlighted that a danger of the lack of understanding of roles and responsibilities fosters the potential for a lack of trust between stakeholders.
- It was noted by some stakeholders that the sharing of information between HSE and NCSE could be improved. Whilst this is an area currently being addressed there will be a need to move quickly to promote best child centred practice.

## EMERGING ISSUE 10. MANAGEMENT OF CASE LOADS

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- A number of key stakeholders raised the issue of managing caseloads of teachers to ensure equity of support. It was reported that with expanding

caseloads there was a need to develop a coordinated and shared strategy to manage and prioritise individual caseloads.

- A related issue concerned how key stakeholders including parents and children know what level of support to expect during particular points in a child's educational pathway.
- The lack of clear protocols, assessment materials, reporting mechanisms and national database of such materials, were viewed by some stakeholders as problematic.

#### EMERGING ISSUE 11. LOCATION OF SERVICE

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- The lack of a location for a Service 'base' was reported by a number of key stakeholders as being a particular challenge for national coordination.
- It was reported that some VTs work in relative isolation, others have very high caseloads and rely on informal arrangements for support and advice as there is no Service base.
- The relative merits of having a regional versus a central location for such a based were raised.

#### EMERGING ISSUE 12. IMPACT OF SERVICE PROVISION

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- The apparent lack of outcomes measures was raised by a number of stakeholders with particular consideration of how impact of service provision might be gauged.

#### EMERGING ISSUE 13. CONTINUING PROFESSIONAL DEVELOPMENT

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- It was reported that there is a lack of planning opportunities for *individual* CPD. This appeared to be compounded by the lack of a higher level strategy giving rise to a relatively ad hoc approach to CPD opportunities that arise.
- It was also noted that the mechanisms for how CPD feedback into a strategic plan for developing the VTHVI service could be developed to ensure there is sharing of expertise.
- It was noted that the need to update in the area, particularly given the small numbers of staff, make any kind of individual specialisation difficult.

## **4.0 CONSULTATION WITH SERVICE TEAM MEMBERS**

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### **4.1 INTRODUCTION**

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A whole group consultation was undertaken with all VTs (n=43) and managers (n=5) from the Service as part of an annual CPD event. Drawing on an Appreciative Enquiry process (Cockell and McArthur-Blair, 2012) the day was structured to allow team members to work collaboratively in small groups to explore a number of issues of relevance to the review. The morning activities were split into two broad themes:

- Discovering the ‘best’ in what we have;
- Creating shared images of a preferred future to meet the educational needs of children with sensory needs in Ireland.

A summary of the key themes identified through this process is presented below.

### **4.2 DISCOVERING THE BEST IN WHAT WE HAVE ALREADY**

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a. Participants were asked to tell a story to their small group about what they felt had been a ‘peak’ experience in their work within the Service to date and consider: what was in place to allow it happen; what might need to be in place to allow it to happen again.

b. Participants were asked to list the aspects of their role, their work and/or the Service that they value. A summary of key features identified by participants from each of these tasks is included in Appendix 6a.

c. Participants were asked to identify key features that they felt captured the Service at its best in meeting the educational needs of children with sensory needs in Ireland. A summary of key features identified by participants is included in Appendix 6b.

### **4.3 CREATING SHARED IMAGES OF A PREFERRED FUTURE TO MEET THE EDUCATIONAL NEEDS OF CHILDREN WITH SENSORY NEEDS IN IRELAND**

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Participants were asked to generate images of a ‘preferred’ future to meet the educational needs of children with sensory needs in Ireland. Prompt questions provided to the groups included:

- Features of the provision (ie what does it look like)?
- What is the role of the 'specialist' teachers in this provision?
- What is the role of other professionals in supporting the children?
- How is the delivery of provision organised?
- How is the delivery of provision monitored and evaluated?
- What input do children, young people and families have in the provision?

Key features identified by each group are listed in Appendix 6c. Random numbers have been allocated to each group so it is not possible to track back to the group numbers used on the day.

#### 4.4 KEY FEATURES THAT MIGHT CHARACTERISE EFFECTIVE SERVICE PROVISION FOR CHILDREN WITH SENSORY NEEDS IN IRELAND

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With reference to a fictitious scenario participants were asked to generate key features that might characterise effective service provision for children with sensory needs in Ireland. A copy of the scenario and a summary of key features identified by participants is presented in Appendix 6c.

#### 4.5 CASE STUDIES TO ILLUSTRATE THE 'SERVICE AT ITS BEST'

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Drawing on the Appreciative Enquiry approach, examples of case studies were generated by the group to illustrate key features of how the Service was considered to be at its 'best' in meeting the educational needs of a child or children with sensory needs. VTs were invited to develop these drafts into more in-depth case studies that could be drawn upon in the Final Report. A selection of invited case studies is presented in Appendix 6E and used to exemplify practice and to amplify points in discussing the findings of the Review.

## 5.0 OVERVIEW OF WORK UNDERTAKEN IN PHASE 2

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### INTRODUCTION

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Drawing on the emerging findings from Phase 1 and in line with the Terms of Reference for the Review, as part of the work undertaken in phase 2, differentiated questionnaires were developed to find out views about the work of the Service from the following key stakeholders:

- interested parties: a group that included teachers in mainstream classes, VTVIHI, staff working for the NCSE, NSE, SESS, DES, representatives of non-governmental organisations, and any individual who had a specific interest in the provision of services to this group of children and young people.
- parents/carers of children who currently receive support from the VTHVI Service;
- children who currently receiving support from the VTHVI Service (separate questionnaires for children with visual impairment and hearing impairment).

Children wishing to complete the questionnaire (online or hard copy) were required to obtain permission from a parent/carer. A copy of the relevant letter for parents/carers is presented in Appendix 8. Copies of the consent forms that parents/carers and children were asked to complete are presented in Appendices 9 and 10 respectively. The questionnaires were designed to be completed in an online format through 'SurveyMonkey' and were hosted on the DES website. Word documents were available for respondents seeking to complete the questionnaire in hard copy or electronic copy format. Promotion of the call for written submissions included information on the DES website and requests from reviewers through the VTHVI service.

Responses were originally invited between Tuesday 3 December 2013 to midday on Monday 20 January 2014 following which preliminary analysis was undertaken. Following the Advisory Board Meeting in January 2014 the date for submission was extended to the end of January 2014.

### NUMBER OF RESPONSES

A total of 1362 responses to the call for written submissions were received by the revised deadline in the form of completed online and hard copy questionnaires. In addition 10 separate letters were received by the review team. All paper submissions received prior to 30<sup>th</sup> January were entered into SurveyMonkey to allow electronic analysis of the data. 55 hard copy versions of the questionnaires were received after this date and have been incorporated into the final analysis. A breakdown of the total number of written submission is presented in Table 5.1.

#### **Table 5.1 Breakdown of total number of completed questionnaires**

<b>Type of questionnaire</b>	<b>Number</b>
Parents/carers of children who currently receive support from the VTHVI Service	506 [480 electronic +18 paper]
Interested parties	692 [659 electronic + 33 paper]
Children who currently receiving support from the VTHVI Service (Visual Impairment)	57 [55 electronic + 3 paper]
Children who currently receiving support from the VTHVI Service (Hearing Impairment)	105 [102 electronic + 3 paper]
Total number of completed questionnaires	1,362 [1,305 electronic + 54 paper]
Number of letters submitted	10
Total number of written submissions	1,372

A summary of findings for each of the survey groups is presented in Section 6.0.

## 6.0 SUMMARY OF WRITTEN SUBMISSIONS

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### INTRODUCTION

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Section 6.0 provides a summary of the responses to the call for written submissions. As noted in the previous section differentiated online questionnaires were provided to find out views about the work of the Service from the following key stakeholders:

- interested parties;
- parents/carers of children who currently receive support from the VTHVI Service;
- children who currently receiving support from the VTHVI Service (separate questionnaires for children with visual impairment and hearing impairment).

### LETTERS FROM PARENTS

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Of the 10 written letters received by the review team, eight were from parents of children with a visual impairment and two from parents of deaf children. All parents expressed major concerns about the potential loss or dilution of the Visiting Teacher service. Parents noted that the VTs had:

- high expectations and were able to reassure parents about their child's potential;
- were positive and practical suggesting ways to support developmental progress
- provided individualised support that had enabled their child to be successfully included in their local school;
- the expert application and use of technology that had supported their child's progress and development.

Parents spoke movingly of the struggle they had with late diagnosis, misdiagnosis, late onset conditions and lack of understanding and empathy of non-specialists they had met. Access to the VT service was reported by a number of parents as a turning point in understanding their child's needs and in feeling secure that an expert professional would positively intervene to gain the optimum learning environment for their child. All parents who submitted letters strongly endorsed the importance of a dedicated VTHVI service.

## QUESTIONNAIRE 1: INTERESTED PARTIES

### SECTION A: RESPONDENTS

Q 1. Respondents were asked to indicate if they were completing the questionnaire on behalf of an organisation. A summary of the responses is presented in Table 6.1.

**Table 6.1: Number of respondents completing the questionnaire on behalf of an organisation**

1.	Are you completing the questionnaire on behalf of an organisation?	Responses
a.	Yes	40.03% (249)
b.	No	59.97% (373)

Q 2. Respondents who indicated 'Yes' were asked if they would like the reviewers to consider publishing the views of their organisation in the Final Report. A total of 117 respondents indicated that they would like this to be considered. A list of these organisations is listed in Appendix 4.

Respondents were asked to select from a number of descriptors which one best describes them. A summary of the responses is presented in Table 6.2.

**Table 6.2: Description of respondents to the questionnaire**

a.	Child/young person with a visual and/or hearing impairment who has received support from the VTHVI Service	3.22%....(20)
b.	Parent/carer of child/young person with a visual and/or hearing impairment who has received support from the VTHVI Service	2.25%....(14)
c.	Family member of child/young person with a visual and/or hearing impairment	3.38%....(21)
d.	Teacher or staff member in school who works with members of the VTHVI Service	61.09%...(380)
e.	Professional who works for an organisation other than the VTHVI Service that provides services for children and young people with special educational needs (please indicate)	17.36%...(108)
f.	Other	12.70% (79)

A breakdown of 79 respondents who selected 'Other' is listed in Table 6.3.

**Table 6.3: Description of respondents who selected 'Other'**

Mainstream staff	23.96%
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Visiting Teachers	27.08%
Non-Governmental organisations	8.33%
Relative of child with HI/VI	7.22%
Retired staff [managers, VTs, Ed Psych]	6.25%
SL tutor/interpreter	3.13%
Social worker, Politician on behalf of constituents, Home school liaison officer, Disability officer, 3 <sup>rd</sup> level support, Guidance counsellor, Director of an Educational centre	10.42%

Q 4. Respondents were asked to provide any additional information about themselves or their role that was helpful for the review team to know about. A summary of the responses is presented in Table 6.4.

**Table 6.4: Additional information about role of respondents**

Mainstream staff	31.58% (120)
Principals in mainstream and four special schools	28.95% (110)
Resource teachers	9.47% (36)
HSE employees	6.58% (25)
VTs	4.74% (18)
Relatives	4.7% (18)
SENO/SEN coordinators	2.37% (11)
Psychologists [4 Educational and 1 clinical]	1.31% (5)
Other: Home school liaison, Deafblind musician, guidance counsellor, private companies who supply low vision aids, university lecturer and researcher, 3 unidentified	3.42% (13)

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**SECTION B. HOW RESPONDENTS VIEW THE SERVICE**

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Section B of the questionnaire was used to find out how respondents viewed the VTHVI Service. Respondents were asked to note down aspects of the VTHVI Service that they **valued** most.

Q 5. Respondents were invited to list up to three points with space provided in the final section if they wished to expand their comments. A summary of the aspects reported by respondents is presented in Table 6.5.

**Table 6.5: Aspects of the VTHVI Service that respondents reported valuing most**

a.	Expertise in the management of sensory impairment was highly valued by respondents who felt without this level of input it would be impossible to meet the needs of sensory impaired children.
b.	The support provided in accessing specialist technology, individualising appropriate use of such equipment and using this to promote curricular access.
c.	Advice on appropriate adjustments, on expectation levels, assessment of individual learning needs and appropriate differentiation of materials was seen as central to ensuring optimum inclusive practice.

Q 6. Respondents were asked to note down aspects of the VTHVI Service they considered worked **well**. They were invited to list up to three points with space provided in the final section if they wished to expand your comments. A selection of aspects reported by respondents is presented in Table 6.6.

**Table 6.6: Aspects of the VTHVI Service that respondents reported as ‘worked well’**

a.	Visits allowed mainstream staff to feel that advice was readily available, both in respect of the individual child and in ensuring all staff were appropriately made aware of learning needs, use of equipment and that suitable changes in classroom practice were being made.
b.	Support for Resource teachers and SNAs was seen as a key part of positive practice that ensured additional hours were focussed on meeting specific individual needs.
c.	Individualised one to one support that included assessment of needs, liaison with a child’s family and other agencies was highly valued.

Q 7. Respondents were asked to note down aspects of the VTHVI Service they considered would benefit from **review**. As above, they were invited to list up to three points with space provided in the final section if they wished to expand your comments. A summary of the aspects reported by respondents is presented in Table 6.7.

**Table 6.7: Aspects of the VTHVI Service that respondents considered would benefit from review**

a.	Caseload and available hours was identified as the one most important factor that needed review.
b.	Definition or roles and responsibilities of the VTHVI would significantly help with interagency working, parental expectations and in schools understanding reasonable requests for support.
c.	Management structures need to ensure that appropriate CPD opportunities are provided, that there are clear lines of governance and quality assurance mechanisms that are fit for practice.

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**SECTION C: VIEWS ABOUT THE ROLE OF VTHVI SERVICE**

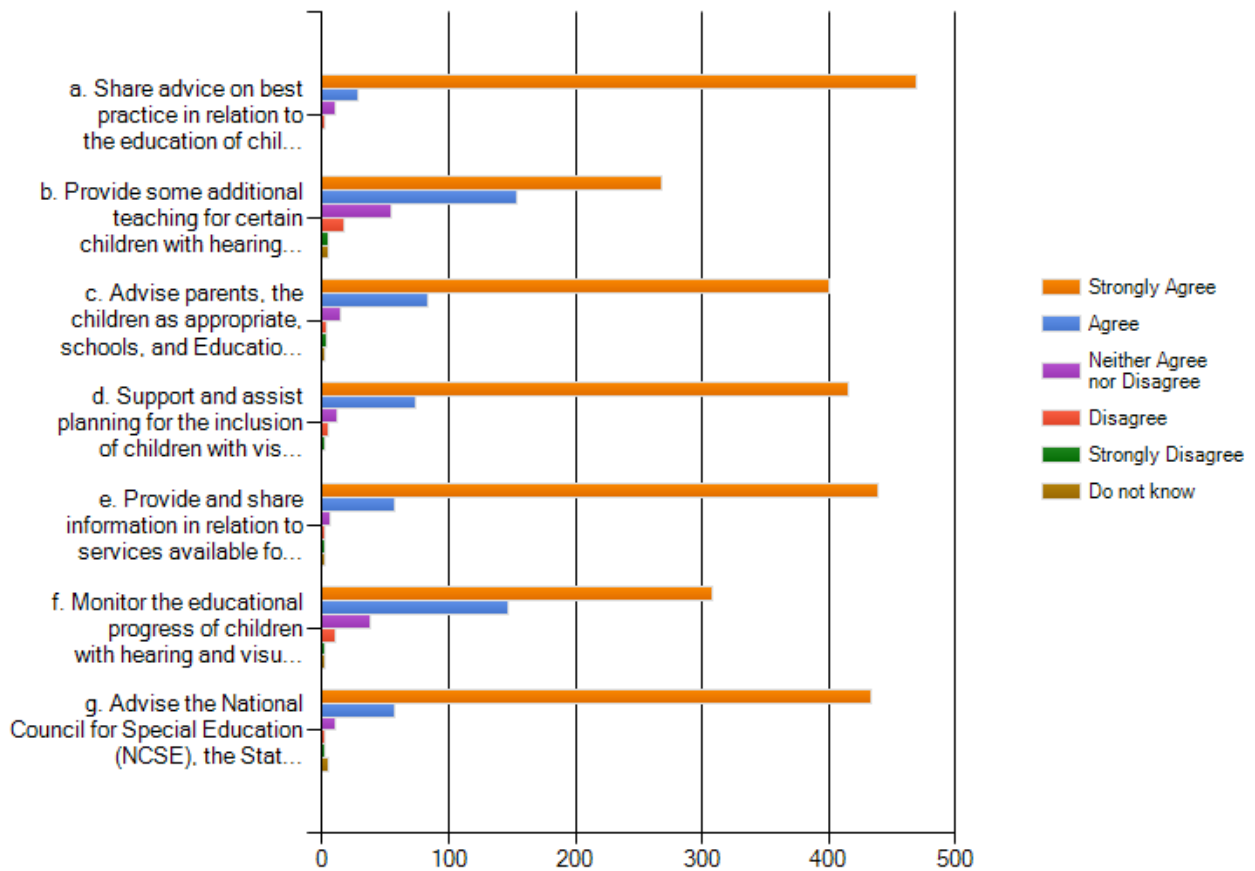
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Drawing on the Terms of Reference and supporting information presented to the reviewers about the work of the VTHVI Service, Section C of the questionnaire was used to find out respondents views about the **role** of the VTHVI Service.

Q 8. Respondents were asked to indicate the extent to which they agreed or disagreed with a number of descriptors about aspects of the role of teachers in the Service. A summary of the responses to each of the descriptors is presented in Figure 6.1.

**Figure 6.1: Extent to which respondents agreed with descriptors about the role of teachers in the Service**

**To what extent do you agree that teachers in the VTHVI Service should:**



Q 9. Respondents were asked to indicate if they thought there were any other types of educational support not listed in the table that should be provided by teachers in the VTHVI Service. A summary of responses is presented in Table 6.8.

**Table 6.8: Number of respondents indicating that *other* types of educational support should be provided by the VTHVI Service**

7.	Do you think there are any <i>other</i> types of educational support not listed here that should be provided by teachers in the VTHVI Service?	Tick one box
a.	Yes	26.86%...(130)
b.	No	25.21% (122)
c.	I am not sure	47.93% (232)

Q 10. Respondents who indicated ‘Yes’ were asked to list which types of support they think should be provided by teachers in the VTHVI Service. A summary of commonly reported responses is presented in Table 6.9.

**Table 6.9: Summary of commonly reported ‘other’ types of support**

1.	Pre-school support for parents of sensory impaired children as over 90% will have no experience of such needs. VT support was seen as vital, central to ensuring a child entered school as near age appropriate as possible.
2.	Support for social and emotional development of individually mainstreamed children with a sensory impairment, including appropriate use of assistive devices was seen as centrally important
3.	Training was another key element, both in respect of mainstream staff, noted a number of respondents felt the VT service were much more in tune with mainstream practice than training provided by SESS. Training was also recommended to ensure VT were kept up to date with current technology and best practice.

Q11. Respondents were asked to indicate whether any of the types of educational support listed in the previous question should be provided by another service or organisation. A summary of responses to this question is presented below in Table 6.10.

**Table 6.10: Number of respondents indicating that any of the listed types of educational support should be provided by another service**

8.	Do you think that any of the types of educational supports listed above should be provided by another service or organisation?	No of responses
a.	Yes	18.92% (91)
b.	No	51.14% (246)
c.	I am not sure	29.94% (144)

Q 11b. Respondents who indicated 'Yes' were asked to list which types of support they thought should be provided by another service or organisation. A summary of commonly reported responses is presented in Table 6.11.

**Table 6.11: Summary of commonly reported 'responses indicating which types of support should be provided by another service**

1.	The largest response to this question was to reiterate that the VTVIHI Service has specialised expertise that respondents did not feel any other organisation or group had in meeting the needs of sensory impaired children.
2.	There was strong support for multi-agency working taking a "team around the child" approach but with a VT as the 'keyworker'.
3.	Non-Governmental groups were seen a valuable additions to rather than replacements for the VTVIHI service

Q 12 Respondents were invited to elaborate on their responses to this question. A selection of comments is included in Table 6.12.

**Table 6.12: Selection of comments elaborating on which types of support should be provided by another service.**

1.	Value was placed on the professional expertise offered to mainstream staff to enable them to meet the needs of individual children with a sensory impairment.
2.	Specialist support was noted to be vital in ensuring mainstream teachers could accept and appropriately work with sensory impaired children.
3.	Lack of clearly defined roles and responsibilities raised significant concerns.

Q 13 Respondents were invited to note down their views about any other aspect concerning the **role** of the VTHVI Service. A selection of comments is included in Table 6.13.

**Table 6.13: Selection of comments about other aspects of the role of the VTHVI Service**

1.	The importance of joint working across agencies was stressed with challenges relating to management of such working practice being identified.
2.	The importance of offering Informed choices to parents and ensuring families knew of the raft of additional services available to them early in a child’s life was identified as important.
3.	The lack of adequately trained professionals to meet current caseloads was stressed.
4.	Training of VT staff in a number of key areas was identified including use of ISL and technology.

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## SECTION D. ORGANISATION OF THE VTHVI SERVICE

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Drawing on the Terms of Reference and supporting information presented to the reviewers about the work of the VTHVI Service, Section D of the questionnaire was designed to find out respondents’ views about the **organisation** of the VTHVI Service which currently operates as a separate dedicated specialist service. The continued organisation of the VTHVI service in this way formed part of the remit for this review.

Q 14. Respondents were asked to indicate the extent to which they agreed or disagreed with a number of descriptors about aspects of the role of teachers in the Service. A summary of the responses to each of the descriptors is presented in Table 6.14

**Table 6.14: Extent to which respondents agreed with descriptors about the organisation of the Service**

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Do not know
. Operating as a separate standalone organisation means that the VTHVI Service is able to maintain a strong focus on delivering its core areas of support.	53.18% 259	21.15% 103	10.88% 53	5.54% 27	5.34% 26	3.90% 19
As a separate standalone service, the visiting teachers in VTHVI Service are currently professionally isolated from other bodies directly involved in the delivery of similar services.	8.78% 43	17.14% 84	23.88% 117	24.49% 120	15.92% 78	9.80% 48
Given it operates as a standalone organisation, the wealth of professional expertise in the VTHVI Service is not always able to be drawn on by other bodies.	10.22% 50	18.00% 88	23.52% 115	23.93% 117	15.13% 74	9.20% 45
Functions of the VTHI Service could be more effectively provided through integration with other existing bodies or services.	11.50% 56	11.70% 57	20.74% 101	22.18% 108	24.23% 118	9.65% 47

Q 15 Respondents were asked to indicate if they thought there were any potential **advantages** of integrating the Service with other existing bodies or services. A summary of responses is presented in Table 6.15.

**Table 6.15: Number of respondents who reported potential advantages of integrating the Service with other bodies**

11.	Do you think there are any potential <i>advantages</i> of integrating the VTHVI Service with other existing bodies or services?	Tick one box
a.	Yes	21.7% 105
b.	No	42.8% 207
c.	I am not sure	35.5% 172

Q15b Respondents who indicated 'Yes' were asked to list what they thought these potential advantages were. A selection of comments is presented below in Table 6.15.

**Table 6.16: Summary of commonly reported potential advantages**

1.	There is duplication across the sector, provided that there were clearly defined roles and responsibilities, integration with another body could provide VTs with access to latest research, and relieve pressure in specific areas, for example within the field of HI: ISL tuition, social work with deaf adolescents and families, networking deaf children and their families.
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2.	VTs could be allocated to cluster schools, perhaps being part of the local management structure to ensure effective sharing of expertise, providing services to each school on a yearly basis.
3.	Effective cross agency working needs clear management structure that ensures quality delivery to all sensory impaired children
4.	Best use of all resources can only be achieved if organisations are accepted as partners in delivering services to blind/VI children.

