



**Specialist Inclusion Support Service**  
**Annual Report for the academic year**  
**2021-2022**  
**Sensory and Physical Impairment Team**

**Author:** Lisa Irving – Team Co-ordinator

**Date:** August 2022

## Staffing – “flexible, supportive, adaptive, provide honest challenge and advice”

Role	Full-time equivalent	Number of staff	Vacancies
Team Coordinator	1.0 FTE	1	0
Lead Professional for Hearing Impairment	0.8 FTE	1	0
Qualified Teachers for Hearing Impairment/Trainee Educational Audiologist	1.4 FTE	2	Hours do not include caseload hours provided by the lead professional or team
Qualified Teachers for Visual Impairment	1.8 FTE	1	1
Qualified Teachers for Multi-sensory Impairment	0.6 FTE	1	0
Specialist Teachers for Physical Disabilities	1.8 FTE	2	0
Inclusion Support Practitioners (including 0.2 FTE Audiology Technician)	5.0 FTE	6	0
Communication Support Workers (CSW's)	2.0 FTE	2	
<b>Total</b>	<b>14.4 FTE</b>	<b>16</b>	

### Key points:

- Total teaching hours available for the delivery of the Hearing Impairment Specialism is 2.5 FTE. This incorporates the delivery of hours from the Team coordinator and Lead Professional.
- The trainee Educational Audiologist has successfully passed her second year of training and delivers 0.2 Audiology focused work on the team weekly. Through this appointment it continues to ensure that schools and settings in SMBC have the most up to date and specialist audiological advice and support.
- Sadly, we saw the departure of two highly experienced and valued QTVI's at different stages throughout the year, for continued professional developmental and retirement. However, we were fortunate enough to appoint 1FTE post and continue to recruit to the 0.6 FTE in the new academic year.
- Inclusion Support Practitioners across the specialism, continue to provide a high level of specialist support that covers home intervention, nursery support and interventions within schools.  
*“The Teachers and Inclusion Support Practitioners offer invaluable support that is relevant to each individual child”. SISS Survey*
- Our CSW's are integral to supporting our deaf students out in mainstream schools allowing for full inclusivity both socially and with attainment. Although, for most of the year we functioned with one, we were delighted to appoint a fulltime second position in May 2022 to bring the team to full capacity.

## Caseload Information

Non Traded Teams	No of children on caseload 2021-22(as at July '22)	Number with EHC	Number at SEN Support/My Plan	Number of new referrals
Hearing Impairment	225	62	105	25
Visual Impairment	115	53	26	10
Physical Disabilities	133	57	74	15
Multisensory Impairment	42	32	10	14
TOTAL	515	204	215	64

### Key points:

- ❖ Hearing Impairment – numbers on caseload have continued to remain stable over the year; despite the removal of Trisomy 21 (Downs Syndrome) young persons without a diagnosis of a hearing impairment. A significant number of children moved to OOB and or Post 16 provisions.
- ❖ Multisensory Impairment – most new referrals to the team were via the Complex Needs Team (CNT) or from EYTAC, which is the typical pattern of referrals due to the complex nature of the learning profiles for this group. We continue to be supporting very young children with the most complex of health, learning and physical needs which requires a high level of specialist support. Over 90% of children on MSI caseload require specialist provision and 100% of children either have or will require an EHCP. We still continue to work with CNT on a weekly basis, to provide the targeted assessment and support to those children who require our services.
- ❖ Visual Impairment - this area of specialism has remained static over the year despite the reduction of caseload with overhauling in the removal of Trisomy 21 (Downs Syndrome) young persons without a diagnosis of a vision impairment.
- ❖ Physical Disabilities – the referrals to this team remain coming through, although not as many as usual over the whole year. There continues to be children in borough who require moving and handling plans and environmental audits to keep them safe.
- ❖ All teams within the specialism continue to provide support and advice for the Graduated Approach to inform EHC assessments and Early Years Inclusion Fund (EYIF) applications.

