

**Specialist Inclusion Support Service**  
**Annual Report for the academic year**  
**2022-2023**  
**Sensory and Physical Impairment Team**

**Author:** Lisa Irving – Team Manager



**Date:** July 2023

## Staffing – “quick responses, supportive, adaptive, provide guidance, good communication”.

Role	Full-time equivalent	Number of staff	Vacancies
Team Manager (TM) /Qualified Teacher of the Deaf	1.0 FTE (0.5 HI caseload and 0.5 TM)	1	0
Assistant Team Manager (ATM) / Qualified Teacher for Multi-sensory Impairment	0.8 FTE (0.6 MSI caseload and 0.2 ATM)	1	0
Qualified Teachers of the Deaf/Educational Audiologist	1.4 FTE	2	Hours do not include caseload hours provided by team manager
Qualified Teachers for Vision Impairment/Trainee Vision Teachers	1.6 FTE	1	0
Specialist Teachers for Physical Disabilities	1.8 FTE	2	0
Inclusion Support Practitioners (including 0.2 FTE Audiology Technician)	4.8FTE	7	0
Communication Support Workers (CSW's) employed directly with SISS	2.0 FTE	2	0
<b>Total</b>	<b>13.4FTE</b>	<b>17</b>	<b>0</b>

### Key points:

- Total teaching hours available for the delivery of the Hearing Impairment Specialism is 1.9 FTE. This incorporates the delivery of hours from the Team Manager and the Educational Audiologist’s delivery of audiological focused work on the team weekly. Through this role 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 a lead hearing impairment teacher, for continued professional development, although we successfully appointed an assistant team manager who is a Qualified Teacher of Multi-Sensory Impaired Children.
- We have also been fortunate enough to appoint a 0.6FTE post of a Vision Impaired teacher, who has settled in well to the team and brings the teachers of vision impaired back to capacity.
- Inclusion Support Practitioners across the specialism, continue to provide an elevated level of specialist support that covers home intervention, nursery support and interventions within schools.
- Our CSW’s are integral to supporting our deaf students out in mainstream schools allowing for full inclusivity both socially and with attainment.
- Over the year, schools have seen the benefit of supporting inclusive practice with CSW’s and involved our expertise to help with recruitment, bringing the total number of Communication Support Workers across SMBC to five.

## Caseload Information

Non-Traded Teams	No of children on caseload 2022-23(as of July '23)	Number with EHC	Number at SEN Support/My Plan	Number of new referrals
Hearing Impairment	239	71	113	38
Visual Impairment	121	53	28	7
Physical Disabilities	142	62	54	17
Multisensory Impairment	38	24	1	12
TOTAL	540	210	196	74

### Key points:

- ❖ Hearing Impairment – numbers on caseload have increased over the year; this has been driven mostly by the influx in clinical referrals.
- ❖ 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 noticeably young children with the most complex of health, learning and physical needs which requires an important 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 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, seeing seven new referrals accepted out of the eight referred. We continue to benefit from commissioning a habilitation specialist to work with caseload children/young people.
- ❖ Physical Disabilities – the referrals to this team remain constant as in previous years. 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 within the Graduated Approach, to inform EHCP assessments and Early Years Inclusion Fund (EYIF) applications.

***“The Team have provided support for many children in the school who have a variety of needs. They have been on hand to give advice to the school, supported parents and provided the children with strategies to support them.” SISS Survey***

## Key developments and achievements for 2022-23

- **Graduated approach/inclusion** – the team continue to make significant contributions to the developing graduated response at local authority level, and contributions to the inclusivity of caseload and for the inclusion strategy.
- **Moving and Handling** – The team once again completed training in mainstream settings this year, which was delivered face to face and received fabulous feedback from the delegates.
- **Physical Disabilities** – the team continue to promote the effectiveness of PD net toolkit, to help focus schools on their accessibility and inclusion with evidence. The monitoring and advice to the ARP has gone from strength to strength this year, with a focus on manual handling plans since the completion of the manual handling train the trainer within the ARP to bring these in line with Local Authority plans.
- **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 also continues to provide positive continuation upon the effects and impact for early years' children. This year has seen schools held to account again for any losses, the impact of this accountability has resulted in fewer losses significantly as schools become mindful of budgets!
- **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 encountered some high-level cases but continues to drive joint working to ensure effective outcomes for families and children. The numbers of children eligible for this highly specialist team's 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 Educational Audiologist has successfully embedded practice and innovative technology across caseload this year and provides highly informative specialist audiological information to grow the team's strengths. Technology continues to enhance the lives of deaf students, with Assistive Listening Devices (ALD) being used by nearly fifty children/young people across the borough. Room acoustic testing continues to promote and ascertain the learning spaces with best acoustic properties within the school environment for the deaf person. *"Excellent ongoing support from HI team!" SISS Survey*
- **Hearing Impairment** – the relationships and sharing of information with the multiple agencies involved across health services e.g., Speech and Language Therapy, 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. This has also been enhanced by excellent relationships and training from stakeholders. Session for parents and KS2 caseload at Fire Station attended by twenty children to increase knowledge around fires and help available in accessing help before/during an emergency, technology, escape routes and an opportunity to develop social links with other children and parents in similar circumstances.  
'It was simply great to see \*\*\* meet other hearing-impaired children and was lovely for me to meet other parents. Also, to learn about the resources available." Parental comment following Fire Station visit March 2023
- **Vision Impairment** – this year has seen the appointment of a trainee teacher of the vision impaired, to bring the teaching staff back to full capacity to deliver caseload provision. As a service we continue to see the added benefits of collaborating with Guide Dogs to deliver habilitation and independent skills across the borough with an assigned Habilitation Officer fulfilling the SMBC contract.

