

**Specialist Inclusion Support Service**  
**Annual Report for the academic year**  
**2020-2021**  
**Sensory and Physical Impairment Team**

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

**Date:** August 2021

**Staffing – “flexible, supportive and adaptive.”**

<b>Role</b>	<b>Full-time equivalent</b>	<b>Number of staff</b>	<b>Vacancies</b>
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	These hours do not include caseload hours provided by the lead professional or team coordinator
Qualified Teachers for Visual Impairment	1.8 FTE	2	0
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	1
<b>Total</b>	<b>14.4 FTE</b>	<b>17</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 who began with the team at the start of the academic year.
- The newly appointed trainee Educational Audiologist has successfully passed her first year of training and delivers 0.2 Audiology focused work on the team weekly. Through this appointment it ensures that schools and settings in SMBC have the most up to date and specialist audiological advice and support.
- 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 ISP support has been excellent working directly with the children.” 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. Unfortunately, at the end of the year we had to say a fond farewell to, Alice Pickering, who we wish well on her career aspirations of becoming a teacher. The appointment is still vacant and has been re-advertised with the hope of an appointment being successful in 21 – 22.

## Caseload Information

Non Traded Teams	No of children on caseload 2020-21(as at July '21)	Number with EHC	Number at SEN Support/My Plan	Number of new referrals
Hearing Impairment	279	65	212	21
Visual Impairment	149	60	89	26
Physical Disabilities	153	56	95	24
Multisensory Impairment	39	16 with 8 pending 24	15	12
TOTAL	620	205	411	83

### Key points:

- ❖ Hearing Impairment – numbers on caseload have continued to remain stable over the year; however, there has been a large group of Early Years children with HI requiring level 4/4+ interventions. These have been Cochlear implant users by the main.
- ❖ Multisensory Impairment – most new referrals to the team were through the Complex Medical Needs team (CMN) 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. The TAC panel that had ensured that all referrals were screened against the CMN criteria which means that the team only support children presenting with 5 areas of significant delay was suspended during the year. 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 CMN on a weekly basis, to provide the targeted assessment and support to those children who require our services.  
*“Always knowledgeable to support our understanding of a child’s needs. Both Julie and Sam have been an invaluable asset to our setting.” SISS Survey.*
- ❖ Visual Impairment - this area of specialism continues to see year on year growth, with an increase in numbers (8%) which again is in part due to the continuation of improved identification of visual impairments especially with regards to children and young people with Cerebral Visual Impairment (CVI). This year also saw some requested work be undertaken to assist with the requirement of a rapid assessment/referral for formal diagnosis of CVI. The team also undertakes the Down Syndrome cohort annual vision screening, whereby children with DS are referred to the team for annual monitoring of their vision, which is reflected in the increased caseload figures.

- ❖ **Physical Disabilities** – the referrals to this team against those discharged has meant the caseload has remained stable. However, the provisional needs of the cohort has meant the team has seen an increase in level 3 and 4 provision; which require a higher level of focus. There are more children in borough who require moving and handling plans and environmental audits to keep them safe, from other caseloads where PD are asked to complete audits but are not the identified key workers.