“We have children with extremely complex needs and have worked very closely with many members of this team. We have received advisory teacher support and weekly ISP support. The expertise and advice provided by all members across the teams has greatly enhanced the provision in place for children within our school.” SISS Survey

## Key developments and achievements for 2021-22

- **Graduated approach/inclusion** – the team made significant contributions to the outcomes of the inclusion strategy and are advising on strategies to schools to full-fill at school level and are developing the graduated response at local authority level, which will be further developed next academic year
- **Moving and Handling** – The team completed training mainstream settings this year, which has been face to face since COVID and received fabulous feedback from the delegates. *“It was helpful to understand how to safely lift the children!” “Knowledgeable trainers!”*
- **Physical Disabilities** – work has been undertaken with a Primary and Secondary school around the PD net toolkit, to help focus schools in their accessibility and inclusion with evidence. This work will also help to formulate ongoing supportive pyramids in cluster groups – *“PD team are very knowledgeable and have provided useful solutions to problems that have occurred. They are instrumental in ensuring school is prepared for new children joining with PD needs.”* SISS Survey
- **Equipment Policy** – all four specialisms work within the parameters of this policy. The impact of the policy has allowed for a more robust system being in place and ownership of equipment with loan agreements in place. It has also seen positive continuation upon the effects and impact for early years’ children. This year has seen schools held to account for any losses and this continues to be a focus for next year should an unfortunate loss occur.
- **Complex Needs Team (CNT)** –This team consists of a Paediatrician, Physiotherapist, Speech and Language Therapist, Occupational Therapist and a Multisensory Impairment teacher from within SISS. The team has seen challenges with many staffing changes, but continues to drive joint working to ensure effective outcomes for families and children. The numbers of children eligible for this highly specialist teams’ assessment and interventions, continues to be stable and the team needs to maintain working together across disciplines to ensure and agree the high quality specialist assessments and pathways for the individuals, whilst working within the allocation model and processes of the bespoke service.
- **Audiology** – our trainee Educational Audiologist has successfully completed her second year in training and has provided highly specialist audiological management this year to grow the team’s strengths. Technology equipment continues to enhance the lives of deaf students. Room acoustic testing is now available to promote and ascertain the best provisional classroom within the school environment for the deaf person.  
  
*“Frequent support from the HI team and very quick to support equipment needs.”* SISS Survey
- **Hearing Impairment** – the relationships and sharing of information with the multiple agencies involved across health services e.g. SaLT, Audiology and Cochlear Implant Centre in Aston, still means that multi-disciplinary working enables joined thinking and outcomes to improve the lives of children/students.  
  
*“Support from HI/VI has been excellent”* SISS Survey
- **Visual Impairment** – this year has seen the added benefits of working with Guide Dogs to deliver habilitation and independent skills across the borough child specifically.

### Workflow, Provision management and allocation models

The team has continued to tirelessly work on managing accurate caseloads, referrals and provision data with the support of the Business Support Unit. The system which manages reporting on data is still not always 100%, and does not always provide accurate required data, however with the combination of records kept by the team, alongside data generated via the system, this has meant that the figures quoted in this report are the best we can achieve, especially around EHCP’s.

Allocation models have seen a revision that we feel enables fairness and equitability to all provision on caseloads across the specialisms, and takes account of any national recommendations such as NATSIP guidance.