*"Staff across all SPI Team, being prepared to listen, advise, work directly with children." SISS Survey.*

## 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.

We continue to work within our allocation models and feel these enable fairness and equitability to all provision on caseloads across the specialisms and takes account of any national recommendations such as NATSIP guidance.

## Traded services

Number of schools purchase SPI team support in for 2022/23 through an annual Service Level Agreement (SLA).

Team	Primary	Secondary	Independent	Total schools	Alternative Provision	Total
SPI Team	0	0	2	2	0	2

### Key points:

- trading the service for SPI is still minimal and we have completed some commissioned work for the EHCP and inclusion service throughout this year.

## 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	8	100%
Central Training Brochure - Sensory & Physical Impairment Focus Day	TA's, Teachers, SENDCO's from settings	6	100%

## Commissioned and Bespoke training

Course name	Delivered to:	Total number of participants trained
Deaf awareness/Radio aid training - general	3 mainstream schools/ settings	Variety in each setting
Deaf Awareness – child specific	6 Early mainstream/EYS settings	Variety in each setting

Deaf Peer Awareness Training	3 mainstream settings	Varied in settings from 1 - 120
Moving and Handling, including Hoist training	Variety of settings across SMBC – schools/nurseries	30+
Training on Cerebral Palsy, Makaton, DMD, Di George Awareness	Mainstream settings	Many across different settings 1 – 50+

### 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 Platform, Sept - April	4	100%

*Central training delegate, March 2023: “A fantastic course, I am already planning on implementing many things that we discussed.”*

*“Thank you for a refresh. You are so knowledgeable and approachable if I have any questions.” TA from DMD Training.*

## Evaluation of 2022-2023

*“As a setting we value all aspects of the support we have received it is an invaluable service to us to support us with supporting the children and families that attend our setting and need this service.”*  
 SISS Survey

### Key points:

	Quality of service received					Supported inclusion					Improved outcomes				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
SPI Team 29 responses			7%	41%	52%			7%	43%	50%			16%	32%	52%

- Feedback from the SISS end of year survey indicated that those receiving a service from SPI would rate it at 93% 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?” response was 93% felt it had supported inclusion. When considering the outcomes of those children/young person the survey showed that 84% would consider the input from SPI having an impact on the outcomes as good/particularly good. This positive response is reflective of the hard-work, dedication and passion shown by the team year on year.

*“Always available for EHCP reviews, advice, offering support and guidance to class teachers in making meaningful adaptations, blocks of interventions with regular and consistent visits.”* SISS Survey

- Continued Early Years focused meetings across HI, VI, P 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 QTMSI teacher ensures early intervention to improve outcome.
- The team now has a qualified Intervener ISP working within the MSI team which enhances and strengthens the skills of this team to deliver to the high need, low incident caseload.  
*“This is a service that I would not have realised we needed as a family, but I can’t imagine not having it now. We are extremely happy with the support we get including the additional emotional support that the team offer. They genuinely feel like extended members of the family and I’m very pleased that the service extends into nursery setting.”* – Parent from MSI caseload.
- Continued cross team working with Early Years and other health professional stakeholders this year has ensured pathways are clearly understood and embedded into practice allowing for better delivered outcomes, reflected in the 84% identifying input received from SPI has influenced achieving good or particularly good outcomes.
- The evaluation of manual handling plans across the authority has provided insightful information and best practise to be developed further.



- Management plans/pupil profiles by the VI team have undertaken a format change and has been received by families and educational staff with positivity.
- As a team, we continue to support each other, 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.

*Parent attending Amber Trust Workshop, "This Surpasses my expectations already."*

*Adam O from Amber Trust to SISS Staff, "This is exactly the kind of application we want to be supporting."*



Having lots of sensory music fun at Little Owls – Thank you Amber Trust.



KS2 Children and parents developing knowledge and making friends at the Fire Station workshop – March 2023.



## Priorities for 2023-24

### Key point

- Consider the benefits of manual handling train the trainer course involving wheelchairs to enhance training offer, inclusivity of children in settings whilst managing health and safety risks.
- Further involve the child's voice alongside emotional support, offered in devised programmes delivered by SPI team to offer consistency and practical resources.
- Health Visitor coproduction meetings towards the 2-year-old milestone assessment
- Evaluate the use of Early Years new hearing aid fitting and investigate a research project around usage of Assistive Learning Devices.
- Continue with family/child group sessions with specialist knowledge for focused outcomes with the under 5 cohort with or without Amber Trust.
- Develop family sessions that promote audiological management and the potential of ear moulds through the family hub.
- Use SPIN protocol to inform our Assistive Listening Device pathway and process.
- Consider how best to utilise the family hubs to best support SPI caseload and their families.
- To upskill a 1:1 in a mainstream setting to actively engage skills as an intervener.
- To understand and implement the VI curriculum, following training and adapt and incorporate any templates into our own models as needed.
- To use the habilitation hours, to effectively promote functional skills and independence.

## **Case studies**

### **Case Example 1: Physical Disabilities Team**

#### **Child: Child X- PD TEAM**

#### **Context/Background**

Child X has been known to the PD team since 2021, having been referred by the school nurse. After some time in hospital and medical investigations, Child X was given a diagnosis of Functional Disorder with Complex Medically Unexplained Symptoms.

Child X was presenting with physical issues that included - slight leg length difference, foot /ankle rotating outwardly, stomach pains, panic attacks, headaches, and dysphonia. Child X was becoming weaker and less mobile, so a wheelchair was bought by the family to support mobility in school.

School absence increased and concerns grew as to the impact on her learning.

