

Specialist Inclusion Support Service
Annual Report for the academic year
2023-2024
Sensory and Physical Impairment Team

Author: Lisa Irving – Team Manager



Date: July 2024

Staffing – “I value and appreciate the dedication of the team. I feel they work hand in hand- they answer my questions and appreciate my concerns. The team have always gone above and beyond, and I have seen a significant improvement in my child’s development since their intervention. I especially appreciate how the entire team works together, and shares information. I value how the team have become an extension of our family and I would be lost without them”.

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	1.4 FTE with 0.2 FTE for educational audiologist	2	Hours do not include caseload hours provided by team manager
Educational Audiologist			
Qualified Teachers for Vision Impairment/Trainee Vision Teachers	1.6 FTE	2	0
Specialist Teachers for Physical Disabilities	1.8 FTE	2	0
Inclusion Support Practitioners (including 0.2 FTE Audiology Technician)	4.8FTE	7	0
Total	13.4FTE	15	0
Communication Support Workers (CSW’s) not directly employed with SISS but supported within schools.		5	n/a

Key points:

- Total teaching hours available for the delivery of the Hearing Impairment Specialism is 2.1 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.
- Total Teaching hours available for Vision Impairment Team is 1.6 FTE of this team there is one qualified vision impaired teacher and one in training.
- Although this year has been challenging for service delivery involving the Physical Disabilities Team, we have endeavoured to maintain service delivery to this caseload.
- Qualified Teacher of Multi-Sensory Impaired continues to work collaboratively with a highly trained ISP/Intervener to provide the bespoke service to this area of caseload work.
- 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.
- The Team Manager and Assistant Team Manager continue to work together to bring a cohesive and efficient service delivery across the team specialisms and the wider caseload across Solihull.
- Through all roles, we continue to ensure that schools and settings in SMBC have the most up to date and specialist advice and support.

Caseload Information

Non-Traded Teams	No of children on caseload 2023 -24 (as of 2 nd July '24)	Number with EHC	Number at SEN Support/My Plan	Number of new referrals
Hearing Impairment	237	57	171	32
Visual Impairment	143	51	89	18
Physical Disabilities	146	65	57	30*
Multisensory Impairment	56	38	0	9
TOTAL	582 (+42)	211	317	89

Key points:

- ❖ Hearing Impairment – numbers of referrals stay inline with previous years and with no post 16 support in colleges offered, this maintains the caseload around the 220 mark we usually have each year. The number of children with cochlear implants has risen, thus our levels of support remains high for rehabilitation in this area of caseload work.
- ❖ Multisensory Impairment – most new referrals to the team were via the Complex Needs Team (CNT) or from EYTAC, which continues to be the typical pattern of referrals due to the complex nature of the learning profiles for this group. We are 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 seen an increase in the number of new referrals over the year, seeing a total of 18, the highest for a few years. We continue to benefit from commissioning a habilitation specialist to work with caseload children/young people for one day per week.
- ❖ Physical Disabilities – the referrals to this team are this year is elevated, although overall caseload is static. 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 needs assessments and Early Years Inclusion Fund (EYIF) applications.

“The team have provided recommendations in order to support pupils and attended parent meetings.” SISS Survey 2024 – Professional School Staff

“Excellent communication, outstanding reports to use with schools to support Child.” SISS Survey 2024 – Parental Comment