### Centrally based training

Course name	Delivered to:	Total number of participants trained	% graded course overall good or outstanding
New SENCO training - delivery of VI/CVI, HI deaf Awareness, Physical Development Awareness	New SENCOs and those new to Solihull	14	100%
SENCO Network/Specific School SENCO's - PD Accessibility Toolkit	SENCO's – Primary and Secondary	2	100%

### Commissioned and Bespoke training

Course name	Delivered to:	Total number of participants trained
Deaf awareness- general	6 mainstream schools/ settings	Variety in each setting
Deaf Awareness – child specific	8 mainstream settings	Variety in each settings
Visual Awareness – child specific	1:1 LSA's	Across schools with caseload children in Primary school sector
Moving and Handling, including Hoist training	44 persons child specific focus	Variety of settings across SMBC – schools/nurseries
Training on Digeorge Syndrome, Cerebral Palsy, Makaton, DMD	15	

### Training and support groups for parents

Course name	Location of training	Total number of parents/carers trained	% graded course overall good or outstanding
BSL sign introduction	Via Virtual Platforms	4	100%

## Evaluation of 2021-22

*"All aspects of support are valued and it empowers staff, increases skill and confidence." SISS Survey*

### Key points:

- Feedback from the SISS end of year survey indicated that those receiving a service from SPI would rate it at 96.4% good or very good. Again, when asked "To what extent has the support you've received from the SPI Team supported your setting with the inclusion of children or young people with SPI needs?" responses suggested that over 96% rated our input as good or better. This positive response is reflective of the hard-work, dedication and passion shown by the team year on year.

*"Great availability and support for child contact and meetings." SISS Survey*

- Continued Early Years focused meetings across HI, VI, PD and MSI have continued to ensure that children requiring support from across all specialisms receive timely, targeted intervention.
- Specialised advice given at CNT meetings by a specialised MSI teacher ensure early intervention to improve outcome.
- Cross team working with Early Years and other health professionals this year has ensured pathways are clearly understood and embedded into practice e.g. the Downs Syndrome Pathway.
- The team has experienced a year of team challenge with QTVI support but with positivity and the skilled ISP support, we maintained a strategic and operational service to serve the caseload.
- Braille Level 2 obtained by an ISP to strengthen delivery of Braille.
- The team now has a qualified Educational Audiologist to enable delivery of this bespoke work across the Borough.
- As a team, we continue to develop and enhance our existing strengths and successes; whilst providing continued development within and across specialisms, identifying further aims and objectives to improve the lives of young persons and team member aspirations so we keep momentum to develop further.

## Case studies

### Case Example 1: [Physical Disabilities Team](#)

#### Child: Pre-School

#### Context/Background

The child was referred to the SPI team by the SENDCO at the end of July 2021. At that time they were undergoing genetic tests and in April 2022 they had a diagnosis of a severe progressive metabolic disorder. This has an impact on all areas of development including delayed motor skills, fatigue, mobility, vision and ataxia.

The PD team has worked closely with the child, the family, the setting and outside professionals to ensure a positive transition into a nursery placement. A great deal of input was given during the autumn term when involvement from the team was on a fortnightly basis, which included: monitoring visits, support for transition, advice to nursery staff, joint visits with health professionals and liaising with the MSI advisory teacher.

#### Interventions applied and current plan:

- It was agreed that the PD team would support transition to nursery and monitoring was on a fortnightly basis initially for the autumn term.
- An individual environmental audit was completed in the summer holidays and transition plans were put in place prior to the child starting nursery.
- An initial home visit was made to gather further information.
- A joint visit took place in September with the Physiotherapist and Occupational Therapist to agree further strategies. Following this, adaptations to environment and equipment were put into place.
- The PD team supported an application for Early Years high needs funding and enhanced funding for equipment.
- The child was assessed for a suitable chair and this was purchased.
- A MY Plan was started by school with initial targets for her transition into nursery.
- The Family conversation was completed with Mum in October 2022
- A referral was made to the MSI Team – November 2021, MSI took the lead with a block of intervention work from January 2022
- The PD team continued weekly support from April (ongoing) to implement a gross motor programme with her 1-1 support worker. This was for 1 hour per week. Adapted resources were shared with the 1:1 by the Inclusion Support Practitioner so that she could continue the programme during the week. Assessment sheets and alternative ways of recording and visual resources were put in place.

