



Reading Graduated Response to SEND

5-16y

PHYSICAL and SENSORY NEEDS

Reviewed April 2021.
Next Review date: April 2022

To be read in conjunction with:

- SEND Mainstream Guidance. Supporting children and young people who have special educational needs and disabilities (SEND) in mainstream Early Years providers, schools and Post-16 settings. November 2016
- Ordinarily Available document
- Banding Document
- <https://www.gov.uk/government/collections/statutory-guidance-schools>
- The Children's Act 2014 and the Equalities Act 2010.

With thanks to RBWM and the Sensory Consortium.

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INTRODUCTION

There is a wide spectrum of sensory, multi-sensory and physical difficulties, which means a graduated response must be individualised using this document as a guide. For some children / young people the inability to take part fully in school life causes significant emotional stress or physical fatigue. Many of these children and young people will require some of the following:

- appropriate seating, acoustic conditioning and lighting;
- flexible teaching arrangements;
- adaptations to the physical environment of the school, adaptations to school policies and procedures;
- access to alternative or augmented forms of communication;
- provision of tactile and kinaesthetic materials;
- access to different amplification systems;
- access to low vision aids;
- access in all areas of the curriculum through specialist aids, equipment or furniture;
- regular and frequent access to specialist support.

Some students with physical or medical needs may not require Education Health and Care Plans or school-based SEN provision but they will need reasonable adjustments to be made by the school, to ensure their access to education. The Equality Act 2010 states that public bodies must not discriminate and must make reasonable adjustments for disabled children and young people. The SEN Code of Practice 2014 recognises that there is a significant overlap between disabled children and young people and those with SEN. Children and young people may therefore be covered by both SEN and disability legislation.

Part 1: PHYSICAL NEEDS/IMPAIRMENTS

Overview

For some students with physical disabilities the only resource that will be required will be minor to moderate adaptations to allow access. This should always be considered in the first instance, before resorting to other types of support. Physical impairments may arise from physical, neurological or metabolic causes that only require appropriate access to educational facilities and equipment; others may lead to more complex learning and social needs. For some students with the most complex physical needs the LA will consider a multi-disciplinary assessment to be necessary. However for many students with a lesser level of physical needs, intervention at a school level of response will be appropriate. Students with severe physical difficulties are normally identified at the pre-school stage. Exceptions to this would include students experiencing the result of serious illness or accident, leading to a long term disability (which may or may not be permanent) or a degenerative condition.

Occasionally unforeseen or unexpected situations arise. A student may have an accident, undergo emergency surgery or perhaps break a limb. If this occurs there is no pre-arranged programme in place and a plan should be put together and implemented to organise the student's return to school. The school may need to put adult support in place for a short period.

Physical impairments may arise from physical, neurological or metabolic causes. A child with physical disabilities may be able to walk but have significant balance and co-ordination difficulties, may use a walker or a get around with a wheelchair/power chair. A child's disability may only affect one part of their body or all of their body. It may include difficulties with speech production, swallowing, intellectual processing but not intellect, and fine motor skills. Some children with a physical disability have additional learning needs but this cannot be assumed. All CYP with physical disabilities are likely to need specialist advice/support which will almost always need to come from outside of the school setting, e.g. from a physiotherapist, another medical professional, or a technician in adaptive equipment, but they will not all need an EHC assessment. Health, including CYPIT, Education, Social Care and Commissioning will work together in organising equipment and adaptations.

Specialist equipment or adaptations may be required, such as:

- Adaptations for school buildings
- Specialist IT equipment and software
- Equipment such as changing benches, seating, adjustable tables etc.
- Therapies may include: SALT, OT, PT with or without an EHCP in place.

STAGE 1 PROVISION FOR PHYSICAL NEEDS Normal school entitlement provided from Element 1 (Universal) Age Weighted Pupil Unit (AWPU) via quality first teaching	
<p align="center">IMPACT OF PHYSICAL NEEDS ON LEARNING</p> <p>Indicators may include a child or young person who despite whole school support:</p> <ul style="list-style-type: none"> • Has physical needs but the student can be independent with some minor adaptations to the environment. • The teacher has concerns based on observation of some minor physical difficulties e.g. motor control problems, hand eye co-ordination, problems causing difficulties in throwing, catching in P.E. 	
<p align="center">PROVISION - Quality Teaching Strategies/Specialised Adaptations</p>	
<p>Quality Teaching</p> <p>All children benefit from good quality Wave 1 Teaching. This includes High quality teaching which is differentiated and personalised to meet the needs of the majority of children and young people. Special educational provision is underpinned by high quality teaching and is compromised by anything less. Within Wave 1 teaching some children may, at times, be taught in small groups or in a one-to-one situation to support their learning. Lessons should be planned to address potential areas of difficulty and to ensure that there are no barriers to every pupil achieving. Teachers carefully explain new vocabulary; use lively, interactive teaching styles and make maximum use of visual and kinaesthetic approaches as well as auditory / verbal learning. These need to be carefully matched to pupil needs and abilities. <i>Additional intervention and support cannot compensate for a lack of good quality teaching.</i> It is expected that any human or other resources be closely supervised and monitored by the SENCo, who should also oversee all the interventions utilised.</p>	
<p>Accessibility</p> <ul style="list-style-type: none"> • Involve the child and his/her family as soon as possible in ideas to help the child access all of school life and achieve their potential. • <i>Reasonable adaptations must be made to ensure a child can access the full curriculum.</i> This may be possible by adjusting the timetable so that the child's class has all its lessons in an accessible part of the school building. If not, as soon as possible after the child's place at school is 	

confirmed, contact BFC? SEND team who will co-ordinate with partners re actions and funding. A changing place with hoist, other accessible toilet, ramps and rails may be needed.

- *An Occupational Therapist assessment should be done for all children with a physical disability* to determine what the child needs to access their learning whether this be sloping desks, adapted seating, weighted cuffs etc. The child's GP or paediatrician needs to refer the child to the OTs at Dingley Child Development Centre who will assess the child's needs and provide a report to the child's parents and schools. Visits to schools can be made only occasionally.
- *Reasonable adaptations to play times, school trips, and clubs must be made.* This may include ensuring that the class can access a level area in the playground, staff are available to help the child communicate with friends and find games that they can all join in, disability awareness training for the year group, or hiring a wheelchair accessible bus for trips.