Child X was supported by hospital therapy teams including physiotherapy, clinical psychology, and occupational therapy. An EHCP was initially turned down but then readmitted and agreed, and support placed to meet the needs requested within the plan. This included access to the schools' PD additional resource provision.

#### **Interventions applied and current plan.**

- Due to time out of school being so high, the school implemented a planned phased return.
- A home visit was conducted by the PD team and an awareness of the needs regarding mobility, effort, equipment etc. could be made between what was working well in home and could be managed and supported in school.
- Contact between physiotherapy teams and OT teams to share involvement was established.
- PD team offered support with Moving and Handling training, including separate hoist training given to staff in the Spring and a Moving and Handling plan was created for safer systems of working to support personal care needs. This was then to be reviewed to be updated in the coming months as needs may have changed.
- Monitoring visits took place where 'Pupil Voice' was gained as to how Child X was progressing in school and feedback was shared to ARP support staff/SENDCo where tweaks could be made, or confirmations were given to know Child X was secure in the support being provided.
- An Annual Review was attended, and Child X and family members had opportunity to confirm that everything was in place that could be at that time. Updates were shared and school could share progress and reflect on all that had been put in place and where additional support could be reduced or required further in management of routine care and/or intervention. (e.g. Hoisting was no longer required as Child X was increasing in strength and able to attend personal care needs independently in an accessible toilet without adult support).

#### **Challenges overcome**

- Child X was very shy in personality and the increased 1:1 support to address personal needs was delicately and sensitively managed, so that Child X was fully aware of the support process and familiar with the staff involved.

- Due to dysphonia and increased lack of confidence, during Pupil Voice conversations, Child X had found it difficult to voice responses to teachers' questions and ask for help when unsure. TA's based in several of the teaching sessions were made aware to check on Child X as well as the Teacher's to provide time and opportunity to express responses if and when required.
- Child X finds the effort required to do handwriting quite demanding. A laptop was agreed to be used by school to reduce the effort. Child X has increased touch-typing skills and is now able to produce work expected.
- Child X was having difficulty getting to school. Child X had been reliant on an older sibling driving them to school. Transport was agreed which also led to the increased length of stay at school becoming extended to full time.
- School staff that had been trained did not stay on in role, so training had to be extended out to other staff once they had been employed. At this time, one of the ARP staff had also become a Moving and Handling trainer. To speed up the training delivery process, PD team support to the ARP was provided. All information to support delivering out Moving and Handling training such as M & H PowerPoints, all paperwork proformas, resources, etc. were offered and shared. This ensured a joined-up way of working in line with specialist schools and PD Moving and Handling approaches.
- A self-propelling wheelchair was supplied by wheelchair services as the previous one meant that Child X was reliant on adult support to push her. Advice from therapy teams, was based upon Child X gradually building up strength to enable increased mobility. So school ensured physiotherapy sessions became part of a daily routine as well as the programme of intense physio out of school. An introduction of walking with a walker frame along the school corridor was added into the physio programme of support to take place in school. This has been so successful that crutches were then introduced.

### **Outcomes achieved**

- Child X is now attending school full time. Attainment and progress are being made having been on 'catch up'.
- Child X has increased in mobility and strength and has made so much progress that crutches are now being used instead of a wheelchair. (Although wheelchair at hand when fatigued).
- Touch typing skills have improved but Child X is now wishing to have support to retrieve handwriting ability skills so that on some of the lessons that are more handwritten reliant, Child X can feel the same as their peers.

### **Views of the family**

Family views expressed recently; indicate they have been incredibly happy to have the SPI PD team "kept within the loop of support" from the start of the referral process to the transition of ARP provision support. Family is aware that as time moves forward, if Child X wishes to lead on with their aspirations of attending either mainstream sixth form or further education college placement, that they are comforted knowing SPI team can be contacted if help is required in transitioning to a mainstream college or information forwarded if transition is to a FE college.

**Name of person completing the pro-forma:** Clare Hope

**Date completed:** June 2023

## **Case Example 2: Visual Impairment Team**

**Child: FG**

### **Context/Background**

FG has a diagnosis of Stargardt's Disease. Stargardt's is an inherited eye disorder that causes loss of central vision at an early age. It affects the macula, the area of the eye responsible for central vision and seeing colour and delicate details. Stargardt's causes progressive vision loss and, in some cases, near blindness. The progression normally starts between the ages of six and twelve years old. Symptoms of Stargardt's Disease include sensitivity to glare or bright lights; wavy vision; blind spots; blurriness; impaired colour vision; difficulty adapting to dim lighting and gradual loss of the ability to distinguish faces.

FG has an older brother who was diagnosed with Stargardt's several years previously and is showing definite symptoms of the condition. At the time of transitioning to secondary school in September 2022, FG had recently been diagnosed with the same condition but was showing atypical symptoms and his vision was unaffected at this time.

By the summer term, FG's vision had started to change, and a referral was made to the low vision clinic. Fortunately, the drop in his level of vision was not as drastic as initially feared, with FG's anxiety being a definite contributor to the low acuities achieved when conducting a functional vision assessment in school; this, accompanied with F being reluctant to wear his glasses.

### **Interventions applied and current plan**

Although not showing typical symptoms of Stargardt's disease at the start of the school year, it was felt that interventions should be put into place straight away to prepare for the inevitable. F started to have touch typing sessions on a weekly basis, in preparation for any change to his vision. FG also benefitted from having someone to talk to each week whenever he had a touch-typing session, and it became immediately apparent that F was struggling to come to terms with his diagnosis as well as his brother's diagnosis.