Q 17 Respondents were asked to indicate if they thought there were any potential **disadvantages** of integrating the Service with other existing bodies or services. A summary of responses is presented in Table 6.17.

**Table 6.17: Number of respondents who reported potential disadvantages of integrating the Service with other bodies**

12.	Do you think there are any potential <i>disadvantages</i> of integrating the VTHVI Service with other existing bodies or services?	Tick one box
a.	Yes	61.6% 295
b.	No	10.9% 52
c.	I am not sure	27.6% 132

Q 18 Respondents who indicated 'Yes' were asked to list what they thought these advantages were. A selection of comments is presented in Table 6.18

**Table 6.18: Summary of commonly reported potential disadvantages**

1.	Dilution of a service that is highly regarded by placing it within a larger organisation, with increased levels on bureaucracy.
2.	Loss of integrity and impartial stance of the service which is both recognised and valued by service users
3.	Long waiting lists for service access. Children referred to CAMHS, HSE services [OT, SaLT] have long waiting lists and there is a fear that the current accessibility and fast response times would be lost
4.	The liaison between agencies provided by VTs is valued by schools and ensures a coherent approach to meeting children's needs

Q19. Respondents were invited to note down their views about any other aspect concerning the **organisation** of the VTHVI Service. A selection of comments in included in Table 6.19.



**Table 6.19: Selection of comments reported by respondents about the organisation of the Service**

1.	It is important that any future structure within which the VT service may sit is politically impartial and recognises the expertise, experience, knowledge and skills that are within the VT service.
2.	As VTs understand the way in which individual schools work they are able to tailor support to meet both the needs of individual children but also the school within which the child is being educated.
3.	VTs need clear guidance and support in complex working environment, including working with non-governmental groups.

### SECTION E. MANAGEMENT OF THE VTHVI SERVICE

Drawing on the Terms of Reference and supporting information presented to the reviewers about the work of the VTHVI Service, Section E was designed to find out views about the **management** of the VTHVI Service. Management of the service is currently provided by senior inspectors working under the direction of an assistant chief inspector. The continued operation of the VTHVI service under this management structure therefore formed part of the remit for this review.

Q20. Respondents were asked to indicate the extent to which they agreed or disagreed with a number of descriptors about aspects of the management of the Service. A summary of the responses to each of the descriptors is presented in table 6.20.

**Table 6.20 Extent to which respondents agreed with descriptors about the management of the Service**

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Do not know
The current management arrangements are not conducive to the on-going change process that is required to ensure the evolution of the service's work practices.	8.61% 41	6.93% 33	32.14% 153	15.13% 72	5.67% 27	31.51% 150
The Inspectorate's statutory remit for quality assurance is not consistent with its current responsibility for the management of the visiting teacher service.	6.99% 33	7.20% 34	32.63% 154	11.86% 56	6.78% 32	34.53% 163
The capacity of the Inspectorate to evaluate the overall impact of the visiting teacher service in schools is compromised by the Inspectorate's responsibility to manage the service	7.64% 36	13.59% 64	26.33% 124	15.07% 71	8.92% 42	28.45% 134
The existing arrangements for the management of the VTHVI service	8.96% 42	7.25% 34	27.08% 127	15.14% 71	15.99% 75	25.59% 120

should be ended and new alternative arrangements be put in place.						
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Q21. Respondents were asked to indicate if they thought there were any potential advantages of the current management arrangements for the Service. A summary of responses is presented in Table 6.21.

**Table 6.21 Number of respondents who indicated potential advantages of the current management arrangements**

21.	Do you think there are any potential advantages of the <i>current</i> management arrangements for the VTHVI Service?	Tick one box
a.	Yes	26.9% 118
b.	No	9.3% 43
c.	I am not sure	63.3% 270

Q22. Respondents who indicated ‘Yes’ were asked to list what they thought these advantages were. A selection of comments is presented in Table 6.22.

**Table 6.22 Selection of comments regarding potential advantages of the current management structure**

1.	Every organisation needs strong leadership, the management should understand the work of the VT service and be able to evaluate it and provide leadership.
2.	Inspectors have a range of knowledge and understand the education system so are ideal managers, with the exception of their heavy workload in other areas.
3.	Managers keep the service working but have little or no time to provide the development and support side of the role.

Q 23. Respondents were asked to indicate if they thought there were any potential disadvantages of the current management arrangements for the Service. A summary of responses is presented in Table 6.23.

**Table 6.23 Number of respondents who indicated potential advantages of the current management arrangements**

23.	Do you think there are any potential disadvantages of the <i>current</i> management arrangements for the VTHVI Service?	Tick one box
a.	Yes	61.59% 295
b.	No	10.86% 52
c.	I am not sure	27.56% 132

Respondents who indicated 'Yes' were asked to list what they thought these advantages were. A selection of comments is presented in Table 6.24.

**Table 6.24 Selection of comments with regarding potential disadvantages of the current management structure**

1.	This is a highly specialised role that requires someone who has training in VI or HI and can provide a clear lead, for the immediate future and vision for the development of the service.
2.	This urgently needs to have a management structure that is fit for practice and recognises the challenges and provides an opportunity for positive development of services.
3.	The current system does not work and needs to be recognised to ensure that there is more uniformity of provision, co-ordinated links with key agencies and mentoring for new staff and clear development of skills for established staff.
4.	Inspectors, as managers of the service is problematic as they have a huge workload and lack of knowledge in relation to VIHI.

Q23 Respondents were invited to note down their views about any other aspect concerning the **management** of the VTHVI Service. A selection of comments in included in Table 6.25.

**Table 6.25 Views about any other aspect concerning the management arrangements for the VTHVI Service**

1.	A VI and HI head need to be an integral part of any management structure but it is essential it stays within the DES.
2.	VTs require a responsive reflexive manager who is sensitive to the needs of the staff and actively listens to suggestions, considers personal circumstances within a professional context and has a strong voice to help gain support for development of services.
3.	Given the constraints under which the VT service has to operate, a new management structure will need to be creative to ensure the service develops to be the best it can.

## SECTION F. FUTURE DEVELOPMENTS

Part of the remit for the review was to propose recommendations for the **efficient and coordinated delivery of high quality supports** for the education of children who are deaf/hard of hearing, and children who are blind/visually impaired. In this final section of the questionnaire, respondents were invited to provide comments in relation to the delivery of future support in Ireland.

Q 24. Respondents were asked to indicate the extent to which they agreed or disagreed with a number of descriptors about the future of the VT service. A summary of the responses to each of the descriptors is presented in table 6.26.

**Table 6.26 Respondents views about the future of the service**

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Do not know
A dedicated VTHVI Service should play a key role in the efficient and coordinated delivery of high quality supports for the education of children who are deaf/hard of hearing, and children who are blind/visually impaired.	<b>84.68%</b> 409	10.77% 52	2.48% 12	0.83% 4	0.83% 4	0.41% 2
In order to provide appropriate high quality support for the education of children who are who are deaf/hard of hearing, and children who are blind/visually impaired, the VTHVI Service needs to evolve to reflect current and proposed developments in relation to special educational needs in Ireland	37.76% 182	31.33% 151	16.60% 80	7.05% 34	3.11% 15	4.15% 20
The establishment of an array of services in Ireland that has a remit to support the educational development of children in schools, including children with special educational needs means that there is no longer the need for a dedicated VTHVI Service for children who are deaf/hard of hearing and blind/visually impaired.	5.43% 26	4.18% 20	4.80% 23	16.70% 80	<b>61.38%</b> 294	7.52% 36

Q 25. Respondents were asked to note down ways in which they thought service delivery in Ireland should evolve to ensure the efficient and coordinated delivery of high quality supports for the education of children who are deaf/hard of hearing, and children who are blind/visually impaired. They were invited to list up to three points and expand their comments in the final section if they wished. A selection of responses is presented in Table 6.27.

**Table 6.27 Ways in which I think the VTHVI Service should evolve to ensure the efficient and coordinated delivery of high quality support**

a.	Best practice is not universally agreed, this is further complicated by the lack of clearly defined roles and responsibilities around the work of the VTs, poor access to research information, lack of an assessment bank of material or standardised ways of working or recording progress.
b.	The VT service needs a planned training programme for all staff, this may involve a skills audit and needs to be monitored, funded and updated regularly, with cascading of knowledge and skills to other VTs
c.	Specialist areas of expertise need a dedicated lead, this would include pre-school, children with complex additional needs and VI/HI, audiological management and technological support for VI.

Q 26. For the final question respondents were invited to note down, anything else they would like to inform the review team about the work of the VTHVI Service in relation to the terms of reference, or if they would like to expand any point they had listed earlier. A selection of responses is presented in Table 6.28.

**Table 6.28 Additional comments regarding the work of VTHVI service in relation to the Terms of Reference**

1.	The availability of extra educational support in schools for all mainstream children does not mean that VTs are no longer needed. The VT is more qualified and more expert in ensuring these children get the day to day support they need in an integrated setting. Children in many schools would be completely lost without them
2.	The possibility of having cluster groups for pre-school meetings to help network parents and save VT time. This may also be possible for other areas of work. This could be linked to time-bound support in school settings eg, 2x per week for a half term and then stepping back.
3.	Many respondents made reference to a perception that caseloads were too large and numbers of VTs too small to meet the needs of all sensory impaired children now
4.	The service provides a strong pivot between home and school. Early involvement helps parents to develop an understanding of needs and how they can be met. This helps with transition to school

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**QUESTIONNAIRE 2: PARENTS**

## SECTION A: ABOUT THE RESPONDENTS

Q1. Respondents were asked to select from a number of descriptors which one best describes them. A summary of the responses is presented in Table 6.29

**Table 6.29 Parent respondents**

<b>Parent/carer of child/young person with blindness or visual impairment</b>	40.66% 198
<b>Parent/carer of child/young person with deafness or hearing impairment</b>	55.03% 268
<b>Parent/carer of child/young person with deafness, blindness or a combination of visual and hearing impairment</b>	4.31% 21
<b>TOTAL</b>	487

A summary of descriptors provided by respondents who selected 'Other' is presented in Table 6.30.

A number of these parents reported have two or three children with sensory impairments who were supported by the VT service.

**Table 6.30 Parents in 'Other' group**

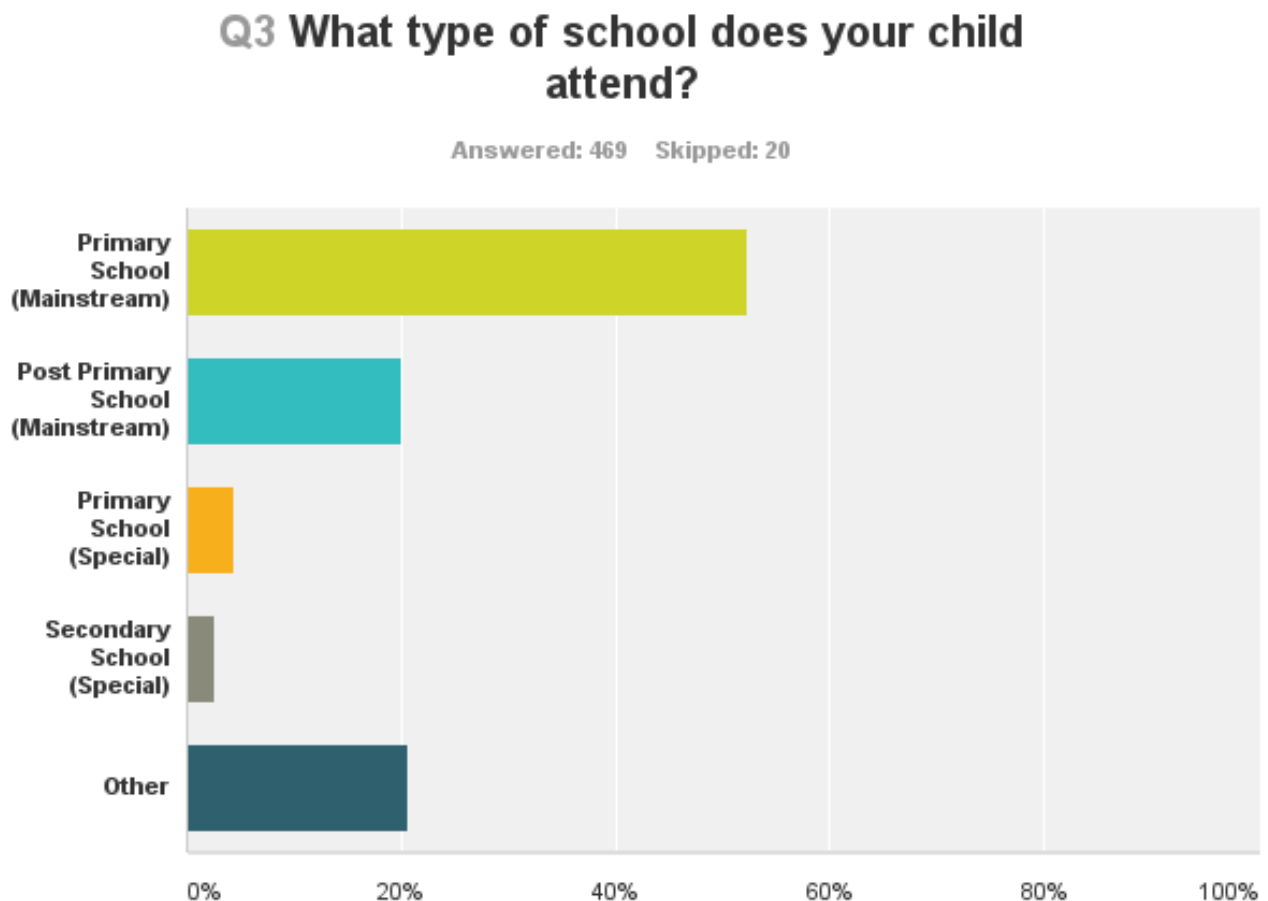
<b>Parent/carer of child/young person with blindness or visual impairment</b>	7
<b>Parent/carer of child/young person with deafness or hearing impairment</b>	32
<b>Parent/carer of child/young person with deafness, blindness or a combination of visual and hearing impairment</b>	1
<b>Parent of a child/young person with deafness and an additional disability</b>	2
<b>Parents who failed to identify if their child had VI/HI [representing a further 22 children]</b>	13

Respondents were asked to indicate which service their child received a service from and what stage of schooling their child was currently attending, illustrated in Table 6.31 and Figure 6.2 respectively.

**Table 6.31 VTHVI Services provision**

Visiting teachers for children with deafness/ hearing impairment	57.47% 277
Visiting teachers for children with blindness/visual impairment	39.93% 192
Visiting teachers from each team (for example if your child has a combination of hearing and visual impairment)	2.70% 13
<b>Total</b>	482

Figure 6.2 Type of school provision attended by respondents' children



'Other' refers primarily to pre-school support but also includes home tuition. Respondents were asked to provide any additional information about themselves or their role that was helpful for the review team to know about. The majority of respondents had pre-school children, parents explained

where their child was receiving services from the VTHVI team, but did not stipulate which arm of the service was providing services. A summary of the responses is presented in Table 6.32.

**Table 6.32 Breakdown of educational provision of respondents' children receiving a support from VTHVI Service**

<b>Child with VI or HI pre-school</b>	<b>59.35% 73</b>
<b>Child with VI or HI in Montessori group</b>	<b>8.13% 10</b>
<b>Child in Crèche</b>	<b>6.50% 8</b>
<b>Child in Childcare</b>	<b>2.44% 3</b>
<b>Primary mainstream</b>	<b>17.89% 21</b>
<b>Post primary mainstream</b>	<b>8.13% 10</b>
<b>Special school</b>	<b>6.50% 8</b>
<b>Home schooled</b>	<b>0.18 % 1</b>
<b>Third level</b>	<b>2.44 % 2</b>

## SECTION B. HOW RESPONDENTS VIEW THE SERVICE

Section B of the questionnaire was used to find out how respondents view the VTHVI Service.

Q3. Respondents were asked to note down aspects of the VTHVI Service that they **valued** most. They were invited to list up to three points with space provided in the final section if they wished to expand your comments. A summary of the aspects reported by respondents is presented in Table 6.33.

**Table 6.33 Aspects of the VTHVI Service that respondents reported valuing most**

a.	Parents felt that the highly individualised specialist support, provided directly to their child, was invaluable, this included knowing the child well, assessing individual needs and ensuring the appropriate assistive devices were in place.
b.	The support offered to both parents in their own homes and to the teachers and support workers within mainstream setting, regarding the needs of children/young people with sensory impairment, directly allowed their child to be within the mainstream setting
c.	Assessment of needs, explanations of appropriate ways to work with a child at home to ensure that development progress was monitored and supported was



	highly valued as parents explained they had no experience of such needs and felt at a loss where to begin.
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Q 4. Respondents were asked to note down aspects of the VTHVI Service they considered to work well. They were invited to list up to three points with space provided in the final section if they wished to expand your comments. A summary of aspects commonly reported by respondents is presented in Table 6.34.

**Table 6.34 Selection of commonly reported aspects of the VTHVI Service that respondents considered to work well**

a.	Liaison between home and school and with other agencies. VTs helped parents to navigate the system and ensured schools are fully informed of any changes
b.	Reliable and consistent support in schools where provision of assistive devices does not mean good use is made of them. VTs help to train and oversee this work to help ensure a positive experience for the child.
c.	Parents reiterated the importance of supporting and advising mainstream staff about the individual needs of sensory impaired children. Parents expressed a feeling that VTs had empathy as well as professional expertise and this helped both children and their parents to feel more secure.

Q.5. Respondents were asked to note down aspects of the VTHVI Service they considered would benefit from review. As above, they were invited to list up to three points with space provided in the final section if they wished to expand your comments. A summary of the aspects reported by respondents is presented in Table 6.35.

**Table 6.35 Aspects of the VTHVI Service that respondents considered would benefit from review**

a.	The overriding response was that the caseloads of VTs were too large and time was too stretched so that services were at a critical point and this required an urgent review.
b.	Given the rapid rate of development in assistive devices parents wanted VTs to have access to appropriate training and on-going updates to ensure individual

	children were provided with state of the art equipment and best access to the curriculum
c.	Parents wanted interagency working to be facilitated to ensure all parties worked in a complementary way, that the needs of individual children were central to such discussions and parents were actively involved.

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## SECTION C: VIEWS ABOUT THE ROLE OF VTHVI SERVICE

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Drawing on the Terms of Reference and supporting information presented to the reviewers about the work of the VTHVI Service, section C was used to find out respondents views about the **role** of the VTHVI Service.

Q6. Respondents were asked to indicate the extent to which they agreed or disagreed with a number of descriptors about aspects of the role of teachers in the Service. A summary of the responses to each of the descriptors is presented in table 6.36.

**Table 6.36 Extent to which respondents agreed with descriptors about the role of teachers in the Service**

	Strongly agree
Share advice on best practice in relation to the education of children with hearing and visual impairments to schools, parents and the children.	<b>88.56% 333</b>
Provide some additional teaching for certain children with hearing and visual impairments	<b>68.44% 258</b>
Advise parents, the children as appropriate, schools, and Education and Health support services on appropriate education placement and provision for individual children with hearing and visual impairments	<b>81.55% 305</b>
Support and assist planning for the inclusion of children with visual and hearing impairments in mainstream schools.	<b>86.86% 324</b>
Provide and share information in relation to services available for children with hearing and visual impairments	<b>89.81% 335</b>
Monitor the educational progress of children with hearing and visual impairments	<b>84.72% 316</b>
Advise the National Council for Special Education (NCSE), the State Examinations Commission (SEC), and schools, in	<b>83.33% 322</b>

relation to resources, reasonable adjustments and interventions for children with hearing and visual impairments	
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Q7. Respondents were asked to indicate if there were any other types of educational support not included in the list that should be provided by teachers in the Service. A summary of responses is presented in Table 6.37.

**Table 6.37 Respondents views on additional support that could be provided by VTHVI**

7.	Do you think there are any <i>other</i> types of educational support not listed here that should be provided by teachers in the VTHVI Service?	Tick one box
a.	Yes	26.04% 94
b.	No	18.84% 68
c.	I am not sure	55.21% 199

Respondents who indicated ‘Yes’ were asked to list which types of support they think should be provided by teachers in the VTHVI Service. A summary of responses is presented in Table 6.38.

**Table 6.38 Additional support respondents would like the VTHVI to provide**

Parents felt that it was important that children were networked with other children who had a similar sensory loss, and with agencies that could provide social activities, support and advice.
Transitional support was seen as essential to a child’s progression and a key aspect of the work of a VT
Parents felt that the individual needs of children would be better served if the VT service had a high profile that ensured mainstream staff were aware of the service, the role and responsibilities of VTs and knew where to ask for help advice and support.

Q 8. Respondents were asked to indicate whether any of the types of supported listed in question 6 should be provided by another service or organisation. A summary of responses to this question is presented in table 6.39.

**Table 6.39 The types of educational support listed above should be provided by another service or organisation?**

<b>8.</b>		<b>No of responses</b>
a.	<b>Yes</b>	<b>16.67% 59</b>
b.	<b>No</b>	<b>46.89% 166</b>
c.	<b>I am not sure</b>	<b>36.44% 129</b>

Respondents who indicated ‘Yes’ were asked to list which types of support they thought should be provided by another service or organisation. A summary of responses is presented in Table 6.40.

**Table 6.40 Types of support that should be provided by another service..**

<b>The majority of respondents commented on the skills and expertise of the VTHV, they felt these should be better recognised and supported as this was central to good service provision.</b>
<b>The importance of training mainstream staff in the needs, methods of adapting the curriculum and using assistive equipment appropriately was stressed.</b>
<b>Additional access to Speech and Language therapy, Mobility training, radio amplification for pre-school children were all seen as important.</b>
<b>Support in the development of ISL skills was thought to be an area that other services could usefully provide for some parents.</b>

Respondents were invited to elaborate on their responses to question 11. A selection of comments is included in Table 6.41

**Table 6.41 Additional comments regarding the work of the VTHVI Service**

<b>Parents wanted to have efficient services that were able to offer individual teaching to children with VI/HI</b>
<b>Parents of children with VI/HI and who had additional needs wanted parity with other sensory impaired children, access to a VT, assessment of needs, provision of appropriate technology, access to training for staff and on-going support and monitoring of developmental progress.</b>

Q12. Respondents were invited to note down their views about any other aspect concerning the **role** of the VTHVI Service. The overriding concern expressed was that any changes should not dilute but strengthen the VT service, that caseloads were excessive and deprived children of support as a result of this.

## QUESTIONNAIRE 3: CHILDREN WITH HEARING IMPAIRMENT

### SECTION A: ABOUT THE RESPONDENTS

Of the deaf/hard of hearing children/young people who responded 102 completed on line questionnaires and two completed written questionnaires. Children and young people were drawn from a range of provision, only 45 children indicated the level of their education, illustrated in table 6.42

**Table 6.42 Type of provision attended by a sample of children who were deaf/hearing impaired.**

<b>Primary</b>	<b>51.16%</b>	<b>22</b>
<b>Post primary</b>	<b>30.23%</b>	<b>13</b>
<b>Special school</b>	<b>6.98%</b>	<b>3</b>
<b>Third level</b>	<b>11.63%</b>	<b>5</b>

This group were asked to indicate the number of visits received from their VT. A summary of responses is presented in Table 6.43

**Table 6.43 Number of visits received by HI/Deaf children by VT service**

<b>About once a week</b>	<b>4.65%</b>	<b>2</b>
<b>About once every 2 weeks</b>	<b>9.30%</b>	<b>4</b>
<b>About once every month</b>	<b>25.58%</b>	<b>11</b>
<b>About once every half term</b>	<b>20.93%</b>	<b>9</b>
<b>About once every term</b>	<b>13.95%</b>	<b>6</b>
<b>About once a year</b>	<b>4.65%</b>	<b>2</b>
<b>Other</b>	<b>20.93%</b>	<b>9</b>
<b>Total</b>		<b>43</b>

The category 'Other' included five children who no longer received support, respondents were unclear as to why this was the case. Three were seen annually and two every half term.