### Key developments and achievements for 2020-21

- **Moving and Handling** – The team completed their Train the Trainer Manual Handling course despite the barriers of COVID which has enabled training to continue this year. The Physical Disabilities specialism responded to the challenge of social distancing by bringing all the theory training online with videos in their offer to schools. Practical training was then delivered alongside any extra hoist training requirements, to staff, to make it bespoke to the setting's cohort to ensure pupil (and staff) safety. They also devised an individual practical pupil plan enabling the performance of training to be bespoke. The theory element of the course was well received as it has enabled flexibility.
- **Physical Disabilities** – joint working with Warwickshire OT's/Physiotherapist's and Birmingham Children's Hospital continues to develop well ensuring a high level of service knowledge and its impact on outcomes for caseload. The renewal of Capital Developmental meetings to help address the reshaping of schools when individual access needs are on a smaller scale are developing. Also, the PD net accessibility toolkit launched to support schools in writing accessibility plans for better inclusion of learners and to help formulate Accessibility and Inclusion Policies was well received at SENCO network meetings (presented by Jo Walker) and more work will be completed with schools next year around this toolkit. The exciting opportunity to trial and AV1 was implemented in a Local Primary school. This was conducted over 6 weeks and received well by all those involved and resulted in improved confidence by the individual, social interaction and increased self-esteem.
- **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, especially those with a hearing impairment requiring radio aids and Early Years children requiring specialist chairs / equipment within Early Years settings. As a result, the SMBC offer to Early Years children has been recognised by the NDCS and health teams as being much improved.
- **Complex Medical Needs (CMN)** –This team consists of a Paediatrician, Physiotherapist, Speech and Language Therapist, Occupational Therapist and a Multisensory Impairment teacher within SISS. The team has seen challenges this year with staffing changes/absence. The withdrawal of the TAC panel and the processes that saw the two teams working together, has had some impact on to case management. The numbers of children eligible for this highly specialist teams' assessment and interventions, continue to grow 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 first year in training and has provided highly specialist audiological management this year to grow the team's strengths. Technology equipment to enhance the lives of deaf students has seen an increased supply and we have been fortunate to receive some items on loan from companies, so that families can try equipment to see the added benefits.
- **Hearing Impairment** – the relationships and sharing of information with the Multi agencies involved across health services e.g. SaLT, Audiology and Cochlear Implant Centre, Aston.  
*"Support from HI/VI has been excellent" SISS Survey*
- **Visual Impairment** – working collaboratively with Dr Flors Vinuela-Navarro, Paediatric Optometrist, DS vision specialist and Lecturer at Aston University to devise a training session to educate parents of children with DS about visual difficulties.
- **CVI Pathway** – again training was provided to all new SENCOs who attended the SENCO network meeting. This was well received and the pathway continues being used to effectively assess and identify possible visual impairment.

*"Really appreciate the support of the QTVI in helping with the pathway to a diagnosis." – Parent of a child referred for CVI assessment and then onward pathway to Great Ormond Street for formal diagnosis.*

#### • **COVID response**

The SPI team have used their best endeavours to become creative in their approach to continue to identify and meet the needs of children and young people across the borough whilst supporting families and schools. This has ranged from virtual responses for bespoke learning opportunities/training, to transitional arrangements being brought online for students across schools, who would be transitioning into secondary schools or into college placements. It also saw the continuation of resources packs and information via the Local Offer pages alongside Solihull's 0-25 YouTube Channel having BSL videos uploaded to enhance Communication. These videos were also made available to schools to enhance inclusivity and BSL signed sessions attended by children and young people at various levels from sign and sign up to everyday vocabulary.

*"Whenever we have been faced with a potential difficulty, the team are great at a problem solving."*

The whole of the SPI team had to quickly get to grips with new technology and the pros/cons of delivering 'live' sessions to a variety of needs and the adaptations of training remotely. This was of particular benefit for those that found the use of Masks difficult for understanding communication and working parents who have less contact with teachers due to working hours. Despite the difficulties associated with Teams in the early stages, it is generally felt that this new way of working is beneficial for attending meetings that otherwise may not be so well attended by professionals due to travel e.g. Annual Reviews.

- **Workflow and Provision management**

The team has continued to tirelessly work on managing accurate caseloads, referrals and provision data with the support of the Business Support Unit and IT this year. The system which manages reporting on data is still not perfect, and does not always provide accurate data, however with the combination of records kept by the team alongside data generated via the system purchased and used by SMBC, has meant that the figures quoted in this report are the best we can achieve. Hopefully, by next year the system will be even more robust and accurate for reporting caseload specific data.