Young Person's and Parents' / Carers' Participation

- Support the Child / Young person to be responsible for their own learning and/or parents/ carers to support. For example, specific additional support, perhaps as part of a homework strategy, to support the Individual Learning Plan (ILP) or SEN Support Plan.
- Child / young person involved in target setting, monitoring progress and reviews. They may need support in doing this in order for it to be a meaningful process for them.
- Seek advice from the CYP and parents/carers about what works best for the CYP, and how they would like to receive any support in school.
- Opportunities to recognise and celebrate progress and success, and recognise individual areas of strength, promote self-esteem.
- Communication system in place to provide details of how to support child / young person.
- Child / young person and parents/carers provided with details of local services available via the Local Offer
Peapods is the local charity for families with a wide range of physical disabilities: <http://www.peapods.org.uk/> providing parent to parent support.

Assessment Planning and Review

Continuous monitoring and termly reviews by school staff in conjunction with external professionals involved with the child / young person.

Planning between young person, the parent / carer (if appropriate), SENCo and teacher(s).

Plans reflect available advice from therapist and / or outside specialists.

ILPs focus at least one target on the development of area of physical difficulty. Areas for assessments and targets may include (but are not restricted to):

- Is the child able to meet their toileting needs?
- Is the child integrating with his/her peers or is he/she being ostracised?
- Has the child been able to access all school activities and trips?
- Is the child making academic progress in line with their peers?

If not, involve the child, family, and OT in looking at ways to address any issues.

Assessments can include:

- *An Educational Psychologist assessment maybe requested* if the child is falling significantly behind his/ her peers
- SALT
- OT
- Physiotherapy
- IT assessments

<p>Grouping for Teaching Purposes</p> <ul style="list-style-type: none"> • ? Groupings and general support for self-esteem and confidence building. • Support during unstructured times, where needed. • Grouping strategies used flexibly. • If the child needs small group teaching to address intellectual processing speed or speed of written work, ensure the child is with children with similar attainment. Consider social groupings as well as academic support groupings.
<p>Curriculum and Teaching Methods</p> <ul style="list-style-type: none"> • Differentiation for: access, response, appropriate pace, consolidation. • Differentiation to Curriculum for activities with a physical basis and for associated learning difficulties. • Curriculum resources differentiated. • Rely on the OT assessment for adaptations that will help the child access the curriculum. • Differentiation may be needed to ensure the child has time to get seated, process information, write things down, and say what they have to say. Encourage classroom assistants and peers to give the child time to speak and do things for themselves. • Ensure teaching materials use a variety of people with and without disabilities.
<p>Training and Advice</p> <ul style="list-style-type: none"> • Staff to be trained in strategies related to specific areas of need. • Strategies/training shared with parents/carers as appropriate. • Some OTs will provide group teaching to school staff. Also ask local charities for advice and training. • The Council for Disabled Children provide useful factsheets and information. • Parents are usually happy to offer training on their child's particular condition.
<p>Additional Human and Other Resources</p> <ul style="list-style-type: none"> • Individual and small group teaching, in / out of whole group setting, as required. • May need access to small items of specialist equipment (for example scissors, sloping boards, pencil grips). • Arrangements made within setting / school environment to meet young person's physical needs.

STAGE 2 PROVISION FOR PHYSICAL NEEDS <i>Provided from school's delegated budget Element 2 (Notional Special Educational Needs budget)</i>	
<p style="text-align: center;"><u>When move to Stage 2?</u></p> <p>After at least 2 reviews at Stage 1, a few children or young people may not be making expected progress towards the targets set around accessing learning and progress in learning. These children and young people would be considered for Stage 2 intervention. The period of time covered by this review process would normally be approximately six months, but during this period or towards the end of this period, schools or colleges should consult with relevant support services to consider the nature of the difficulty and appropriate Stage of additional support. If a child or young person's physical needs escalate quickly, or need additional support, it may be appropriate to shorten the review cycle. Progress indicators should be measured against baseline information after targeted intervention has been implemented and monitored as part of the evaluation process.</p>	
<p style="text-align: center;">IMPACT OF CONDITION ON LEARNING</p> <p>The child or young person: consistency needed with capitalisation.</p> <ul style="list-style-type: none"> • will have a defined physical or medical condition that may be subject to regular medical/intervention; • will have needs that may impact on their self-esteem and social relationships; • will have moderate difficulties in aspects of curriculum access (e.g. wheelchair user); • Will have some gross and fine motor difficulties. • will have Minor difficulties with spatial orientation; • will make progress within the curriculum, but at lower levels than may be expected from performance on tasks where physical difficulty has less impact; • will be independent in most activities; • will be working at slower pace than peers or signs of increasing fatigue during the school day. Etc. • Medical condition may necessitate supervision or support for medication needs at specific times e.g. medication, diet, toileting • Progress within the curriculum may be affected by condition or medication • May participate in most/all activities but at a slower pace than peers or show signs of increasing fatigues during the school day. • use specialist aids relating to their disability e.g. wrist splint; • utilise limited, low tech specialist equipment to enhance their curriculum access; • Require limited adult assistance with practical aspects of the curriculum or self-help skills or personal care. • utilise specialist equipment to ameliorate difficulties with either curriculum or daily living tasks; • require a medical plan; • require a level of adult assistance to access the curriculum, manage their condition, or move with safety around the environment; • Exhibit fatigue, lack of concentration or motivation due to their condition that has having a marked effect on classroom performance. 	
<p style="text-align: center;">PROVISION - Quality Teaching Strategies/Specialised Adaptations Stage 1 plus:</p>	
<p>Young Person's and Parents' / Carers' Participation</p>	

- Parents and/or the CYP (age & ability dependant) must give informed and written consent for referrals to external agencies
- Involve the child and his/her family in co-produce support plans with them.
- Child / young person should be involved in their own learning journey and parents/ carers must support. For example:
- Specific additional support, perhaps as part of a homework strategy and to support individualised learning.
- Child / young Person participates in target setting, monitoring progress and reviews. They may need support in order for this to be a meaningful process for them.
- Seek advice from the CYP and parents/carers about what works best for the CYP, and how they would like to receive any support in school.
- Opportunities to recognise and celebrate progress and success.
- Communication system in place to provide details of how to support child / young person. This should be known by all teachers and school staff.
- Child / young person and parents/carers provided with details of local services available via the Local Offer
- Consideration should be given to the identification of a key worker.