The group were asked if they received support from a Resource teacher in their school, results are illustrated in table 6.44

**Table 6.44 Children/young people who are HI/deaf receiving support from a resource teacher**

<b>Yes</b>	<b>78.57% 33</b>
<b>No</b>	<b>11.90% 5</b>
<b>I do not know</b>	<b>9.52% 4</b>

Additionally respondents were asked about support received from a Special Needs assistant, results are in table 6.45

**Table 6.45 Do you receive support from a Special Needs Assistant**

<b>Yes</b>	<b>42.24% 19</b>
<b>No</b>	<b>52.38% 22</b>
<b>I do not know</b>	<b>2.38% 1</b>

Six children/young people with HI/deafness reported that they received support from a VTVI in addition to the support they received from a VTHI.

Question 7 asked respondents about ways in which the VT helped them, key themes are summarised in table 6.46.

**Table 6.46 Ways in which VT help children who are deaf/HI.**

<b>The VT acts as an advocate ensuring that equipment is not only provided but is used appropriately by mainstream staff and provides on-going training and support to ensure consistency of use allowing children/young people to feel included in their mainstream setting.</b>
<b>The VT understands the needs of individual children/young people and works both individually and with mainstream teachers and resource teachers to try to promote best practice is a daily experience.</b>
<b>A very strong feeling was that the VTHI understood individual children/young people, had empathy with them and supported their social and emotional development. For individually mainstreamed children with sensory impairment this was seen as a valuable role that helped them to feel more secure.</b>

Question 8 asked respondents to identify they liked about the help they received from a VT, . Responses are summarised in table 6.47

**Table 6.47 What HI/deaf children young people liked about their VTHI service**

<b>Supporting the individual child to understand their sensory needs and feel positive, additionally to ensure peers understood hearing loss and the implications this has for a child/young person in a mainstream setting.</b>
<b>Supporting curricular access ensuring mainstream staff understand where help will be required, planning for resource teachers and SNAs and in some cases providing pre or post tutoring</b>
<b>Children/Young people with HI/deafness felt that support provide round transitions and in preparing for Junior Cert, exam advice was vitally important</b>
<b>Some children were keen that their VTHI should reassure their parents that they could work in the classroom and achieve</b>

Q9. Respondents were asked to note down aspects of the VTHI Service they considered would be made better. There were five sections available for respondents to add comments. A summary of the aspects reported by respondents is presented in Table 6.48.

**Table 6.48 What areas could be made better?**

<b>The most important aspect identified was that children/young people with HI/deafness wanted more access to a VTHI to provide support and advice.</b>
<b>Respondents wanted help in meeting other children/young people who had HI/deafness</b>
<b>The importance of ensuring both staff and peers understood equipment and the impact of deafness on a learner.</b>
<b>A number of children noted that out of hours and school holiday contact would be helpful.</b>

Q11. Finally respondents were invited to add any additional comments that they felt would be helpful to the review. A summary of comments is provided in table 6.49.

**Table 6.49 Additional comments children who were deaf/HI wanted to make**

<b>Children/young people felt secure in having access on a regular basis to someone who they felt understood them individually and expressed anxiety that such support may not be available throughout their schooling.</b>
<b>Respondents valued the individual expertise that facilitated their work and enabled them to achieve.</b>
<b>A small number noted the importance of a VT having ISL and supporting children using ISL in school.</b>

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**QUESTIONNAIRE 4: CHILDREN WITH VISUAL IMPAIRMENT**

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Of the blind/visually impaired children/young people who responded 55 completed on line questionnaires and two completed written questionnaires. Children and young people were drawn from a range of provision, only 36 children/young people indicated the level of their education, illustrated in table 6.50.

**Table 6.50 Type of educational setting attended by respondents**

<b>Primary</b>	<b>44.44% 16</b>
<b>Post primary</b>	<b>47.22% 17</b>
<b>Special school</b>	<b>5.6% 2</b>
<b>Third level</b>	<b>2.7% 1</b>

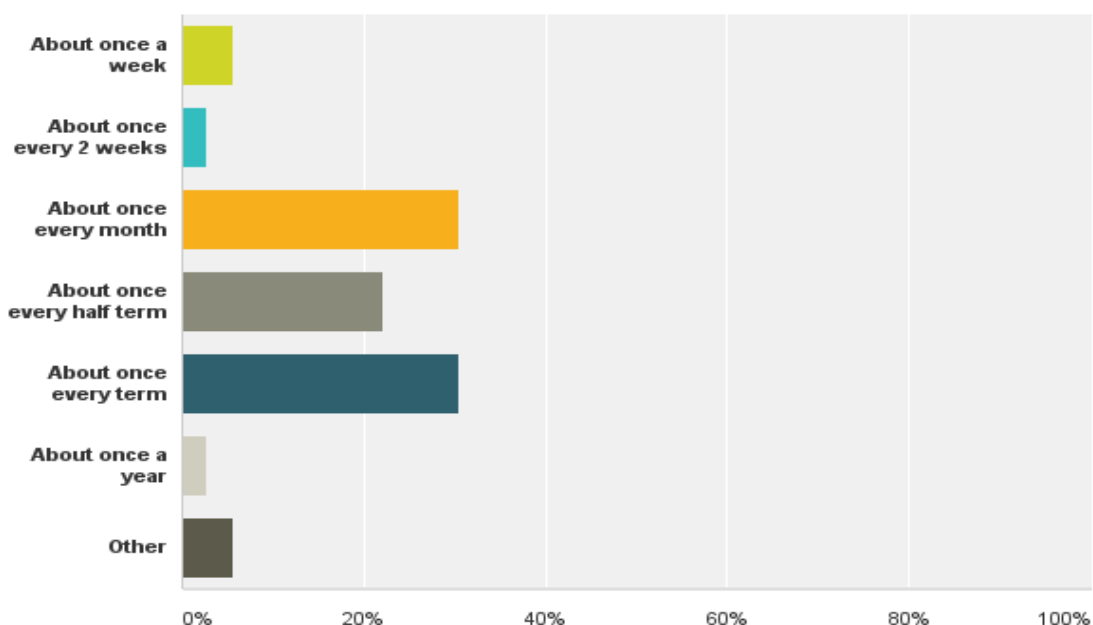
Q3. Respondents were asked to indicate how much support they received from a VTVI, summarised in Figure 6.3.

**Figure 6.3**



**Q7 Please tell us how often you usually see the Visiting Teacher who helps you because of your visual impairment? If you don't know the answer you may want to ask someone for help.**

Answered: 36 Skipped: 19



Q4. The group were asked if they received support from a Resource teacher in their school, results are illustrated in table 6.51

**Table 6.51 Children/young people who are blind/VI receiving support from a resource teacher**

<b>Yes</b>	<b>67.65% 23</b>
<b>No</b>	<b>24.47% 9</b>
<b>I do not know</b>	<b>5.88% 2</b>

Q5. Additionally respondents were asked about support received from a Special Needs assistant, results are in table 6.52

**Table 6.52 Do you receive support from a Special Needs Assistant**

<b>Yes</b>	<b>67.65% 19</b>
<b>No</b>	<b>29.41% 10</b>
<b>I do not know</b>	<b>2.94% 1</b>

One child/young person with blindness/VI reported that they received support from a VTHI in addition to the support from VTVI.

Question 7 asked respondents to reflect on the way VTVI helped them, key themes are summarised in table 6.53

**Table 6.53 Ways in which the VTVI helps children with blindness/VI**

<b>The provision and training of the child and others to make use of specialised VI equipment: using scanners, Opti, Braille, enlargers, changing things to PDFs, using cameras, arranging for special large print books, Ipads, pc and appropriate software were all mentioned as vitally important</b>
<b>Highly specialised such support was seen as central to promoting curricular access, many children felt mainstream underestimated the impact of VI and the importance of low vision aids and optimum seating positions</b>
<b>A very strong feeling was that the VTVI understood individual children/young people, had empathy with them and supported their social and emotional development. For individually mainstreamed children with sensory impairment this was seen as a valuable role that helped them to feel more secure.</b>
<b>Mobility training was mentioned by 6 children as being vital to their survival at School</b>

Question 8 asked respondents to identify what they liked about the service they received from the VTVI. Responses are summarised in table 6.54.

**Table 6.54 What blind/visually impaired children/young people liked about the VTVI service**

<b>VTVI teachers were seen as actively allowing this group of children/young people to actively participate in the life of their school</b>
<b>Providing blind/visually impaired children with a sense of consistency and trust that their needs would be advocated for with staff who did not understand their needs.</b>
<b>Children/Young people with blindness/VI felt that support provide round transitions and in preparing for Junior Cert, exam advice was vitally important</b>
<b>VT were able to see the potential of each child/young person rather than an impairment</b>

Q9 Respondents were asked to note down aspects of the VTVI Service they considered could be made better. There were five sections available for respondents to add comments. A summary of the aspects reported by respondents is presented in Table 6.55.

**Table 6.55 Ways in which the help from the VT could be made better**

<b>The most important aspect identified was that children/young people with blindness/VI wanted more access to a VTVI to provide support and advice.</b>
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<b>Respondents wanted peers to have blindness/visual impairment explained to help them be more understanding about individual needs</b>
<b>A number of children noted that they would appreciate meeting other children with a similar sensory loss socially.</b>
<b>More support and advice to parents reading assistive devices, large print books, appropriate computer programmes was suggested.</b>

Q11 Finally respondents were invited to add any additional comments that they felt would be helpful to the review. A summary of comments is provided in Table 6.56.

**Table 6.56 Other things children with blindness/VI wanted to say about their VT**

<b>She is the only person who really understands what it is like when you can't see things properly was a feeling echoed by many respondents. Responses suggested that without a VTVI children felt they simply would not be able to go to school.</b>
<b>Respondents valued the individual expertise that facilitated their work and enabled them to achieve and that helped them realise their potential. They felt additional time and access would help ensure individuals could not only survive but excel.</b>
<b>Children/young people felt that whatever challenges arose in school the VTVI would have a practical solution.</b>

## 7.0 KEY FINDINGS

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### INTRODUCTION

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This section presents a summary of the views of the stakeholders who were consulted within Phases 1 and 2 of the project including an analysis of the written submissions from the online survey. An analysis of these findings together with the desktop research undertaken of relevant literature and policy documents has been drawn upon to formulate the review recommendations. The recommendations arising from this analysis are presented in Section 8.0.

### THE FUNCTION AND ROLE OF THE VISITING TEACHERS SERVICE

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#### KEY FINDING 1: HOW THE SERVICE IS VALUED

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**There was clear consensus amongst stakeholders who were consulted as part of the review that the work of the VTHVI Service is highly regarded with broad agreement about those aspects of the work that were particularly valued.**

- Aspects of the Service that 'parents' reported as being valued included: the individualised specialist support provided to their child; the support offered to parents in their own homes and to the teachers and support workers within school; input to an assessment of their child's needs, explanations of appropriate ways to work with a child at home to ensure that development progress was monitored and supported.
- Aspects of the Service that 'interested parties' reported as being valued included: expertise in the management of sensory impairment in order to meet the needs of sensory impaired children; the support provided in accessing specialist technology to promote curricular access; advice on appropriate adjustments; assessment of individual learning needs and appropriate differentiation of materials to ensure optimum inclusive practice.
- Aspects that children reported they 'liked' about the support they received included: the visiting teachers facilitating active participation in the life of their school; supporting themselves and their peer group in understanding the implications of their sensory needs; supporting a responsive approach to curriculum access within mainstream settings; providing children with a sense of consistency and trust that their needs would be advocated for; a focus on seeing the potential within each child.
- A common view expressed by stakeholders in both phases of the review was that the Service was viewed as being a central thread in working with families to link different agencies and types of support at key points in a child's 'educational pathway' from 0-18. This was considered to be important in meeting the needs of low incidence disability groups particularly given that for the majority of parents sensory impairment is a new experience and an area of unknowns and uncertainty. Whilst other key professionals are involved at various stages in this pathway, input is often channelled through the Visiting Teacher as a 'hub' of expertise in a particular area of sensory needs. As such Visiting Teachers were described by a number of stakeholders as being akin to a 'key worker' or a 'core worker'.
- Additionally it was noted by a number of stakeholders that late onset of sensory impairment relating to specific syndromes and conditions, raises significant challenges for the individual child and family in addition to the challenges faced in accessing the curriculum. Input from appropriately trained staff was therefore seen to provide access to invaluable support, both in respect of social-emotional development and broader educational achievement.

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## KEY FINDING 2: ASPECTS OF THE SERVICE THAT WORK WELL

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**There was broad consensus amongst stakeholders about those aspects of the service that were considered to ‘work well’.**

- Aspects reported by ‘parents’ as working well included: liaison between home, school and with other agencies; reliable and consistent support in schools; the role of the VT in supporting and advising mainstream staff about the individual needs of sensory impaired children; the empathy and professional expertise of the VT that helps both children and their parents to feel more secure; supporting parents in navigating the education system; promoting optimum learning opportunities.
- Aspects reported by ‘interested parties’ as working well included: the specialist advice available for mainstream teachers, the support provided for resource teachers and support staff; individualised support that included assessment of needs and liaison with a child’s family and other agencies.
- The children recognised the very specialist nature of support that was offered and felt this was an investment that both reassured and enabled them in their educational setting. There was broad consensus that they found their teachers to be approachable and could provide practical advice that positively influenced their broader educational experience. In inclusive settings, a number of children noted that they felt mainstream staff needed a constant reminder so that they remembered the individual needs of children and made appropriate adjustments sensitively and on a regular basis.

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## KEY FINDING 3: ASPECTS OF THE SERVICE THAT WOULD BENEFIT FROM REVIEW

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**A common theme identified by stakeholders as benefiting from review related to management of caseloads. For all categories of respondent the overriding response was that the caseloads of VTs were too large and their time was too stretched.**

- A common view expressed by stakeholders was that the service needed to be expanded. Given the rapid rate of development in assistive devices parents reported wanting VTs to have access to appropriate training and on-going updates to ensure individual children were provided with state of the art equipment and best access to the curriculum.
- Parents also reported wanting interagency working to be facilitated to ensure all parties worked in a complementary way, that the needs of individual children were central to such discussions and parents were actively involved.
- Whilst early sensitive expert advice and support was reported by many parents as being invaluable it was reported that this raises some challenges with year round support being required following the national introduction of the Newborn Hearing Screening programme.
- The management of caseloads of the VTs was also identified by ‘interested parties’ as the most important factor that needed review. Other aspects reported by these stakeholders included: clearly defined roles and responsibilities of the visiting teachers to support more effective interagency working; appropriate management structures to ensure that appropriate CPD opportunities are provided for the VTs; a nationally agreed bank of assessment materials; clarification of parental expectations in supporting their children; clear lines of governance and quality assurance mechanisms.
- A number of stakeholders questioned whether visiting teachers currently have appropriate expertise to meet the needs of more children with more complex needs.

- The most important aspect reported by children about how they felt the service could be made 'better' was to provide increased access to a specialist teacher to offer support and advice.
- Other common aspects reported by both groups of children was help in meeting peers who had similar sensory needs and the importance of ensuring their school peers understood the impact of their sensory loss.
- A number of children also noted that more support and advice to parents would be welcome and that out of hours and school holiday contact with teachers in the Service would be helpful.

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#### KEY FINDING 4: DELIVERY OF EDUCATIONAL SUPPORTS

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**There was broad consensus amongst stakeholders about which educational supports should be provided by specialist teachers in the service.**

- The majority of parents and interested parties were in agreement that the role should include sharing advice on best practice, monitoring the educational progress of children with sensory needs, providing additional teaching for certain children, advising the National Council for Special Education (NCSE), the State Examinations Commission (SEC), and schools, in relation to resources, reasonable adjustments and interventions for children with hearing and visual impairments.
- Other types of educational support identified by parents included facilitating a network with other children who had a similar sensory loss, and with agencies that could provide social activities, support and advice. Transitional support was seen as being essential to a child's progression and a key aspect of the work of a VT.
- A number of parents reported that the individual needs of children would be better served if the Service had a higher profile that ensured mainstream staff were aware of the service, the role and responsibilities of VTs and knew where to ask for help advice and support.
- Parents commented on the skills and expertise of the Service that they felt should be better recognised and supported as this was central to good service provision. The importance of training mainstream staff in the needs, methods of adapting the curriculum and using assistive equipment appropriately was stressed.
- Additional access to Speech and Language therapy, Mobility training, radio amplification for pre-school children were all seen as important.
- A number of parents of children with VI/HI and who had additional needs reported wanting parity with other sensory impaired children in terms of access to a VT, assessment of needs, provision of appropriate technology, access to training for staff and on-going support and monitoring of developmental progress.
- Other types of educational support identified by interested parties included: pre-school support for parents of sensory impaired children; support for social and emotional development within a mainstream setting; appropriate use of assistive devices; training of mainstream staff.
- In feeding back on which types of support should be provided by another service, a commonly held view was that the Service had specialised expertise that respondents did not feel any other organisation or group had in meeting the needs of sensory impaired children. An overriding concern was that any changes should serve to strengthen the role of the Service rather than dilute it.
- A number of stakeholders expressed strong support for multi-agency working with the specialist teacher acting as the 'keyworker'. The importance of joint working across agencies was stressed with challenges relating to management of such working practice

being identified but that the lack of clearly defined roles and responsibilities raised concerns.

- Non-Governmental groups were seen by some parents as a valuable addition to rather than replacements for the VTVIHI service. Value was placed on the professional expertise offered to mainstream staff with a strongly held view that the specialist support was considered to be vital in ensuring mainstream teachers could accept and appropriately work with sensory impaired children.
- The importance of offering Informed choices to parents and ensuring families knew of the range of additional services available to them early in a child's life was identified as important. Training of staff in a number of key areas was also identified including use of ISL and assistive technology.

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## ORGANISATION OF THE VISITING TEACHER SERVICE

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### KEY FINDING 5: FUTURE ORGANISATION OF THE SERVICE

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**There was strong agreement amongst stakeholders that operating as a separate standalone organisation meant that the Service was able to maintain a strong focus on delivering its core areas of support. No clear consensus emerged about whether operating this structure meant that the Service is currently professionally isolated from other bodies directly involved in the delivery of similar services. Similarly there was no clear consensus about whether the functions of the VTHI Service could be more effectively provided through integration with other existing bodies or services.**

- In reporting on the potential advantages of integrating the Service with other existing bodies or services, stakeholders noted that best use of all resources could only be achieved if organisations are accepted as partners in delivering services to children. A commonly expressed view was that provided that there were clearly defined roles and responsibilities, integration could provide VTs with access to latest research relieve pressure in specific areas and support networking of children and their families. One proposal outlined a model whereby VTs are allocated to cluster schools, to ensure effective sharing of expertise, providing services to each school on a yearly basis.
- In reporting on the potential disadvantages of integrating the Service, a common theme expressed by respondents was a fear of dilution of Service integrity and expertise and the impartial stance of a service which is both recognised and valued by service users by placing it within a larger organisation. Other reported potential disadvantages included reference to long waiting lists for service access with a fear expressed that the current accessibility and fast response times would be lost.
- A number of stakeholders stressed the importance of the Service being viewed as being politically impartial in any future structure with the expertise, experience, knowledge and skills that are within the VT service being fully recognised. Reference was also made to the role of the VTs in understanding the way in which schools work so as to tailor support to meet both the needs of individual children but also the school within which the child is being educated.

### KEY FINDING 6: FUTURE MANAGEMENT ARRANGEMENTS

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**No clear consensus emerged about which management arrangements were considered to be most conducive to the on-going change process of the Service.**

- A range of views were expressed about the role of the current structure in evaluating the overall impact of the Service in schools given the responsibility of the Inspectorate to manage the Service.
- A potential advantage of the current management structure identified by a number of stakeholders was that inspectors have a range of knowledge and understanding of the education system.
- A potential disadvantage was viewed as being the need for a highly specialised service to be managed by experienced staff who have training in sensory needs and can provide a clear lead and vision for the development of the service.

### KEY FINDING 7: FUTURE DEVELOPMENTS

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**There was strong agreement amongst all groups of key stakeholders that a dedicated Service should play a key role in the efficient and coordinated delivery of high quality supports for the education of children who have sensory needs.**

- The majority of respondents agreed that in order to provide appropriate high quality support for the education of children with sensory needs, the Service needs to evolve to reflect current and proposed developments in relation to special educational needs in Ireland. A commonly expressed view was that the availability of extra educational support in schools for mainstream children should not mean that VTs are no longer required.
- In reporting on ways in which they thought service delivery in Ireland should evolve to ensure the efficient and coordinated delivery of high quality supports for the education of children with sensory needs respondents made reference to: establishing what constitutes 'best practice' including clearly defined roles and responsibilities around the work of the VTs; ensuring VTs have access to research information; using an assessment bank of materials and developing standardised ways of working and recording progress. It was also noted that the Service requires a planned training programme for staff, involving a skills audit that is monitored, funded and updated regularly, with cascading of knowledge and skills to other VTs.
- A number of respondents reported that consideration be given to developing dedicated leads with specialist areas of expertise (eg pre-school, children with complex needs, audiological management and technological support for VI).
- Given that the Service provides a strong link between home and school reference was made to early involvement in supporting parents to develop an understanding of needs and how they can be met with examples presented of the role of the VT facilitating pre-school meetings to help network parents.

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## SUMMARY



There was clear consensus amongst all groups of key stakeholders consulted for this review that the Service as a whole and the specialist educational supports it provides are highly valued. Despite the establishment of other services in Ireland that have a remit to support the educational development of children with special educational needs, there was strong agreement that a dedicated sensory support service with appropriately qualified staff is required in order to ensure high quality support for children, families and schools in Ireland. This finding concurs with evidence from the literature that highlights the important role of highly trained specialist staff in providing effective support for children with sensory needs. There is evidence to indicate however that in order to provide appropriate efficient and coordinated delivery of high quality supports for the education of children who are deaf/hard of hearing, and children who are blind/visually impaired in the future educational landscape within Ireland, significant aspects of the current Service will need to evolve to reflect current and proposed developments in relation to special educational needs. Recommendations are outlined in the following section to support these developments.

## 8.0 RECOMMENDATIONS AND DISCUSSION

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### 8.0 INTRODUCTION

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The review findings have highlighted aspects of the Service that will need to evolve in order to reflect current and proposed developments for children special educational needs. Key issues arising from both phases of the review findings have been drawn upon to assist in formulating the review recommendations with reference made to relevant sources. These include recent work undertaken by the NCSE in Ireland (e.g. NCSE 2012, NCSE 2009), the National Sensory Impairment Partnership (NatSip) in England (e.g. NatSip 2012), the Scottish Executive Education Department (SEED, 2001), publications by organisations for children with sensory needs, International literature and sensory service case studies.