### **Challenges overcome**

- Both FG and family, particularly parents, are struggling to come to terms with a diagnosis of Stargardt's. Parent and F's elder brother have frequently declined adapted resources and additional input from other professionals. FG has been more open to suggestions of support, until more recently, when he too has put up some resistance.
- FG is still forging new friendships following his transition to secondary school and has not yet divulged anything about his vision condition and his needs to his new friends. This plays a big part in explaining why he does not want to appear different to his friends and does not like to wear his glasses or use some of the hand-held devices, such as a magnifier, when he is in school.

### **Outcomes achieved**

- Despite an emotional journey for both family and for FG, a journey which they are all still on, FG has made great progress with his touch typing and is now using these skills in some of his lessons.

- FG has also found the 1:1 session with ISP and with QTVI to be helpful for talking through his concerns about his changing vision.
- FG has also recently started using a laptop which school provided.
- Parents have now bought FG an iPad Pro, which he is beginning to use daily in school.

### **Views of the family**

FG is at the early stages of a progressive condition, and it is impossible to say how quickly his vision will deteriorate. Parents are naturally concerned but are always appreciative of the support that FG and his brother receive from school and SISS.

‘Thank you for popping in and checking in on FG. He does seem to be a bit happier. Technology helps enormously, he has just got to get used to it now and get systems in place. He seems to have a new friendship group forming and does not want to be the odd one out. He is very reluctant about glasses at home too.’

**Name of person completing the pro-forma:** Alison Shortt, QTVI, Vision Support Team.

**Date completed:** June 2023

### **Case Example 3: Visual Impairment Team**

**Child: X**

#### **Context/Background**

X has a diagnosis of Oculocutaneous Albinism, which means that they have reduced pigmentation in their skin and eyes. This means that their skin is very pale and susceptible to sun burn. X has reduced pigmentation of the coloured part of their eye (the iris) and the light-sensitive tissue at the back of the eye (the retina). This causes visual problems such as reduced sharpness; rapid, involuntary eye movements (nystagmus); and increased sensitivity to light (photophobia). Their vision is registered as 6/30 (near) +6/60 (distance)

X needs to be 6 metres away from an object to see it as clearly as a fully sighted child would see at 38 metres. X has Nystagmus (where the eye moves in search of fixation) and intraocular features consistent with albinism. In educational terms, this is a severe visual impairment, and they need an elevated level of support to access the curriculum in school. X wears glasses full time, and they have tinted lenses for use outside. X is registered as severely sight impaired.

The eye movement is likely to increase when X is tired or stressed, and they are encouraged to take breaks as required, to avoid visual fatigue.

X's distance vision has been assessed as severely impaired and can affect their social skills: seeing facial expressions at a distance, mobility in unfamiliar situations, on steps and seeing anything at a distance, e.g., displays, whiteboard, actions, and demonstrations. X will struggle without good verbal descriptions from adults around them and objects/pictures enlarged or brought closer to them so that they can see the detail clearly and ensure they does not miss any learning opportunities.

X needs all printed resources as large as possible to ensure the best chance of success.

#### **Interventions applied and current plan.**

##### **1. Touch Typing Skills**

- Due to X's visual condition they have been developing their touch-typing skills as an alternative means of recording their work during this intervention.
- X to achieve an accuracy of 95% and 20 wpm. X will complete their typing lessons at least 3 times a week in school.
- To type up at least one piece of work in school a week using capital letters and correct punctuation.

##### **2. IT Skills**

- X needs to develop their IT skills and their ability to use specialist or additionally resourced equipment effectively so that they can access the curriculum more fully.
- To use Word on the iPad or laptop to record a piece of work per week by touch-typing. To use shortcut keys to add a date, enlarge work and save the document.
- X has access to an iPad that has accessibility tools on to support their vision difficulties and that has applications that can be used to support their learning
- X to complete Page 1 of iPad Skills – Navigating the Physical iPad

##### **3. RNIB Bookshare**

- X to expand their knowledge and use of the RNIB Bookshare website as an alternative to reading a book.

## Challenges overcome

### **1. Touch Typing Skills**

- X has additional 1:1 adult support in lessons to support their vision needs, helping them engage in learning and to do 1:1 instruction if they cannot cope with whole class teaching.

At the start of the year there was no consistent cover for 1:1 support for X.

- As there was no consistency in staff, each week I was repeating the same advice and information to a different member of staff.
- Typing lessons were not being completed in school time.
- It was difficult to find a suitable space to work where the environment was quiet, with suitable correct.
- Poor internet connection/Wi-Fi in school.
- Equipment not being charged and ready.

Once a permanent member of staff was recruited to support X I was able to communicate with them more effectively. I was able to upskill the member of staff who was then confident to assist X completing repeat lessons during school time. Equipment was checked and charged on a regular basis and a quiet room was sourced that we could work in with good access to Wi-Fi.

### **2. iPad Skills**

- iPad not being charged and ready for use.
- Bluetooth keyboard missing.
- Bluetooth keyboard batteries flat.
- Notes on iPad not Microsoft Word.
- Poor internet connection.

Once a permanent member of staff was taken on most of the above issues were resolved.

The iPad uses 'Notes' as the default app to type up any work however in the long term it is better for X to use Microsoft Word which will be used when they are in secondary school. It also has the benefit of using shortcut keys which will help the speed and process of typing.

### **3. RNIB Bookshare**

- To conform with GDPR the RNIB password and username were changed.
- New member of staff supporting X was not aware of what RNIB Bookshare was, so time was spent demonstrating how to login, download books and the advantages of using RNIB Bookshare.
- School purchase enlarged books and spent time enlarging and photocopying books for X.

## Outcomes achieved

- It states in X's EHCP 'that staff are to have training and knowledge of how to use a range of equipment and select the most appropriate to enable X to collaborate with his peers and make progress' I feel this has been achieved.
- X has now completed Basic Skills Level 1 in Touch Typing.
- X has been complete his typing lessons at least three times a week in school and on a regular basis.
- X has achieved the target of 95% accuracy and 20 wpm in touch typing.