Key developments and achievements for 2023-24

- **Graduated approach/inclusion** – the team continue to make significant contributions to the developing graduated approach guidance on the Local offer and strive to contribute to improving the local authority offer and supporting inclusivity for pupils on caseload and to meet the aims of the Strategy for Inclusive Education 2022-25.
- **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. “New Manual Handlers have been appointed to be trained to allow for succession planning.
- **Physical Disabilities** – the team continue to focus on school accessibility and inclusion with adaptations. Also, wheelchair knowledge and training with an emphasis on risk assessment/skills with powerchairs. There has been a higher increase of children being diagnosed since the pandemic. Unfortunately, some children on caseload are awaiting specialist provision and two remain very much at home instead of being placed within a setting. Interventions and condition awareness remain a focus for eligible children on caseload to support with skills/their mental health. *“Thank you for the work you’ve been doing with X, he always tells me about what activities you’ve been done in your sessions. He speaks about your sessions more than he does about what he’s done in school!” (Parent)*
- **Policies** – all four specialisms work within the parameters of Solihull’s Equipment 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 offering more efficient use of funding. A priority for next year will be to work with parents if they wish equipment to be taken home. The team have made significant contributions to the revised and updated Moving and handling of People policy which we will work within next academic year.
- **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 continue working together across disciplines to deliver the high-quality specialist assessments and pathways for individuals, whilst working within the allocation model and processes of the bespoke service. Feedback from CNT is very positive.
- **Audiology** – as a team, we continue to embed practice and innovative technology across caseload and provide highly informative specialist audiological information to grow service delivery, testing and knowledge of parents. *“I loved this event, plenty of information to go home with.” Parent attending audiological workshop 2024.*
Technology continues to enhance the lives of deaf students, with Assistive Listening Devices (ALD) being used by around fifty children/young people across the borough. This has meant collaboration with ICT staff to ensure an ever-increasing demand to understand the whiteboards out in settings for connectivity purposes. Room acoustic testing continues to promote and ascertain the learning spaces with best acoustic properties within the school environment for the deaf person. *“Lisa and her team cared genuinely for daughter's needs and the support at every stage over all these years has been exemplary.” SISS survey 2024.*
- **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. Work has also included support for EHCP/Tribunal work – *“I just wanted to give my thanks for the superb report, Record of Advice for EHCP/Tribunals. It is on one of the best reports of this type that I’ve seen.” Professional – June 2024.*

Sessions for parents/caseload this year have included Technology workshops, Early Years Family group, and KS1/LKS2 Fire Station trip.

- **Vision Impairment** – this year has seen the trainee teacher of the vision impaired complete her first year successfully. 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. *“Personally, I feel relieved that we have support and look forward to working together.” Parental feedback to service June 2024.*

This year has also seen much work for developing and embedding the Curriculum Framework Vision Impaired and next year this will continue. Along with lots of use around Lego Braille and Positive Looking Programmes.

- **Pupil Voice** – throughout the year each team focused on reflecting high quality pupil voice within any visit reports that are shared with settings and parents to ensure their voice is heard and has an impact on provisional arrangements, equipment and captures their feelings on a more general level. There has also been a focus on the use of questionnaires to gain pupil voice around targeted areas e.g. Physical disability and access. For the more complex, pupil focus is reflected by their engagement and happiness to tasks/favourite musical instrument. As a result the impact of pupil voice on provision such as activity groups, access to others with the same condition has been facilitated, parents also can capture their daughter/son feelings and discuss with professionals a next step approach to tackle any issues in a coproduction manner.

“From the very beginning of our relationship with the SISS team we have always had the most support possible. It’s a personal relationship as well as professional, you can tell they care”. SISS Survey 2024 Parent.

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. Between the system which manages reporting on data and our manual data, we continue to narrow any inaccuracies as we strive for them both being 100% compatible in generating the information required as a service to fulfil all tasks.

We continue to work within our allocation models for each specialism and feel these enable fairness and equitability to all provision on caseloads across the Sensory and Physical Disabilities Team and takes account of any national recommendations such as NATSIP guidance.

Traded services

Number of schools purchase SPI team support in for 2023/24 through an annual Service Level Agreement (SLA).

Team	Primary	Secondary	Independent/ Specialist	Total schools	Participants	Total
SPI Team	0	0	1	1		1
	MSI awareness HI Deaf Individual Child Support			Victoria College and Kingswood	26	

Key points:

- trading the service for SPI is still minimal due to being a non-traded service for most support and advice provided.

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	6	No feedback available

Commissioned and Bespoke training

Course name	Delivered to:	Total number of participants trained
MSI awareness.	Reynalds cross staff.	27