### 8.1 RECOMMENDATIONS

#### RECOMMENDATION 1: FUTURE OF VISITING TEACHERS SERVICE (VTS)

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**It is recommended that a dedicated specialist sensory support service incorporating current services for children who are deaf/hard of hearing, and children who are blind/visually impaired should be retained in Ireland in order to continue to deliver support for these low incidence groups.**

#### DISCUSSION

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There was clear consensus amongst stakeholders who were consulted as part of the review that the work of the VTHVI Service is highly regarded with broad agreement about those aspects of the work that were particularly valued. A common view expressed by stakeholders was that given the service is provided from the time of referral to transition to third level education (NCSE, 2013, p76), it is viewed as being a central thread in linking different agencies and types of support at key points in a child's 'educational pathway' from 0-18. Whilst other key practitioners are involved at various stages in this pathway, given the particular needs of children in these low incidence groups, input was described as often being channelled through the Visiting Teacher as a 'hub' of expertise in a particular area of sensory needs. The highly specialised skills of trained and experienced teachers of HI/VI children was both recognised and valued by Principals, mainstream teacher and families. The VT was described by a range of stakeholders as offering a unique blend of knowledge, skills and understanding that significantly improved the support offered to this low incidence group of children. Stakeholders also highlighted the specialist knowledge and expertise within the team noting that other practitioners could not be expected to have the same depth and breadth of experience in the area of sensory needs.

Whilst there is not an extensive literature base relating to the role and nature of a national service for children and young people with sensory impairment, there is range of literature that discusses the particular needs of such populations, and concur in supporting a need for highly trained specialist staff to support both HI /deaf and VI/blind children in a range of educational settings (e.g. Luckner and Miller, [1994; 2002]; Antia, [1999] Leigh [1999]; Stinson and Liu [1999], Corn and Silberman, [1999], Amato, [2002], Lichfield and Lartz, [2002]; Schirmer, [2008]; AMF [2007] McLinden and Douglas (2013). Whilst support for children with sensory needs may be provided by a number of practitioners, there is broad consensus that the specialist teacher of children with either hearing

and/or visual impairment has a key role in supporting families and schools to facilitate full and effective participation in education.

## RECOMMENDATION 2: STRUCTURE AND GOVERNANCE

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**To promote effective, efficient working it is recommended that an appropriate structural framework is developed within which a senior management team (SMT) is actively engaged in developing services and where clear lines of governance are in place.**

## DISCUSSION

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To promote effective, efficient working it is recommended that an appropriate structural framework is developed within which the senior management team (SMT) will be actively engaged in developing services and where clear lines of governance are in place. This will require comprehensive stakeholder engagement, agreement over outcomes, determining the interventions necessary to optimise the achievement of intended outcomes, developing the capacity of the service and the leadership, managing risks and performance through robust internal controls and strong financial management, implementing good practice and delivering accountability.

The importance of a clear audit trail is stressed by the DCSF [2008] in noting that “There is a robust process for reviewing and updating the service development plan. All staff are clear about their responsibilities. Key processes are regularly reviewed with employers having an opportunity with feedback in their effectiveness. Management responsibilities and lines of accountability are clear in a multi-agency context” [2008, p17]. It has also been noted that “Missing from the education agenda are measures of performance that reflect whether education systems are meeting their objectives; public resources are being used appropriately; and the priorities of governments are being implemented. Good governance and organisational development is about creating institutions that last, establishing a culture of openness and trust and, above all, bringing about change that can be sustained in the long term.” World Bank, (2009). In respect of this research there was almost a universal consensus that strong management by a team who were qualified and experienced in the field of sensory impairment would provide a solid foundation on which the service could be developed and optimised.

Any reorganisation will require comprehensive stakeholder engagement, agreement over outcomes, determining the interventions necessary to optimise the achievement of intended outcomes, developing the capacity of the service and the leadership, managing risks and performance through robust internal controls and strong financial management, implementing good practice and delivering accountability. NCSE is a clear example of an organisation that could *potentially* provide a home for such a distinct standalone sensory service. The NCSE’s roles and responsibilities as outlined in the EPSEN Act [2004] include dissemination of best practice concerning the education of children with special educational needs[SEN], to plan and co-ordinate the provision of support services to children with SEN, to plan for appropriate integration of such pupils, to ensure parents are informed of their entitlements in relation to a child with SEN, to assess and review the resources required in relation to children with SEN and to ensure a continuum of SEN provision is available as required for each disability. The focus on research and the provision of an evidence base is in line with the need to have a more outcome focussed service. Within NCSE there is a consultative council and reporting mechanism which actively seek to promote a clear audit trail and clear lines of governance. This would potentially enhance working with SENOs and with institutions of Higher Education who are keen to collaborate on research into this group of children. The establishment of an SMT within such a framework is seen as essential.

The VTHVI identified that the service should be inclusive, standardised, consistent and equitable. Stakeholders expressed concern that the current organisation of the VTHVI did not allow for appropriate governance arrangements and that there was a lack of service audit mechanism. This was linked to a lack of higher level strategic planning, making it difficult to provide a cohesive national service. The lack of a service base was identified as problematic; there was also a suggestion that regional provision was a useful approach that should be considered. This could be linked to basing the VTHVI locally with SENOs.

To ensure there is appropriate management, transparent lines of governance that promote effective, efficient use of tax payers' money and use of resources to represent public interest a number of models are proposed, outlined in Table 8.1:

1. The development of a 'Virtual School' with governing body within NCSE.
2. The development a Sensory Support Service placed within NCSE, with a reference group that includes stakeholders.
3. The development of a Sensory Support Service sited at the dedicated educational centres of excellence for children with sensory needs where physical space could be available and additional services are already sited.

**Table 8.1: Factors to consider in exploring governance models in a revised service structure**

**Model 1: A Virtual School located within NCSE**

- Sited within NCSE allowing database of all sensory impaired children, outcome measures and additional records to be stored on encrypted section within the NCSE website.
- As all children with SI would be on the roll of the virtual school this provides an overview at a national level which is essential if an efficient national service is to be developed, this would also provide staff with a sense of place in respect of their work.
- Governance supplied by appointed Board of Managers including: SMT, a NSCE representative, parent representatives, elected members of VT service, co-opted members representing tax payers and public interest as well as representatives from mainstream schools. Given the geographically spread of the service regional boards should be developed to feed forward ideas to the Board of Management. In addition a Youth Forum representing the views of young people with SI, would report to the Board of Managers.
- Mapping the roles of partners in HSE, NEPs and NGO would help to ensure positive working practice with work level agreements. This could include a detailed calendar of out of school activities provided for families, children and young people provided by or in conjunction with NGOs, ensuring an enhanced provision is provided and reported to the Board of Management.
- The Sensory team could be collocated with the SENOs at a regional basis. This has a number of benefits; it enables VTs to have access to office space, share IT and administrative support. It would provide an opportunity to move all files to a secure location, helping to secure data protection and providing VTs with an office base and address. This would provide an ideal opportunity for all SENOs to receive some training in Sensory Impairment which should enhance their working practice in this area.
- As members of the HI and VI team would share an office base this could also help to foster a deeper understanding of the shared challenges, specific expertise and areas to

share best practice. It would be particularly valuable for those children with SI and complex needs or where a child has MSI.

- As NCSE leads research into SEN, access to the national database for Sensory Impaired Children would offer significant opportunities for research. This database would be unique in offering national data in this area at a central point.
- The Head of Service would be responsible for the strategic and operational leadership of the Virtual School for C&YP with a Sensory Loss aged 0-19 years in close liaison with the senior management team of the Virtual School. This person would ensure the Virtual School discharges its statutory duties efficiently and effectively in relation to C&YP with sensory loss, has responsibility for the Virtual School meeting the needs of children and young people with sensory loss in relation to the service specification duties and taking into account feedback from stakeholders. This post would be managed within the NSCE management structure
- The resources offered by NGOs could be appropriately exploited to provide regional drop in centres for parents and young people across the country.
- Major challenges relate to the establishment and on-going work of the Board of Managers, explaining and embedding the model within the Irish Education system and with families who have a HI/VI or MSI child.
- An example of Model 1 is the Norfolk Virtual School in the UK.

### **Model 2: Sensory Support Service located within NSCE**

- The current VTHVI would be renamed and restructured with a SMT within NCSE
- Governance could be provided by a reference group that advises on the development of the service. To ensure transparency and best use of resource it would be essential to ensure parents were represented. Additionally tax payers and interested parties as well as mainstream schools should have representation.
- Sited within NCSE allowing database of all sensory impaired children, outcome measures and additional records to be stored on encrypted section within the NCSE website.
- The Sensory team could be collated with the SENOs. This has a number of benefits; it enables VTs to have access to office space, share IT and administrative support. It would provide an opportunity to move all files to a secure location, helping to secure data protection and providing VTs with an office base and address. This would provide an ideal opportunity for all SENOs to receive some training in Sensory Impairment which should enhance their working practice in this area.
- As members of the HI and VI team would share an office base this could also help to foster a deeper understanding of the shared challenges, specific expertise and areas to share best practice. It would be particularly valuable for those children with SI and complex needs or where a child has MSI.
- As NCSE leads research into SEN, access to the national database for Sensory Impaired Children would offer significant opportunities for research. This database would be unique in offering national data in this area at a central point.
- The resources offered by NGOs could be appropriately exploited to provide regional drop in centres for parents and young people across the country.
- This would lack the rigor and transparency of a Virtual School but would be easier to operationalise in the short term.

### **Model 3: Sensory Support Service located within an NGO**

- This option offers a physical home and space.
- It fails to address the issue of identity of the Sensory team as a whole - this is a major challenge in present circumstances.
- VI and HI teachers are employed by the Government and have access to sensitive data regarding individual children and families this would need to be safeguarded.
- Lines of governance would need to be clearly articulated. As governance needs to represent the management, parents, VTs, line management and tax payers plus the public interest it would be important to ensure this balance was maintained when sited within an NGO
- VTHI could be sited regionally with DeafHear and VTVI with Child Vision this would potentially offer significant benefits to families and children with HIVI but this is also divisive for a Sensory team and reinforces separation of the service.
- Whilst families seek more effective interagency working the importance of highly specialised support was highlighted. Being based within an NGO would provide a clear opportunity for more understanding and improved joint working
- Siting a Sensory team with NGOs may suggest the NGO itself has this expertise and may serve to dilute the quality of the service rather than enhance it.
- Parents specifically suggested that the VT service should be high profiled this may not be possible if it is sited with other service providers. Parents valued the integrity of the VT service and the fact that the VT service was perceived to offer informed choices. Siting it with and NGO may, in the view of families remove this independence and political impartiality of the VTHVI service

### RECOMMENDATION 3: SERVICE MANAGEMENT AND DELIVERY

**It is recommended that a new management and leadership structure is developed to ensure that the professional oversight and *direct* management of the sensory support service is undertaken by a person with a specialist qualification in the field of either visual or hearing impairment.**

### DISCUSSION

In order to effect the changes outlined in Recommendation 2, it is recommended that a new management and leadership structure is developed to ensure that the professional oversight and *direct* management of the sensory support service is undertaken by a person with a specialist qualification in the field of either visual or hearing impairment (e.g. equivalent to a 'Head of Sensory Support Service' in the England). Consideration should be given to appointing from within the current team a Head of Service who is supported by two 'deputy' heads of service' with oversight for visual and hearing impairment respectively to form a service senior management team (SMT). This team will have primary responsibility for developing and driving forward the strategic priorities outlined in this review. To avoid dilution of the specialist services the Head of Sensory service and deputies should be appointed at an appropriate point on the management scale that recognises the national remit and responsibilities that come with these positions. Consideration should also be given to identifying specific leads to assume responsibility for key areas of service provision (e.g. Early

Years, Audiological Management, Access Technology and Complex Needs). In order to support this process and help develop more efficient and coordinated provision for children with sensory needs in Ireland, clear lines of governance will be required.

This recommendation concurs with Crane and Ivanicki, (1986, p219) who note that “Itinerant models of service delivery benefit from establishing priorities, writing clear and accurate job descriptions as well as brainstorming ways to effectively deal with time and scheduling problems.” To avoid dilution of the specialist services the Head of Sensory Service and deputies should be appointed at an appropriate point on the management scale that recognises the national remit and responsibilities that come with these positions. Consideration should also be given to identifying specific leads to assume responsibility for key areas of service provision (e.g. Early Years, Audiological Management, Access Technology and Complex Needs). Given that role confusion and ambiguity have been found to have a negative impact on teacher morale and job performance, (Fimian and Blanton, 1986), it will be important to ensure that clear role descriptions are developed for these posts.

Members of the VTHVI teacher highlighted the vital importance of professional management skills being combined with specialist expertise in the field of sensory impairment. A dedicated Head of service for HI and VI would be helpful in promoting uniformity of service provision. This was a recurring theme and was linked to the development of a strategic approach to service delivery and active development. Stakeholders expressed concern about the current management structure, specifically the lack of experience and training in Sensory Impairment, the flat service structure and lack of promotion opportunities within the service. In order to support this process and help develop more efficient and coordinated provision for children with sensory needs in Ireland, clear lines of governance will be required. A number of options were outlined by respondents for where the Service might be located. These include within NSCE, DES, NEPS, independent charities or in clusters of schools at a regional level. A particular challenge in restructuring the service with a national remit is to ensure there is appropriate management, transparent lines of governance that promotes effective, efficient use of tax payers’ money and use of resources to represent public interest. Three models are outlined for further consideration in relation to recommendation 2 which considers governance of a revised service structure.

#### RECOMMENDATION 4: FUTURE FUNCTION AND ROLE OF THE SUPPORT SERVICE

**It is recommended that the service should be restructured to ensure a greater emphasis is placed on an ‘outcomes’ focused approach to service planning, delivery and evaluation that can be externally assessed against agreed benchmarks.**

#### DISCUSSION

The NSCE policy Advice document no.4 states “the NCSE has consistently emphasised the importance of monitoring outcomes for students with SEN (NCSE, 2006a and b) to ensure they are making progress commensurate with their ability and State resources being used to optimal effect (2013, p31). Further elaboration of this point is made, “An increased focus on monitoring outcomes for students with SEN, including links to the goals and targets set out in individualised educational plans. Measures of social competence and life skills should be included with academic outcomes,” (2013, p 58).

The importance placed on outcomes is stressed in the NSCE Research report No.1, (NCSE 2009b) and in report No 3 (NCSE 2009a) and in the NSCE Policy Advice Paper on the Education of Deaf and Hard of hearing Children in Ireland, noting there needs to be sustained focus on measuring outcomes for children with special educational needs, including those who are Deaf and hard of hearing,”, [2011, p9]. These documents provide detailed evidence of international research into outcomes for children with Sensory impairment and place such an emphasis as central to raising standards and optimising service delivery.

A particular issue in developing ‘high quality’ educational supports is that there is not at present a consistent means of judging how *effective* the quality of the educational supports are in achieving what they set out to achieve. It would be helpful if this work was undertaken therefore in partnership with colleagues in other countries who have engaged in similar initiatives, including for example the National Sensory Impairment Partnership (NatSip), a partnership of organisations in England working to improve outcomes for children and young people with sensory impairment to support future restructuring

Members of the VTHVI teacher suggested that there should be a system of annual reviews with agreed baselines, an assessment bank of materials, tools and training to ensure equity of service provision. This was linked to clearly articulated targets with evidence based outcomes. The review provides evidence that whilst many aspects of current service provision are valued by stakeholders, the Service needs to evolve to reflect current and proposed developments in relation to special educational needs education in Ireland and other countries.

A particular issue in moving towards developing high *quality* educational supports is that there is not at present a methodology within the Service that allows the ‘quality’ of the support provided by teachers to be evaluated. Recommendation 2 serves therefore to underline the need to restructure the function and role of the service to ensure a greater emphasis is placed on an evidence based *outcomes* focused approach to service delivery and evaluation. A helpful reference point for a focus on educational outcomes in the Irish context is a recent review undertaken by the NCSE examining educational engagements, progress and outcomes for children with special educational needs (NCSE 2012), as well as more specific reviews of the literature examining evidence of best practice models and outcomes in the education of children who are blind and visually impaired (NCSE 2009a) and children who are deaf/hearing impaired (NCSE 2009b).

Outcomes will vary depending on the particular context and needs of the child (DfES 2008). They can range from relatively broad outcomes (e.g. ensuring that the educational placement for an individual child can meet his/her needs), or can be relatively specific (ensuring that a child is achieving functional literacy through for example the medium of braille; or is developing age appropriate communication skills). Further, such outcomes may be derived from objectives set out in individual education plans, individual or group targets or provision plans and as illustrated in can also include outcomes for parents, schools, early years settings, other partners, and staff.

Adoption of provision that is more outcome focused would serve to ensure an evidence based approach to intervention is adopted for evaluating the *effectiveness* of service delivery within the context of other educational supports. As noted above, this approach could draw on: records of individual pupil progress and achievement, academic attainment of pupils, views of service users, external audits. It would also provide opportunities for closer alignment and potential benchmarking with recent initiatives being undertaken by sensory support services in England, whilst recognising that variation in service provision may mean that *direct* comparisons cannot always be made (DfES, 2008). This work in England has been driven partly through the pioneering role undertaken by the National Sensory Impairment Partnership (NatSip), a partnership of organisations in England working together to improve outcomes for children and young people with sensory impairment. The



‘agreed purpose’ of NatSip is summarised in Table 9.2. Given its clear alignment with the terms of reference for this review it would be helpful if closer links are forged, with this partnership to support the future restructuring of the Service in line with the review recommendations.

**Table 8.1 The ‘agreed’ purpose of the National Sensory Impairment Partnership (NatSip)**

The agreed purpose of NatSIP is:

- to improve educational outcomes for children and young people with sensory impairment (SI), closing the gap with their peers, through joint working with all who have an interest in the success of these young people.
- to help children achieve more and fulfil the potential of children and young people who have SI.
- to promote a national model for the benchmarking of clear progress and impact criteria for children and young people who have SI.
- to support a well-trained SI workforce responsive to the Government agenda for education.
- to inform and advise the DfE and other national agencies on the education of children and young people with SI.
- to promote collaboration between services, schools, professional bodies and voluntary bodies working with children and young people who have SI.
- to promote collaborative working between education, health and social care professionals in the interest of children and young people who have SI.

The shift in the focus of the service provision (i.e. from a focus on educational *supports* per se to one that is structured around educational *outcomes*) could be drawn upon to demonstrate to key stakeholders the extent to which the educational supports provided by the service in Ireland have served to improved educational outcomes for the children and young people supported by the service. This is captured succinctly in a guidance NatSip guidance document (NatSip, 2012) examining outcomes benchmarking in relation to support and outreach services in noting that:

- outcome measurement by itself is of limited value unless it is used to evaluate and improve practice;
- effective practice needs to be evidence based, with outcome measures forming a key evidential source.

An example of how two support services in England draw on an outcomes framework and disseminate this information to stakeholders is presented in Sensory Support Service Case Studies 8.2 and 8.3.

**SERVICE SENSORY SUPPORT CASE STUDY 8.1C**

A support service for children and young people with sensory needs includes on its website the heading *Performance and Quality Review* under which it lists key activities in relation to:

- Improvements and developments in the last year
- Performance Measures and Targets
- Performance Standards

This is updated on an annual basis to ensure key stakeholders are informed of progress towards service targets.

## SENSORY SUPPORT SERVICE CASE STUDY 8. 2C

A sensory support service includes on its website a detailed overview of its role, staff and overall aim which is stated as being 'working together to improve both social and academic outcomes for children and young people with sensory needs in the region'. This broad aim is broken down into more specific statements and a summary of how they will be achieved. This includes promoting high, realistic expectations of the outcomes for the children and young people with a statement that progress and achievement will be measured and recorded and used to set future inspirational targets.

## RECOMMENDATION 5: DEVELOPMENT OF NATIONAL QUALITY STANDARDS

**It is recommended that national quality standards are developed that provide a means of planning, monitoring and evaluating service provision for children and young people with sensory needs and which are suitable for the educational context in Ireland.**

## DISCUSSION

Recommendation 5 is concerned with the development of national quality standards. It was reported in the 2009 literature review of best practice models and outcomes in the education of children with visual impairment (NCSE 2009), that the recommendations presented in the review offered a basis for developing coherent national standards that could be used for designing and developing service provision and for reviewing service delivery. Further, the review noted that the application of such standards that have relevance to the Irish policy and service context could be used to determine the adequacy of current models of learning support for children with visual impairment in Ireland and could determine whether additional models of learning support and resource need to be considered.

National frameworks drawn up in the UK in recent years for support services provide a helpful reference point for the purpose of developing quality standards. These include generic standards for support and outreach services as well as more specific standards developed for those supporting children and young people who have sensory needs. Consideration should therefore be given to developing an appropriate framework for future service delivery that can be differentiated to reflect the particular needs of children supported by the sensory support service in Ireland. Assistance with this development could be provided through working in partnership with colleagues in organisations in other countries who have experience of developing such frameworks. The VTHVI linked quality of support with clearly articulated targets and evidence based outcomes. It was suggested that dedicated quality standards for VI/HI children were drawn up to monitor and evaluate provision. A number of stakeholders expressed concern about the apparent lack of outcome measures with particular consideration of how impact of service provision may be gauged.

The 2008 *SEN Support and Outreach Services* quality standards drawn up in England provide a useful reference point for this purpose. These standards are divided into six headings relating to 'Outcomes' and eleven that are concerned with 'Service Management and Delivery' (referred to in Recommendation 4). An example of how the standards that relate to 'Outcomes' could be used in a service delivery context in Ireland is presented in Table 8.2.

**Table 8.4 Examples of supporting evidence in relation to national quality standards (outcomes) for SEN Support and Outreach Services (adapted from DfES 2008)**

Standard	Examples of supporting evidence
<p><b>STANDARD 1 – Progress towards outcomes is systematically recorded and monitored.</b></p>	<ul style="list-style-type: none"> <li>● Programmes and interventions are regularly monitored by specialist teachers.</li> <li>● Intervention strategies are modified to take account of the response of child. Feedback is given to them and their own views are acted upon.</li> <li>● Outcome data is systematically identified, collected and analysed over time within the Service to evaluate the effectiveness of particular intervention strategies.</li> <li>● The progress of individuals or particular groups of children is monitored after intervention has finished, where appropriate, especially at important transition times between settings.</li> </ul>
<p><b>STANDARD 2 – The service promotes the use of interventions based on up-to-date specialist knowledge and expertise of suitably qualified professional staff.</b></p>	<ul style="list-style-type: none"> <li>● Interventions are realistic within the setting’s context.</li> <li>● Intended outcomes are agreed with the child, their class or subject teacher and parents.</li> <li>● Interventions are planned to enhance the development of self-confidence and self-esteem.</li> <li>● Targets in intervention programmes are written so as to be ‘SMART’. This ensures that progress against targets can be evaluated.</li> </ul>
<p><b>STANDARD 3 – Parents should always be consulted and, where appropriate, involved in supporting the learning and development of their child as part of any intervention.</b></p>	<ul style="list-style-type: none"> <li>● Interventions and intended outcomes are agreed with parents.</li> <li>● Where appropriate, parents are involved in informing or supporting any intervention programme.</li> <li>● Information is collected from parents/key workers/lead professionals concerning their views about the effectiveness of the service, and where appropriate, is acted upon.</li> <li>● Parents are provided with information in an accessible and easy to understand manner.</li> </ul>
<p><b>STANDARD 4 – Clear outcomes are agreed by the service and user, and steps taken to avoid the development of a culture of dependency.</b></p>	<ul style="list-style-type: none"> <li>● A contractual relationship, such as a service level agreement or partnership agreement, which clearly describes the obligations and expectations of all parties, is established with schools and other settings.</li> <li>● Services are delivered in a manner designed to increase the capacity of schools, early years settings and other provision to meet user needs from within their own resources and expertise.</li> <li>● Services are delivered in a manner that is consistent with target setting processes within the service.</li> <li>● Planning for the use of additional adults ensures there is a balance between providing sufficient one-to-one attention to support the individual CYP’s programme and ensuring that they are enabled to become more independent.</li> </ul>

<p><b>STANDARD 5 – Services have a clear purpose which takes into account local authority policies, the Children and Young People’s Plan, the needs of particular schools, early years settings and other provision in the area, and the range of CYP needs.</b></p>	<ul style="list-style-type: none"> <li>● The service contributes to the achievement of regional targets and capacity building as part of the overall range of provision for children with SEN.</li> <li>● Written agreements are in place about the services provided to all those involved.</li> <li>● There is collaboration with other services and statutory and voluntary agencies to ensure that the contribution of each is maximised for the benefit of CYP.</li> <li>● Any significant proposed changes to the service comply with an agreed set of parameters (e.g equivalent to the ‘SEN Improvement Test’ in the UK).</li> </ul>
<p><b>STANDARD 6 – The service regularly collects feedback about its interventions and uses it to improve the quality of service.</b></p>	<ul style="list-style-type: none"> <li>● Views about the effectiveness of the service are collected from children and young people.</li> <li>● Feedback is gathered regularly in relation to the contribution of the service to the progress of individual and groups of children and young people, to the continuing professional development of staff, and to the fulfilment of the school, early years setting or other provision’s mission and objectives.</li> <li>● There are audit trails of instances where feedback from service users has been used to change practice in service delivery.</li> </ul>

The generic quality standards referred to in Table 8.4 (DfES 2008) have been drawn upon by organisations involved in deaf education in the UK to develop a related set for use by specialist services for deaf children and young people, with explicit acknowledgement that services may want to adapt them to reflect the context in other countries (NDCS/RNID 2009). These standards are intended to be broadly applicable irrespective of differences in settings and local or national policy and are designed to lead to improved outcomes for deaf children and young people (DCYP). As such they have direct relevance to the terms of reference for this review and taken together with national quality standards developed in 2002 for services supporting children with sensory needs in England (e.g. DES 2002), they provide useful tools that provide the basis for developing work in this area.