Review, monitoring and assessment.

- Individual learning programme and on-going assessments over time incorporating feedback from professionals.
- Learning programme includes advice and / or targets from other agencies.
- Most students will require access to a base/room for therapy or developmental programmes and/or special arrangements for personal and hygiene needs.
- Delivery of physiotherapy programmes, support with physical aids and support needed in safely moving around the school as appropriate and advised by external specialists.

Specific agencies may include:

Physiotherapy and occupational therapy

Some children will need ongoing physiotherapy and occupational therapy in order to achieve their full potential in school.

The OT may have already advised ongoing work to do with the child themselves or for the school and family to do. If a child is not making progress with their fine motor skills or is often distracted, ask the OT to reassess the child; a block of work may be helpful.

The child's consultant may have already advised about physiotherapy. If the child is not making expected progress with gross motor skills, is suffering from stiffness and pain, talk to the child's parents in the first instance. A referral to a physiotherapist by the child's GP or paediatrician may be useful. School can also refer to OT and physiotherapy.

Speech and Language Therapy

Referrals via school or GP (funded by the CCG).

Helping with wheel and power chair use

Whizz Kids offer wheelchair skills training for children. Contact wheelchair dance and sports companies for sessions that they may be able to offer for the class or year group.

Personal Care

If the child requires help with personal care, ensure that the school's safeguarding policy covers expectations and support of the child and staff. Risk assessments must be done for the child. Expect to need two members of staff for safety. Support with policy and training can be requested from school nurse.

Medical Care

Staff are required to give medical care that the child may need during the school day. Policy and training support can be requested from the school nurses and/or BfC SEN Team.

Educational Psychologist assessment.

Educational Psychologists are available for consultation in relation to ascertaining appropriate interventions in relation to a range of difficulties that children with physical disabilities encounter.

Access to IT is important for all children but may be even more vital for a child who struggles with their speech production and/or writing. An assessment of Augmentative and Alternative Communication and Assistive Technology is offered at the ACE Centre in Oxford. They offer a free advice line

<https://acecentre.org.uk>

Grouping for Teaching Purposes

- Specific techniques used, such as buddy systems and circle of friends.
 - Structured input at social times.
 - Consideration of environment and peer / social groupings is particularly important.

Curriculum and Teaching Methods

Withdrawals from the class group should be kept to a minimum, should only occur when commensurate with the student's interests and be planned above all else as an aid to his/her learning and/or health needs. The focus should be school based, with the aim of helping the student to be a fully integrated member of the school community.

- Allowing for the emphasis of the Provision Map on addressing the student's physical difficulties, the provision overall should be informed by flexible approaches to whole curriculum planning for individual students.
- Specific skill development or ameliorative activities in support of targets may be required.
- Flexible support in school to include dressing, undressing and toileting. Appropriate toilet with hoist available if needed. Changing bed and shower as appropriate.
- Extra time provided to address opportunities and comprehensive resources for motor skill development. offered within the school curriculum.
- There will be focus on the educational implications of the physical difficulty but there may also be therapy targeted at these difficulties.
- Additional access to IT, specialist aids and adaptations may be necessary to facilitate access to the curriculum.
- Consideration should be given to exam arrangements
- Differentiation, with targeted key objectives.
- Involvement of outside agencies with advice reflected in learning programmes.
- Support and appropriate differentiation in subjects requiring physical co-ordination or strength (for example, PE).
- Strategies incorporating specific activities to overcome physical difficulties e.g. reducing written work.
- Pace of teaching takes account of possible fatigues and frustration experienced by the student.
- Consideration will need to be given to timetabling and location of rooms.

Training and Advice

- Support staff trained in managing individual child's physical needs including moving and therapeutic handling.
- Staff to be trained in strategies related to specific areas of need, including by external agencies as appropriate. Strategies/training shared with parents/carers as appropriate.

Additional Human and Other Resources

- Teaching support required to ensure effective delivery of the curriculum.
- Individual intervention within class.
- Programmes to support physical needs under the direction of appropriately qualified and experienced professionals.
- Support and monitoring provided by teachers/tutors and Teaching Assistants.
- School provides specific equipment, including appropriate software and access to hardware.
- Buildings may need minor adaptations (for example, ramps, handrails in toilets).
- Specialist equipment needed daily (for example, mobility aids) as advised by professionals.
- Other therapists may be involved.

Interventions utilised to be overseen by SENCo. External interventions may be appropriate.

PHYSICAL DISABILITY EHC Needs Assessment

As stage 1 & 2 plus the following:

Not all CYP with Physical Disabilities will need an EHCP.

School and/or parents/carers may apply for a statutory assessment of SEND if there is clear evidence that the child's needs require significantly more support than stage two, and that the level of staffing and resources to ensure the child's progress goes above £6000 pa.

The support needs would be significantly greater than the resources in stages one and two have available.

The evidence may come from the level of the child's physical disability or after at least 2 reviews at Stage 2 of Assess, Plan, Do Review, Some children and young people may display difficulties of an extreme nature that require a higher level of intervention than is reasonable for the school to provide over a sustained period of time. In these cases, evidence will be judged on the degree to which the physical needs have an effect on:

Teacher attention and time.

Access to the curriculum for the child or young person.

The safety and welfare of the child or young person, other learners or staff.

The degree and complexity of the needs.