Hoist Training	Balsall Common	3
Moving and Handling Training 22nd Feb 2024	Mainstream settings and school staff	11
Moving and Handling Training – July 17 th	Mainstream settings and school staff	18
Makaton Signing for Babies 13 th May -24 th June 2024 6 hourly sessions	Meriden Primary School	10
Makaton Signing for Babies 12 th June – 11 th Sept 6 hourly sessions	Dickens Heath (to complete Sept)	22
MAKATON MSBF 4 th July – 14 th July 3 x 2hour sessions	Shirley Heath Primary <small>We hope you have enjoyed the session. We are interested in what you found most useful, please tell us briefly which part(s) of the course you found most useful and why.</small> <i>Brilliant course, very useful.</i>	5
Duchenne Muscular Training – 4 th September 2023	Streetsbrook Infants <small>All very informative + a helpful course, answering our questions + giving advice.</small>	7
Down Syndrome Training – 4 th March 2024	Meriden Primary <small>Strategies to help + support. + background - other illness/additional health needs.</small>	9
Cerebral Palsy Training 17 th April 2024	Windy Arbor Nursery	2
Wheelchair Training 1 st May 2024	St Margaret's Primary	2
VI Awareness Training & Bespoke to specific children	Burman Infants, Fordbridge Primary EY Team, Smith's Wood Primary	43
Child specific – deaf awareness	Tudor Grange, Windy Arbor, Marston Green Junior, Forest Oak, Allstar, St Anthony	66
Deaf awareness – staff <small>"Hearing the difference wearing the microphone can make to a pupil"</small>	Tudor Grange, Arden MAT, Parkhall, Lighthall, Loadheath.	170
Deaf Awareness - peer	Knowle, Parkhall	38
Deaf awareness peer and staff (assemblies)	Oak Cottage, Tudor Grange, Haslucks Green Jr School	2059
Early Years SPI training	SMBC Early years staff and schools/academies	15

Training and support groups for parents

Course name	Location of training	Total number of parents/carers trained	% Graded course overall good or outstanding
VI Family Event	EP Hub	3	100%
SPI HI Early Years Stay 'n' Play	Fordbridge	6	100%
Fire Station (R – Year 3)	Fire station	11	100%
Tech information event	Windy Arbor Community Room/Olton Library	15	100%
Little owls	John Lewis Community room.	5-10 most weeks	n/a
Makaton Signing for babies 6 hourly sessions	Parent home	1	n/a
Makaton Signing for babies 1hour sessions	Parent home	1	n/a

“I thought the session was lovely, plenty of activities, friendly space for the children. We were both put at ease and I’m glad we attended.” (Parent - Family Event)

“Excellent course and tutor, could do with longer as lots to take in, but did cover for lots for the amount time. Maybe a staff training day as could do a longer course.” February 2024, Professional in school.

“Thank you very much for an engaging session, there was lots of chat afterwards....xxx wants lots of resources for her sessions, which is great!” November 2023

Evaluation of 2023-2024

As a service we value all feedback, and the yearly survey provides a reflection back over the year to consider the highs and lows and areas for future developments. We all feel very passionately and strive for professional excellence to provide an invaluable service to our caseloads, often going above and beyond, so we appreciate the time taken to return the survey, giving us the opportunity to respond.

“YYY has gone above and beyond to assist us, even taking her personal time to ensure XXX time without his device was minimised. Her commitment and dedication have made a significant difference for XXX. YYY’s expertise, experience, and unwavering support give me complete confidence that XXX is in the best hands. I am truly grateful for her involvement and the positive impact she has had on him.”

Key points:

25 responses to the annual survey came from schools - SENCo/Headteachers, showing the quality of support from the SPI team was rated at 80% very good/good. We know this was impacted by some gaps in staffing due to staff absence and was part of the reason for some satisfactory feedback. Any other areas identified below will be addressed in 2024-25.

	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 25 responses			20%	32%	48%			16%	40%	44%			16%	48%	36%

Positive outcomes from specialist support highlighted:

- Swift responses to referrals and ISP assigned quickly.
- Attended EHCP Review meetings and provided helpful reports which informed EHCP annotations.
- This service doesn’t cost additional money – thank you!
- Environment audits, monitoring of equipment ISP support
- Recommendations to support pupil feel more comfortable in the classroom- resources to support pupil were very thorough and achievable.
- Transition meetings- Year 6 and 7 and follow up reports
- Helpful advice for complex needs children. Built good relationships with the parents as well as the children.
- The specialist teacher is a real champion for our pupils with HI and has delivered great training.

Areas for improvement:

- Build improved relationships with school staff.
- Visual and hearing teams are not always aware of pupils that have joined us.
- It has been difficult as the one pupil who qualifies for PD support is relatively ‘low profile’ so has limited intervention from the team. SISS PD worker gave recommendations regarding how to support the pupil, but this was not delivered on a formal report but instead through

an email. The content of the email was very useful, but a more formal system would help with the paper trail for when the pupil moves on.

- Reports to be provided after reviews have been completed.