As noted in the standards for children who are deaf (NCDS/RNID 2009), evidence in support of the standards may fall into one of two broad categories:

- *Performance measures* – generally provided as numerical data which may reflect progress made by the children in the form of targets achieved including those relating to: social, emotional, attitudinal or behavioural issues; attainment and achievement data; results of criterion and norm referenced testing; contextual value added; progress through the curriculum; or activity levels of the service.
- *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. Anecdotal evidence may also be useful to support other evidence for illustrative purposes.

As reported in the quality standards documents, it is often difficult to differentiate the contribution made by a service to the progress of individual children from that made by the school, setting, or other provision; the contribution of parents; and the progress that may have been made anyway. It

is argued however that these elements are central to any judgements about 'service effectiveness'. As an example, the NCDS/RNID document notes that whilst it not possible to separate the impact of these different elements, where a support or outreach service has:

- a. intervened either directly (e.g. through regular individual 1:1 or small group contact) or indirectly (through consultation and advice to staff, or parents) and
- b. identified and set targets and;
- c. implemented or advised on strategy to attain these targets;

evidence of progress towards these targets, which may have been gathered jointly, can be attributed to the work of the service, whilst recognising that the outcome is the result of partnership working (NCDS/RNID, 2009).

Table 8.5 provides a summary of how the six generic quality standards referred to in Table 8.4 have been adapted to as to have relevance to specialist teaching and support services for deaf children and young people (DCYP) with examples provided of possible sources of supporting evidence.

**Table 8.5. Supporting evidence in relation to standards for specialist teacher and support services for deaf children and young people (adapted from 'Quality standards for specialist teaching and support services for deaf children and young people', NCDS/RNID 2009)**

Standard	Examples of Supporting Evidence
<p><b>STANDARD 1:</b> Programmes of intervention for DCYP provide support to parents, settings and schools, and individuals which are specifically tailored to improve young people's life chances. These programmes will include educational, linguistic, audiological, social and emotional support/ guidance. Outcome data will be systematically monitored and recorded in order to secure continuous service improvement.</p>	<ul style="list-style-type: none"> <li>• Programmes and interventions are regularly monitored.</li> <li>• Intervention strategies are modified to take account of the response of DCYP, parents, settings and schools and individuals; feedback is given to them and their own views are carefully considered and acted upon.</li> <li>• Outcome data is systematically identified, collected and analysed over time to evaluate the effectiveness of intervention strategies.</li> <li>• The progress of individuals or particular groups of DCYP is monitored after intervention has finished, where appropriate, especially at important transition times between settings.</li> </ul>
<p><b>STANDARD 2:</b> An effective service promotes the use of interventions based on up-to-date specialist knowledge through regular and targeted in-service training, awareness raising and sharing of current techniques in line with national policy and outcomes for children.</p>	<ul style="list-style-type: none"> <li>• Interventions are realistic within the context of the setting.</li> <li>• Intended outcomes are agreed with DCYP, their class or subject teacher and parents, and others involved with them.</li> <li>• Interventions are planned to enhance the development of self-confidence and self-esteem.</li> <li>• Targets in intervention programmes are SMART.</li> </ul>
<p><b>STANDARD 3:</b> Parents of DCYP should be involved in the planning of interventions and outcomes to support their child's learning and development. For services this will involve a variety of family</p>	<ul style="list-style-type: none"> <li>• Interventions and intended outcomes are agreed with parents.</li> <li>• Parents are involved in planning, informing or supporting any intervention programme.</li> </ul>

<p><b>friendly processes from the earliest stage and throughout their school life.</b></p>	<ul style="list-style-type: none"> <li>• Information is collected from parents/key workers/lead professionals concerning their views about the effectiveness of the service, and where appropriate, is acted upon.</li> <li>• Parents are provided with information in an accessible manner.</li> </ul>
<p><b>STANDARD 4:</b>  <b>Services will work in partnership with schools and settings to increase their capacity to meet the needs of DCYP without creating a culture of dependency. In this process, services will develop contractual arrangements with settings and schools, and provide training and advice on the effective use of support.</b></p>	<ul style="list-style-type: none"> <li>• A contractual relationship, such as a service level agreement or partnership agreement, which clearly describes the obligations and expectations of all parties, is established with schools and other settings.</li> <li>• Services are delivered in a manner designed to increase the capacity of settings and schools, and other provision to meet user needs from within their own resources and expertise.</li> <li>• Services are delivered in a manner that is consistent with target setting processes within the service.</li> <li>• Planning for the use of additional resources ensures that there is an appropriate ratio between providing targeted support and ensuring the individual DCYP is enabled to become an independent learner.</li> </ul>
<p><b>STANDARD 5:</b>  <b>Services have a clear purpose which takes into account LA policies, the needs of schools and settings, and the specialist needs of DCYP.</b></p>	<ul style="list-style-type: none"> <li>• Services are commissioned to undertake specific types of work reflecting local and national policies.</li> <li>• The service contributes to the achievement of local authority targets and capacity building as part of the overall range of provision.</li> <li>• Written agreements are in place about the services provided to all those involved.</li> <li>• There is collaboration with other services and statutory and voluntary agencies to ensure that the contribution of each is maximised for the benefit of DCYP.</li> </ul>
<p><b>STANDARD 6:</b>  <b>Feedback about the effectiveness of service interventions is collected from DCYP, parents and other stakeholders. This feedback is collated on a regular basis and used to inform service planning, delivery and improvement. The contribution of the service to the progress of DCYP is monitored in part through this feedback.</b></p>	<ul style="list-style-type: none"> <li>• Views about the effectiveness of the service are collected from DCYP.</li> <li>• Feedback is gathered regularly in relation to the contribution of the service to the progress of individuals and groups of DCYP, to the continuing professional development (CPD) of staff, and to the fulfilment of the school, setting, or other provision's mission and objectives.</li> <li>• There are audit trails showing how feedback from service users has been used to improve service delivery.</li> </ul>

As noted above, the development of national quality standards provides the basis for developing an evaluation framework that can be used to monitor and assess service improvement in line with strategic priorities. As an example, a set of criteria for this purpose was developed for use in the 2009 NCDS/RNIS standards (Table 8.4).

**Table 8.6 Criteria that can be drawn upon to evaluate evidence against quality standards (adapted from NCDS/RNID 2009)**

<p><b>Outstanding</b> – can consistently demonstrate high rates of progress in the majority of</p>
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children and young people, and provide evidence of continuous improvement in service management and delivery in most areas over a three-year period.

**Good** – can demonstrate high rates of progress in the majority of children and young people, and can provide evidence of improvement in service management and delivery in most areas.

**Satisfactory** – can provide consistent evidence of positive outcomes for children and young people, and can show how data has been used to improve service management and delivery in some areas.

**Inadequate** – few examples of evidence showing positive outcomes for children and young people can be provided.

To illustrate how these criteria can be used for evaluation purposes, (either internal or external) an example is provided in Table 8.5 in relation to Standard 1.

**Table 8.7 Example of how criteria can be used to assess evidence against a select standard (adapted for children with sensory needs from a standard developed for deaf children and young people).**

**STANDARD 1:**

**Programmes of intervention for children and young people provide support to parents, settings and schools, and individuals which are specifically tailored to improve young people’s life chances. These programmes will include educational, linguistic, audiological, sensory, social and emotional support/guidance. Outcome data will be systematically monitored and recorded in order to secure continuous service improvement.**

<b>Outstanding</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Inadequate</b>
Quality assured data has been collected, analysed, and benchmarked over most areas of activity over a three-year period.	Quality assured data is collected and analysed over most areas of activity.	Quality assured data is collected and analysed and used to support service improvement and planning.	Some data is collected but quality assurance and analysis is limited.
Data, including regular and accurate assessment, is used to inform individual intervention strategies and there is evidence of good progress for most DCYP over a three-year period.	Data, including regular and accurate assessment, is used to inform individual intervention strategies and there is evidence of good progress for most DCYP.	Data, including regular and accurate assessment, is used to inform individual intervention strategies.	Data is not used sufficiently to evaluate the effectiveness of intervention strategies.
DCYP and parents have been consistently involved in monitoring progress and interventions over a three-year period.	DCYP and parents are consistently involved in monitoring progress and interventions.	DCYP and parents are involved in monitoring progress and interventions.	DCYP and parents are rarely involved in discussion of interventions.
Interventions have been systematically differentiated and improved based on data	Interventions are regularly differentiated based on data analysis.	There is evidence of differentiation arising from data analysis.	There is an insufficiently differentiated approach to individual needs arising from

analysis over a three-year period.			interpretation of the data.
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The development and appropriate use of quality standards in this way provides a service with a potential route map through which to plan and evaluate provision with an aspiration of working towards developing as an ‘outstanding’ service to ensure that children and young people with sensory needs are afforded every opportunity of succeeding in education through improved outcomes. An example of how a sensory support service in England has adopted such frameworks as part of its own self-evaluation is presented in Sensory Service Case Study 8.3.

### SENSORY SERVICE CASE STUDY 8.3C

The Strategic Development Group for the Sensory Support Service proposed that an external inspection of the service should be carried out. A self-evaluation was undertaken using the following two frameworks:

- the 2008 *SEN and Outreach Quality Standards*: 1 of the standards was judged ‘outstanding’, 11 ‘good’ and 4 ‘satisfactory’;
- the *Quality Standards for Sensory Support Services*: 41 of the standards were judged fully in place/level 1 for the whole SI service, 7 for HI only; 17 mostly in place/level 2 for SI, 1 HI only and 2 VI only, and 4 partly in place/level 3 for SI, 4 VI only, and 1 not in place for VI. One standard was not applicable.

Two external reviewers were able to corroborate the statements made in the service self-evaluation and concluded that the service is an example of ‘effective’ provision with an ethos of reflective practice, promoting good partnership working with a focus on independence which is empowering for children and young people, families and settings. A number of the actions were identified for continued service improvement with a recommendation made that the Service celebrates the embedded good practice that they already have and to ensure they continue to publicise this effectively in challenging times.

Reference is also be made to a 2001 document published by the Scottish Executive Education Department entitled ‘Self-Evaluation by Peripatetic sensory Services’ (SEED, 2001). The document seeks to contribute to the development of quality assurance procedures for peripatetic sensory services through providing a framework for self-evaluation. The key areas covered in the document are: Intervention, Ethos, Management/Planning/Service Delivery, Learning/Teaching/Support, and Attainment. The main purpose of the document is to help address three related questions as part of this framework: How are we doing?; How do we know?; What are we going to do now? The framework ‘highlights key areas, aspects and themes which are particularly relevant to peripatetic sensory services as they aim to provided added value/’additionally’ to the education of children/young people with sensory impairments within mainstream education’ (p 2). As such it is reported that use of the framework should help service staff to evaluate overall service ‘quality’ in order to ‘evaluate and improve the quality of partnerships with mainstream colleagues; and to assess the contribution made by the service to the education of children/young persons with sensory impairments and to the fulfilment of each individual’s potential. It should also assessed in the processes of service development planning and staff development review.’ (SEED, 2001, p 2).

### RECOMMENDATION 6: ELIGIBILITY CRITERIA

**It is recommended that the current service eligibility criteria are reviewed and updated to ensure they are suitable for use within a restructured service.**



To help develop more equitable allocation of resources and provide coherence as to appropriate entry and exit criteria for support, it is recommended that the current service eligibility criteria are reviewed and updated to ensure they are suitable for use within a restructured service. In order to promote pupil progress and achievement of agreed educational outcomes an appropriate 'support allocation matrix' for used in the Irish context should be developed and drawn upon to ensure that decisions concerning allocation of support are transparent for all stakeholders. To ensure there are opportunities for benchmarking with support services in other countries, it is recommended that reference is made to the NatSiP Eligibility Criteria and support allocation matrix as part of this development. Reference to the agreed criteria and support allocation matrix should feature in relevant documentation including service level and partnership agreements to ensure greater transparency for all stakeholders.

The 2013 NCSE policy advice document notes that “Students with SEN will have immediate and timely access to additional educational resources they require additional support will be linked to the student’s actual level of need rather than their category of disability which does not necessarily provide a true indication. (NCSE, 2013, p96). The report goes on to note “The NCSE is aware that the current allocation process does not provide adjustment to levels of support where they are no longer required” (2013, p99). As noted in the NCSE research report No 3 with reference to the EPSEN Act, children with visual impairment are entitled to “an assessment to determine if a special educational need exists; this assessment “ shall include an evaluation and statement of the nature and extent of a child’s disability...and an evaluation and statement of the services which the child will need so as to participate in and benefit from education and generally, to develop his or her potential [section4(6)]. A framework of eligibility criteria was developed by the NatSIP collaboration and published by the DES, 2012.

It was clear from some respondents that they were unaware of criteria relating to disengagement of the VT. This raised levels of anxiety and was an area of dissatisfaction. In order to promote pupil progress and achievement of agreed educational outcomes an appropriate 'support allocation matrix' for use in the Irish context should be developed and drawn upon to ensure that decisions concerning allocation of support are transparent for all stakeholders. To ensure there are opportunities for benchmarking with support services in other countries, it is recommended that reference is made to the NatSiP Eligibility Criteria and support allocation matrix as part of this development. Reference to the agreed criteria and support allocation matrix should feature in relevant documentation including service level and partnership agreements to ensure greater transparency for all stakeholders.

Members of the VTHVI team expressed a need for allocation of resource to be dependent on individual needs of the child, with support monitored through a service audit mechanism. Stakeholders noted that some children may be excluded from accessing services under current arrangements and this needed to be addressed in any future service development, examples of such children include those with Cerebral Visual Impairment and those with Auditory Neuropathy Spectrum Disorder.

The key findings highlighted a need to review how decisions are made about allocation of support. To help develop more equitable allocation of resources and provide coherence as to appropriate entry and exit criteria for support, recommendation 6 is concerned with ensuring that the current service eligibility criteria are reviewed and updated to ensure they are suitable for use within a restructured service. An appropriate review of the service eligibility criteria would help to ensure more equitable allocation of resources and provide coherence as to appropriate entry and exit

criteria for support. The most recent NatSiP Eligibility Criteria (NatSiP 2012) are intended to fulfil several purposes in relation to service support for children and young people and their families and as such provide a helpful reference point for this purpose including:

- facilitating benchmarking across local authority Sensory Support Services;
- enabling services to provide an equitable allocation of their resources;
- providing services with entry and exit criteria for support;
- providing a means of identifying the levels of support required;
- providing a means of justifying the support provided.

With respect to benchmarking, it is noted in the NatSiP Eligibility Criteria that meaningful comparisons of Sensory Support Services across different local authorities will only be feasible once a common set of eligibility criteria is in use, coupled with transparency over the associated support allocation matrices operated by individual services. Whilst the NatSiP Eligibility Criteria are designed to provide the basis for a ‘fair’ allocation of available resources, of note is that they are not intended to exclude professional judgement and do not attempt to replace a full assessment by a qualified specialist teacher. Additional assessment tools may be used alongside these criteria to support an adjustment in levels of provision:

‘Professionals will know that use of the NatSiP Eligibility Criteria is leading to effective identification of support when children are making good progress and achieving good outcomes. Ensuring mechanisms are in place for auditing and adjustment of levels of specialist support in accordance with changing needs in the population of children with sensory needs.’ (Natsip, 2012)

Further, it is noted that there may be additional factors that need to be taken into account in considering the application of the NatSiP Eligibility Criteria within different settings (e.g. Early Years, Post-16 and Specialist Provision). As an example, within the Early Years context many factors influence the level and type of support that a family may request in the early stages and these can alter within a relatively short time frame. Thus, it is noted that the Newborn Hearing Screening, which carries an expectation that the support offered to families of infants with a newly confirmed hearing loss will need to be responsive to the families’ concerns and wishes (NatSiP 2012).

In applying the Eligibility Criteria to support allocation, the NatSiP guidance advises use of the total score obtained, through a stepped scoring process, as a basis for decisions according to service policy. In determining the support allocation for a child, the service will therefore need to agree a suitable ‘support allocation matrix’ according to what is considered to be the appropriate support levels required to meet assessed needs. Implicit within the support allocation will be the child’s ‘ability to access the curriculum, to make good progress and to achieve good outcomes.’ (NatSiP, 2012).

As noted above, it is outlined in the NatSiP guidance that it is the decision of each service to agree or devise its support allocation matrix, according to what it considers to be the support levels required to meet needs. The guidance suggests that a final decision upon the actual support allocation should then be made through whatever moderation processes are established within the service. Whilst there is no evidence base to support the adoption of a particular matrix, the examples included in the NatSiP Eligibility Criteria offer a useful reference point for service development in the Irish context. A summary of the proforma used for the support allocation matrix is presented in Table 8.7

**Table 8.9 Proforma for Support Allocation Matrix (adapted from NatSiP 2012)**

Total Score Range	Support Category	Support Allocation
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75% and above	Support Plus	Active caseload/very high level of support/ probably includes pupils seen twice or more each week/may include SI Early Years children who have one visit but high level of multi-agency liaison required/reports required.
50 – 74%	Support	Active caseload/specialist SI teachers decide on frequency and timing of visits/flexibility required/may include pupils seen for blocks of time/must let school know time and date of next visit/reports required.
25 – 49%	Monitor	Active caseload/one or two visits annually/ troubleshooting for radio aids, CCTVs etc. may generate additional visit/single report giving advice specific to pupil/report on request from Senior Teacher/Team Leader for specific reason
24 and below	Advice	Not on active caseload/lists held centrally/advice sent to schools following referral/advice by telephone following request by school/no reports provided.

A summary of the criteria headings used for children who have HI/VI/MSI is included in the NatSip guidance. The overlap in the headings across each group of children provides a valuable opportunity for colleagues in the service to work together to develop a suitable support allocation matrix for use by the team which can then be drawn upon in service level agreement and/or partnership agreements.

Sensory Support Service Case Study 8.5 illustrates how a sensory support service provides information about the eligibility criteria it uses for scoring support levels for children and their role in ensuring appropriate service support is provided.

#### SENSORY SUPPORT SERVICE CASE STUDY 8.4C

A Sensory Support Service reports on its website the particular eligibility criteria it uses for scoring support levels for children and young people with sensory impairments This includes information about the development of the revised criteria by NatSip, and their purpose in ensuring appropriate service support for children and young people and their families. It also notes that whilst the eligibility criteria are considered to be comprehensive and are designed to provide the basis for a fair allocation of available resources, they are not intended to exclude professional judgement and do not attempt to replace a full assessment by a qualified specialist teacher.

### RECOMMENDATION 7: REVIEW OF CASE LOADS AND DELIVERY OF EDUCATIONAL SUPPORTS

**It is recommended that all current case loads are reviewed with reference to the revised service eligibility criteria and support allocation matrix to consider the nature of specialist**

**teachers role and identify where they might work in closer partnership with other practitioners in providing particular educational supports.**

## DISCUSSION

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It is recommended that all current case loads are reviewed with reference to revised service eligibility criteria and support allocation matrix to consider the nature of specialist teachers role and identify where they might work in closer partnership with other practitioners in providing particular educational supports. Revised service level and/or partnership agreements should clearly describe the obligations and expectations of all stakeholders in working towards agreed outcomes. A range of models of support need to be included to meet the diversity of needs, this should include remote support for families, children and schools that are geographically challenging. This would optimise use of time and promote best use of a scarce resource.

The findings of the review highlight that the role of the specialist teacher of children with sensory needs is a complex blend of ensuring the child is able to access the curriculum (though not necessarily requiring the teacher for this) and equipping the child with the necessary competencies and confidence to be able to independently access curriculum areas (through ensuring the child has opportunities to engage in relevant areas of the additional curriculum such as mobility training, touch typing, braille literacy). An internal evaluation of the role that draws on recent literature (eg NCSE 2009, NCSE 2010, NCSE 2012) provides an opportunity therefore to review the specialist nature of the role in relation to the future SEN landscape within Ireland and help to develop guidance in relation to a particular child as to determine what can what aspects of the role are required to be undertaken by the specialist teachers themselves and what aspects can be delivered through partnership with other practitioners involved in the education of children.

New circumstances mean that in the face of fiscal restraint VTHI have been identified as central to the effective implementation of the Newborn Hearing Screening programme. The NARG report (2011) recommended “the current VT service (delivered by 29 WTE Teachers of the deaf) supporting children up to 18 years of age and their families is overstretched and is not year round; thus an increase in staff resources is urgently required to support the Newborn Hearing screening programme” (p.119, National Audiology Review, 2011).

As noted above, transparent and coherent set of eligibility criteria matched to an agreed support allocation matrix provides the opportunity to review the current caseloads in the service to ensure there is an equitable allocation of resource in terms of agreed educational supports to ensure this ratio is appropriate. Developing a more coherent system should also ensure that the precise role of the specialist teacher in delivering a given educational support is made clear to all stakeholders (through for example a Service Level Agreement) and therefore help to clarify expectations as to what support will be allocated in a particular context. The NatSiP eligibility criteria referred to in above can be helpful for this purpose as they seek to identify the role of the specialist teacher in providing support. An example is given in Table 8.8 to illustrate how a review might be undertaken in relation to one criterion.

**Table 8.11 Example of how a review of educational support can be undertaken in relation to one eligibility criterion**

<b>Criterion 3: Impact of VI on language and communication development and on access to learning and the curriculum</b>	<b>Score</b>
a. The learner requires assessment and advice from a QTVI	2

b. The learner requires a short-term programme delivered by a QTVI to develop skills that enable access to the curriculum e.g. touch-typing, developing independence and self-advocacy	8
c. The learner requires a long-term programme delivered and maintained by a QTVI e.g. Braille	14
Comments	Score

The selected criterion illustrates the role of a qualified teacher of children with visual impairment (QTVI) when an assessment is made of the support allocation for a child in seeking to reduce the impact of the visual impairment on 'language and communication development and on access to learning and the curriculum'. The total score across all the 10 criteria will then be drawn on to determine the 'appropriate' support allocation.