- A further access audit was carried out in the spring term to look at KS1 and the adaptations that will need to be in place for the child to access all areas.
- ISP intervention will continue into the autumn term to provide continuity of support during the transition period.

#### **Challenges overcome:**

- This was a late referral, received at the end of July 2021, and the child was previously unknown to the service so a considerable amount of work had to be completed prior to the child starting nursery.
- Since starting nursery the child has required a high level of support for physical safety and also to fully access the nursery space and activities and understand the daily routines.
- Equipment and adaptations were identified and the PD team contacted the Occupational services and Physiotherapist who came in to assess seating and her mobility needs.
- The child's diagnosis was devastating for the family and it has been important to journey with them at their pace.
- A number of different professionals have been involved and it has been necessary to maintain clear communication for a consistent approach to meet the child's needs.
- Support for the family has been required to look at all options for the child's reception year - specialist and mainstream.

#### **Outcomes achieved:**

- The child had made steady progress and is now confidently accessing the nursery and has built up good relationships with the nursery staff.
- The Enhanced Funding has enabled the setting to provide some 1-1 support for the child to ensure they are fully included and can access the Early Years curriculum in a safe environment.
- The 1-1 will continue to support further development with the strategies in place and implementing the gross motor programme.
- Good liaison and strategies shared with all professionals through a multi-disciplinary approach
- The child will start mainstream Reception in September 2022
- Support from the PD team will continue as the child transitions to the Reception class in September 2022.

**Name of person completing the pro-forma:** Jo Walker

**Date completed:** 20/06/2022

## Case Example 2: Visual Impairment Team

**Child: X attends nursery**

### Context/Background

X is 4 years old and recently received a diagnosis of a Genetic Mitochondrial Condition which is progressive. X is blind with some light perception, is registered as severely sight impaired and has an Education and Health Care Plan.

X is unable to walk unassisted, displays hypermobility and tires easily, requiring full time supervision and support to assist their movement, meet self-care needs and ensure their safety. X is under the care of the many NHS services - Ophthalmology, Neurology, Mitobiology and Genetics Team.

During lockdown I supported the family and childminder virtually through personalised videos promoting pre braille skills. X now attends mainstream nursery in the morning and wraparound facilities in the afternoon for a total of 30hrs per week. X is supported by a Qualified Teacher for Children and Young People with a Visual Impairment, and a weekly ISP. X displays differences across their gross and fine motor skill development and is also supported by an Advisory Teacher of Children and Young People with Physical Disabilities.

Other professionals such as Occupational Therapists, Physiotherapists, and a Habilitation Officer from Guide Dogs for the Blind offer support in school too. X has a Learning Support Assistant in nursery and 1:1 support in in wraparound. X is a bright, happy and chatty and loves nursery. As X has no useful vision it is important that development of tactile and pre-braille skills in preparation for developing their learning through Braille is key.

### Interventions applied and current plan

**Identified areas of need for this intervention:**

Targets identified through DJVI.

**To separate from parents with confidence when coming in to school in the morning.**

**Get Social and emotional development (Stage 4) - recognising and anticipating sequence of routines.**

To use tactile cues to understand what is happening next in the school day.

**Using hands – Learning with touch (Stage 5) – Matching different objects by touch**

Begin to recognise and name different textures in feely books, toys and everyday objects that are new to her in the school and nursery environment.

**Identified areas of need for this intervention:**

Audrey needs to develop her tactile awareness as part of her development of pre-braille skills.

To thread 5 objects on to a solid stick on a base using various resources.