### Traded services

### 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	9	100%
SENCO Network - PD Accessibility Toolkit	SENCO's – Primary and Secondary		

### Commissioned and Bespoke training

Course name	Delivered to:	Total number of participants trained
Deaf awareness- child specific	Widney	New staff- 2 people
Deaf awareness and supporting pupils with additional needs	Green Lane	Manager
How to use technology effectively	Dorridge	Year 3 staff -3 people
Deaf Awareness - child specific and radio aid	Knowle	SENCO and 4 staff
Deaf Awareness	Balsall Common	Class teacher
Deaf Awareness – child specific	Ulverley	SENCo
Child Specific Radio Aid Training	Bentley Heath	Class teacher only
New Radio Aid Training + set-up & troubleshooting	Windy Arbor	Class Teacher & SENCo
Mini Mic Set-up & Training	St Anthony's	Class TA

New Radio Aid Set-Up, Connection & Troubleshooting Training	Dickens Heath School	Class Teacher
Child Specific Support – HI/VI	Hereward College	Staff supporting young person
Deaf Awareness – child specific	Blossomfield	
Moving and Handling, including Hoist training	Dorridge, Fordbridge, Mill Lodge, Cheswick Green, Langley (some staff in ARP), Wise Owls, Lighthall, Balsall Common, Solihull College	
Cerebral Palsy	Mill Lodge	
Visual Awareness – child specific	Across schools with caseload children in Primary school sector	1:1 and LSA
HI Awareness/Child Specific	Kingswood Independent School	Key-stage specific staff
Makaton	Mulberry Bush	All Staff 1

### Training and support groups for parents

Course name	Location of training	Total number of parents/carers trained	% graded course overall good or outstanding
Sing and Sign – Early Years	Via Virtual Platforms	15	100%
Downs Syndrome Visual difficulties	Virtual	2/23	100%
Auditory Processing Disorder (APD)	Virtual	4	

## Evaluation of 2020-21

*"We have a range of children with PD and Sensory needs that have been supported by SPI. We value their support in providing us with information, pointing us in the right direction for additional support and transition." SISS Survey*

### Key points:

- Feedback from the SISS end of year survey indicated that those receiving a service from SPI would rate it at 84.9% 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 83% rated our input as good or better. Over 87% said that the support received improved outcomes for pupils.

*"Always being available to guide and answer questions."*

- Existing 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.
- The team has experienced a year of change and have always been ready to take on new challenges and become problem solvers as highlighted in the valued survey responses.
- HI team ISP/TOD completed another full year's cycle of transition support for HI children transitioning into KS5, only this time via a virtual platform in response to the challenges faced with COVID times. This ensured that young people have had access to appropriate support to encourage them to plan for their next steps, to consider their HI needs and plan what they need their staff/ employers to know. This can be especially difficult for some young people who can be easily embarrassed by their hearing needs and try to reject equipment and additional support.
- The QTVI's and ISP's completed Braille Lego training and obtained multiple sets of Braille Lego to develop the skills children, family members and professionals need.
- It has been a year of success building on existing strengths; whilst providing all team members to continue to develop their specialisms and identify what further aims and objectives they have for their future aspirations and in moving forward as a team.

## Priorities for 2021-22

### 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 development collation of assessment and attainment data of children and young people with SPI needs.
- A re-focus on the 'Graduated Approach' and how we fit our allocation model and targeted interventions to achieve positive outcomes across caseload provision in line with SMBC vision.
- Reinvestigate Downs Syndrome Pathway/Processes across SMBC teams and NHS.



## **Case studies**

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

**Child: X– YEAR 7**

#### **Context/Background**

X was referred to the Physical Disabilities team at the end of the summer term 2020.

X had recently been diagnosed to have Hereditary Spastic Paraplegia. This is a genetic degenerative condition. Two years before diagnosis, X had been given blood tests but nothing had been confirmed. Concerns by the family and school continued. She was coming to the end of Year 6 and her mobility, fatigue and falls had increased. X had started to rely heavily on a walking stick and was holding on to the arm of adults more and more for support.