Class teacher allocations are identified for special schools with staffing ratios as follows;

Type of special school/class	Pupil teacher ratio	Class SNA ratio
Visual impairment	8:1	4:1
Hearing Impaired	7:1	4.1
Profoundly deaf	6:1	2.1
Blind children <b>no data provided</b>		

[SERC Report., 1993 quoted in NCSE 2013, p115]

There is no equivalent data for the VT service but the role undertaken is more complex and should take into account travel time, time for meeting staff, negotiating support and differentiating tasks for SNAs and class teachers, discussions with parents, checking equipment, writing up visits as well as direct pre and post tutoring as required,.

In the most recent report by the Consortium on Research in Deaf Education [CRIDE] 2013 the lowest teacher child ratio was in the North West of England where the ratio was 29.12:1, this area also had the highest outcomes scores for deaf/HI children in England. Nationally the theoretical caseload is 44 but in 14% of cases the caseload is 88:1, with 5% having a ratio of 100:1- higher caseloads are linked in the data to poorer outcomes for deaf children [CRIDE, 2013]. Luckner and Miller [2002] suggest that a manageable caseload for a peripatetic teacher was 11 children. Colorado Hands and Voices suggest a caseload of between 1:10 and 1:24 is manageable in the large state. In a time of fiscal constraint this raises a significant challenge. Some current caseloads are recognised as excessive\*, refer to Recommendation 10 re impact of the introduction of the Newborn Hearing Screening programme.

Revised service level and/or partnership agreements should clearly describe the obligations and expectations of all stakeholders in working towards agreed outcomes. A range of models of support need to be included to meet the diversity of needs, this should include remote support for families, children and schools that are geographically challenging. This would optimise use of time and promote best use of a scarce resource.

Members of the VTHVI team suggested that consistency of caseloads which were weighted and balanced to allow for planning and research into complex cases. They identified that time should be allocated for liaising with Resource teachers to model and share classroom practice, for functional assessment of needs, up-skilling of mainstream staff and interagency working.

A number of key stakeholders raised the issue of managing caseloads. It was reported that with expanding caseloads there was a need to develop a coordinated and shared strategy to manage and prioritise individual caseloads.

## RECOMMENDATION 8: SPECIALIST NATURE OF THE SERVICE PROVISION

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**It is recommended that all teachers in the Service are required to hold or work towards obtaining within a set period of time, an appropriate specialist award in the education of children with sensory needs.**

**Consideration should also be given to renaming the service and the title of the teachers to more accurately reflect the role and specialist status of the service provision.**

**The job descriptions for all staff in the service should be reviewed and modified as appropriate to ensure these reflect revised roles and responsibilities in line with the review recommendations and indicate how they are expected to work in partnership with other stakeholders through service level and/or partnership agreements. Additionally contracts should clearly recognise that sensory impaired children and their families' require year round support.**

## DISCUSSION

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A particular concern raised by a number of respondents in the call for written submissions is that alignment of activities within the structure of an organisation that has a broader remit than sensory needs risks dilution of expertise in service provision. In order to ensure that the specialist nature of the sensory support service is not diluted within the structures of an organisation with a broader SEN remit, and in accordance with relevant quality standards in education support services for children and young people with sensory needs in England (e.g. DfES, 2002) recommendation 8 is designed to ensure that the specialist nature of the service is retained whilst ensuring a more efficient and coordinated service delivery.

The job descriptions for all staff in the service should be reviewed and altered as appropriate to ensure these reflect revised roles and responsibilities and indicate how they are expected to work in partnership with other stakeholders. These descriptions should be reviewed annually as part of broader service evaluation. Consideration should also be given to renaming the service and the title of the teachers themselves to more accurately reflect the role and specialist status of the service provision. Given that other specialists are also work in a 'visiting' practitioner role (eg SENOs), it may be more appropriate to use a term that reflects the particular nature of the service provision. Reference to commonly used terms in the United Kingdom will be of relevance here.

Information for key stakeholders should ensure that the qualifications of the staff are provided to highlight the specialist nature of the service provision. Sensory support service case studies 8.4 and

8.5 illustrate how two support services include information on their respective websites about the specialist qualifications of the teachers who work in the service.

#### SENSORY SUPPORT SERVICE CASE STUDY 8.5C

The sensory support service has developed a website for parents/carers. The website includes information about the service and the specialist qualifications of the teachers who work in the service. A vision statement of how the service works with parents and other professionals to meet the needs of children it supports. Separate pages are included about vision, hearing and multisensory impairment with information about how support is provided by staff in the service for children and young people in different educational phases (ie Early Years, School Age and Post 16).

#### SENSORY SUPPORT SERVICE CASE STUDY 8.6C

A sensory support service includes on its website information about the qualifications of the teachers and other professionals who work in the service plus a description of the role and where they work (ie in early years settings, schools, across all key stages and in further education settings). Information is provided about how they work in collaboration with other agencies as well as the capacity building focus of the service work in seeking to create *Deaf Friendly* and *Vision Friendly* Schools.

The 2013 NCSE policy advice paper states that “the DES should prescribe a minimum range of qualifications for teachers who are teaching deaf and hard of hearing children in mainstream and special education settings. The Department should also specify the additional qualifications for teachers following entry into the Visiting Teacher Service. These qualifications should include minimum competence in the use and teaching of ISL.” (2013, p9). To ensure coherence with similar professionals in other countries, consideration should be given to ensuring that this award has the equivalent status of the mandatory qualification (MQ) for teachers of children with sensory needs in England and Wales VTHVI recognise the centrality of specialist knowledge, understating and skills in the field of HI/VI that are essential to high quality provision for sensory impaired children and their families.

A FEAPDA review of the requirements of teachers to undertake specialist training within the field of deaf education was undertaken by Simpson, (2004). Of the 12 European countries involved in the study 3 relied on In-service training short courses and SEN generic training, the other 9 had Master level training that was required [equivalent to the Mandatory qualification required in the UK. In the USA 93% of all states requires a minimum of State registration for any teacher working with deaf children/young people. Additionally the RNIB (2013) strongly support the importance of appropriately trained and qualified Teachers of VI/Blind children.

The complexity and specialist nature of such work is described by Luckner and Miller [1994:2002], Antia, [1999], Colorado Hands and Voices website accessed 23.03.14, and in the Quality Standards, Specialist teaching support for deaf children [2009]. Specialist teaching work with deaf/HI, blind/VI and MSI children is described in detail in the DfES Specification for mandatory qualifications for specialist teacher of children and young people, [2009], this is currently being updated. Leigh [1999] reported that in a study of the experiences of Deaf and Hard of Hearing adults, the majority of those who reported positive perceptions of their mainstream schooling talked about ‘supportive teachers [of the Deaf]’ who provided needed attention and friendly social environments. They also suggested

that disciplined and structured school programmes were related to more positive experiences. Similarly Stinson and Lui [1999] conducted a qualitative study of factors that encouraged participation of deaf/HH students in mainstream settings, many of these related to openness, positive attitudes, providing information to hearing students and communicating with the individual student with hearing loss.

## RECOMMENDATION 9: CONTINUING PROFESSIONAL DEVELOPMENT

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**It is recommended that resource is allocated for all staff in the service to update their skills, engage in professional dialogue and participate in regular continuing professional development (CPD) in order to remain up to date and develop new knowledge, understanding and skills according to need.**

## DISCUSSION

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Recommendation 9 is concerned with ensuring that resource is allocated for all staff in the service to update their skills, engage in professional dialogue and participate in regular continuing professional development (CPD) in order to remain up to date and develop new knowledge, understanding and skills according to need.

CPD is vital to all those concerned in meeting the needs of sensory impaired children and young people. To be effective however, it needs to be addressed holistically and with a short and medium term plan to ensure training needs can be met. A reconfigured SMT should therefore plan to facilitate joint activities with clear targets in line with the review recommendations to ensure shared vision and aims, objectives. A reflective service ethos which actively recognises expertise and uses this for the benefit of the sensory team, would help to ensure best use of resource.

The specialist nature of this area means parents, mainstream staff, resource teachers, SNAs, VTs, NCSE staff, NEPs, SaLTs and staff within NGOs all benefit from appropriate CPD. Recognising the vital importance of best use of resource and potential duplication of services it is important that a coherent and joint planning underpins a CPD policy. SESS's role needs to be taken into account. In this review number of mainstream schools reported that training from the VT service was in their view "more fit for purpose" and further more "recognised the demands and needs with mainstream settings". In raising standards and moving the service forward it would be appropriate to provide a range of CPD options and requirements.

- A certificate level Sensory Impairment module preferably on line with workshops. Resource teachers, SNAs, class teachers
- In addition to information and support from the VT a co-ordinated programme of training opportunities for parents and children/young people, across the country and throughout the year
- NEPS, SaLTs, NCSE staff – training from VTs on assessments, specific visual or hearing conditions or syndromes within caseloads, new technology
- For any teacher working within the VT service it should be mandatory to achieve an MQ in the relevant area within 3 years of working with that group. Whilst waiting to train that individual should not support 0-5 years and should be closely mentored.
- VTs require access to specific training, some is generic "Conflict handling" and some in very specific relating for example to technology



- Any new staff should be subject to a competitive interview process and should clearly demonstrate that they have the basic intra personal skills, teaching ability and ability to study at M level before being appointed.

Currently the lack of opportunity to study the equivalent of an MQ in Ireland could be addressed by running a course intermittently. In Finland to meet this challenge for example a VI course is run every five years. The lead goes back to their role as a teacher of VI children when not leading training. The challenge with this approach is having sufficient resource, academic journals and equipment to allow such a course to ensure is it fit for purpose. If this model is pursued it would be important to contact colleagues where this model works well to ensure resources are appropriately used and appropriate standards.

The 2013 NCSE policy advice paper notes “Teachers must have the appropriate skill set to meet the needs of Deaf and hard of hearing children in mainstream and special school settings. [NCSE, 2013, p49]. Furthermore it is recognised that “all teachers need to have the requisite skills, aligned with respective roles in the school, to meet diverse learning needs of students with special educational needs.” [NCSE, 2013, p61].

Recognising the vital importance of ensuring staff are up to date DCSF Quality Standards for SEN, 2008, amongst a series of recommendations for service development includes a key recommendation that “Staff experience, knowledge and competencies are identified, developed, sustained, and recognised”[DCSF, 2008, p19]. The range of expertise held by the Visiting teacher service continues to grow and expand as understanding of the needs of this low incidence group grow and our ability to better understand and meet such needs is explored, [McCracken and Laoide-Kemp, 1997; Stredler-Brown, 2000 Andrews, Leigh and Weiner, 2004; Proctor, Niemeyer and Compton, 2005].

Both parents and professionals who responded to the questionnaire noted that challenges arose with the management of new technology where Visiting teachers appeared to lack training. Visiting teachers were keen to ensure their post qualification training needs were both recognised and met.

In addition to a requirement that all VT working with deaf/Hi children should have level 1 ISL it is important to note that any child accessing the curriculum through ISL will require support from a professional with level 6 ISL, this would not be the role of a VT as it requires daily local and intensive input. This alone is unlikely to secure effective inclusion as a whole school policy towards communication is required with peers and staff developing ISL skills.

It should be recognised that the role of the Visiting teacher in addition to their specialist knowledge, skills and understanding may include complex social situations in home, with parents who are emotionally labile. Thus training in conflict handling may be an important part of any training programme for this group of potentially vulnerable teachers. The rapid rate of change in technological aids, the emergence of new populations for example very early identified children including those with ANSD, the need to be able to assess ISL or support children with MDVI/Hi requires access to appropriate training. Given the small team that is covering the breadth of need a strategic approach needs to be developed to ensure the service can meet needs as they arise. CPD needs to be addressed holistically and with a short and medium term plan to ensure training needs can be met. The SMT should therefore plan to facilitate joint activities with clear targets in line with the review recommendations to ensure shared vision and aims, objectives. A reflective service ethos which actively recognises expertise and uses this for the benefit of the sensory team, would help to ensure best use of resource.

Members of the VTHVI team wanted CPD that was on going, planned and purposeful with structured mentoring. They view effective CPD as central to positive inclusion in schools. Additionally they note it needs to reflect changing needs of the population, be well planned and on a continuous cycle as part of service improvement. This was linked to having an integrated relationship with academic centres of deaf and VI research and equality studies to allow access to research. Stakeholders felt that there should be mechanisms that support how CPD feedback is used to develop the VTHVI service and ensure there is sharing of expertise. It was also noted that the need to update in the area, particularly given the small number of staff, make any kind of specialisation difficult

## RECOMMENDATION 10: WORKING WITH FAMILIES

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**It is recommended that agreed protocols are drawn up by the new SMT which identify clear quality guidelines for working with pre-school sensory impaired children and their families. This should take into account Recommendation 8 that contracts should ensure that year round cover is available to meet the support needs of families and children with sensory impairment. As an example, the Newborn Hearing Screening Programme (NHSP) brings with it the need to have year round support in place to ensure continuity of support.**

## DISCUSSION

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The review provides evidence that parents value early years support. Recommendation 10 therefore is designed to ensure that agreed protocols are drawn up by the new SMT which identify clear quality guidelines for working with pre-school sensory impaired children. Services should be well coordinated and provided by trained and skilled members of the Sensory team who facilitate the ability of the parents' to enable their children to acquire the best developmental outcomes in language, communication and independence. Families should be fully informed of all services available and be active partners in both supporting development and monitoring progress. Clear agreements need to be put in place regarding cover of school holidays to ensure no family is left without support at this time. Guidance on best practice for working with pre-school sensory impaired children is available within the UK and internationally and should build on training already provided for VTHI following the introduction of NHSP. As noted in the NARG (2011) report referral following diagnostic audiology should in all cases be to the VTHI service. Similarly all early identified children with VI/blindness should automatically be referred to the VTHVI service. For school age children parents should be informed of the support being provided by the sensory Support team and when and why such support is no longer deemed appropriate.

The National Audiology Review commissioned by the HSE [2011] recommended the introduction of a national Newborn Hearing Screening programme. This review recognised that the introduction of the Newborn hearing Screening Programme would have a significant impact on the Visiting teacher service. It introduces increased numbers to those children already receiving a service as children may enter the service with the first three months of life, following diagnostic audiological assessment. The report draws specific attention to concerns over the stress this need places on the Visiting teacher service: "The current VT service (delivered by 29 WTE Teachers of the Deaf) supporting deaf children up to 18 years of age and their families is overstretched and is not all year round; thus an increase in staff resources is urgently required to support the newborn hearing screening initiative" [HSE, 2011, p119]. The report goes on to recommend that "The HSE and DES liaise and develop a robust and comprehensive strategy for personal FM systems, to include pre-school provision" and further more "for pre-school children in rural areas, consideration should be

given to the home visiting Teacher of the deaf being trained to take impressions and enabled to send them directly to the manufacturer” [2011, p121]. This would potentially help to ensure children had optimum access to sound, supporting their development of spoken language which actively supports later literacy skills.

There is a wealth of international research evidence that supports the very early identification of sensory needs followed by focussed, specialised support and linking this with improved outcomes. For children who are HI/deaf the International Consensus statement, Moeller et al., 2013 provides a comprehensive list of over 100 references [doi10.1093/deafed/ent034].

'All children have the right to the best possible start in life. Where children have special needs and disabilities, it is important that these are identified at an early stage and that identification leads directly to effective early intervention and support for families and children.' (Together from The Start - Practical guidance for professionals working with disabled children (0-2) and their families, DfES, 2002)

The review provides evidence that parents value early years support. Services should be well coordinated and provided by trained and skilled members of the Sensory team who facilitate the ability of the parents' to enable their children to acquire the best developmental outcomes in language, communication and independence .Families should be fully informed of all services available and be active partners in both supporting development and monitoring progress. Clear agreements need to be put in place regarding cover of school holidays to ensure no family is left without support at this time.

The VTHVI noted that provision should be year round, child centred and needs based. At pre-school stage use of the Monitoring protocol, Developmental journal and Family Support plans help to develop and monitor progress and actively support interagency working. For VTHI the introduction of the Newborn Hearing Screening programme is recognised as bringing with it a need for involvement much sooner and that this will have an impact on caseloads.

## RECOMMENDATION 11: INTERAGENCY WORKING

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**To ensure parents are aware of the work of the Service, it is recommended that a document is produced that clearly and without bias, describes the work of the Sensory team, HSE partners and NGOs. It is recommended that a similar booklet should be made available at each transition point, pre-school to primary, primary to post primary and post primary to third level for both parents and mainstream staff.**

## DISCUSSION

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The review provides evidence that open professional discussions between the VTHVI service and non-governmental organisations as well as partners in HSE and members of the NEPS team are vital to move practice forward. This will help to support more active co-operation and interagency working and help to promote best practice. The establishment of clear roles, responsibilities and work level agreements will actively support such work. Recommendation 11 is designed to ensure that parents are aware of the work of the Service through information that clearly and without bias, describes the work of the Sensory team, HSE partners and NGOs and includes a statement to ensure that a similar booklet is made available at each transition point, pre-school to primary, primary to post primary and post primary to third level for both parents and mainstream staff to ensure. Appropriate use of this information should actively support parents in making informed choices as part of an on-going process of gaining experience and understanding of their child's learning needs, educationally and socially. This helps to place responsibility with the parent's and enables them to make informed choices without pressure from any specific group.

The review provides evidence that there is a lack of clarity between the VTHVI service and non-governmental organisations as well as partners in HSE and some members of the NEPS team. This militates against active co-operation and interagency working that helps to promote best practice. The establishment of roles responsibilities and work level agreements will actively support such work. This document should actively support parents in making informed choices as part of an on-going process of gaining experience and understanding of their child's learning needs, educationally and socially. This helps to place responsibility with the parent's and enables them to make choices without pressure from any specific group.

The 2013 NCSE policy advice paper states that "the relevant State Departments (health, education, and social protection) and agencies should work together to develop and implement one national system of assessment which can be used to access services across all areas" [NCSE, 2013, p51].

The proliferation of voluntary agencies means there is a recognised opportunity to capitalise on knowledge, skills and understanding with the strong focus being maintained on meeting the needs of individual children with a sensory impairment. This can however, be confusing for parents making it vital that a balanced approach is taken: Carr, Young, Hunt et al 2006; Carr, Young, Hall et al., 2006; Dunst, Trivette and Deal, 1988; Knoors, 2007; Steinberg, Bain Delgado and Rupero, 2003; Storbeck and Calvert-Evans, 2008 Young, 2002; Young, Carr Hunt et al., 2005]

Members of the VTHVI team felt effective service provision was linked to clarity of roles and responsibilities for all involved with boundaries that are clearly articulated. They felt that models of collaboration should follow formalised protocols and that time and training provided for all parties involved in trans-agency working would promote efficiency and effective joint working. They felt it was important to ensure there were affective partnerships with the full range of professional and stakeholders involved. It was felt that clear professional boundaries could be established, with defined roles supported through the use of IEPs. In addition up to date information packs were highlighted as important for two audiences, families and mainstream staff. For families information about all services available, including social opportunities for HI/VI children would be useful, especially if there were different packs for each stage, pre-school, primary, post primary, third level. The pack for mainstream staff would summarise strategies and best practice (eg Supporting the achievement of deaf children in secondary schools, NDCS, 2013). Stakeholders noted that they perceived the lack of understanding of roles and responsibilities fosters the potential for a lack of trust between stakeholders and with the VTHVI service.

## CONCLUSION

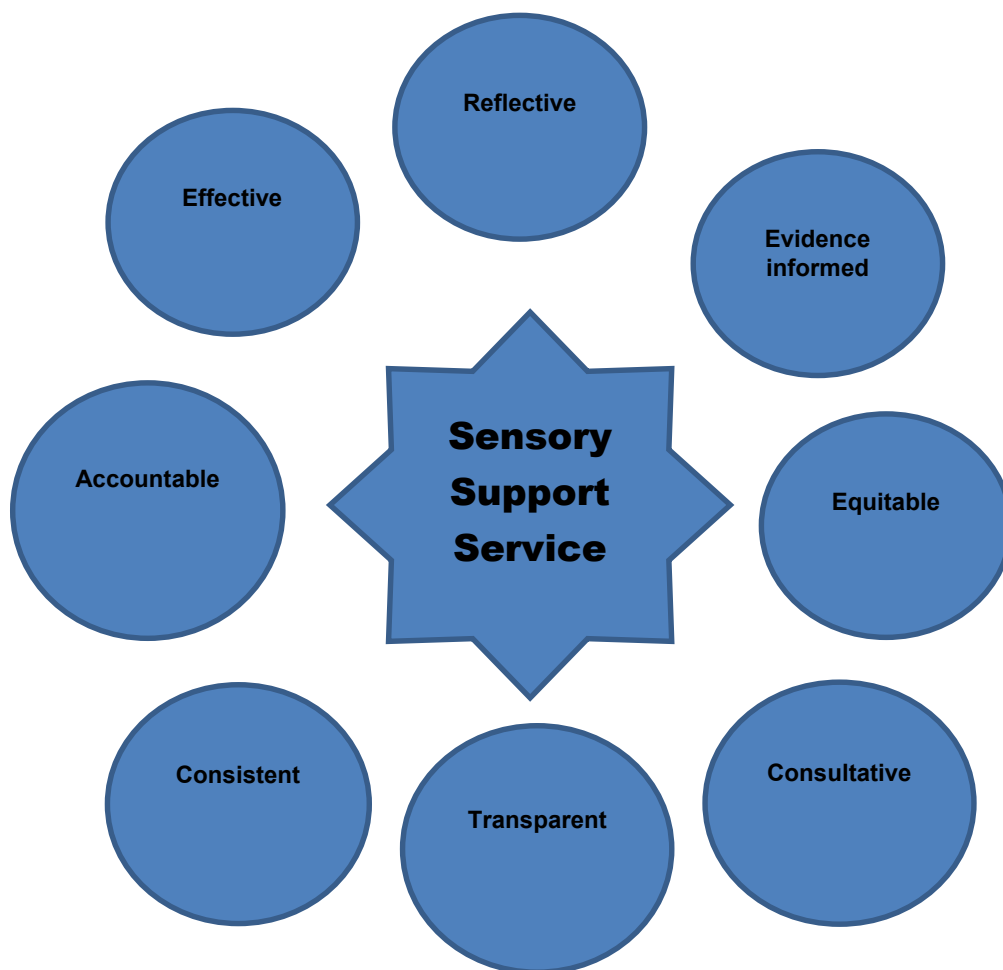
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In a rapidly changing educational landscape for children with special educational needs it is important to have a clear vision and strategic direction for how educational supports will be delivered and evaluated to ensure that individual needs are met. The review has provided a valuable opportunity for a wide range of stakeholders to be consulted about how these supports should be provided for children with a wide range of sensory needs.

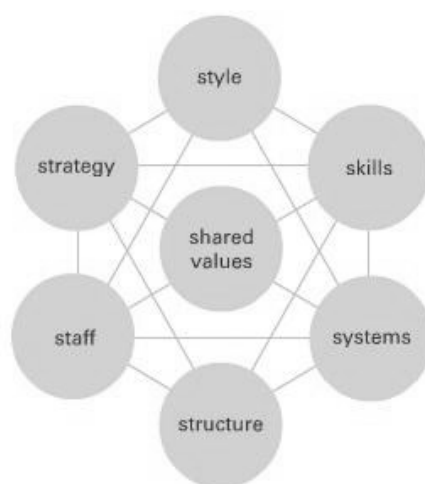
There was broad consensus that whilst a dedicated specialist service should continue to play a central role in the delivery of educational supports for these children, aspects of the current Service need to evolve to reflect current and proposed developments in relation to special educational needs in Ireland. The recommendations of the review are responsive to the key issues identified through the consultation and the wider literature, and as illustrated in Figure 8.1, in combination the recommendations seek to ensure that future provision through the Service in Ireland is developed so as to:

- provide a clear appropriately qualified management structure
- develop transparent lines of governance for the service
- allow the quality of the work to be assessed as being 'effective' in relation to stated aims and purpose;
- support service quality assurance and self-evaluation through a reflective and evidence informed approach to data collection;
- offer the opportunity to facilitate benchmarking with Sensory Impairment Support services in other countries;
- enable the service to provide an equitable allocation of its resources;
- provide appropriate eligibility criteria to offer the service a means of identifying the levels of support required and provide entry and exit criteria;
- inform staffing level considerations, the nature of support and allocation of caseloads;
- offer transparency in relation to its function and role through for example, the development of Service Level Agreements with key stakeholders;
- provide consistency in its working relationships and support provided by the Service;
- offer a means of justifying the support provided to ensure it is accountable in its activities;
- engage service users and other key stakeholders for feedback and planning purposes.