**Using hands – Learning with touch** To recognise the letters n, a, b, s and t

**Target 3 Maths** To use 1:1 correspondence to count to 5, moving each item as she says the number.

**Play and Learning – object permanence** To use a braille to mark-make and assign meaning to marks

**Using hands – Learning with touch** To recognise the letters n, a, b, s and t

**Maths** To use 1:1 correspondence to count to 10, moving each item as she says the number.

### Challenges overcome

1. My personal development and training needs, to extend my knowledge and understanding of Braille.
2. Transition, settling into nursery and wraparound
3. Communication
4. Visits by professionals and medical appointments
5. Training staff the staff supporting X had no previous experience working with a child with their specific visual and physical needs.
6. Fatigue, nursery environment
7. Medical appointments, personal care, and school attendance. In the Autumn school report school attendance was recorded at 74.07%, X has had several medical appointments and episodes in hospital. Personal care needs also impact on their school day.
8. Providing resources, adapting, and personalising the curriculum.
9. Nursery curriculum versus developing X's tactile and pre-braille skills in preparation for developing their learning through Braille.

### Outcomes achieved:

1. I completed Grade 1 and 2 of the United English Braille (UEB) course, so that I would feel more confident producing resources and demonstrating and delivering Braille activities.
2. X separated from their parent's well. The focus initially was for X to be happy and safe in her new environment. Everyone involved was new to their role so there pressure other than to settle X into nursery. The focus was to familiarise themselves to the new routine nursery timetable. Appropriate tactile cues were found to help X understand what was happening now and next. As one of the targets was to match different textures by touch, I was able to show staff some of the videos I made during lockdown that covered this target. The activities were demonstrated with X who was already familiar with them whilst the staff observed and then delivered the activities during their working day with X.
3. It was clear very early on that there was a lot of information from parents and professionals involved that needed to be passed on. A red communication book was created for staff to communicate with parents, communication was also face to face and via email.

4. To prevent too many professionals visiting at the same time overwhelming X and staff a timetable of visits was created which was emailed to everyone involved weekly, this simple solution worked well. The timetable also included any medical appointments that X needed to attend which prevented professionals going into school when X was not in school.
5. Guidance for working with a child with a visual impairment has been delivered gradually and in the main via demonstrating best practice and then observing staff working with X. Topics covered in nursery have been adapted on a weekly basis by discussing ideas with staff as to the best way to differentiate them. The staff required Moving and handling training, the theory was delivered via pre-recorded videos and the practical was delivered by a teacher from the PD Team and myself.
6. The nursery and wrap around environment can be very noisy and overwhelming for X and the physical and emotional demands of the day can cause X to fatigue. Staff now have a very good relationship with X and can recognise the signs that X may be struggling. X may be taken out into the nurture room for quiet time or given a snack to re energise them as well as reducing any physical exertion by sitting in their Wombat chair.
7. These events are unavoidable however communication with parents is good and a homework book has been created with ideas adapted for X to do at home so that they aren't missing out on their education. Every opportunity is taken when X is out of the classroom environment to extend and enrich their learning experience for example by doing learning/listening walks.
8. Numerous resources such as Fantastic Fingers have been demonstrated and used in school, ideas have then been shared to show how everyday resources in the classroom can be adapted. I made resources to be used at school and home as well as brailing labels for the school environment, books and certificates these are successfully used on a daily basis.
9. The challenge was getting the balance between X accessing the EYFS curriculum and at the same time learning tactile and pre-braille skills in preparation for developing their learning through Braille. At this stage of X's education most of the EYFS is learning through play and so this could easily be adapted. Time was incorporated into the morning to tie in pre braille learning without impacting on other areas of their learning.

**Name of person completing the pro-forma:** Fiona Wilson Inclusion Support Practitioner for the VI Team

**Date completed:** 23/06/22

**Context/Background**

The child has been known to the SPI team since 2019 when they were referred by the Early Years Assessment Team. At that time they had a moderate hearing loss and had been given glasses, details of visual impairment were being explored.

The referral was accepted by the MSI team who have supported since then. They have a fluctuating hearing loss so have been on and off caseload for the HI team. The MSI team worked closely with the child, family and settings to ensure a positive transition, they are in a mainstream school with a 1:1 support.