Actions to areas of improvement:

- Any relationship concerns to be raised with either the SPI Team Manager or the Head of SISS, so that they can be understood and addressed to ensure there are good working relationships in place with all staff and any issues are addressed.
- The team send out caseload known letters at the start of the letter and as many referrals are received via the health service teams, if they are not involved with a child the SENCo would need to cross-check against known list and complete a referral with all paperwork. This is available on the Local offer and school extranet.
- Any advice given should be provided on a proforma, even if initially it is given for speed in an email.
- Team to adhere to 10 working days for receiving draft reports – please raise any concerns about deadlines not being met with the member of staff and then their line manager.

56 responses of the survey came from families with 73% of these rating the quality of support at the highest level. *[some responses from comments link to other services, but for validity of survey data we have still included]*

Team	1	2	3	4	5
Sensory and Physical Impairment Team 56 responses		2% (1)	7%	18%	73%

Positive outcomes from families highlighted:

- Transition has been excellent and supportive to child and family.
- The relationship built with my daughter which has led to her having another route to discuss her worries and anxiety outside of her parents and teachers
- All the team from SISS are available for either support or advise at any time they have made themselves available at TAC meetings and even as a shoulder to bear witness to our struggles through the whole year From Lisa down the whole team is professional and supportive throughout the different departments and they all are appreciated.
- The consistency of visits and ideas of play and sensory that we can implement at home and taking the time identify what my daughters enjoys, making sessions fun and is always willing to go at my child’s pace to ensure she is working hard but also really enjoying our sessions together.
- I value and appreciate the dedication of the team. I feel they work hand in hand- they answer my questions and appreciate my concerns. I appreciate the time they have given to

my child and how regular they are. The team have always gone above and beyond, and I have seen a significant improvement in my child's development since their intervention. I especially appreciate how the entire team works together, and shares information. I value how the team have become an extension of our family, and I would be lost without them.

Development areas and actions:

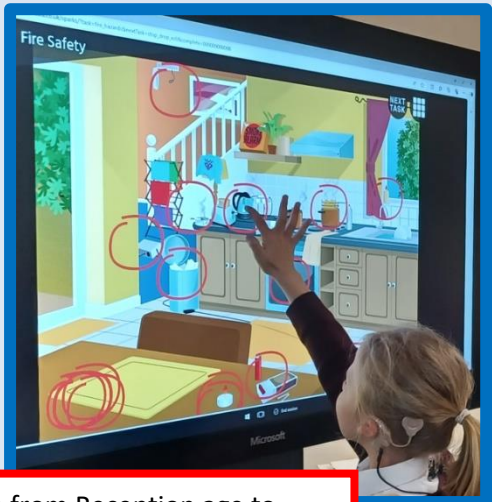
- More regular visit throughout year – we have a specification linked to NATSIP criteria which determine the visit quantitatively times and only usually change considering the needs of the child.
- Feedback on support and outcomes/progress – parents are informed where details of contact are held correctly (please ensure we have your new mobile numbers/emails) , information is sent via the business support unit, so could be an admin error, please speak to the team manger if issues persist or SISS Manager.
- More funding, to bring children and families together with similar needs – children clubs online and in person. We grew sessions this year and will be looking at developing more with family hubs and wider charity offers moving forward.



Wow! What a lovely family hub to meet up and socialise with other VI peers. We all made new friends and enjoyed playing games developing our visual skills and hand eye-coordination. Hope to see you again soon.



Having lots of sensory music fun at LITTLE OWLLS – Thank you Amber Trust, again. We look forward to next year!



Children from Reception age to Year 3 developing knowledge and making friends at the Fire Station workshop – May 2024.

Priorities for 2024-25

Key points:

- Embed the increased team knowledge around wheelchair use and the challenges faced within the content delivery of the Moving and Handling of People training course.
- To provide a bespoke wheelchair handling course within our team training offer to settings to improve the staff knowledge around effort and handling of the variety of wheelchairs used by caseload and the impact this can have daily life and learning and for settings to understand how to manage health and safety risks.
- Further promote the use of, and assessments with Makaton and Sign Language (BSL) offered to schools and identified caseload cohort, in devised programmes delivered by SPI team to offer consistency and practical resources for improved language development for communication and comprehension.
- Within Primary PE, focus on inclusive activities for settings in the form of a helpful 'pack'.
- Review, audit and update changing room accessibility for Primary and secondary schools.
- To devise a stepped Pathway to Adulthood (PfA) which includes targets for the variety of skills needed across the specialisms of HI, VI and PD and begin to use the pathway to ensure more specific target setting for block of interventions and for use in Education Health care plans.
- Roll out information on the Curriculum Framework for Vision Impaired (CFVI) to settings and families so they understand the 11 targeted areas aimed for children and young people with a vision impairment to access an appropriate and equitable education with taught skills that will enable them to access the curriculum and the wider world with as much independence as possible.
- Continue with family/child group Amber Trust music sessions with specialist staff knowledge for focused outcomes with the under 5 cohort with Amber Trust to develop children's positive looking experiences, touch an overall bespoke sensory curriculum for this low incident, high need cohort and in 2024-2025 develop some early communication workshops following the communication hierarchy.
- Further develop peer/family sessions that promote awareness of others with a hearing loss and deaf identity, alongside audiological management and the potential of ear mould clinics through the family hub.
- Strategically develop Assistive Listening Devices being used in family homes/activities to improve social inclusion and access to early language.
- Utilise the family hubs to best support SPI caseload and their families.
- Review the use of habilitation hours, to effectively promote functional skills and independence and evidence the impact of support along with showing impact of all hours delivered across the year.

Case studies

Case Example 1: MSI Team.

Child: X

Context/Background

X had an initial diagnosis of global hypotonia and open anterior fontanelle.

X was later diagnosed with a 13q chromosome deletion. In X's case this is causing her to miss the RB1 protein that fights cancers. Tumours can develop anywhere in X's body up until the age of 8 years.

X has an NGT (nasogastric tube) to top up oral feeds.

X has a diagnosis of Bilateral Retinoblastoma; the biggest tumour is in her right eye but the tumour in her left eye is closer to the retina.

During her first year of life, she has undergone 2 chemotherapy treatments and on-going laser treatment for the Retinoblastomas. X also had several hospital admissions due to complications and infections.

The drugs used in chemotherapy have impacted on X's hearing and as a result she now has a mild bilateral mixed hearing loss with left side impacting on a high frequency loss.

Interventions Applied and Current Plan.

I began working with X and her family in September 2023, a block of intervention was put in place to develop X communication, and a positive looking program was put in place to monitor X's functional vision and the impact of the tumours on her peripheral vision.

- Each week I carried out X's Positive Looking Plan at the beginning of each session so we could gauge how she was accessing things, and I could change the position I presented resources to X so she could reach her full potential.
- We began with singing and signing sessions using a total communication approach with spoken language, sign language and objects.
- Interventions progressed to using spoken language and symbols. Sensory stories were introduced.
- As X's understanding and eagerness to participate in sessions progressed, we were able to include more symbols.
- X is currently working from a choice of 4 activities that she would like to participate in. Singing, music, books, toys. Once she has chosen her activity, she is then able to use more symbols to tell us which choice of song she would like or which book.
- Further progression from this, she can break down the books to tell us which part of the story and which stimuli she would like.
- X is now signing for certain songs/ music that she wants. She is telling us if she wants more or has finished. X is vocalising lots using lots of intonation and saying a few words to express what she wants.

Challenges overcome.

- Initially X was incredibly wary of new people, mum felt this was due to all the hospital interventions and procedures she had undergone. Initial visits were spent allowing X time to get to know me and build up the trust that she needed.

- I became very aware that my seating position influenced X's well-being and interaction. Certain positions I sat in and words that I used would trigger X and upset her (mum was aware of this from X reactions to play therapists and nurses in the hospital) – songs that contained any reference to doctors or hospitals could not be used.
- X would become unsettled if she could not see my hands or what I had in my hands and what I was going to do with each stimulus or object that we used. (Mum felt this was her anxieties around hospital appointments and experiences with play therapists and nurses in hospital during treatments)
- I made sure that X had lots of opportunity to explore new resources before I used them in sessions, could always see my hands and what I was going to introduce.
- By carrying out Positive Looking Program we found that if X had received laser treatments in the days leading up to my visits, then her visual preferences were different. I would often have to change the position I presented stimuli to her, the lighting in the room or what we did in our sessions entirely depending on her energy levels and how she was feeling.

Outcomes achieved.

- X is fully engaged in sessions.
- X communication has developed both receptively and expressively.
- X is now interacting more during sessions through a total communication approach.
- X is using symbols and sign language consistently as well as developing her spoken language.
- From observations during sessions mum felt confident to talk to the play therapist and nurses during X's medical appointments to explain how our sessions at home were developing and how best to engage X in treatments without her becoming increasingly upset and anxious.
- I have built up a trusting relationship with X and the family.
I have worked as a team with the QTMSI and the QTOD to support the family in understanding information given during audiology appointments.
- Functional hearing sessions have now been put in place to support the family.