**Figure 8.1: Overview of how the Review recommendation seek to develop future service provision**



In order to monitor the change over time, it would be helpful for the Service to make reference to an appropriate organisational development model to ensure alignment and coherence in implementing the recommendations. An example of such a model is the *McKinsey 7S Framework* which was developed to help organisations seek 'harmony' (Figure 8.2). The model is based on seven interdependent factors that contribute to organisational effectiveness. The seven factors are further broken down into 'hard' elements (strategy, structure and systems) and 'soft' elements (shared values, skills, style and staff) (May and Bridger, 2010). The authors of the model argue that for an organisation to perform effectively there needs to be alignment and coherence between the seven elements. Drawing on such a model highlights the fact that, in creating whole organisational change, attention must be paid to different elements of the organisation. It illustrates the inter-relationships between the factors that together support institutional effectiveness and shows how changes in one area can have knock-on effects for other areas demonstrating the need for any proposed change to be looked at in relation to the whole.



**Figure 8.2 Diagram of the McKinsey 7S Framework**

The model can therefore be drawn upon to analyse the organisational structure of the Sensory Support Service at a particular point in time (eg. July 2014) with the exercise then repeated at various points in future years (July 2015; July 2016 etc). Examples of provisional questions that can be drawn upon to help the Service undertake this analysis in relation to of these headings is presented in Table 8.1.

**Table 8.1: Summary of elements that can be drawn upon within the McKinsey 7S Framework to analyse the organisational structure of the Sensory Support Service**

Element	Examples of provisional questions
<b>1. Strategy</b>	What strategy is used to guide the development of the Service? Who is involved in monitoring and evaluating this strategy? How is the strategy shared with key stakeholders? How is this strategy disseminated?
<b>2. Structure</b>	What are the management and leadership structures? What are the reporting arrangements and decision-making structures of the Service? How do the team members organise and align themselves? Where are the lines of communication? How effective are these considered to be?
<b>3. Systems</b>	What are the daily activities and procedures that staff engage in? What are the main systems that run the organization? What internal rules and processes does the team use to keep on track? Where are key documents stored (including information on children and families?) Who has access to the information?
<b>4. Shared Values</b> (core values)	What are the fundamental values that the Service is built on? How have these been developed and disseminated? In what ways are these values promoted?
<b>5. Style</b> (i.e. leadership)	How participative is the management/leadership style? How effective is this leadership?
<b>6. Staff</b> (i.e. employees)	What positions or specializations are represented within the team?

	<p>What positions need to be filled?</p> <p>Are there gaps in required competencies?</p>
<p><b>7. Skills</b> (i.e. skills and competences)</p>	<p>Do the current employees/team members have the necessary skills and competences to do the job?</p> <p>Are there any skills gaps?</p> <p>How are skills monitored and assessed?</p>



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## 10.0 APPENDICES

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### APPENDIX 1: A SHORT DESCRIPTION OF THE VISITING TEACHER SERVICE FOR CHILDREN WITH HEARING AND VISUAL IMPAIRMENT (VTHVI)

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#### THE FUNCTION AND ROLE OF THE VISITING TEACHER SERVICE

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The visiting teacher service provides support for the education of children who are deaf or hard of hearing, and children who are blind or who have significant visual impairment. Support is provided at the pre-school stage, and at primary and post-primary school levels. Visiting teachers work directly with the children, and collaboratively with schools and other educational and health services that support these children. The aim of the service is to provide support for these children, their parents, teachers, and schools so that each child can achieve his/her educational, social and personal potential, and can become an independent successful learner and member of society. These broad aims translate into different types of support depending on the needs of the child, the family and his/her school. The work of visiting teachers includes:

- (a) disseminating advice on best practice in relation to the education of children with hearing and visual impairments to schools, parents and the children themselves
- (b) providing some supplementary teaching for certain children with hearing and visual impairments
- (c) advising parents, the children themselves as appropriate, schools, and Education and Health support services on appropriate education placement and provision for individual children with hearing and visual impairments
- (d) supporting and assisting planning for the inclusion of children with visual and hearing impairments in mainstream schools
- (e) disseminating information in relation to services available for children with hearing and visual impairments
- (f) monitoring the educational progress of children with hearing and visual impairments
- (g) advising the National Council for Special Education (NCSE), the State Examinations Commission (SEC), and schools, in relation to resources, reasonable accommodations and interventions for children with hearing and visual impairments.

#### THE VISITING TEACHERS

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The visiting teacher service has 43 full time teacher posts.

- 29 posts are filled by teachers with expertise in the education of children who are deaf/hard of hearing
- 14 posts are filled by teachers with expertise in the education of children who are blind/visually impaired.

In the year 2012/13, these 43 posts are held by 41 full-time teachers and 4 job-sharers.

#### COSTS OF THE SERVICE

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The costs of the service consist of the salaries for the 43 visiting teacher posts plus an annual administrative budget which covers costs for travel and subsistence, IT and other miscellaneous expenses (€396,000 in 2012).

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## EMPLOYMENT AND MANAGEMENT OF THE SERVICE

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The visiting teachers are employed directly by the Department of Education and Skills. Visiting teachers work from their homes and are paid a home office accommodation allowance. Management of the VTHVI service is provided by 1.1 WTE senior inspectors working under the direction of an assistant chief inspector (whose main role is the management of an Inspectorate business unit). Some administrative support is provided by the Inspectorate secretariat. This management arrangement was put in place *pro tem* following the closure of the Department's Regional Offices.

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## POLICY

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Special Education Section is the Department section with responsibility for policy on the education of children who are deaf or hard of hearing and for the visually impaired.

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## SUPPORT TO CHILDREN, PARENTS AND SCHOOLS

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The VTHVI service supports approximately 2,700 children. The visiting teachers for hearing impairment provide direct support to approximately 1,600 children who have either a moderate hearing impairment (n=940), a severe impairment (n=340) or who are profoundly deaf (n=320). 45% of the children are in primary mainstream classes, 25% in post-primary mainstream classes, 13% are at home or in pre-school, and the remainder are in special schools or special classes. A further 560 children are supported by the visiting teachers for hearing impairment on an *On Request* basis.

The visiting teachers for visual impairment support approximately 1,070 children, who have either a moderately impairment (n=230), a severe impairment (n=500) and about 330 who are completely blind. About 15% of these children are Braille/tactile learners. 43% of the total are attending primary mainstream classes, 25% in post-primary mainstream classes, 9% are at home or in pre-school, and the remainder are in special schools or special classes.

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## LIAISON WITH OTHER SERVICES

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As well as providing support for parents and schools, visiting teachers (VTs) liaise with other professionals and agencies such as audiological scientists, ophthalmologists, speech and language therapists, psychologists, and early intervention teams. Visiting teachers also liaise with the following organisations:

**National Braille Production Centre:** It is based on the recommendations of the VTs that the National Braille Production Centre provided resource materials including Braille text books to schools.

**Special Needs Organisers (SENOs) of the National Council for Special Education (NCSE):** The VTs provide information and recommendations to the SENOs in relation to applications by schools for additional resources (resource teacher and SNA support, assistive technology, special transport). Decisions by the SENOs, especially in relation to applications for assistive technology, depend largely on the recommendations and information provided by the visiting teachers.

**State Examinations Commission (SEC):** The VTs make recommendations to SEC in relation to applications by students with visual and hearing impairment for reasonable accommodations in certificate examinations (RACE). Decisions by the SEC on RACE applications depend largely on the information provided and the recommendations of the visiting teachers.

**Health Service Executive and the Newborn Hearing Screening Programme:** Newborn hearing screening is currently being implemented by the HSE throughout the country with the objective of having newborn screening available nationally by the end of 2012. The VTHI service is prioritising early intervention work with the families of newly screened infants in response to the recommendations in *The National Audiology Review Group Report* (2011). It is expected that the net effect of newborn hearing screening combined with early intervention will result in much improved communication and educational outcomes for the children.

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## THE CHANGING CONTEXT FOR THE VISITING TEACHER SERVICE

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### **The delivery of SEN supports has altered significantly**

The Visiting Teacher Service was established in the 1970s at a time when the range of supports available to children with special educational needs was very limited. Since then, very significant changes and developments have taken place in the education provision for children with special educational needs including those who are deaf/hard of hearing and blind/visually impaired. These developments have included:

- The appointment of resource teachers and special needs assistants in primary and post-primary schools, some of whom have specific responsibility for children who are deaf/hard of hearing or blind/visually impaired
- The establishment of the National Council for Special Education (NCSE) with its network of Special Needs Organisers (SENOs) to support and coordinate education services for children with special educational needs including children who are deaf / hard of hearing and blind / visually impaired, and with a central role in the allocation of very considerable levels of resources to schools including resource teachers, special needs assistants, assistive technology and special transport
- The establishment of the Special Education Support Service (SESS) with a responsibility for the organisation of training for individual teachers and school staffs in the education of children with special educational needs including the education of children who are deaf/hard of hearing and blind/visually impaired
- The establishment of the National Educational Psychological Service (NEPS) with a remit to support the educational development of children in schools, including children with special educational needs.

### **The VTHVI service continues to operate as a separate service**

Given the emergence and development of a number of support services in the area of special needs education and the very significant increase that has occurred in the range and amount of SEN-related resources (both human and other) provided to schools since the VTHVI service was established, the continued operation of the VTHVI service as a separate organisation needs urgent consideration. The visiting teachers are currently professionally isolated from other bodies directly involved in the delivery of similar services. At the same time the VTHVI service has a wealth of professional expertise that could be of considerable benefit to other bodies.

Given the significant shifts in the landscape in which the Visiting Teacher Service is operating, it is opportune to consider how best supports of the type currently provided by the visiting teacher service should be provided to students and schools; whether the continuation of the current stand-alone service is advisable; and whether its functions might be more effectively provided through integration with other existing bodies or services.

### **The current management arrangements for the VTHVI service are anachronistic**

Like the arrangements for the delivery of supports for students with SEN, arrangements for the quality assurance of schools and the role of the Inspectorate have also altered significantly since the 1970s. The enactment of the Education Act 1998 clarified that the central function of the Inspectorate is the assurance of quality and public accountability in the education system. To this end the Inspectorate carries out inspections in schools and centres for education, and conducts national evaluations.

The Inspectorate's statutory remit for quality assurance is not consistent with its current responsibility for the management of the visiting teacher service. Given that the Inspectorate has statutory duties to inspect and report upon the effectiveness of the service received by children in schools, it is inappropriate that it should also be involved in the direct day-to-day management of the teachers involved in the provision of that education service to children. In fact, the capacity of the Inspectorate to evaluate the overall impact of the visiting teacher service in schools is compromised by the Inspectorate's responsibility to manage the service.

In addition, the current *pro tem* management arrangement is not conducive to the ongoing change process that is required to ensure the evolution of the service's work practices. Such evolution is necessary to ensure that the visiting teachers provide the most effective and coherent response to developments in audiology and ophthalmology, new technologies and the changing needs of children and schools. Thus, if it is considered that a stand-alone visiting teacher service is to remain, then new management arrangements, consistent with the principles of good governance, should be considered.

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## REVIEW OF VISITING TEACHER SERVICE

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The Minister for Education and Skills has approved a review of the role and function of the visiting teacher service with a view to making recommendations to the Department of Education and Skills in relation to the delivery of services currently provided by the VTHVI.

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## MANAGEMENT AND SUPPORT FOR THE REVIEW

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The review will be managed jointly by Mr. Jim Mulkerrins, Principal Officer, Special Education Section and Mr. Don Mahon, Assistant Chief Inspector with responsibility for Special Education.

An Advisory Group will be established and will be available to work with the reviewers during the review to provide ready access to knowledge of the Irish system and to discuss emerging findings and recommendations.



## APPENDIX 2: TERMS OF REFERENCE OF THE REVIEW OF THE VISITING TEACHER SERVICE FOR VISUAL AND HEARING IMPAIRMENT

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Having regard to

- the distinct educational needs of children who are deaf/hard of hearing or blind/visually impaired;
- the range of the education supports at pre-school, primary school and post-primary school levels available to children who are deaf/hard of hearing or blind/visually impaired (including resource teachers, special needs assistants and assistive technology) which were not as comprehensive when the visiting teacher service was first established;
- the availability of supports provided to teachers by the Special Education Support Service;
- the support services provided by the HSE audiological and ophthalmological services, and through support organisations such as DeafHear, CIDP, NCBI and Guide Dogs for the Blind;
- the findings and recommendations in NCSE research reports on the education of children who are deaf/hard of hearing and on children who are blind/visually impaired, the NCSE policy advice paper *The Education of Deaf and Hard of Hearing Children in Ireland*; and the NCSE policy paper *Supporting Students with Special Educational Needs in Schools* (May 2013);
- the HSE National Audiology Review 2011, the national neonatal hearing screening programme and the current role of the visiting teacher in providing early intervention for children and families;
- the forthcoming *National Early Years Strategy* to be published by the Department of Children and Youth Affairs in 2013
- the need for efficiency and coordination in the delivery of services to children at pre-school, primary school and post-primary school levels who are deaf/hard of hearing or blind/visually impaired; and
- the difficulties inherent in the current pro-tem arrangements for the management of the service;
- the resource constraints on the Department of Education and Skills;

The review of the visiting teacher service for visual and hearing impairment will:

1. consider the most effective and cost-effective ways in which necessary supports for the education of children who are deaf/hard of hearing and children who are blind/visually impaired, and for their teachers, schools and parents may be delivered;
2. review the functions that are currently delivered by the VTHVI service, and assess the continued requirement for the existing stand-alone VTHVI service to provide these services, given the existing remit of other services and bodies in the Health and Education sectors and the potential to expand the remit of any of these bodies
3. propose recommendations to the Department of Education and Skills regarding:
  - a. the efficient and coordinated delivery of high quality supports for the education of children who are deaf/hard of hearing, and children who are blind/visually impaired
  - b. whether some or all of the functions of the existing VTHVI service should continue to be carried out by a single stand-alone service or undertaken by other existing services or bodies (within their existing or altered remits)

- c. how the existing arrangements for the management of the VTHVI service may be ended and how alternative arrangements, as required, may be put in place;
- d. the phasing of the implementation
- e. of the recommendations and any practical issues that need to be considered in this process.

The reviewers:

- will invite written submissions from interested parties
- may interview relevant persons
- will consult with and report to an Advisory Group established by the Department of Education and Skills
- will provide an interim written report to the Department of Education and Skills by 30 November 2013 regarding items 1,2, and 3 (a) and (b) above
- will provide a final report to the Department of Education and Skills by 28 February 2014 on all items 1,2 and 3 above.

## APPENDIX 3: SUMMARY OF PROVISIONAL TIMEFRAME FOR REVIEW

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### PHASE 1 (NOVEMBER – DECEMBER 2013)

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- Site visit 1: Dublin (5-6 November 2013).
- During site visit to meet with Advisory Group to discuss the project brief, agree on project timeframe, draft consultation documents and written submission proforma (documents to be circulated in advance of the site visit where appropriate).
- To carry out series of interviews with phase 1 key stakeholders (eg heads of special schools for VI/HI, senior inspectors with management responsibility for VTHVI, 'head' of respective services, representatives from NCSE, SESS, NEPS etc)..
- To agree on timeframe and format for call of written submissions from interested parties. To publicise call for written submissions.
- Site visit 2. Enfield (12 or 13 November 2013). Whole group consultation with teachers from HI and VI services as part of a CPD event.
- Analysis of preliminary data drawing on interviews with key stakeholders.
- Submission of Interim Report to Advisory Board.

### PHASE 2 (JANUARY – FEBRUARY 2013)

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- Site visit 3: Dublin (2 days in January 2014).
- To meet with Advisory Group to discuss the interim report and agree on project timeframe for phase 2.
- To undertake meetings with a selection of further key stakeholders as agreed during Site Visit 2.
- Analysis of all data received within phases 1 and 2.
- Final report to the Advisory Board (provisional date February 28, 2014).

1. Project Advisory Group
2. Representatives of the National Educational Psychological Service
3. Representatives of the Visiting Teacher Service
4. Child Vision: Brian Allen
5. NBPU: Derval Healey
6. Representatives of NCBI
6. Catholic Institute for the Deaf: Liam O'Dywer
7. Principal of St Joseph's Cabra
8. HSE National Audiology Programme: Gary Norman and Aisling Heffernan
9. Féach: Eithne Walsh and colleague
10. Principals of St Joseph's school for VI and Rosmini Community School
11. SESS: Madeline Hickey and Margarita Boyle
12. Managers of the Visiting Teacher service
13. NCSE: Teresa Griffin and Sé Goulding

## APPENDIX 5: SUMMARY OF KEY DOCUMENTS

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DES (2013) Circular to the Management Authorities of Primary Schools, Special Schools , Secondary, Community and Comprehensive schools and the Chief Vocational Education Committees: Circular No0010/2013

DEA (2013) Handbook for the Visiting Teachers-VTHVI

HSE (2011) National Audiology Review

NCSE (2013) Supporting Students with SEN in Schools NCSE Policy Advice Paper No 4

NSCE (2011) The Education of Deaf and Hard of hearing Children in Ireland NCSE Policy Advice Paper

NEPS Working together to make a difference for children: Information for parents

NCSE (2009) Evidence of best practice models and outcomes in the education of deaf and hard of hearing children: an International Review. NCSE report No 1

NSCE (2009) Evidence of best practice models and outcomes in the education of deaf and hard of hearing children: an International Review NCSE Research Reports No 3

Understanding Childhood Hearing Loss DeafHear in collaboration with HSE, DSE and Beaumont Hospital 2013

A selection of unpublished documents was also presented to the review team by various key stakeholders during Site Visit 1. A summary of all relevant documentation will be included in the Final Report

## APPENDIX 6: SUMMARY OF CONSULTATION WITH MEMBERS OF VTHVI

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### APPENDIX 6 A. DISCOVERING THE BEST IN WHAT WE HAVE ALREADY

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a. Participants were asked to tell a story to their small group about what they felt had been a 'peak' experience in their work within the Service to date and consider: what was in place to allow it happen; what might need to be in place to allow it to happen again. A summary of key features identified by participants is included below.

1. Helping to support HI/VI children making a clear and identifiable progress, especially where this was linked to parent's who had not believed such progress was possible.
2. Actively enabling parents to move from 'shock to action'.
3. Schools valuing expertise and moving to positive appropriate practice for an HI/VI pupil, even where there is initial hesitance to accept support.
4. Enabling children to stay in mainstream locally rather than be moved to a Special school.
5. Working with schools to help them understand how to positively manage rather than accept poor behaviour.
6. Developing confident independent children who are secure and able to progress to School Certificate and beyond.
7. Positive multi-agency working that helps a child to gain optimal outcomes.

b. Participants were asked to list the aspects of their role, their work and/or the Service that they value. A summary of key features identified by participants is listed below.

1. Making a difference
2. Having the specialist expertise, knowledge and understanding regarding needs of pupils with HIVI.
3. Privilege of working in homes with families and developing a sense of trust.
4. Respect of families, schools and co-professionals
5. Empowering others

c. Participants were asked to identify key features that they feel capture the Service at its best in meeting the educational needs of children with sensory needs in Ireland. A summary of key features identified by participants is listed below.

1. Specialist knowledge and expertise of the team allowing each teacher to tailor make the programme to meet a child's needs.
2. Advising parents, teachers and schools re best practice –providing expertise that is not in schools
3. Sharing expertise with others groups such as Féach, DeafHear, NEPs, Early Interventionists
4. Continuity of support early years to school leaving.
5. Flexible and fast response including in school holidays as needs arise.
6. Ability to take a holistic view of the child at home/school and advocate for their needs.

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## APPENDIX 6B: 'CREATING SHARED IMAGES OF A PREFERRED FUTURE TO MEET THE EDUCATIONAL NEEDS OF CHILDREN WITH SENSORY NEEDS IN IRELAND': SUMMARY OF SMALL GROUP FEEDBACK

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Participants were asked to generate images of a 'preferred' future to meet the educational needs of children with sensory needs in Ireland. Key features identified by each group are listed below. Random numbers have been allocated to each group so it is not possible to track back to the group numbers used on the day.

### **Group 1**

#### *Features of provision*

- A dedicated Service of visiting teachers with regional shared space supported with current resources
- Dedicated office space and a Service address
- Information about the service is more widespread
- Work of the Service is disseminated through publications written for different stakeholders

#### *Role of specialist teachers*

- Teachers are engaged in supporting the training of key staff in schools
- Increased number of staff to support the population of children
- Teachers are issued with an agreed bank of assessment and monitoring tools

#### *Role of other professionals*

- A multi-disciplinary model of planning and support
- Formal links have been developed for effective inter-agency working

#### *Organisation and management*

- Managers have knowledge about mainstream school practice
- Dedicated administrative time is provided to support the service
- Mentoring system in place to support career progression
- An induction pack is available for new entrants to the Service
- Case loads are manageable and realistic
- Regional leads are in place who are knowledgeable about sensory needs

### **Group 2**

#### *Features of provision*

- A separate Service under the Department of Special Education
- Dedicated office address and use of headed paper for official correspondence
- Regional offices

#### *Role of specialist teachers*

- Teachers have assessment packs for use with HI and VI children
- Ability to attend CPD during working week if appropriate course is available
- A training budget is available to provide staff cover to attend CPD events
- Time allocated for liaising with resource teachers to model and share classroom practice
- A technician is available to support production of resources

#### *Role of other professionals*

- Formalised structures for links with other services

#### *Organisation and management*

- A dedicated Head of Service (HoS) for both HI and VI teachers
- HoS is links into future SEN policy developments
- Allocation of resource is dependent on individual needs so as not to disadvantage children with high resource needs
- A vision that outlines service provision and knowledge
- Regional specialists with unique experience and expertise
- Capped caseloads
- Uniformity of provision across the Service

#### *Monitoring and Evaluation*

- Provision monitored as part of whole service evaluation

### **Group 3**

#### *Features of provision*

- Need for an office with an official address and facility for meetings to take place
- Resource banks held in each region (to include books, multi-media resources, assessment tools etc)
- Dedicated administrative support possibly through a secretary
- Ability to provide resources that are appropriate to the Irish situation (eg ISL DVDs)

#### *Role of specialist teachers*

- Teachers have opportunity to undertake research to produce evidence based outcomes
- Upskilling of staff take place through CPD to include updates in technology
- Family events are run through collaboration with VT's in different regions
- PMDS is used to generate goals and targets

#### *Role of other professionals*

- Clear professional boundaries established with defined roles supported through use of IEPs

#### *Organisation and management*

- Efficient leadership through a vision for the Service
- Potentially to have 2 leads for VI and HI respectively
- A manageable and equitable caseload

#### *Monitoring and Evaluation*

- Support and monitoring through a service audit

### **Group 4**

#### *Features of provision*

- Location of a resource base that has access to shared resource/materials and technology expertise
- Schools 'obliged' to seek specialist support from teachers for IEPs, advice for individual children
- Time is provided for preparation of resources within the working day

#### *Organisation and management*

- Provision is managed by lead with knowledge of sensory needs
- Lead to develop service and ensure consistency in provision
- Manageable and realistic caseloads
- Consistency in service delivery
- All modified resources and text books in place in each school by start of the school year
- Team work is supported through monthly meetings

#### *Monitoring and Evaluation*

- Yearly plans and targets are used for service delivery



## **Group 5**

### *Features of provision*

- Dedicated Visiting Teacher Service that serves as a bridge between teaching children and supporting families
- Service is inclusive, comprehensive and needs based
- Standardised service provision nationwide to ensure equity
- Service is reflexive, responsive and evolving

### *Role of specialist teachers*

- Teachers provides a continuum of support from infancy through to the leaving certificate

### *Organisation and management*

- Two Heads of Service (HI and VI) under one umbrella service
- Manageable caseloads are in place through greater number of VTs
- Upskilling of staff is required as appropriate to changing needs

## **Group 6**

### *Features of provision*

- Visiting teacher service that is engaged in advocacy, teaching, advisory work and with links to wide range of stakeholders

### *Role of specialist teachers*

- Teachers support children throughout educational pathway (mainstream and special schools)

### *Role of other professionals*

- Strategy meetings are held with other professionals to ensure effective partnerships. Professionals include: SLT, Audiology, EIT, NCBI, Childvision, Schools, CIT, LVA clinic, NEPs.
- Pathways of care are developed through working in partnership with other professionals

### *Organisation and management*

- Team coordinator facilitates meetings – this could include tele conference/Skype.
- Service has a clear vision for the future including working with families.
- Sufficient resource hours are in place to meet the needs of blind students (including extra curriculum activities)

### *Monitoring and Evaluation*

- Dedicated quality standards for VI/HI are drawn upon to monitor and evaluate provision

### *Input from children, young people and families*

- Regular interviews take place with child and family.
- Targets are set with the family.