- X is now using the iPad for longer writing activities in the classroom.
- SENDCo has purchased a subscription for Microsoft Word on the iPad.
- A spare Bluetooth keyboard was purchased.
- X reminds staff to charge the iPad enabling them to take some responsibility to ensure it is charged.
- As there were so many issues with the iPad and Wi-Fi we started using a school laptop to ensure that X was not de-skilled in using this piece of equipment and would be ready and able to use it to replace his iPad should the need arise.
- X has completed Page 1 of iPad Skills – Navigating the Physical iPad. X can charge an iPad, turn the iPad on/ off/ put it into sleep/ wake up mode. Use volume controls to increase/decrease and mute volume. Find the headphone socket and insert headphones. Stand his iPad up in the case, attach his keyboard and reset a frozen iPad.
- X can navigate the internet, log onto RNIB Bookshare using their username and password. Search download history on the homepage; enlarge the text to read the book, bookmark and log out of the RNIB Bookshare site. X is enjoying using this as an alternative to reading a book.
- **Teacher's views** "I think X is doing quite well, we are managing to complete the typing lessons at least three times a week and he is completing his Big Write on the iPad." Summer term
- **X's views** It is helping learn how to type and increasing my confidence." 'I have achieved to pass my goals which was fifteen words per minute, I have just done my 'Big Write', I can't really read my handwriting too much, but it is easier on an iPad because it does it neater. I can read my work a lot easier.' Summer term

### **Views of the family**

From reading the feedback from the sessions it would seem X is doing well in their touch typing. X clearly enjoys it, and it has given X an effective alternative to handwriting to communicate their ideas/present their schoolwork. As you are aware the feedback is that X struggles with their handwriting where they find it difficult to read their writing back, this will inevitably hold learning back to a degree and the touch typing seems to have allowed X to reach their potential minimising some of those difficulties. X often tells me he has got a sticker in touch typing and says they've had a good lesson. I can see X is very confident using an iPad/computer and keyboard and this stands them in a good position for the future as technology will likely play a big part in their learning due to their vision making everything more accessible, so the sessions X has been having seem to be very beneficial, lessening his frustration and allowing X to keep a similar pace to other students with their writing and learning.

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

**Date completed:** 26/06/23 Fiona Wilson

#### **Case Example 4: Physical Disabilities Team**

##### **Caseload Transition: from mainstream secondary to post-sixteen provision.**

**Child:** X has a current EHCP. His learning and physical needs are wide ranging and complex and include right sided hemiplegia, autism and speech and language learning difficulties. He attends a mainstream secondary school.

##### **Context/Background**

X was expected to achieve low grades which meant that there was no prospect of staying in his current setting. He had not applied for any courses and had negative views about continuing with education. X was heavily supported at school and not motivated to work independently being one of the youngest in his year group and strongly influenced by his peers. In addition, family difficulties had upset and unsettled X's home life during the autumn term distracting X from exams and future.

##### **Interventions applied and current plan**

Child X was one of the year 11 students identified by the PD teachers for support at transition. Transition can become a very anxious time for year 11 students having a detrimental effect on their mental health. Anxiety levels can increase with exam pressures and changing from a remarkably familiar school environment to post sixteen education providers can also be extremely stressful. Following an initial visit by the PD teacher and inclusion support practitioner a planned intervention of support with post sixteen choices and exam revision was put in place. The PD team consulted with school to support X to make a successful transition from school to college.

##### **Challenges overcome**

X had low GCSE grades leading to low motivation – school enabled X to take alternative entry level English and maths exams to engage him in revision.

ISP interventions provided an opportunity to discuss any questions and worries about exam assessments, college courses and family changes.

X had information on a course at a Birmingham College, but further research found the sports campus was not on the main campus and too distant for X to attend.

X did not know the entry levels or different qualifications available post 16 - a laptop was used with the ISP to research courses, campuses, entry requirements, open days and how to apply online.

Different exam revision techniques were discussed - how to decide on a plan and 'get started' and how to organise resources.

##### **Outcomes achieved**

X was supported to apply to college for his chosen course and attended his interview. He uses public transport confidently and has friends nearby who will be taking the same bus journey to college. Parent is happy to provide some transport by car (if needed).

PD teacher has consulted with college to share information.

X was able to discuss exams and any worries, he shared that he found it difficult to stay motivated and appreciated the support he had received in school having the option to take entry level exams.

X was able to explore various post 16 choices and begin to understand the entry requirements and that colleges often have more than one campus.

X was able to share his pride in playing football for his team and talk about sports coaching as a future option.

### **Views of the family**

Parent was contacted so and kept informed of progress so that information could be shared. Parent was very worried that X had expressed a wish to stay at home post 16 and had difficulty coping with change. She was relieved that X had been supported to make a choice, applied for a sports course, been interviewed, and had a plan to go to college. Family concerns over transition have lessened and X is feeling more positive about the changes and his future.