Name of person completing the proforma: Sam Amos

Date completed: June 2024.

Case Example 2: VI Team

Child: Adam (not his real name)

Context/Background

Adam has a diagnosis of Neurofibromatosis Type 1 – a genetic condition which causes nerve tumours to grow where they shouldn't. An MRI scan confirmed two large benign tumours on his brain and behind his eye and confirmed Neurofibromatosis. Adam also has tumours on other parts of his body. The tumours on his brain and behind his eye are likely to affect Adam's ability to process visual information, particularly in cluttered environments. Adam has damage to the optic nerve in his right eye. Adam's eyesight is not going to improve, but the hospital team are keen to ensure that it does not worsen.

Using the Kays Crowded Near Test, Adam was able to identify pictures equivalent to point 5 font size. However, for comfort Adam should have text presented in no smaller than size 12 font on uncluttered backgrounds.

For text on cluttered backgrounds, Adam would need larger text such as 16 font size.

Adam needs to sit at least **2.5 times closer** to see the same detail as his fully sighted peers. Adam wears glasses full time.

Adam's distance vision can affect his 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. Adam often needs 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.

Adam needs all printed resources modified to his specifications in his pupil profile to ensure the best chance of success.

During a monitoring visit in January, it became apparent that Adam's 1:1 TA was scribing for him, and therefore he was reliant on adult help to record his ideas. From observations and talking to Adam and the staff, it became clear that he enjoyed using a laptop to access some games related to times tables. Having spoken to his TA, Teacher, and his Mum, they agreed that Adam enjoys using a laptop and would benefit from developing his skills to enable him to record his own ideas and work independently using technology such as by learning to touch type.

Interventions applied and current plan.

1. Touch Typing Skills

- Due to Adam's vision condition, they have been developing their touch-typing skills as an alternative means of recording their work during a block of intervention with a specialist TA.
- To achieve an accuracy of 85% and 5 wpm.
- To consolidate his learning of the home row keys.
- To learn the letters on the top row – r,u,e and i.

2. Adam can seem quite isolated at school. He spends a lot of time with his 1:1 TA working on different work to the rest of the class.

Challenges overcome.

1. Touch Typing Skills

- Adam has 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, this 1:1 support had little understanding of his vision impairment and no knowledge of touch-typing.
- Typing lessons were not being completed in school time.
- Poor internet connection/Wi-Fi in school.
- Adam found some of the keys in the home row very difficult and began to refuse to take part in these parts of the lessons.

TVI and ISP supported his 1:1 TA to understand Adam's vision impairment and what can be done to support him. The ISP has also worked with Adam's 1:1 to go through the touch-typing programme in detail after a session with Adam. As a result, his 1:1 understands how to get Adam logged in and how to lead the format of the sessions. This member of staff should now be able to assist Adam when completing touch typing 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.

Adam was also invited to attend a Family Group event with other children with VI and their families to support him to meet some peers his own age.

Outcomes achieved.

- Adam's 1:1 TA now has more understanding about how to support him with his vision impairment.
- Adam has now completed lessons 1-25 in his touch typing and is improving his speeds and accuracy.
- Adam has been completing some typing lessons with his TA in school.
- Adam has achieved the target of 85% accuracy and 5 wpm in touch typing on multiple occasions.
- Adam has made great progress with his touch-typing. Adam has also been practising in school to enable him to develop his muscle memory and with a view to transferring his skills in the future.
- Adam has been enjoying touch-typing more and is able to access the whole home row now that adjustments have been made to his finger position.
- Adam has also developed his concentration and attention span during activities during the 1:1 session he has with the ISP.
- Mum has said she wants Adam to practice at home. To facilitate this, she is going to attend a session and watch, so she can support him to continue his learning at home, this is in the process of being rearranged as she couldn't attend the session organised last week.
- Adam is now regularly achieving 5wpm and 85% accuracy or better.
- Adam is finding it difficult to use all 8 fingers in the home row position during lessons which contain words – but he is giving it a good go. His accuracy is improving on Lesson 14 First 8 keys which requires him to type words.

- Adam's attention to activities seems to be improving. The computer seems to hold his attention, and he engages well with the full session.
- Adam thoroughly enjoyed the Family group event. He made friends with two other children and was playing with them for the duration of the session. When asked, he said he had really enjoyed it.