Physical Disabilities – Pupil Characteristics

Area of Need	Stage 1	Stage 2	EHC Needs Assessment
Degree of Disability	Able to participate in setting / class-room activities but some minor difficulties undertaking certain tasks.	Able to participate in setting/classroom activities but difficulties undertaking certain tasks	There is clear and substantiated evidence based on specific examples to show that:

	Minor modifications required to access the curriculum and setting / class / school/college environment	impacts significantly on pace of work in comparison to peers. Minor adaptations required to access the curriculum and setting environment. The CYP may require support for large & fine motor skills and /or self-help skills	The CYP physical disability or medical condition prevents them from taking full part in school life AND The CYP needs substantial modification of content and/or materials for significant parts of the curriculum that cannot reasonably be provided from within the settings own resources.
Gross Motor Skills	The child/ young person is able to position and re-position themselves independently. The child / young person can walk independently without aids but may have stability problems.	The CYP can position & re-position themselves with support Can walk independently without aids but has stability problems, or is completely independent with aids, including a wheelchair	
Fine motor skills	The child / young person has some difficulty with the control of individual fingers and may need adapted equipment (for example, self-opening scissors and use of a keyboard to record information).	• The child / young person has difficulty with the control of individual fingers and needs adapted equipment, and uses a keyboard to record information.	
Independence	The child / young person may require some visual cues and reminders for aspects of self-care, such as toileting, feeding and dressing. Some concern around social inclusion	• The child / young person may require supervision and support for aspects of self-care, such as toileting, feeding and dressing. • Specific attention to emotional support needed.	
Behavioural, Emotional and Social Development	• Social skills training required. Physical difficulties esteem and confidence.	• Physical difficulties impact on self-esteem and confidence. • Concerns regarding social inclusion.	

PART 2 - MEDICAL CONDITIONS

“The Children and Families Act 2014 places a duty on maintained schools and academies to make arrangements to support pupils with medical conditions. Individual healthcare plans will normally specify the type and level of support required to meet the medical needs of such pupils. Where children and young people also have SEN, their provision should be planned and delivered in a co-ordinated way with the healthcare plan. Schools are required to have regard to statutory guidance, ‘Supporting pupils at school with medical conditions’.” (Paragraph 6.11, Special Educational Needs and Disability Code of Practice: 0 – 25)

For children and young people with medical needs schools **must** have regards to the new DfE guidance: **Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England**. A medical diagnosis or a disability does not necessarily imply SEN. It may not be necessary for a child or young person with a particular diagnosis or medical condition to have an Education, Health and Care Plan, or to need any form of additional educational provision. It is the child’s / young person’s educational needs rather than a medical diagnosis that must be considered. However, some CYP may have medical conditions that, if not properly managed, could hinder their access to educational opportunities, impact on levels of attainment, and/or give rise to emotional, behavioural and social difficulties. The medical condition may, in itself, significantly impair the student’s ability to participate fully in the curriculum and the wider range of activities in school. Some prolonged conditions will affect the student’s progress and performance intermittently, others on a continuous basis throughout the student’s school career. Drug therapies may compound the problem of the condition and have implications for the student’s education. Medication may similarly impair concentration and thus lead to difficulties for the student in the classroom. In some instances, students with potentially life-limiting conditions may have periods of hospitalisation or frequent attendance at out-patients, emotional and behavioural difficulties related to their condition and associated restrictions on everyday life because of the nature of the treatment required.

To ensure that the child / young person makes the most of opportunities available, consultation and open discussion will be essential with:

- the young person;
- the parents / carers;
- the school or educational setting;
- the young person’s general practitioner;
- the community paediatrician;
- any specialist services providing treatment for the child / young person

All involved should also ensure that the child / young person is not unnecessarily excluded from any part of the curriculum or school activity because of anxiety about their care and/ or treatment. Schools should ensure that their own pastoral care arrangements allow children and young people to discuss any health- related and other problems with relevant professionals. The school and family should liaise in providing maximum support for the CYP.

STAGE 2 PROVISION FOR MEDICAL NEEDS <i>Provided from school's delegated budget Element 2 (Notional Special Educational Needs budget)</i>	
<p align="center"><u>When move to Stage 2?</u></p> <p>After at least 2 reviews at Stage 1, a few children or young people may not be making expected progress towards the targets set. These children and young people would be considered for Stage 2 intervention. The period of time covered by this review process would normally be approximately six months, but during this period or towards the end of this period, schools or colleges should consult with relevant support services to consider the nature of the difficulty and appropriate Stage of additional support. If a child or young person's medical needs change it may be appropriate to shorten the review cycle. Progress indicators should be measured against baseline information after targeted intervention has been implemented and monitored as part of the evaluation process.</p>	
<p align="center">IMPACT OF CONDITION ON LEARNING</p> <p>Despite receiving an individualised programme and/or concentrated support the young person:</p> <p>Medical condition may necessitate supervision or support for medication needs at specific times e.g. medication, diet, toileting Progress within the curriculum may be affected by condition or medication</p> <p>May participate in most/all activities but at a slower pace than peers or show signs of increasing fatigue during the school day</p>	
<p align="center">PROVISION - Quality Teaching Strategies/Specialised Adaptations Stage 1 plus:</p>	
<p>Assessment, Planning and Review</p> <p>Regular monitoring and reviewing of programmes and strategies as advised by outside agencies.</p> <p>Parent /carer involvement in programmes is particularly desirable. All agencies should work together to ensure that parental involvement is achieved wherever possible.</p> <p>Advice from involved medical professionals as appropriate.</p> <p>Medical condition will be generally stable and under control, but may need monitoring in school and close liaison maintained with home</p> <p>School curriculum promotes personal care and safety and school staff arrange and take responsibility for any regular medical intervention to be carried out.</p> <p>Risk assessment + emergency plan for medical Emergency</p> <p>Teaching staff and therapist to assess changing needs.</p> <p>Input to the provision map/IEP may be required from a physiotherapist, occupational therapist.</p> <p>Consideration of concessions for examinations etc</p> <p>Specific information on the causes and implications of the medical condition may need to be circulated to relevant members of staff.</p>	
<p>Curriculum and teaching methods</p> <p>Differentiation required to access some curricular areas, e.g. PE, handwriting tasks, unstructured times and environmental adaptation. Clear communication throughout the school</p> <p>Some limited items of special equipment and teaching approaches.</p>	