After genetic tests resulted in the diagnosis being confirmed, information was sought to ensure her future Secondary school could support her safety and access. However, time was limited as schools were due to close in the following two weeks.

In a matter of a few weeks, X was having to adjust to having been diagnosed with a degenerative condition as well as preparing to transition to a new school and all this happening during a pandemic.

Contact with the family and both Junior and Secondary School was made by PD Team to start support and identify what actions were required and could be assisted in the immediate short term and for the future.

Both parents and X were quite adamant that she would not use any other assistive mobility equipment or specialist seating at this stage as she began her new school.

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

- Prior to the start of the September school term, I liaised with the Senco at the Secondary school and recommended risk assessments and PEEP's documents to complete with samples to support. Due to the school being an academy, I advised them to liaise with their appointed Health and Safety Company to ensure all aspects followed their school policy procedures too.
- In speaking to parents, they were able to express their concerns, provide detail and share preferences on behalf of their daughter alongside the information forwarded on by the primary setting. Information about accessing the Local Offer to review support by the Birmingham authority as well as Solihull education and health services was forwarded on to them.
- Due to the COVID restrictions, it was not possible at this stage to enter the school to carry out an access audit. However, it was arranged that the school would place X in a small class bubble and therefore there would be less movement required around the building reducing risks for her. She was to be taught on the ground floor, have access to the nearby toilet and nearby exit to break and canteen areas. She also had an older sibling in school who was able to support her entering and leaving the school grounds to the car.
- Recommendations for reasonable adjustments were made to the school. Such as an Early Pass, transport was allowed on the grounds for a closer drop off and pick up, Sketchers

trainer footwear was permitted due to the large bunion developing from over compensating in her walking, PE clothing could be worn on the day of PE, rest breaks and water was promoted.

- X has a Birmingham address but fortunately she is under a Solihull GP. This meant that she had been linked to the Solihull Community Physio and OT teams. They were able to share that a walker frame, specialist seating and a referral to wheelchair services had been recommended.
- However, when it was possible to carry out a visit to meet with and establish X's 'voice' she shared that she did not want to use this equipment as it made her stand out and her peers were staring at her as it was. Parents supported her on this. It was felt that the family were still coming to terms with everything and no one wanted to force the issue but safety concerns were rising.
- As the school term progressed, X's fatigue increased. She had been relying heavily on her close friends to lean on along with using her walking stick. The school and I were concerned that there may be days when a friend was not available for her and also it was not for them to be having such a responsibility.
- It was decided that when necessary, Staff were to support with a 'lending arm' in transitions. Fortunately due to the bubbles, she had limited transitions to make and it could be 'managed' by Staff. Parents were asked consent to support this due to the COVID bubble restrictions.
- Physio were also trying to support her in the home with exercises via a virtual link up. X knows she has to do these but she is very tired at the end of the day and 'absolutely hates them'.
- Looking into the future, I had advised school to seek help from their Health and Safety services as there were no EVAC chairs on site for support in emergency evacuations down stairs.
- School were now planning to start the next September term with a return to 'normal' timetable and classrooms. This meant X would definitely be making more transitions, accessing all parts of the school building and needing to use lifts etc. Also, X's sibling would be leaving school and she would not have her support on entry and departure every day. X was becoming more emotional about coming to school in September with all the changes. In talking to her, she shared she was really scared she would not be able to be with any of her friends who knew her well to help her and understand her situation. Parents became very concerned and contacted me to see if she should change school. Could she attend a setting that was on one level and smaller in both size and numbers to reduce risks? However, this would have meant her losing her friends as well as being another unsettling process for her to deal with. A solution was needed to address their concerns for X.
- I was able to arrange an Individual Environmental Audit following SMBC protocols and COVID guidelines. This took place after school hours. X, parents, Physio and OT teams and the SENCO were invited. (The OT/Physio could not attend).