Adam's views:

'I like level 6 on here (typing club) and playing the games' and 'I have learnt more keys.' When asked about the Family Group event these were his responses:

Did you enjoy the session?

Yes

What did you enjoy about the Family group?

The fish game and the jumping (sensory room activity).

Was there anything you didn't like?

The chick eggs didn't crack.

Would you come again?

Yes

What would you like to do at the next session?

Bring lots of games - car games.

Views of the family

Adam's Mum has expressed that she is pleased he is learning an alternative means of recording his ideas. She has also asked to come to a session so she can learn how to help him practise at home.

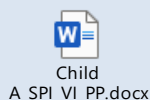
Adam's Mum also wrote that she 'really enjoyed coming and Adam loved it too, thank you so much' about the Family Group event they attended. She also said that she feels 'Happy meeting staff who support Adam' and that 'There is a lot of support for Adam and me'.

Name of persons completing the pro-forma: Harriet Craven and Lauren Edmonds

Date completed: June 2024

Case Example 3: VI Team

Child: Reception pupil



Context/Background

The pupil has a diagnosis of:

- Severe early childhood onset retinal dystrophy (SECORD). This is an inherited retinal dystrophy characterised by a severe congenital night blindness, often progressive retinal dystrophy, and nystagmus.
- High hypermetropia – very long sighted, a form of refractive error in which parallel rays of light coming into the eye are focused behind the light sensitive layer of the retina.
- Left esotropia - a form of eye misalignment characterised by an inwards turn of one or both eyes.
- Latent vertical nystagmus - an involuntary, rapid movement of the eyeball which reduces contrast, clarity, and the ability to 'fix' on the object of view, thus making it more tiring to do near vision tasks that involve concentrated looking. The effects of nystagmus may become worse when the child is ill, tired, or anxious.
- Photophobia – very sensitive to light.
- Possible Cortical Visual Impairment (CVI)

The child is registered Severely Sight Impaired (Blind).

The child has a profound loss of vision to both eyes. Their acuities are right eye 6/120; left eye 6/180. This means that what a fully sighted person can see in detail at a distance of 120 metres (right eye) or 180 metres (left eye), the child needs to be within 6 metres to see the same level of detail. In other words, the child needs to be 20-30 times closer to see the same level of detail as a fully sighted person.

The child requires text to be no smaller than N100 in size.

This size

The Curriculum Framework for children and young people with a vision impairment (CFVI)

This is a curriculum framework developed for children and young people with vision impairment.

It details outcomes/interventions in 11 areas.

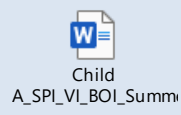
1. Facilitation an Inclusive World
2. Sensory Development
3. Communication Skills and Social Etiquette
4. Literacy
5. Habilitation: Orientation and Mobility
6. Habilitation: Independent Living Skills
7. Accessing Information
8. Technology
9. Health: Social, Emotional, Mental and Physical Wellbeing
10. Social, Sports & Leisure
11. Preparing for Adulthood

The CFVI captures the distinctive skills needed by children and young people (0-25) with a vision impairment to promote access and an equitable education.

For children of school age, the framework is closely integrated with the curriculum of the school/setting.

The child's intervention strategies reference the different areas of the framework that are addressed.

Interventions applied and current plan.



The child has been supported by the SISS Sensory Team since early 2023 when they were referred by a neighbouring local authority QTVI (Qualified Teacher of the Vision Impaired), after moving to a different address.

Due to the child's level of need they receive weekly support in school from both the QTVI and an Inclusion Support Practitioner (ISP). Ongoing intervention since nursery has provided support to develop pre-braille fine motor skills (Areas 1, 2, 4 & 7), tactile awareness (Area 2 & 7), social skills (Area 3, 9 & 10), listening skills (Area 3) and environmental awareness (Area 5), including additional support from a Habilitation Officer (Area 5 & 6).



We have used the Fantastic Fingers pre-braille programme to support the child's early manipulation and dexterity. The child has been introduced to braille by using Lego Braille resources and programme of activities. By the end of the academic year the child will be on track to have learnt more than 20 letters of the alphabet. This is a considerable achievement in a single academic year, for such a young pupil. They are also now using their knowledge to spell CVC words.

Challenges overcome.