<p>May need more supervision in potentially hazardous situation e.g. science lab, swimming, using PE apparatus</p> <p>Differentiation may be required to take account of slower pace or to catch up following periods of absence.</p> <p>Extra help may be required at times in the school day, e.g. dressing, undressing, steps, stairs.</p> <p>Focussed support via a Provision Map in place by class/form teacher to allow the students to catch up following periods of absence</p> <p>Suitable arrangements may be needed for administration of emergency medication</p> <p>Suitable training to school staff or other emergency measures in school</p> <p>Supervision of health and hygiene procedures.</p> <p>Access to alternative methods of recording if required.</p> <p>Class or subject teachers are responsible for working with the student daily, delivering any individual programmes. They may oversee TAs to carry out daily work with the student.</p>
<p>Grouping for Teaching Purposes</p> <p>Continued access to small group support within class and outside the classroom environment, as appropriate to child/young person's needs.</p>
<p>Additional pastoral support, human and other resources</p> <p>Trusted adult available for support if needed</p> <p>Possibly teaching assistant trained in managing care needs.</p> <p>May need additional space or equipment for medical needs.</p> <p>Some additional support may be required at periods throughout the day and social situations such as breaks may need particular attention.</p>
<p>Training and advice</p> <p>Specific training and advice for school staff and parents/carers on medical needs.</p> <p>Training in Manual Handling may be necessary.</p>
<p>Parents / carers and Pupil Participation</p> <p>Continued close partnership with parents/carers.</p>
<p>School to School support</p> <p>As appropriate.</p>
<p><u>Medical Needs</u> EHC Needs Assessment</p>
<p><u>When move to EHC Needs Assessment?</u></p> <p>After at least 2 reviews at Stage 2 of Assess, Plan, Do Review, a CYP's medical needs may be deemed to be impacting on their learning to such an extent that the strategies, interventions and support are not enough to support their access and progress in learning within the Element 2 funding. Alternatively, the condition may be progressive and debilitating, or there may be a sudden onset of medical needs.</p>

PART 3: DEAF AND HEARING IMPAIRMENTS - DESCRIPTION OF NEED

With thanks to the Sensory Consortium & RBWM

Hearing loss is not a learning disability however it can impact on the development of communication skills, social and emotional well-being and cognitive development as a consequence of the hearing loss as a barrier to hearing speech clearly even when the loss is mild. Some pupils with hearing loss may require a low level of support in school while others may need a high level of personalized specialist support which will require additional advice, and for some, direct teaching support from a Teacher of the Deaf. We use the term 'deaf' to refer to all levels of hearing loss in children and this includes those who may describe themselves as having a 'hearing loss' or a 'hearing impairment'. The term also includes children who have glue ear. It is estimated that around 40% of children who are deaf will also have additional needs alongside their deafness which will impact on their learning. Children may be born deaf, acquire a hearing loss later on in their development or have a degenerative loss. The majority of children who are diagnosed with a permanent hearing loss are identified as a result of new-born hearing screening.

There are three types of deafness:

1. Sensorineural deafness, which relates to a permanent hearing loss in the inner ear as a result of nerve damage in the cochlea
2. Conductive deafness where the sound cannot pass efficiently through the outer and middle ear into the inner ear as a result of a malformation, blockages such as wax in the ear canal, or fluid in the middle ear (glue ear). Glue ear is a very common condition, especially in pre-school children:
3. Mixed deafness is a combination of sensorineural and conductive deafness for example when a child has glue ear as well as a permanent sensorineural deafness. It is also possible to have a permanent conductive deafness, but this is less common.

The degree or level of hearing loss is described as mild, moderate, severe or profound and is measured in decibels. The loss may also vary if it is in one ear or both; whether the deafness is similar in both ears (symmetrical) or different in each ear (asymmetrical) or whether the higher or lower frequencies are most affected. Hearing aids if prescribed will take into account the specific type, level and ear variations when they are set up. Children with a profound hearing loss are likely to have a cochlear implant. A very small number of children will learn to use sign as their primary method of communication.

The impact of the hearing loss and the ways in which individual children cope with their hearing loss will vary greatly given the number of different types and levels of loss. Age of diagnosis and when hearing aids or cochlear implants are prescribed and are routinely worn will also influence outcomes. It is important to note that all hearing loss is significant and parents can be anxious even when their child is doing well at school or in their early years setting. Deafness is often described as a hidden disability especially for those with a mild or moderate loss as they can appear to be hearing in the classroom, however it is often the clarity of what they hear which is compromised, particularly in noise. Glue ear or frequent ear infections although temporary can have a significant impact on progress and academic achievement both in the short and longer term if the right support is not put in place and the signs unrecognised.

Signs of a undiagnosed hearing loss may include: speech delay, poor speech clarity; difficulty with following instructions (which might be interpreted as not paying attention or being disruptive); mishearing and mispronouncing words; asking for a high degree of repetition or clarification (often say 'what')

Classification: OFFICIAL

particularly in background noise; turning up the volume too high on the TV or speakers or having difficulty with grammar such as word endings, using plurals or the development of phonic skills. They also may have problems with concentrating due to the increased listening effort and may prefer to play alone due to delayed social skills.

Key messages

- The child or young person may be prescribed hearing aids or have a cochlear implant to improve their access to spoken speech.
- The child or young person may have difficulty listening in background noise or where there are poor acoustics which will impact on their ability to hear. Background noise needs to be minimised and attention paid to improving room acoustics alongside the use of a radio aid if appropriate.
- The child or young person who has a hearing loss may miss out on incidental learning both in the classroom/ setting which can affect their learning opportunities and social skill development, for example during group discussions or as part of pretend play.
- Opportunities to overhear language helps to build vocabulary and gives children a sense of grammar, as well as general knowledge. Children therefore need to be able to hear quiet conversation all around them, even though they aren't directly paying attention to it.
- Acquiring and developing higher language and communication skills in line with their age and ability may be delayed and therefore this needs to be supported and monitored.
- Specialist support from a Teacher of the Deaf and or Speech and Language Therapist may need to be put in place in order to develop listening and language skills.
- It is important to involve the Berkshire Sensory Support Service as soon as possible following discussion with parents and the diagnosis of any hearing loss in order to provide further advice and support as appropriate and commensurate with the child or young person's needs.