### Challenges overcome

- I was able to communicate concerns and liaise with the Community OT and Physio teams to provide information to them and bridge the gap that was caused due to the pandemic restrictions.
- We were able to complete an IEA and anticipate how X may manage the larger expanse of the building once bubbles were lifted. During the IEA, as we viewed the ground floor, there was a wheelchair available for emergency use. Due to X being so tired and with the consent

of her parents, X was surprisingly keen to use it in order to continue the audit. As there were no other pupils in school, it was less intimidating for her. It was not long before she was happily learning to self-propel along the corridors. Parents were also surprised that she was having a change of heart. She could see that it was easier than she had worried about. It gave opportunity to discuss seating, mobility, independence, school furniture adaptations, toilet access and where help would or would not be required. X was asking questions and openly participating in the audit. Her confidence was growing.

- The gym was identified as a suitable place for X to carry out her physio exercises. Adjustments were discussed to be made to open up the room for more space and safety and staff to support were identified.
- It was recognised that some advice/exercises from the physio would be required to support upper body strength to support her to self-propel when using a wheelchair.
- Issues with inclusive activities in planning for PE were addressed as X had not been able to participate in PE for several sessions due to the activities not being suitable for her. Advice was given for the school to refer to. She was also reassured about PE clothing and where she could safely access toilets when participating in PE.
- School were also advised of accessibility toolkit and PD Net training level 1 and 2 to consider for staff.
- Also should moving and handling be required for X, then the school were advised that the PD team will support with training staff in readiness.
- Parents had received very little information from the hospital services due to the pandemic. I sent them advice regarding benefits support entitlements, information re mobility support and charitable services that could offer further information plus links to other family support groups.
- Parents also felt that X will need an EHCP. The SENCO and I shared Information about the process with the family. We also discussed how her fatigue may be having an impact on her learning and evidence of attainment would be required to monitor this alongside addressing monitoring her emotional needs.

### Outcomes Achieved

A referral to wheelchair services has been made. X is saying she will be happy to use her wheelchair in school when necessary. X has had practice in a wheelchair and some of her fears have been put to one side.

X is happy to stay on at her current school. X has been able to voice her concerns. Parents were reassured that support would be put in place for when she moves up into Year 8 and avenues of additional support will be looked into.

Parents are now equipped to seek additional support and information from wider services and funding to help with their concerns about her future.

Teaching staff will be addressing their planning and equipment for inclusive PE sessions as well as supporting her physio exercises in school and not at home when she was too tired to manage them. The school have now arranged for the provision of 2 EVAC chairs in line from their Health and Safety services recommendations. Awareness of emergency evacuation training has been discussed with SENCO, parents and X.

Communication of outcomes from IEA have been shared to Physio/ OT teams to support their awareness and planning forward.

**Name of persons completing the pro-forma:** Clare Hope      **Date completed:** 28th June 2021

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

**Child: X Yr. 5**

### **Context/Background**

X has a possible form of Stickler Syndrome, which means that they are very short sighted. There is a higher risk of retinal detachment associated with this condition. In 2018 X lost a significant amount of vision in their right eye due to retinal detachment. Unfortunately the same happened to their left eye in summer 2019. From September 2019, X attended school on a reduced timetable due to their significantly reduced level of vision, the emotional stress and fatigue caused by his Visual Impairment. X has had a number of operations, the last of which was September 2020. The outcome of the operation at the end of September has determined that X's present level of vision means that the support they will need to access the curriculum will be increased to that of a severely Visually Impaired /Blind Pupil. During Lockdown X found it very difficult to access any work sent home from school, due to their level of vision.