**Name of person completing the pro-forma: Elaine Matthews (inclusion support practitioner)**

**Date completed: 27 June 2023**

### **Case Example 5: Hearing Impairment Team**

**Child: Pupil A**

#### **Context/Background:**

- Passed new-born screening but had a mild-moderate hearing loss identified at 3 years old.
- Speech was delayed & overall language development was a concern.
- Hearing has deteriorated to severe-profound levels since then.
- Concerns raised by parent about possible autistic spectrum disorder.
- Functional hearing tests showed that Pupil A, despite having powerful hearing aids, was unable to fully discriminate all the speech sounds presented in assessments.
- Pupil A unable to discriminate m, z, v
- Hearing has continued to deteriorate, and Pupil A was referred for cochlear implants.
- Concerns about academic achievement and language development

#### **Interventions applied and current plan:**

- Introduction of Edu-Mic, Assistive Listening Device (ALD) to support learning and listening at school.
- Referral for speech and language assessment.
- TOD provided advice for staff to manage learning behaviours.
- ISP Support once a week now increased to twice weekly.
- Family support – parent meetings at school and more check-ins with family
- CI training for current and new Year 2 staff/SENDCo
- Classroom acoustic surveys on year 2 classrooms

#### **Challenges overcome:**

- Use of ALD - Greater access to sound and clarity of speech in a noisy environment.
- Improved behaviour following support & advice from TOD.
- CI surgery date agreed.
- Close monitoring and Multi-Disciplinary Team working from SISS pre-implantation – Headlice delayed the operation going ahead on time as this would potentially cause an infection if pupil A were to scratch post implant.

#### **Outcomes achieved:**

- Pupil A received treatment for headlice with support from SISS and school staff, and this enabled implant centre to issue another date during the half term.
- Pupil A has now had a bilateral cochlear implantation and will start CI rehabilitation once they will be 'switched on' shortly.
- Best outcome would be that by having greater access to speech that they would go on to develop their capacity to learn without missing language. We would also hope that it would have an improved impact on behaviour, but only time will tell.

- Classroom acoustic survey has been completed to support the school in selecting the most suitable classroom for Pupil A (September 2023).

**Views of the family:**

- SISS and school are in the initial stages of developing a good relationship with the family.
- Pupil A's family have said they fully support the cochlear implantation and rehabilitation.
- Parents believe that the CI will help Pupil A to hear much better, which will help her with her learning and behaviour at school.
- **It is too early to for family to give feedback on the success of the cochlear implants.**

**Name of person completing the pro-forma:** Louise Marklew and Veronica Thorvardarson

**Date completed:** 22<sup>nd</sup> June 2023

## **Case Example 6: Hearing Impairment Team**

**Child:** S

### **Context/Background**

S passed the new-born hearing screen, however following parental concerns she was referred to her health visitor for a hearing test in 2015. She was identified as having a possible mild hearing loss. She was fitted with hearing aids at the age of two years. Her hearing loss deteriorated so in July 2021; S was referred to the cochlear implant (CI) team. This was a real shock for the family. She had implants fitted bilaterally in March 2023.

### **Interventions applied and current plan**

In preparation for the implant operation, the TOD and ISP worked with S in school. The Bionic Ear story from Cochlear was used during this Block of Intervention with S and we were able to lend Story books "Quest for the Cockle Implant" to the family to read with S pre/post-surgery. The TOD also arranged home visits to support mom. The family had many questions and concerns as they felt their community would not be accepting of S with her new processors. S was able to discuss her feelings and ask the TOD questions before the operation went ahead.

S had never met someone with implants and so felt she would be vastly different to everyone else she knew. She was also concerned about night times when she would remove the processors and be left profoundly deaf; parents worried for her safety not having access to sound at night-time. To help alleviate some fears, the family were invited to attend a safety session at the local fire station, here they learnt about accessible fire alarms and doorbells, how to be aware of fire hazards and what to do if they encounter a fire. At the session, other pupils with a hearing loss were present, some of whom had Cochlear implants. Mom appreciated the opportunity to listen to other parents' experiences and share her own. S made new friends and realised there are other children like her with a hearing loss.

Post implant an ISP delivered a block of intervention to support S with listening through the processors. S really enjoyed working with the ISP and engaged well with the activities and games. Both S's family and staff were impressed with how well S adapted to the processors and are positive about her future.

Although S recognises, she cannot hear without the help of her processors, she does not identify with the word deaf- she says she is a 'hearing girl'. Future visits will focus on supporting positive deaf identity and expanding her understanding of her hearing loss and what it means. Hopefully, more opportunities will be available to enable her to meet and socialise again, with other children who have CI's.

### **Challenges overcome**

At the time of the fire station trip, S was post-implant but pre fitting of her processors, this meant she had no access to sound around her. Despite this, she was determined to still attend. She was sat to the front of the group so she could lip read where possible, she had a white board for key information to be written on and the TOD sat with her to repeat and explain anything she missed. Other children in the group were keen to help S and write on the white board to communicate with her.

Since wearing having her processors, she has been reluctant to move up to the higher (louder) programs. To encourage her to do this a sticker chart was created to reward her for using the

highest program at home on an evening over several weeks, it then focused on wearing the higher program in school. S responded well to this positive praise and reward.

#### **Outcomes achieved**

S is now an effective CI user.

She understands that although she is different to most of the children in her school, there are other children and adults in the wider community that also wear processors.

S is working well in school and can access the curriculum as staff use strategies suggested by the HI team.

#### **Views of the family**

With regards to the fire station trip, I am glad we made it. S just loved it, and I learnt new skills.

We like whole idea. It is especially important for kids to see and meet real life heroes in their local area. Have experienced something new.

I would like to say reading and learning from online, it is a whole different experience meeting with special teacher and professional people.

**Name of person completing the pro-forma:** Leanne Plews and Kelly Lowden

**Date completed:** 28.06.2023



## **Case Example 7: Multi-sensory Impairment**

**Child: RH**

### **Context/Background**

R has been supported by the MSI specialism of SISS since he moved into Solihull January 2017. R was under the care of the Complex Needs Team of Specialist Assessment Service (SAS) until discharge at the age of 5 years. This reflects his long-standing need for an elevated level of coordinated support from a range of education and health professionals.