Normal school entitlement for pupils with HI : Provided from AWPU Role of the school and the Specialist Qualified Teacher of the Deaf (QTOD) – Quality First Teaching		
Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Specialist Support and Additional Teaching and Support from a Qualified Teacher of the Deaf
<p>Making satisfactory progress but at risk of or beginning to fall behind.</p> <p>Sometimes misunderstands instructions and needs reassurance or reinforcement before beginning a task.</p> <p>Apparent fluctuations in attention, responses to sound and spoken language.</p> <p>Difficulties understanding peers in group discussions and on the playground – may feel isolated or anxious at times.</p>	<p>Good management of the classroom environment to ensure background noise is kept to a minimum and visual distractions are minimised.</p> <ul style="list-style-type: none"> o Plan and adapt the classroom environment and any group or practical work to ensure that the pupil is in the best seating position to be able to see the face of the teacher and to be able to hear what the teacher is saying. This may change with different activities and form 	<ol style="list-style-type: none"> 1. Training, modelling and advice on teaching strategies to be used in the classroom which will make learning accessible and which take account of the impact of a hearing loss on learning. 2. Specialist assessments which are used to track progress and inform next steps for those areas known to be impacted by a hearing loss i.e. listening skills, language development,

Frequent ear infections and hospital appointments may have caused higher than usual school absence as well as intermittent hearing loss. A student with monaural hearing loss will have difficulties with sound location and communicating in background noise.	feedback by the pupil on what works well for them. o Plan short periods of listening interspersed with individual or small group activities to meet the individual listening and language needs of the young person who has a hearing loss	vocabulary development, social and emotional well being and auditory memory. 3. Specialist teaching to develop specific language, listening, working memory and literacy and numeracy skills taking in to account research in the field of deafness
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SEN support for pupils with HI : Provided from school's delegated budget Role of the school and the Specialist Qualified Teacher of the Deaf (QTOD)		
Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Specialist Support and Additional Teaching and Support from a Qualified Teacher of the Deaf
<p>Students with moderate or severe hearing loss may have delayed language development. They may have difficulties with the perception of some speech sounds especially at the ends of Words.</p> <p>There may be ongoing disadvantage in relation to acquiring new vocabulary and concepts Specific listening activities may give problems e.g. video/audio tape work, spelling tests. The student may be slower to process and understand verbal instructions.</p> <p>The student may shows signs of increasing fatigue e.g. towards the end of the school day. They may have great difficulty adapting to or functioning in unfavourable acoustic environments e.g. where there is background noise and/or high levels of reverberation. May sometimes have issues with self-esteem, emotional wellbeing and social knowledge. The hearing loss may affect the student's social interaction;</p> <p>Where the effects of the loss are more marked and severe, and where their functioning in school is at a lower level than would be expected, there may be a greater need for supported provision, with higher levels of in-</p>	<p>In addition to the basic strategies and approaches described above, some pupils may also require.</p> <p>Good management of all specialist equipment to ensure access to language and learning. Ensure audiological equipment such as hearing aids, cochlear implants and radio aids are worn consistently and effectively to maximise listening in the learning environment. The teacher will wear the radio aid in all lessons and ensure it is switched on and muted appropriately.</p> <p>The radio aid will be managed in group /practical activities to ensure the pupil with a hearing loss can access the contributions of others while also hearing the teacher.</p> <p>Good communication strategies will take in to account the specific needs of the individual pupil with an identified hearing loss. Strategies will be employed by all staff across the school which promote inclusion of the young person across all aspects of school life.</p> <ul style="list-style-type: none"> ● Pupil's attention will be gained before adults or pupils start speaking. 	<ol style="list-style-type: none"> 1. Provision and management of specialist equipment which enables deaf pupils to access language and learning both in educational and home settings. 2. Training and advice on using specialist equipment such as radio aids effectively in order to remove the barriers to access learning in the classroom. 3. Delivery of a targeted programme to promote independent use and management of specialist equipment by pupils such as hearing aids, cochlear implants and radio aids. 4. Advice and support in the writing and implementation of specialist risk assessments for ensuring safety and equality of access in across all aspects of school life. 5. Advice and support in the writing of specialist risk assessments and planning for off site activities and extra curricular activities. 6. Specialist report and advice on exam and statutory tests which enable access for the pupil who is deaf and take in to account their hearing loss and language level. 7. Acoustic surveys and environmental audits of learning environments / classrooms/ schools leading to advice and a written report highlighting recommendations on ways to

<p>class support and greater involvement of a specialist teacher of the deaf.</p>	<ul style="list-style-type: none"> ● Access to lip-reading through ensuring that your face is in clear view so that the pupil can lip-read if needed will be facilitated ● Facial expression and body language can be used to support oral input ● Teaching staff need to stand still and face the class when speaking as moving around can be more challenging for pupils who are deaf. ● For some pupils Instructions may need to be broken down in to smaller more manageable chunks in the order they are to be completed with allowance made for the need for more processing time. ● Repeat /rephrase the contributions of other pupils ● Check that the pupil has understood the task before they begin. "Tell me/show me what you have to do." ● Check for understanding through asking questions and observing responses ● Minimise use of abstract vocabulary ● Encourage pupils to seek clarification if unsure about a task or instruction ● Allow extra time for thinking, processing and formulating response <p>In the lesson</p> <ul style="list-style-type: none"> ● Lesson content should be presented in as visual a way as possible and outlined at the beginning making any links to prior learning explicit. ● New subject vocabulary /key words need to be written on the board/ working wall / given on a separate sheet prior to the start of the lesson or topic. This can also be supported by pre-teaching of vocabulary and advice for parents so that new vocabulary can be reinforced at home. ● PowerPoint slides should be given to the pupil before the lesson for annotation during the teaching input to take account of the challenges of listening and notetaking at the same time. 	<p>improve the listening environment for pupils who are deaf.</p> <p>8. Management of Qualified Educational Special Teaching Assistants who carry out targeted interventions for pupils with a hearing loss.</p> <p>9. Joint working and liaison with Health, Social Care and other professionals to improve outcomes for children and families around the diagnosis and management of deafness</p>
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	<ul style="list-style-type: none"> ● Write homework on the board and give at the beginning of the lesson rather than at the end ● Provide opportunities during recap of the main teaching points for the pupil to show what they have understood and identify any gaps or difficulties with vocabulary. <p>Teaching Assistants should be used effectively to support the young person's access in the lesson while promoting and developing independent learning</p> <p>Pupils should be asked on a regular basis for feedback to monitor their access to lessons and to find out what is working well or needs adjustment.</p> <p>Ensure that all school policies and guidelines take into account the needs of the young person who is deaf.</p>	
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PART 4: VISUAL IMPAIRMENTS - DESCRIPTION OF NEED

With thanks to the Sensory Consortium & RBWM

Vision impairment can have a significant impact on a student's educational development and progress where teaching strategies, resources and compensatory strategies are not introduced to enable full access to the curriculum being delivered. The school should carefully monitor pupil progress and consult with Berkshire Sensory Consortium service to ensure that the pupil with vision loss is not disadvantaged. The Code of Practice is clear that schools can consult outside agencies for advice in preventing the development of more significant needs. Schools should feel free to contact the Berkshire Sensory Consortium Service for advice at any time and use their website: berkshirescs.btck.co.uk