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

- X will become a tactile learner and need to develop their tactile skills.
- X needs lots of opportunities for hands-on learning as he cannot use his sight as a means to learn incidentally about the world around him.
- X will need to use pre-braille skills in preparation for developing literacy and numeracy through Braille.
- X will gain confidence in using Braille as a means of communication.
- X and the school are supported by Zoe Foster a qualified teacher of Visually Impaired Children (QTVI) to ensure that they have access to the curriculum and social inclusion.
- X also has mobility lessons from a Qualified Habilitation Specialist and support with equipment from the RNIB.
- ISP intervention: Commenced November 2020, 2 x extended visits per week using resources such as Fantastic Fingers, Play-Doh and Lego Braille Bricks.
- Lego Braille Bricks, a new resource will be used to teach X the basics of Braille. X will learn to discriminate two different Lego bricks by touch (manipulation) To recognise and make a pattern using Lego Braille bricks (orientation) To recognise different arrangements of spots on the Lego Bricks (constellation) aspects of Lego Braille.

### **Challenges overcome**

#### Finger Isolation, sensitivity and strength

- X needed to improve their finger isolation and sensitivity, initially they found this very difficult so we used resources such as Play-Doh which they enjoyed using and resources from a programme called Fantastic Fingers which increased the sensitivity of their fingers.

#### Lego Braille Bricks

- The Lego Braille Bricks were a brand new resource launched in 2020 through the Lego charity and supplied to SISS by the RNIB, a box was sent to school and home for X to use and explore. As I was not familiar with this toolkit I attended 14 international Webinar meetings which prepared me to use this resource. I completed this training by December 2020.

### Tiredness and pain

- X found sleep difficult which resulted in fatigue during his school day pain in their eyes also made concentrating difficult. Medication has helped improve both situations and school been flexible in allowing X to rest if required.

### COVID and self-isolation

- There were a number of occasions that X had to self-isolate, and so some sessions took place online via WebEx. However due to connection issues and technology difficulties it was not a very satisfactory solution. During the second lockdown X was home schooled, as the original WebEx sessions were not successful we negotiated with parents and school for X to attend school twice a week just for his pre braille skills. The face to face sessions were much more successful X was focused and achieved a great deal of learning during this period.

### **Outcomes achieved:**

X has really enjoyed using the Lego Braille Bricks as an introduction into learning braille. The activities have been a great way for them to learn through play, to memorize the 6 dots on a braille cell and develop their finger strength. X has worked really hard and is now able to recognise every letter of the alphabet on a Lego Braille Brick.

X has now progressed to learning 2 and 3 digit numbers and some of the characters in numeracy such as + - and =.

In March X started work on the Perkins Brailler and he is now typing CVC words.

X is also now able to read by touch all the letters of the alphabet on braille paper.

In January 2021 X said "Lego Braille Bricks is fun – I can't wait to learn the alphabet so I can read."

X has exceeded our expectations and his own and made really progress with his journey to learn to read through braille.

**Name of person completing the pro-forma:** Fiona Wilson      **Date completed:** 29/06/21

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

#### **Child: C - Early Years**

#### **Context/Background**

C has a severe hearing impairment as well as other developmental delays that affect his physical development. C never tolerated his hearing aids and since being fitted with a unilateral cochlear implant has rarely worn his processor. While family would like him to be able to access and use speech one day they have always been positive about the use of British Sign Language, and this is expected to be the main form of communication used with this child.

C and family were very difficult to contact during lockdown, minimal correspondence to phone calls and texts and home visits not possible for the initial period. There were concerns around lack of contact and family being unable to access communication support. Without support from our team they would not be developing their own sign language skills, which would then impact C. As C was not attending a nursery setting there was no way to monitor his progress while home visits were not possible.

As soon as home visits were possible family declined as they did not want to wear face masks themselves. Alternative ways to gain contact with the family were key to keeping up to date with progress and to support language development.

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

Intervention Plan was to monitor progress and support communication development of child and family through the use of British Sign Language.

Weekly contact offered for discussion and updates – phone calls often not taken and texts not responded to.

Parents declined offer of virtual appointments by ourselves and other specialists.

When home visits were offered they were declined while parents were expected to wear masks.

