



**JOINT CHILDREN, YOUNG PEOPLE &
SKILLS COMMITTEE
AND
HEALTH & WELLBEING BOARD

ADDENDUM**

4.00PM, TUESDAY, 10 NOVEMBER 2015

ADDENDUM

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JOINT CHILDREN, YOUNG PEOPLE & SKILLS COMMITTEE AND HEALTH & WELLBEING BOARD

Item 4



DEPUTATIONS FROM MEMBERS OF THE PUBLIC

A period of not more than fifteen minutes shall be allowed for the hearing of deputations from members of the public. Each deputation may be heard for a maximum of five minutes following which the Chair will speak in response.

Notification of one Deputation has been received. The spokesperson is entitled to speak for 5 minutes.

(a) Deputation – Maintain Support for Deaf Children

Spokesperson – Ms. Anna Jenkins

Supported by:

Sophia James (representing the NDCS), National Deaf Children's Society,
Jo Gonciarz,
Sian Cox,
Fleur Devaney,
Angela Duffy,

Joint Meeting of the Children, Young People & Skills Committee and the Health & Wellbeing Board

Item 4 (a)

Deputation: Maintain Support for Deaf Children

Supported by the National Deaf Children's Society

We would like to urge Local Councillors to protect services for deaf children in light of plans to review the Sensory Needs Service (SNS) at Brighton. The SNS has been crucial to the positive development of our children and as such, we were concerned to hear of changes to the service.

Although we recognise that there are severe budgetary pressures on Brighton and Hove, in addition to changes to national legislation increasing the numbers of children and young people using the service, we want to ensure the best support for our children in terms of communication, academic and social development.

90% of deaf children are born to hearing parents and over 75% of them are educated in mainstream schools, making Teachers of the Deaf (ToDs) crucial to their development. ToDs provide specialist advice and support to families following diagnosis, and advise teachers in mainstream schools about how to teach deaf children, as well as providing direct one to one support to them.

Deafness is not a learning disability and yet deaf children face significant barriers in education. Last year 43% of deaf children in the South East achieved 5A* - C at GCSE in comparison with 68% of children with no identified special educational need (SEN).

In Brighton and Hove, the ratio of teachers to deaf children is 1:52, compared to a national average of 1:49. We are concerned that any reductions in numbers of specialist staff working with deaf children, coupled with an increased demand due to the current review of SEND services, may lead to longer waiting times and less focussed support.

Currently ToDs are required to have a mandatory qualification in order to support deaf children and we would passionately advocate that the current skills and experience requirements are protected.

As parents, we are also concerned for deaf children and young people without Education, Health and Care plans. Evidence demonstrates that even with minor or moderate hearing loss, a child's education can still be dramatically affected if the correct support is not in place. For example, a child with minor hearing loss will miss between 25 – 50% of what a teacher says and will not hear anything if sat at the back of a classroom. We wish to see their support maintained so children and young people with all SEND needs can excel within and outside the classroom.

As you will see from our statements below, we care passionately about our children and enabling them to reach their full potential. Without the support we have had from ToDs and the SNS to date, this quite simply would not have been possible.

Spokesperson Anna Jenkins

Supporting Information:

Quotes about support from Teachers of the Deaf

- *Our ToD helped to keep us sane through this time, with her frequent home visits, always encouraging us to make the very most of what hearing Wilf did have, to encourage his early speech.*
- *She has made regular trips to see Wilf in the classroom and has taught his one to one support worker, how best to help Wilf.*
- *Our ToD has also ensured that Wilf has the appropriate in-class technology that has allowed him to hear as well as he does.*
- *Our son has had regular one on one sessions, at least fortnightly, at home and in nursery. These sessions involve the ToD assessing our son to see where he with language, listening and social skills.*
- *Our son is consequently completely age appropriate in learning, listening and social skills. This would not be the case if it had not been for the early intervention of his ToD.*
- *She gave us tips and reassurance and gave us vital technical skills on how to put them [hearing aids] in, clean them, keep them in good condition.*
- *Recently our son got given a Radio Aid and our ToD has shown us and staff at his nursery how to use it. Our ToD has also been a very active presence in our son's nursery.*
- *Her regular visits also allow her to keep advising and teach best practice and watch to see how our son is developing.*
- *She also identified that he may have Sensory Integration difficulties and he has been referred to Occupational Therapy for further tests.*
- *Our ToD has taught us sign language and put us in contact with places that do BSL courses.*
- *Brought hearing aid (bone anchored hearing aid) that was prescribed by audiologist to our home and showed us how to use it.*
- *Gave lots of information on deaf awareness, our home environment/acoustics, facial positioning, communication, eye contact.*
- *Teacher of the deaf visited childminder, nursery/preschool to give advice on deaf awareness and hearing levels.*
- *The teachers of the deaf train other teachers and staff within the school around deaf awareness, as the deaf children all have mainstream classes as well as the HSF. They also give deaf awareness training to the children in the mainstream classes to help the children be accepted and integrated.*

Anna Jenkins

These cuts would mean we no longer had the kind of specialist teacher advisors that scooped us off the floor when our son, was diagnosed as profoundly deaf, at the age of three and a half weeks. I simply cannot imagine how we would have coped without the incredible support of our hugely experienced Teacher of the Deaf, from the Sensory Needs Service, who arrived within a few days of diagnosis and assured us that she would be with us until Wilf left school.