R has an extraordinarily complex medical and developmental profile affects his access to education and learning. R has a congenital infection –Cytomegalovirus (CMV)– which has caused Cerebral Palsy (left sided hemiplegia) and complex epilepsy. He has an advance care plan in place due to his ongoing potentially life limiting medical needs that require constant care (currently requiring oxygen and suction as well as constant monitoring of his seizures).

R has a multisensory impairment which means that he has a dual sensory impairment of both distant senses – hearing and vision which will have a significant impact upon his development. R has a profound bilateral hearing loss and has a cochlear implant on his left side and a hearing aid on his right side. R is registered as sight impaired – he has a left visual field loss, Cerebral Visual Impairment (CVI) and a Nystagmus.

### **Impact of Vision Impairment**

R has good central vision however this can be affected by his CVI. CVI means that if R has had a seizure, is tired or somewhere unfamiliar his brain is less able to process visual information accurately. His existing vision can be distorted.

### **Impact of hearing Impairment**

Due to health or fatigue R can become overwhelmed by sounds. R can try to knock his CI off when he is feeling unwell, upset, or overwhelmed.

### **Use of other senses**

R is a deafblind learner, and his sense of touch is therefore his unifying sense that he can reliably obtain information from. R uses his touch to gain information and to gain reassurance. He needs to feel a physical ‘anchor’ that people are there, especially if seated to his LEFT where he cannot see you. As touch is reliable for him, all learning activities should be accessible through touch for him, this will then provide consistent information to support him picking up possible visual and hearing information as well.

As an MSI child R is considered to have differences in the three main areas encountered by an MSI learner- Communication, Gaining Information and Orientation/Mobility.

The following information and strategies to support R in overcoming barriers in the 3 areas of difference are taken from his MSI Profile.

## **COMMUNICATION:**

R requires consistent specialist communication strategies that have a tactile element. R responds to familiar object cues. R can receive on body signs. His vision is not currently at a consistent level for him to access Makaton signs therefore any signs should be conducted hand under hand with R.

R's communication is at Level 3 in the Communication Hierarchy for MSI learners, meaning it is non-conventional and pre-symbolic.

### Receptive Understanding

Object cues to now be used to develop his receptive understanding of events and places throughout his day. The object cues to be used are-

Cushion- Sensory room

PE- Yoga Mat

Bathroom- Metal rails

Circle Time- Blue circular tactile mat

Table time- Yellow Mat (to also provide visual contrast for activities)

Outside- Hand held fan.

Bus- Seatbelt

N.B. Since July R's understanding of objects relating to activities or routines has developed. If R sees the remote control, he will now look immediately at the television.

### Expressive Language

To develop R's intentional communication 1:1 to use hand under hand sign as a wave for 'Hello.'

R would also benefit from Intensive Interaction sessions

The use of pause burst in motivating sensory activities- giving R a motivating experience and then pausing to wait for a vocalisation or gesture from him, to further develop his intentional communication. Since July 2022 when these targets were set, R has significantly developed his intentional communication. R will now knock his fists together to request 'more' or tap on e.g. a tabletop or the iPad.

## **GAINING INFORMATION:**

R is keen to learn and has enormous potential to develop his skills however, his deaf blindness needs to be always considered as his hearing and vision cannot be relied upon for him to consistently gain information. As a result, he is unable to learn incidentally (from watching or listening) and so requires targeted support to access information. The learning should be planned to ensure R uses his unifying sense of touch.

This support should be conducted in a quiet, small environment and repeated daily. This should be planned to ensure R consolidates his knowledge through tactile experience, as the information gained from hearing and vision will be fragmented or distorted. Since July 2022 R has begun to use his hands purposefully to encounter a wider range of objects and experiences. R is also now able to focus for longer periods of time.

On a good day, he may appear to use his vision functionally well however, this can be variable because of his CVI and therefore cannot be relied upon when planning strategies.

R shows a preference for the colour yellow.

To model practise at home, R would benefit from the use of a yellow work tray. R should encounter mapping the perimeters of the work tray each time it is placed in front of him. Objects/activities for R to encounter should be placed in the work tray (objects should be chosen to be well contrasted against the yellow tray) R must be given considerable time to locate the objects and gain information from them.

### **ORIENTATION AND MOBILITY:**

R has Cerebral Palsy and has physical disabilities requiring physical support and care.

In addition, R's deaf blindness means that he is unable to accurately orientate within an environment unless it is remarkably familiar. When enjoying time out of his chair, furniture and resources must remain in static positions and clutter needs to be always avoided.

R will use touch to try and orientate himself and therefore any resources or furniture should be securely attached to avoid any accidents.

When being supported physically, R may benefit from the use of on body cues – such as the Tassels warning cue (See Julie Pearce for more information) to inform him that he is going to be lifted, moved etc.

### **Interventions applied and current plan**

These targets had been set for school to follow. R has a CHC funding a full time 1:1. Targets were modelled with the 1:1 by the QTMSI during fortnightly visits to the school.

- To develop R's intentional expressive communication-

R to visually scan both choices and communicate his preference using his preferred method x2 during a 1:1 session- *This target was conducted in school and during subsequent sessions in the home. At home, the success criteria evolved as follows-*

R to give visual or/and tactile attention to objects offered to him x2 each session. R to focus on one object using a method that maybe unintentionally communicative e.g. visual attention, touch, mouthing or taking his face within proximity of the object- adults to interpret it as a choice being made

*This target was only partially achieved due to frequent periods of ill health resulting in cancelled visits.*

- R to encounter having hands under his and moved purposefully during motivating singing sessions

R to tolerate his hands resting on top of an adults for 3 out of 4 songs in Sing and Sign sessions

*This target was only partially achieved due to frequent periods of ill health resulting in cancelled visits.*

- R to encounter hand under hand signing for 'more' and 'finished'.