There is a wide range of vision impairments and in conjunction with the pupil's other needs and abilities there will be widely differing implications for educational provision. The majority of children and young people with vision loss will have been diagnosed before starting school although it is possible for some pupils to acquire vision loss later in life through accident, illness and some hereditary conditions. In some cases vision impairment is one aspect of multiple disabilities. Whatever the nature and cause of the pupil's vision impairment the special education needs of the pupil will be assessed with reference to the medically assessed level of vision, functional vision, ability to adapt socially and psychologically, as well as progress in the educational context. The Berkshire Sensory Consortium Service use the NATSIP Eligibility Framework to benchmark assessed levels of need (See website: berkshirescs.btck.co.uk)

A defect of a pupil's colour vision alone would be unlikely to result in any special educational needs although the school may need to put in place strategies to avoid the pupil being disadvantaged.

Definitions for Children & Young People with Vision Impairment

A clinical assessment of normal vision might be recorded as 6/6 (Snellen /Kay assessment) or 0.0 (LogMAR assessment). This means a person can see at 6 metres what they are expected to see at 6 metres. The larger the number on the right the weaker the distance vision. It would also indicate likely reduced near vision access but this would be assessed through an alternative assessment often undertaken by a specialist teacher such as that available from Berkshire Sensory Consortium Service. This then takes in to account lighting and position of gaze within the pupil's normal working environment.

Acuity criteria are for guidance purposes only. The professional judgement of a Qualified Teacher Vision Impairment (QTVI) should be used where the acuity level meets the referral criteria to confirm the classification. For example, a young person may have a mild reduction in visual acuity but be functioning within a different visual category due to an additional ophthalmic condition, e.g. Nystagmus, visual field reduction, cerebral (cortical) visual impairment, and/or additional learning difficulties. The following classification applies to corrected vision with both eyes open.

Cortical Visual Impairment (CVI): A condition where some of the special 'vision' parts of the brain and its connections are damaged and this affects the way the child or young person is able to interpret what they see. However, it may improve as they get older.

Mild Vision Loss: Within the range 6/12 – 6/18 Snellen/Kay; 0.3-0.48 LogMAR and /or Near Vision print required N14-18

Moderate Vision Loss: Less than 6/19 – 6/36 Snellen / Kay; 0.5 - 0.78 LogMAR and / or Near Vision print required N18 - 24

Severe Vision Loss : Less than 6/36 – 6/120 Snellen / Kay; 0.8 – 1.3 LogMAR and / or Near Vision print required N24 – 36

Profound Vision Loss: Less than 6/120 Snellan / Kay; 1.32 LogMAR and / or educationally blind/ Braille user...may be able to access small quantities of print larger than N36.

Normal school entitlement for pupils with HI : Provided from AWPUP Role of the school and the Specialist Qualified Teacher of VI – Quality First Teaching		
Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Specialist Support and Additional Teaching from a Qualified Teacher of the Vision Impaired
Some deterioration in certain areas of academic performance e.g. <ul style="list-style-type: none"> • deteriorating handwriting • slowness copying from board • increasingly asking for written instructions to be given verbally. • a recognisable ophthalmic condition which has the potential to affect the learning process. 	The following strategies need to be in place to ensure inclusion of the VI pupil in class. These take into account the additional learning needs resulting from their vision impairment. Good management of the classroom environment to ensure background noise is kept to a minimum and visual distractions are minimised. practical work to ensure that the pupil is in the optimum Plan and adapt classroom environment / any group or practical work to ensure pupil is in optimum seating (viewing) position. This may change with different activities and from feedback by the pupil on what works well for them. They should not be isolated from their peers.	1. Training, modelling and advice on teaching strategies to be used in the classroom which will make the curriculum accessible and which take account of the impact of vision impairment on learning. 2. Specialist teaching of the Expanded Core Curriculum. 3. Specialist assessments for learning which are used to track progress and inform next steps for those areas known to be impacted by a vision impairment Specialist input to class planning to include short/medium- and long-term plans. Some topics may be unsuitable for VI pupils with severe/profound impairment and alternatives may need to be planned and provided. Some lesson objectives may need to be met by alternative methods /teaching strategies for pupils with profound vision impairment. 4. Planning and input to target setting with specialist emphasis to the vision impairment. This includes

		attendance at annual reviews and writing of associated reports.
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SEN support for pupils with HI : Provided from school's delegated budget Role of the school and the Specialist Qualified Teacher of VI		
Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Specialist Support and Additional Teaching from a Qualified Teacher of the Vision Impaired
<p>Auditory or tactile approaches to learning and teaching may supplement the visual stimuli used.</p> <p>As visual impairment is about the ability to access the visual world, and not a cognitive difficulty, care must be taken to maintain appropriately high expectations in curriculum achievement.</p> <p>Independence and mobility training may be required. All areas of the curriculum should be accessible with appropriate adaptation or modification as necessary.</p>	<p>Good management of all specialist equipment to ensure access to curriculum materials and learning.</p> <ul style="list-style-type: none"> ● Ensure equipment such as e.g. CCTV, Braille Note, sloping desks are used consistently and effectively to maximise access to learning and the environment. ● Provide safe accessible storage and ensure that all parts of equipment are kept together. ● Carry out PAT testing of electrical equipment and put onto school insurance as per the SCS loan agreement. <p>Good communication strategies will take in to account the specific needs of the individual pupil with vision impairment.</p> <ul style="list-style-type: none"> ● Strategies will be employed by all staff across the school which promote inclusion of the young person across all aspects of school life. ● Pupil's attention will be gained before adults or pupils start speaking. ● Teaching staff need to use auditory information to supplement lack of visual clues and information depending on the vision impairment of the young person. VI pupils are likely to miss out on incidental learning. ● For some pupils visual tasks may need to be broken down in to smaller more manageable chunks in the order they are to be completed with allowance made for the need for more processing time. ● Check that the pupil has understood the task before they begin. "Tell me/show me what you have to do." 	<ol style="list-style-type: none"> 1. Provision, training and management of specialist equipment such as Prodigy and Braille Note which enable vision impaired and blind pupils to access learning in both educational and home settings. Specialist teaching to develop specific skills in e.g. listening, Braille, Key Board skills and specific pieces of specialist equipment 2. Delivery of targeted programmes to promote independent use and management of specialist equipment by pupils 3. Specialist teaching and 1-1 support in class to reinforce learning of specific topics within subject areas. 4. Training for all school staff in general VI awareness as well as specific to the VI pupil – to include peer training. 5. Specific TA training for staff working with an individual VI pupil. 6. Advice and support in the writing and implementation of specialist risk assessments. 7. Specialist report and advice on exams and statutory tests which enable access for vision impaired pupils. 8. Environmental audits of learning environments/ classrooms/ schools leading to advice and a written report highlighting recommendations on ways to improve the environment for pupils who are vision impaired. 9. Provision of Registered Qualified Habilitation Specialists (QHS) who support and teach specific skills such as long cane training, daily living skills, travel training and mobility