Like most parents of a newly diagnosed deaf baby, we had no deafness on either side of the family and our experience of deafness was extremely limited. I can remember Wilf's testing and diagnosis, in that small dark room. I had prepared myself as best as possible for the outcome of those final tests and managed to hold it together until the audiologist gave me an NDCS brochure and **I realised that my beautiful son was someone that kind people would rattle a tin for, and I did shed tears.**

Sian Owen

Our son has had regular one on one sessions, at least fortnightly, at home and in nursery. These sessions involve the ToD assessing our son to see where he is with language, listening and social skill which is always done in a fun way using games that were always tailored completely for our son and his interests, to help keep him engaged. **Our son is consequently completely age appropriate in learning, listening and social skills. This would not be the case if it had not been for the early intervention of his ToD.**

Jo Gonciarz

Lucy is currently at primary school with hearing support facility (HSF). After a difficult start with significant delays Lucy is now at mainstream level academically and her speech is improving. This could not have been achieved without sensory needs services and Presens. At school Lucy's curriculum is differentiated by the HSF, and she has small group sessions within this. She is enabled access to learning via the total communication approach within the HSF. **The teachers of the deaf have expertise in teaching deaf children with complex needs.** They work closely with the speech and language therapist who visits the school, to ensure that SALT approaches and activities continue within school during the week. Lucy has a deaf peer group there which promotes her mental health, and BSL/sign supported English is used, which further helps Lucy access her education. **The teachers of the deaf train other teachers and staff within the school around deaf awareness, as the deaf children all have mainstream classes as well as the HSF. They also give deaf awareness training to the children in the mainstream classes to help the children be accepted and integrated.** Without this support from the HSF and also from the teacher of the visually impaired who visits Lucy's progress would drop and she would not achieve, and she would also struggle to make friends. Her self-esteem and self-confidence would be low. She does not have a learning disability however she has significant barriers to learning through her multi-sensory impairment.

**JOINT CHILDREN, YOUNG PEOPLE
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Agenda Item 5 (a)

Brighton & Hove City Council

Subject:	Extract from the proceedings of the Special Meeting of the Policy & Resources Committee held on the 4th November 2015 – Learning Disability Accommodation Service		
Date of Meeting:	10 November 2015		
Report of:	Head of Legal & Democratic Services & Monitoring Officer		
Contact Officer:	Name:	Ross Keatley	Tel: 01273 291064
	E-mail:	ross.keatley@brighton-hove.gov.uk	
Wards Affected:	All		

FOR GENERAL RELEASE

Action Required of the Joint Children, Young People & Skills Committee and Health & Wellbeing Board:

To receive the extract for information.

Recommendation:

The joint Committee and Board note the extract from the Policy & Resources Committee.

BRIGHTON & HOVE CITY COUNCIL

SPECIAL POLICY & RESOURCES COMMITTEE

6.00pm 4 NOVEMBER 2015

**THE RONUK HALL, PORTSLADE TOWN HALL
MINUTES**

Present: Councillors Morgan (Chair); Hamilton (Deputy Chair), Mac Cafferty (Group Spokesperson), Bewick, Mitchell, A Norman, K Norman, Miller, Sykes and Wealls.

PART ONE

70 LEARNING DISABILITY ACCOMMODATION SERVICE

- 70.1 The Committee considered a report of the Executive Director for Adults' Services in relation to the Learning Disability Accommodation Service. The report proposed that, due to the financial position, the Council should no longer provide an accommodation

service for people with a learning disability, but instead people should receive an accommodation service provided by the independent sector through procurement arrangements with the Council.

70.2 Councillor K. Norman noted that the report reflected the changing nature of adult social care and the desire of more service users to live in a more integrated manner, but added that some would need close monitoring of their provision and service. He added that the Conservative Group supported the reports and the recommendation, but not the amendment that had been tabled by the Green Group.

70.3 Councillor Mac Cafferty moved an amendment on behalf of the Green Group and stated that there was concern some service users would have to be moved against their wishes; some of which would have been in their accommodation for some years. He added that the personalisation agenda should allow service users to be empowered, and felt this approach undermined that ethos.

70.4 Councillor Sykes seconded the amendment, and added that it sought to provide a full and honest consultation; especially given the strength of feeling around changes from service users.

70.5 The Chair put the proposed Green Group amendment to the vote, this was **lost**.

70.6 The Chair then put the substantive recommendations to the vote.

70.7 **RESOLVED:**

(1) That the Committee agrees to a three month consultation with all service users, including their carers and advocates as appropriate, who currently live in the Council's directly provided supported housing and residential care services. The purpose of the consultation will be to look at what alternative options there are to re-provide the care and support so that it meets service users individual needs, provides value for money, and delivers financial efficiencies over the next four years. The options are:

i) That people are supported to move to alternative accommodation that meets their needs and can be provided in a more cost effective way.

ii) That people are supported to receive a personal budget and alternative accommodation.

iii) That people remain in their existing homes and receive their care and support from another provider.

(2) That at the end of the consultation period a report is brought back to this committee with recommendations about how the services could be re-provided to achieve the these aims.