A great deal of input was given to support functioning in the mainstream class, including behaviour strategies. The child had made great progress in this area and was confident and happy in school. However, academic progress was minimal and they were struggling to access learning. Despite a mild hearing loss the child presents as a one with a much greater loss, they use signs to support their communication.

**Interventions applied and current plan:**

We discussed the child and agreed they would benefit from exposure to Visual Phonics by Hand. At this time (March 22) they recognised just three graphemes and were reluctant to read or do any mark making.

The HI teacher began a phonics programme of intervention which followed a mainstream programme with visual phonics to support. For a half term Helen did one or two 20 minute sessions each week. The sessions were modelled and the child's 1:1 would repeat them through the week.

During the next half term these sessions were reduced to weekly. Each week we added one or two more graphemes and practiced blending to read and segmenting to spell. Short and repetitive sessions supported their ability to retain the sounds and skills they acquired. Resources were shared (video training) with the 1:1 to upskill and continue the work. Weekly sessions will continue until the end of the summer term, reduced to half termly support from September 2022.

**Challenges overcome:**

Medically the child had only consistently had a visual impairment while their hearing fluctuated. However, functionally they presented as a child with a severe hearing loss. We had to consider functioning not just diagnoses.

The child was unable to pronounce all speech sounds accurately and therefore showed frustration when asked to blend and segment sounds; visual phonics by hand gave them a visual cue to understand and access these sounds.

The child found it difficult to form letters so avoided any writing activities. Letter cards were used so they are able to segment sounds to spell by building CVC words with the cards rather than having to form the letters. This gave them confidence and they have since started to form letters.

**Outcomes achieved:**

The child now, after 11 weeks of intervention, recognises 20 graphemes and is using them to build and write CVC words. They are able to read CVC words with a growing number of phonemes. They are beginning to read short phrases and will engage in reading their school books with text. Their 1:1 has been empowered to continue the work and support further development in this area of learning.

It is agreed across teams that while the child currently is unaided and has a mild hearing loss, the impact of the intervention from the HI team has met her needs and supported a great deal of progress in reading and writing. Support from the HI team will continue while the child functions as a child with severe hearing loss.

**Name of person completing the pro-forma:** Helen Cooper

**Date completed:** 16/06/22

#### **Case Example 4: Multi-sensory Impairment**

**Child: AB**

#### **Context/Background**

AB was referred to CMN team in Sept 2020 for global developmental delay.

AB had a diagnosis of Lissencephaly, global developmental delay and complex febrile convulsions.

AB has a nystagmus and visual processing differences

AB has auditory processing differences

#### **Interventions applied and current Plan:**

I picked up AB in July of 2021. Fortnightly interventions were put in place at home to work with mum and A. the aims were to:

- Develop A's unintentional communication, through repetition of response- making her aware that her actions cause an effect.
- For A to consistently make an unintentionally communicative movement x2 during a motivating activity- either the song sessions or TAC PAC
- A to develop awareness of her body using TAC PAC session

#### **Challenges overcome:**

- Difficulties getting in contact with mum to arrange visits as she did not have a land line of mobile phone at the time and was increasingly difficult to engage.
- Initially mum was quite disengaged and at first it was difficult to keep appointments with mum that had been arranged at home
- Fortnightly visits were changed to weekly in the hope that I could have more consistent visits.
- Previously A has never been around any other adults or children apart from mum, Dad and her sister so she was very wary and mum was quite nervous with A being with someone she did not know.
- Contact was made with a local nursery and a joint visit was set up for mum to go and look around and discuss A needs and thoughts moving forward.
- A had 1 hour supported visits into nursery for a few weeks.
- This was gradually extended and A is now in nursery 2 times a week for 3 hours.
- I am now managing to do weekly visits.
- Nursery are fully engaged with her POI and targets.
- With weekly visits I have been able to carry out assessments with A to gain a better picture of her needs and progress.