	<ul style="list-style-type: none"> ● Check for understanding through asking questions and observe responses – particularly with respect to concept acquisition. ● Minimise use of abstract vocabulary ● Pupils should be encouraged to seek clarification if unsure about a task or instruction should be allowed. <p>In the lesson</p> <ul style="list-style-type: none"> ● Lesson content should be presented in a way which meets the individual pupil's visual needs ● Ensure equality of access to electronic information for all VI pupils – including access to the whiteboard/homework sites and internet. ● All tasks should be differentiated by length in to order to allow pupil to complete within the same time frame as their peers – this should be for in class and homework. ● Prescribed glasses should be worn as advised and ensured that they are clean ● Vision impaired pupils should not be asked to share books or worksheets ● Photocopies of work must be of high quality, good contrast, clear and not reduced in size. (A4 not A3) They also should not have a shiny surface. ● Background colours on the interactive whiteboard should reduce glare and pens used on the board should be dark with high contrast. ● Pupils should use dark pens and B3 pencils for writing to improve contrast. ● Pupils should be able to access the teachers feedback form the lesson in their preferred format. ● The classroom needs to be well organised to avoid hazards such as bags on the floor or furniture which may be difficult to manoeuvre around. 	<p>10. Management and provision of Educational Special Teaching Assistants (QESTAs) who work with the QTVI to deliver targeted intervention programmes.</p>
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	<ul style="list-style-type: none"> ● Specialist arrangements should be in place for all tests and exams to include modified papers as well as additional time. Teaching Assistants should be used effectively to support the young person's access in the lesson while promoting and developing independent learning ● They should have time to meet with class teacher and QTVI to discuss & plan appropriate modifications of tasks & activities, especially for a blind child ● They should have sufficient time for modification in advance of lessons ● They should be suitably trained /qualified in working with pupils with vision impairment. ● They should be given time for ongoing training eg in use of new specialist equipment Pupils should be asked on a regular basis for feedback to monitor their access to lessons and to find out what is working well or needs adjustment. <p>Ensure that all school policies and guidelines take into account the needs of the young person who has a vision impairment</p> <p>School should be able to provide evidence that they have followed the advice/recommendations of the QTVI and RHQS.</p>	
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PART 5: MULTI-SENSORY IMPAIRMENT AND DEAF BLINDNESS - DESCRIPTION OF NEED

With thanks to the Sensory Consortium & RBWM

Multi sensory impairment and deafblindness are terms applied to children and young people who have dual sensory impairments of both their senses of hearing and vision. Some of the conditions associated with multi-sensory impairment/deaf blindness include:

- CHARGE
- Usher Syndrome
- Downs Syndrome
- Cerebral palsy
- Congenital maternal rubella

An education definition states that:

Pupils who are deafblind have both visual and hearing impairments that are not fully corrected by glasses and hearing aids. They may not be completely deaf and blind but the combination of these two disabilities on a pupil's ability to learn is greater than the sum of their parts QCA 1999
Functionally

"A person is regarded as deaf blind if their combined sight and hearing impairment cause difficulties with communication, access to information and mobility. This includes people with a progressive sight and hearing loss." DOH "Think Dual Sensory" 1995

The term multi sensory impairment (MSI) is generally associated with children and young people who in addition to their hearing and vision impairments, have additional challenges such as medical conditions, learning or physical disabilities.

As more than 90% of the information we receive from the environment is through our senses of vision and hearing, every area of a child's development can be impacted. This can include early relationships with the caregiver, communication, physical and cognitive development. Learners will need to learn use their residual senses of hearing and vision as well as their other senses: touch, body awareness in space, balance, taste and smell to access information which is more easily available to other children. This can delay development. Communication and learning are significant challenges for children born with deaf blindness, and key concepts are often achieved later than might be expected. Developing an awareness of others, self-perception, and the impact of actions on others can all be affected. This can sometimes lead to a misdiagnosis of autism or a severe learning disability, when in fact the key factor impacting on learning is the combined sight and hearing loss. This is why

The deafblind child is not a deaf child who cannot see or a blind child who cannot hear. The problem is not an additive one of deafness plus blindness. Nor is it solely one of communication or perception. It encompasses all these things and more McInnes and Treffry, 1982

The pathway of development is very different for learners who have congenital MSI as opposed to those who have acquired it later in life. For instance children with Usher syndrome may have hearing loss from birth but develop visual problems as teenagers. The diagnosis of a second sensory impairment or the confirmation that a condition is deteriorating will usually be very distressing for young people and their families. Responding sensitively at an early stage and involving support services promptly should be a priority. The provision of counselling may be as important as the provision of support to address the needs on a practical day-to-day level.

Multi-sensory impairment / deaf blindness may be:

- Mild – dual impairment with a mild loss in both modalities
- Moderate – dual impairment with a moderate loss in both or the most affected modality
- Severe – dual impairment with a severe loss in both of the most affected modality
- Profound – dual impairment with a profound loss in both or the most affected modality (NATSIP eligibility criteria, 2012)

The impact of deafblindness/MSI on the child and family can be substantial. Qualified staff with the Sensory Consortium Service (QTMSI) will work with colleagues, other professionals and parents/carers to carry out assessments, model approaches to learning and identify a communication system most appropriate for the learner in order to support their inclusion as deafblindness / MSI can ultimately lead to isolation.