Following liaison with SLT who had done a visit she fed back that parents were still keen to have our involvement but just found things difficult to manage at times, this encouraged looking in to alternative options for sharing signs particularly.

#### **Challenges overcome**

- Lack of contact – gained contact details of other professionals involved and made plan to share skill sets such as sign videos that related to SLT symbol resources and reinforced joint planning and support
- Refusal of visits – set up What's app to send sign videos to both parents to meet family needs. Flexible provision which suited family.
- Home visits reinstated when masks no longer compulsory for parents

#### **Outcomes achieved**

Due to concerns and difficulties multi agency contact became more important, this liaison has continued to be regular and enable joined up working.

Resources provided from SLT and ourselves now complement one another to provide a good base for language development that can be supported by both teams.

C has progressed to using two sign phrases rather than just single signs as more people around him are signing and understanding him.

C's communication with his family has become clearer.

Regular signing resources established; this idea has been extended further with regular BSL You-tube videos to support other families and wider HI network of CYP.

EHCP started

**Name of person completing the pro-forma:** Helen Cooper    **Date completed:** 8<sup>th</sup> June 2021



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

**Child: S**

### **Context/Background**

Child S has been supported by the MSI teacher of the Sensory and Physical Impairments team (SPI team) since September 2017 following a referral from the Complex Medical Needs (CMN) team of SAS. SISS support has provided Child S with regular intervention at home to assess his functional vision, hearing, communication and play skills.

Child S has Down Syndrome and therefore has the expected associated developmental delay in all areas including communication, learning and physical development. In addition to this, Child S has experienced significant medical interventions requiring hospitalisations which have further impacted upon her development including his social and emotional development.

Child S's profile of needs is much more complex due to the fact that he currently has multisensory impairment (MSI). Child S has glue ear in both ears which affects his ability to maintain a consistent hearing threshold. His right ear is currently more affected than his left. He also has nystagmus and a visual field loss. This means that Child S is experiencing an impairment of both distant senses which is likely to impact upon his communication, gaining of information and his orientation and mobility.

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

Child S can now tolerate a full 50 minute session however this has taken some time to establish (over 12 months). We have worked towards Child S's Mum being able to leave the room which is now possible, previously Child S would have become very distressed if his Mum was not sat beside him. S can find being away from the security of home overwhelming and he can become very distressed. This is partly because of S's sensory impairments and also it is likely that Child S has a lot of negative associations with being away from home due to his frequent medical interventions and appointments. This has resulted in his Mum being unable to take him to activities and currently, S is unable to access any activity or nursery groups. Child S will need a lot of time and support to manage this. Currently the priority is developing his interactions with less familiar people and is working towards the goal of him accessing a nursery environment.

S has received regular intervention at home since September 2017. This has focused on functional hearing and vision assessments.

It has also focused on developing a positive relationship with Child S so that he can feel comfortable to play and interact with someone coming into his home. He has made good progress with this and will now play for up to 50 minutes and separate from his Mum.

### **Child S is currently working on the following targets;**

- Participating in a play session with a less familiar adult (new teacher to be introduced January 2019)
- Communicating a request to continue using the 'more' Makaton symbol

- Positive Looking – continued targeted intervention to support S's attention including eye contact, fixation and scanning between 2 objects
- Continued functional assessments of hearing and vision

#### Challenges overcome

- Getting into the family home
- Engaging with a child in his familiar setting
- Working with the parent to take family conversation
- Revisions of EHCP advice
- Supporting parent to consider specialist provision

#### Outcomes achieved

- Relationship with the identified supporting ISP, this has been positive and consistent
- Supporting Mum to complete EHCP process- EHCP now at draft stage, last information received was it may be going to final with a Specialist Setting being named as provision
- Child S will now tolerate 50 minutes targeted intervention 1:1.

**Name of person completing the pro-forma:** Julie Pearce      **Date completed:** June 2021