## **Group 7**

### *Features of provision*

- Dedicated office and administrative support
- Resource based with equipment, library, work space for visits by families/teachers
- Childrens files kept in an admin. Base
- Office days are incorporated into role to allow for admin work, reports etc (1 per week)

### *Role of specialist teachers*

- Spreading expertise to other professionals
- Training teachers in cluster groups with other VT colleagues
- Working in teams with other professionals
- More joint visits by VTs to share expertise

### *Role of other professionals*

- Developed protocols to ensure consistency when working with other agencies

### *Organisation and management*

- Renamed as 'Specialist Teachers of Children with VI/HI' (rather than Visiting Teachers)
- Dedicated Head of Service that rotates every 3-4 years
- Consistency in management across regions
- Teachers to have professional autonomy
- Mentoring is undertaken with colleagues
- Monthly collegiate meetings

### *Input from children, young people and families*

- Input from students through use of technology

## **Group 8**

### *Features of provision*

- Needs analysis of family and child
- Continuing high quality specialist support to children family and others (schools and teachers)
- Integrated support programme from birth
- Specialist training in Ireland
- Year-round, child-centred needs based service.

## **Group 9**

### *Features of provision*

- Consistent and equitable service provision for all children in the country
- Resource base/office for each region (regional lead structure)
- Regional teams of teachers

### *Role of specialist teachers*

- Engaged in structured assessment and monitoring
- Functional interpretation of sensory needs (ie not just clinical scores)

### *Role of other professionals*

- Greater interface with other agencies as required
- Joined up thinking at strategic level to ensure effective inter agency work

### *Organisation and management*

- Strategic lead through a Service Coordinator with HI and VI Leads plus admin support
- Role of strategic lead is to promote the service, advocate, defend and support the service, develop links with other agencies and develop practice
- Partnership working for family friendly services
- Caseload are appropriately managed
- Greater diversification of specialist roles (eg educational audiologist, technology)
- CPD is on-going, planned and purposeful with structured mentoring

### *Monitoring and Evaluation*

- *Ongoing research to track outcomes*

With reference to a fictitious scenario participants were asked to generate key features that might characterise effective service provision for children with sensory needs in Ireland. The scenario is based in 2018 (five years from today). The work of specialist teachers of children with sensory needs had been positively reviewed by an external agency to determine how effective they were in meeting the educational needs of children with sensory needs in Ireland. Drawing on a selection of the quotes from the final report participants were asked to work in their small groups to identify up to five key features of provision that would need to be in place in order to achieve such a positive review. A summary of key features identified by participants in relation to the scenario are included below.

### **Summary of Key features**

The responses comprehensive and detailed, in summary the features of best practice in relation to the scenario were grouped into four areas: Quality of support, Leadership, Working with others and CPD.

Quality of support is linked to:

- Individualised child centred needs assessments
- Clearly articulated targets with evidence based outcomes
- Annual review with agreed baselines, assessment bank of materials, tools and training to ensure equity of service provision
- Teachers of HIVI actively involved in IEP reviews

Effective leadership:

- Professional management skills are combined with specialist expertise
- There is a clarity regarding roles and responsibilities for all involved with boundaries clearly articulated
- Consistency of caseloads which are weighted and balanced to allow time for planning, research into complex cases
- Promotion within the service, with a head of HI and VI respectively
- A planned mentoring programme that effectively ensure all staff have a suitable mentor and skills in mentoring
- National database holds all assessment results
- Upto date specific information pack relating to different degrees of VI/HI including strategies for support, and management, the role of the class teacher, Resource teacher and SNA and the use of resources and equipment.

Working with others:

- Models of collaboration follow formalised protocols
- Parents and children are provided with annual opportunity to share their experience of service effectiveness through a service audit
- Time and training is provided for all parties involved in transagency working

Effective CPD:

- This is seen as central to positive inclusion in schools by upskilling staff in the educational implications of sensory needs
- Needs to reflect changing needs of population served, be well planned and on a continuous cycle as part of a service improvement plan

- The VTs should have an integrated relationship with academic centres of Deaf/VI research and equality studies to allow access to research

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## APPENDIX 6D: CASE STUDIES TO ILLUSTRATE THE 'SERVICE AT ITS BEST'

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Examples of case studies were generated by the small groups to illustrate key features of how the Service was at its 'best' in meeting the educational needs of a child or children with sensory needs. A summary of the key features identified by participants is included below.

1. Continuity of support, high expectations and interagency working, especially where parents are, for whatever reason, poorly engaged.
2. Using expertise to enable mainstream staff to have a better understanding of needs and helping them to develop skills, for example in more efficient use of a laptop to avoid enlarging font in printed materials or to supporting a resource teacher learning Braille.
3. At pre-school stage using the Monitoring protocol, Developmental journal and Family plans to both help develop and monitor progress and to actively support interagency working.
4. At transition points providing continuity in the use of assistive devices, alleviating concerns of the child and staff by providing reassurance and expert support. Liaising with NEPs, SENO and Mobility officer, getting the Resource teacher and SNA up to speed on pupil's needs and the use of assistive technology.

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## APPENDIX 6E: INVITED CASE STUDIES

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Invited case studies were requested from the VTs to illustrate key features of how the Service was considered to be at its 'best' in meeting the educational needs of a child or children with sensory needs.

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### CASE STUDY 1

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#### **FAMILY X, a hearing family with 2 profoundly deaf children: A aged 6, B aged 2.5.**

##### **Background:**

Child A is a profoundly deaf aged six years. Hearing loss was not diagnosed until age two approx. Cochlear implant at age three. Now in second year of primary mainstream education.

Child B was implanted at age 2. However, progress post implant has been slow, and 8 months post implant, there is no consistent, clear response to sound.

##### **Challenges:**

- A has significant language delay
- A has significant difficulty accessing curricular language and content
- Hostile acoustic environment in school
- B is not progressing post switch on as expected
- Sound awareness is not developing as hoped
- CI team are having difficulty in mapping for sound access due to LVAS
- B seems to have communication challenges
- Parents are very concerned about both children, particularly B
- Mother often very tearful; she's fearful about the future for both children.
- This family had no VT service for 18 months, due to staffing issues.

##### **Interventions:**

- VT holds team meeting, with all relevant school staff, and parents to plan IEP at least termly. Most recent IEP meeting in Jan 2014 recommends exemption from Irish, referral to OT services, and focus on whole word approach to reading rather than phonics and blending.
- VT provides whole staff training annually. One hour presentation to whole staff in Sept 2013.
- VT makes appointment to meet class and resource teachers together on monthly basis, for a structured review of progress based on IEP goals.
- VT in regular contact with other professionals; local Speech and Language Therapist (SLT) and CI unit.
- Joint session with local SLT in Jan 2014.

- VT and SLT together have agreed on possible referral to local language class for one school year in an effort to maximise child's language in a better listening and learning environment, with a small group of children (Jan 2014)
- VT has fitted and monitors FM use for A.
- VT is providing intensive parental support at present, as parents are concerned about A's educational progress and are unsure of the best placement. Parents also require specialist educational advice regarding possible placements for B.
- Programme planning for B with particular focus on communication, eye contact, turn-taking, attention and pre-verbal skills.
  
- Fortnightly home visit to support parents with B's programme; joint play sessions and strategy modelling.
- VT is encouraging parents to consider visual communication (sign) for B, who is not accessing sound. Parents are committed to oral approach, which worked for A, but does not seem as accessible for B. VT support needed to encourage and introduce alternatives as appropriate. VT to provide ISL input if parents accept this option.
- VT is encouraging parents to enrol B in pre-school for deaf children for Sept 2014; this is available one hour away from home. Support parents re transport.
- Joint visit to see pre-school planned for Mar 2014. Total communication there so B will benefit from sign input before enrolment.
- Regular intensive conversations with both parents regarding the options open to both children. VT needs knowledge and experience to conduct these conversations in a supportive manner.

### **Key points:**

VT expertise and experience is considered to be vital; this family requires intensive support, and the VT must have the knowledge and skills to provide the best possible intervention. Parents need to trust that this professional comes with the expertise to provide this quality of service. In both children's cases, deafness is the primary disability; however, the impact is wide ranging and the implications are huge.

In B's case, there is a huge challenge around access to sound, and communication mode. The parents need a lot of support to accept the lack of progress thus far, and to make decisions which will encourage communication and understanding. The VT needs a breadth of knowledge and depth of understanding to offer the degree of support required.

For A, the primary issues are language and curriculum access. The teachers in the school require intensive regular support from a specialist in deaf education. The parents also need help to plan the best path for A; they must decide whether a year in a language class in another school might help, or a change of school placement would be of benefit. They must be supported by an educationalist who has the experience and knowledge to provide all the necessary information, on all the available options.

Pre-school support and guidance

Advising families on the use of assistive devices and on environmental implications

Providing guidance support and specialist teaching in relation to the acquisition of language and communication skills

Using appropriate assessment tools and protocols to monitor and assess the development of communication skills

O was the first profoundly deaf child to be found by newborn screening. He was born during the summer holidays. The VT on call visited the family immediately following diagnosis, when child was 6 weeks old. This is a hearing family.

Challenge:

- Provide quality information about the type of hearing loss and the implications of that loss.
- Establish successful hearing aid use. Support parents re ear mould fitting, feedback etc.
- Support language and communication development.

Approach to challenge:

- VT attended first hearing aid fit.
- Supported information provided at that fitting.
- Follow up visit to support fitting information, and to help establish hearing aid use.
- Visited grandparents to provide information and support.

Intervention:

- Weekly visit.
- Support and encouragement re hearing aid use.
- Information on language development.
- Use of baby signs to support communication.
- Facilitated provision of weekly ISL tuition.
- Development of communication programme in conjunction with parents.
- Joint play sessions.
- Monitoring progress with EMP.
- Provided links with other parents and organisations.
- Supported parent decision re cochlear implantation.
- Liaised with CI team, local audiology and other professionals.
- Used IT-MAIS and ELF after implant to monitor listening skills development.

Outcomes:

At recent EMP assessment O was found to be achieving above age appropriate language and communication levels. VT support is now on a fortnightly basis, due to the success of early intervention, and progress will be monitored.

### CASE STUDY 3

Child M was diagnosed with profound hearing loss at the age of 12 months. There was no newborn screening in the area.

Challenge:

- Explain hearing loss to family.
- Empower family to understand hearing loss.
- Inform wider family of hearing loss and the implications.
- Establish hearing aid use.
- Develop language and communication skills.

Intervention

- Bi-weekly visits initially, to be reviewed regularly.
- Whole family meetings
- Repeated information on implications of hearing loss
- Whole family support to establish hearing aid use.
- Whole family support to encourage acceptance of hearing loss.
- Regular phone support.
- Put parents in contact with support agencies e.g. DeafHear
- Encourage parents to consider use of baby sign
- Encourage parents to develop communication through modelling of strategies and joint play sessions
- Support parents re ear mould feedback etc
- Discuss options such as cochlear implantation with parents
- Provide balanced information about all options
- Provide balanced information regarding ISL
- Encourage parents to consider future educational placement options
- EMP completed.
- IT-MAIS and ELF will be used when appropriate.
- Joint visits to audiology services.



Outcomes:

Hearing aid use has been established although there is no response to sound. Family are beginning to accept the deafness and seem aware of the implications. They are using strategies as advised by VT. Will attend CI assessment soon.

CASE STUDY 4

Topic	Secondary School Student diagnosed with a severe visual impairment at the beginning of a term leading to a state examination – what follows is a summary from time of referral in April 2013 to present date
Background	The referral for this student was made by the Ophthalmologist during an Easter holiday. During the call, it was mentioned that central vision was lost. The student had spoken of difficulties which led to the appointment but all concerned had thought the issue would be addressed by spectacles. The student was diagnosed with Stargardts.
Description of challenge	Parents and Student shocked Student frightened Approach of a state examination Student unable to read conventional texts Student could not read own writing School had not encountered anybody with a VI Teachers nervous
Approach to challenge	Meet parents and students to listen to and address concerns Maintain student's self confidence Advise school in relation to emotional impact Work with school in relation to examination Assess for assistive technology Organise assistive technology Maintain ongoing contact with all concerned to respond to needs as arising
Intervention	Met and listened to all concerns Drew up a priority list of matters to be addressed that suited all Organised own caseload to give this priority Brought student and parents to another mainstream school to encounter a situation further through the experience Linked with NCBI Advised parent about FÉACH Linked parent with another who was in a similar situation a few years before Met staff – provided information and answered questions in person and over email Helped student prepare the input to inform her class Transferred CCTV which needed little tuition so that student could have some element of visual access restored instantly

	<p>Advised school about most appropriate accommodations for examinations and prepared report advising SEC with agreement of school, student and parents</p> <p>Prepared paperwork for NCSE (SENO) so that resource hours and SNA would be in place for next school year – telephoned SENO to ensure this would receive priority</p> <p>Contacted NBPU for DAISY and large print – showed student how to use these and also visited home to show parents</p> <p>Maintained a constant awareness of need to assist student with self-esteem issues – advised School Counsellor</p> <p>Organised an outing with another student with a VI</p> <p>Visited student during exams – accommodations enabled student to sit the exam</p> <p>At beginning of new term, advised teachers again in case of new staff</p> <p>AT assessment to find a low vision system suited to student's needs</p> <p>Began AT tuition to move student towards use of magnification/speech package</p> <p>Organised typing tuition from DES</p> <p>Ongoing support to staff as needs arise in subjects</p>
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## Case Study 5

Topic	Use of Assistive Technology in Mainstream Class (this summary refers to the work underway since September and continuing)
Background	<p>Student is in the middle of primary school. Student needs significant enlargement and could be excluded from distance work at the board. Student used large print when younger but dislikes them now and uses an LVA. Student attends a busy primary school where staff are willing to accept any guidance on how to help the student but visual impairment is outside the experience range of any teacher in the school. I have met the Class Teacher at the beginning of every school year and at regular intervals throughout.</p>
Description of challenge	<p>Up until this year, this student has walked around the classroom following her teacher to see flashcards etc. She has had a special chair at the board. This is no longer appropriate as the children are all growing older and the volume of work is increasing while the size of print is decreasing. The student has begun to dislike large print books.</p>
Approach to challenge	<p>Assess the student for appropriate assistive technology          Provide tuition for the assistive technology by withdrawal from class on a fortnightly basis during the school year 2012 – 2013          Keep teacher advised of aims of tuition          Typing tuition was in place last year to give the basic skill          Provide assistive technology tuition/support within class during 2013 – 2014 to enable student become more independent          Kept parents advised and demonstrated for them what I was teaching and aiming for</p>
Intervention	<p>Met class teacher at beginning of school year 2013 - 2014, gave background to eye condition, outlined aims of use of AT and highlighted importance of such crucial elements as using LVAs and developing listening skills          Advised teacher about child's unique needs – child presents as very confident but is very sensitive and verbal affirmation is very important as she worries.          Co-operated with teacher to design lessons to introduce technology into mainstream class          Re-assured child who was a little unsure          For distance work, the teacher prepares the same software she will use on the IW for the child's laptop every morning          Support child in a mainstream English lesson every 2 weeks involving use of DAISY book, WORD, swopping between documents, navigating between documents and file management. The aim is to incorporate the skills learned from withdrawal into everyday classroom life. Initially the child needed lots of support and verbal cues – she completed less than peers but was pleased to be doing the same work. The child is now completing the same amount of work as her peers and is managing the system very well.          The teacher indicated that she would have not been able to bring the child to the level she achieved on her laptop without the additional help. However, as she saw the child gaining confidence and knowledge she</p>

	<p>has been inspired to encourage the child to apply the skills in lessons when I am not there.</p>
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This term we are going to have a different lesson to apply the skills in another subject. I am also organising a visit for the teacher and child to another school where there is a similar circumstance. There will also be a return visit. This has been planned with both schools and they are interested in observing another setting with a child who has a similar need and learning what they can from the other situation.

## Case study 6

Topic	Child in senior primary school with complex medical condition – vision deteriorated but child is finding Braille very hard (summary of last 3 months)
Background	Child is undergoing medical intervention consistently. There is a great deal of fatigue. Child found it hard to progress beyond the initial stages of Braille in mainstream school. The child has some hobbies which are enjoyed at home and is looking forward to secondary school. Mainstream school is supportive and a teacher works on Braille three days weekly but child finds it hard to be motivated. Special school was very helpful and open to idea of child visiting to take part in Braille lessons once a week and it was hoped by all that this could motivate and perhaps open further doors. The child was very upset by this project and an unwilling participant although it was presented sensitively. The reaction was totally unexpected.
Description of challenge	Give the child every possible opportunity to develop a knowledge of Braille within a framework of being happy. Continue support of assistive technology (laptop) giving ongoing tuition matched to what class teacher wants - student is experiencing success with this.
Approach to challenge	Defined the difficulties with parents and mainstream school Plan a programme building on child's interests to motivate learning Visiting Teacher visit to school weekly to support use of laptop in co-operation with class teacher and to give braille tuition
Intervention	A local secondary school has a student with a student (16) who has had dramatic sight loss since surgeries. This student had expressed an interest in learning Braille and began last term. She is making good progress and is open to meeting a primary school student to share her experiences of learning. The secondary school is welcoming of a younger child coming as part of a programme to help their own student with leadership skills. The primary school child is very motivated by meeting a secondary school pupil, sharing hobbies and finds learning with the older student fun. There is now more motivation to practise and participate in mainstream primary school. Although there is no guarantee of success, the child is responding better so this approach will continue for the term. There is weekly VT visits to mainstream primary to liaise with staff, give tuition in Braille and AT. Also brief weekly update meetings with parent. The meeting with the secondary school student is to happen weekly for 6 weeks and then we will review.

## APPENDIX 7. LETTER FOR PARENTS AND CARERS OF CHILDREN SUPPORTED BY VTHVI SERVICE

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Dear Parents and Carers

The Minister of Education and Skills has recently approved a review of the Visiting Teachers for Children with Hearing and Visual Impairment (VTHVI) in Ireland. As you know, the service provides support for the education of children who are deaf or hard of hearing, and children who are blind or

who have significant visual impairment. Visiting teachers work directly with the children, and with schools and other educational and health services that support these children.

We have been asked to carry out the review with a so that we can make recommendations to the Department of Special Education in relation to the delivery of the services which are currently provided.

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## HOW WILL WE BE COLLECTING INFORMATION?

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As part of the review process we plan to consult with a wide range of people who have an interest in the service. We refer to these people as ‘stakeholders’. Children, young people and their families are important stakeholders and as such we would like to hear their views.

The information provided to us by all these stakeholders will help us get a better understanding of how the service operates. It will also provide stakeholders with an opportunity to present their views of what they think is good about the service that is currently provided and what they think may need changing. These stakeholders will be able to present their views by submitting a written response through a questionnaire.

We have held a number of meetings in Ireland with some key stakeholders and based on this we have developed questionnaires that we will be using to collect more detailed information. We have written separate questionnaires for

- Children who have deafness or are hard of hearing
- Children who have blindness or have visual impairment
- Parents and carers of children who are currently receiving support from teachers in the Service
- Other interested parties

Because your child is under 18 we need a parent or carer to give their approval for him/her to join in the project through completing the consent form at the end of this letter.

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## HOW SHOULD I SUPPORT MY CHILD IN ANSWERING THE QUESTIONS

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As a parent/carer you may want to help your child complete the questions. Whilst we would encourage discussion about the questions please remember that it is the child’s views that we are interested in so the final answers should be their own words. Your own views can be shared with us through the questionnaire we have written for **parents and carers**. The views of other family members or friends can be shared through the questionnaire we have written for other **interested parties**.

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## WHAT HAPPENS TO THE INFORMATION I PROVIDE?

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The main purpose of using questionnaires with the children is to get their views about the support they have received, or are receiving, from teachers in the service. In our report we will be making some recommendations to the Government about what changes they should consider in the future. In doing this however, we will not be identifying any names of participants. As an example, if we use a quote from a questionnaire we will ensure that it is not possible to identify who the quote came from.

Everything that children tell us in the questionnaires will remain strictly confidential, and only the two reviewers will see the responses. The information will not be passed onto anyone else and no one taking part in the project will be named in the report. At the end of the project we will destroy all the information we have as it will no longer be required.

If you are happy for your child to complete the questionnaire please can you indicate this through the consent form.

Thank you for your help

Professor Mike McLinden (University of Birmingham)

Professor Wendy McCracken (University of Manchester)

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## APPENDIX 8: CONSENT FORMS FOR PARENTS/CARERS

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### CONSENT FORM FOR PARENTS/CARERS

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- I confirm that my child has been told about the project through the letter for parents and carers and that s/he agrees to complete the questionnaire.
- I understand that the questionnaire and the information it contains will only be used for the purposes defined by the project in the letter for parents and carers.
- I understand that all interview data will be collated so as to protect confidentiality. Therefore, no names will be mentioned and the information will be coded to ensure anonymity. All data will be destroyed at the end of the project.

- I am therefore happy to let my son/daughter complete a questionnaire for this project.

Yes

No

If you indicated Yes please provide the following information

Name: Signature: (hard copy version)
Relationship to child:
Date:



**CONSENT FORM FOR CHILDREN**

Your parents or carers have told us that they are happy for you to answer this questionnaire. Before starting we would now like you to make sure that you understand everything and are also happy to start answering the questions. We would like you to read these sentences and if you are agree with them all then please write your name and the date. You can then start answering the questions!

- I understand the review is being done to find out more about the Visiting Teacher Service
- I know I can stop answering questions at any point
- I am happy to fill in the answers
- I understand all information will be kept private by the reviewers
- The information I give will only be used for this study
- At the end of the study all information I have given will not be kept
- I am now happy to complete a questionnaire for this project.

Yes No

If you said Yes please provide the following information

Name:
Date:

If you said No you should discuss the questionnaire again with your parents or carers.