R to encounter more and finished signed hand under hand 5 times each day.

*This target was only partially achieved due to frequent periods of ill health resulting in cancelled visits.*

### **Challenges overcome**

In September 2022, Parent withdrew R from his school placement, although he was not registered EHE, he was in effect being educated at home.

On 1/12/2022 Julie Pearce QTMSI completed a Home Visit to update R's MSI Profile ahead of his EHCP annual review on 9/12/2022. See attached profile.

The outcome of the review was a parental request for change of placement. First choice was Victoria MSI Unit in Birmingham, or another SLD provision.

Whilst R remained at home it was agreed by the SPI Team Manager that a BOI could continue in the home environment. This would involve the ISP conducting weekly visits to compensate for those visits that would inevitably be missed due to ill health.

The above targets were implemented at home initially. These were then reviewed in March 2023, during a joint home visit with ISP and QTMSI. The BOI targets were then revised and set as follows-

- To develop R's proprioceptive awareness of his hands and arms prior to each session

R to tolerate hand under hand movements x2 each session for key song refrains/aspects

(Deep pressure massage from shoulders down to hands, bringing hands together in the midline fully extended. Use oils provided by parent that are suitable for R's skin.)

- To further develop R's intentional communication

R to give visual or/and tactile attention to objects offered to him x2 each session. R to focus on one object using a method that maybe unintentionally communicative e.g. visual attention, touch, mouthing or taking his face within proximity of the object- adults to interpret it as a choice being made.

(R to participate in Sing and Sign sessions using song sack with object cues. R to be offered object cues – a choice of 2 each time. Objects to be presented vertically on a yellow background on his right-hand side. Allow up to 1 minute processing time, if R does not respond allow him to gain tactile information from both objects using any part of his hands or face- with adult support.)

- R to encounter using Big Mac switch for 'More'.

(R to encounter augmentative communication for more x5 each session

When R indicates 'More' for a song or session aspect, adult to model pressing Big Mac switch- involve R in the routine using hand under hand where possible. Big Mac switch to be yellow in colour and attached with Velcro to his worktable so that its location is consistent for R)

20<sup>th</sup> April 2023- R was invited to attend Little OWLLS as he was still not accessing an educational placement. Another family were there who's child was being Electively Home Educated. In a phone call following the group session, Parent spoke about how wonderful it was to be able to speak to another family with shared experiences of education.

24<sup>th</sup> April 2023- Liaison was conducted between QTMSI and EHCP officer. BOI shared with current targets.

#### Outcomes achieved

In May 2023, the authority was able to name an out of borough MSI specialist provision on the EHCP.

ISP support continued until R transitioned, with full transitional information and support being transferred to unfamiliar staff.

#### Views of the family

Thank you for visiting yesterday, it was lovely to see you again.

The profile is fine, and I am happy for this to be submitted to school.

Thank you for your support, it does not go unnoticed. We are incredibly grateful.

- Parent also telephoned to say how thrilled she was to have attended Little OWLLS (20/4/2023)
- When the authority named specialist provision, Parent also phoned to thank the MSI Team for their continued support during the challenging time between placements, and support for naming the MSI placement.

## **Case Example 8: Guide Dogs for Habilitation Commissioned Work**

**Child:** C

### **Context/Background**

C is currently in Year 5 at a local primary school however he is hoping to attend a Special Educational Needs school for secondary school as he is finding school challenging academically and physically. He has a diagnosis of Cerebral Vision Impairment (CVI) and struggles with anxiety around changes and managing different environments. C has younger siblings at home and the family travel by car as it is a challenge for parent to support C to manage environments alongside caring for siblings.

### **Interventions applied and current plan**

C has worked with the Habilitation Specialist to begin to understand how his vision affects him and ways that he can use his functional vision to manage day to day tasks and experiences. C has explored mobility and orientation on routes around school and in the area local to school including shopping tasks and being an active participant in road crossings. C has also learnt sighted guide skills to increase his control over mobility and orientation even when physical contact is needed for safety or reassurance.

### **Challenges overcome**

C was quite anxious about engaging with both the Habilitation Specialist and habilitation as a service and on the first meeting remained very distant. C was unable to explain his vision and did not want to explore increasing his independence. Working through the programme C became increasingly confident and chatty and began to feel ready to take on increased tasks. In particular C was nervous about road crossings and requested physical contact throughout the approach and crossing; he did not feel able to contribute to road crossing decisions and was quite overwhelmed by the number of sensory inputs affecting the decision making. C and the Habilitation Specialist worked together to build confidence and skills and C is now an active participant in decision making.

### **Outcomes achieved**

Alongside increased participation and confidence around road crossings with adult support C has developed his confidence more generally in travelling around outdoor routes. C can now label different street furniture and use this alongside other environmental landmarks and clues to orientate along a route and plan different routes. C is much more engaged in his environment and can make observations and comments about what is happening around him across different sensory

modalities. Both C and parent are more aware of how his vision affects him and C can talk about things that can support him to access activities such as colour preferences and reducing clutter. C has used this knowledge and increased interest in his surroundings to engage in shopping tasks including recognising different product logos to orientate around busy shopping areas and complete shopping tasks.

### **Views of the family**

Parent reports that C fed back positively about the support and especially liked getting used to getting around and finding things. Parent feels that she would not know where to start with things like helping him manage a busy shop and undertake shopping activities so this is beneficial. She really feels that the 1:1 approach and having the opportunity to build a relationship is essential to him feeling comfortable and being able to explain things and build his confidence.

**Name of person completing the pro-forma:** Clare Sanders

**Date completed:** July 2023