#### **Outcomes achieved:**

- Working alongside mum so that she could see how AB was communicating and progressing I was able to build up a good relationship with mum and mum appeared to be more confident with A capabilities and what she was able to achieve.
- A began showing communication skills and preferences of what she likes and does not like.
- In Jan 2022 A began attending a local private nursery for 1 hour a week. This was then increased to 2x 3 hours sessions a week.
- Working closely with mum and nursery, AB integrated well into the nursery day.
- Assessments were carried out to get a greater understanding of AB needs and communication.
- Assessments – IFHE, Affective Communication Assessment, Visual response assessment.

**Name of person completing the pro-forma:** Sam Amos

**Date completed:** 14.06.2022

**Context/Background**

- Eye condition: Congenital glaucoma
- Additional needs: None
- Lives at home with mum, dad, older brother and older sister who also has the same diagnosis as R.
- Programme started at 7 years old when he attended mainstream infant school, now finishing year 3 at a mainstream junior school
- At the beginning of the programme there was a strong history of trips and falls with 1:1 staff always carrying water and wipes to clean his hands after falling so that no foreign bodies were rubbed into his eye.
- Hobbies: R likes football, Pokémon and cars.

**Interventions applied and current plan:**

- Began with a programme of environmental awareness and road crossings skills to encourage active participation in routes. Children with severe visual impairment do not always understand about the environment as they have missed out on incidental learning. Before children can learn to cross roads they must understand how the environment is built and how it can be negotiated.
- R has learnt functional vision skills of scanning and tracking to assist with moving safely in his environment
- Programme developed into pre-cane skills and the introduction of a long cane for outdoor travel. Pre cane skills includes moving safely in a space such as trailing a wall, moving in an open space, learning body protection techniques and also understanding directional and positional concepts. Specific skills to use a long cane safely must then be taught.
- More recently R has extended his skills to shopping skills and coin recognition
- The Habilitation Specialist also supported his transition to separate junior school including supporting new staff and completing an environmental audit of the school

**Challenges overcome:**

- R was initially reluctant to consider a long cane and very concerned about standing out amongst his peers; we did lots of confidence building and work to understand how the cane might benefit him including using remote control cars to detect things ahead of us.
- R's new 1:1 at junior school were very concerned about him hurting himself and put in a lot of measures to protect him, this limited his independence and caused R to struggle within school. I was able to work with staff to understand how they could keep him safe as well as allow him to maintain his independence alongside suggesting ways that the school environment could be made more accessible.
- R is quite an anxious young man and the impact of difficulties within school was significant for his confidence. Considered support and communication was required during this period to encourage his progress and engagement however he remained enthusiastic to attend all habilitation sessions and learn new skills.

**Outcomes achieved:**

- R will happily use his long cane for journeys outside of school including to local shopping areas. His cane has been named Sonic and R's journey of learning how to use it and how it helps has been made into a personalised storybook entitled 'The adventures of R and Sonic'
- R is still very conscious of standing out in school and eager to fit in with his peers. We have put together sessions where some of his peers had the opportunity to explore using the long cane and experience different visual impairments. R had the opportunity to talk about his sight and the different techniques he uses. The reaction from peers was very positive.
- R is now independent around the school site and is able to take part in activities with his peers.
- R can now identify an item in the shop that he would like to buy, determine where it is based on type of item and items that may be co-located, he can then mobilise around the shop to locate it and then use cash to pay and receive change. He is also able to ask for help in the shop.

**Name of person completing the pro-forma:** Clare Sanders **Date completed:** 29 June 2022

### **Priorities for 2022-23**

#### **Key points:**

- Continue to promote PD net standards Accessibility Toolkit as a tool to inclusion and accessibility in schools, also its function with any Inclusion quality mark.
- Further promote and embed the collation of assessment and attainment data of children and young people with SPI needs.
- 'Graduated Approach' into an online document to support Local Offer Platform
- Health Visitor coproduction meetings towards the 2 year old milestone assessment
- Investigate family/child group sessions with specialist knowledge for focused outcomes with the under 5 cohort