In September 2023, the pupil was new to a Solihull Primary School. This was a new experience for an already very busy school with a high number of children with special educational needs. We worked alongside teaching staff to provide practical support and reassurance. In collaboration with the Habilitation Officer, we also provided bespoke, pupil centred training to all Foundation Stage staff to ensure the pupil's transition was as consistent as possible. The team has been a constant point of reference throughout, providing curricular support when needed. We have worked closely with the child's class teacher who has shared weekly planning so we can reinforce the learning during our sessions.

Outcomes achieved.

Being one of the youngest children in the class they found it tiring at the start of September. The child has now settled well into full-time school after a phased introduction to the Reception class. The child can now confidently navigate their familiar environment after developing cane skills. Staff have taken on advice and made the environment more accessible with clearer walkways and less hazardous floor-based activities.

Views of the family

After emailing mum to update her on her child's progress in the first full term of schooling (Autumn Term, 2023), mum replied:

" Good morning, Alison, Thank you for the update. ***** surprises us every day, with how well they've coped and settled. They love working with Nicki and look forward to their sessions each week."

At the Annual EHCP Review Meeting (May 2024), Mum commented that she really likes the braille reward stickers that SPI Team give her child as a reward for good work.

Name of persons completing the pro-forma: Alison Shortt – QTVI and Nicki Atkins – Inclusion Support Practitioner

Date completed: June 2024

Case Example 4: HI Team

Case study – Early Years Play Audiometry Conditioning

Context/Background

- General difficulties with EY children conditioning to clinical play therapy (suspected moderate to severe hearing loss).
- Child A has faced challenges tolerating ear inserts (these go deeper into the ear canal compared to hearing aid moulds) or audiometry headphones (compression to head) during clinical testing.
- Child A refused to remove hearing aids except for bedtimes (would get very distress and ask for them back).
- Would also not allow headphones over hearing aids.
- Inconsistent unaided hearing thresholds, which meant that hearing aids were programmed using estimates. Verification was then completed using aided free-field (two speakers giving off sound within the testing room) testing.
- Functional aided testing shows that Child A is still missing speech sounds and having mild-moderate hearing loss, even with hearing aids.
- Child has language delay and does not have age-appropriate expressive or receptive skills.
- Child A has limited vocabulary, and it is difficult to engage and interact with.

Interventions applied and current plan.

- Worked together with clinical audiologists over the past academic year to plan interventions to trial outside of the clinic to achieve successful assessment of hearing.
- Close working with ISP on creating resources and set-up at setting to engage and encourage listening skills.
- Liaising with setting to support with planned interventions.
- Tried a range of audiometry set-ups using MEG and PA5 (both portable handheld audiometers) but the signal and range were not sufficient, which suggested a greater unaided loss than expected. We also faced hostile listening conditions in settings – difficult to find space in settings that are free from external noise.
- We tried using Bluetooth speakers with music and standard audio headphones to encourage headphones placed over hearing aids to hear the music.
- Used distraction methods and play (two people necessary to facilitate this) – this encouraged child to go longer periods of time without hearing aids (up to five minutes).
- Implemented the use of the new Interacoustics portable audiometer (first child we used this with) to create a clinical set-up.
- Many months spent building a good relationship/ trust with Child A.
- Attending all clinic appointments (three in total) to support with the distraction method testing in clinic with a trusted adult (SISS HI staff).

Challenges overcome.

- Child A has a great relationship with SISS HI TOD and ISP, which helped us to achieve successful unaided in-clinic audiological assessment on the third appointment.
- Hearing thresholds showed moderate to profound deafness so hearing aids were reprogrammed accordingly.
- Able to check hearing aids without Child A asking for hearing aids back before we have finished checking.
- Able to complete up to 40 minutes of testing without hearing aids.

- Improved attention and interaction during assessments of hearing.
- Able to complete bone conduction testing for the first time, which discovered a conductive overlay (fluid). Child A has never allowed clinical audiologists to complete this.
- Child A has better relationship with the main clinical audiologist following this intervention.

Outcomes achieved.

- Hearing aids have now been programmed correctly to match hearing loss.
- Improved language (both expressive and receptive skills) over the past six months, and increased confidence in expressing likes/ dislikes/ needs.
- Successful joint working and building good relationships with NHS audiology.
- Keeping knowledge fresh on clinical practises.
- Keeping up to date with new technology that can support our caseload children.
- Improved interactions with Child A who is now very keen to engage in activities around language and listening.
- Happy parents – they were extremely worried about Child A’s language development and listening.
- Setting reports improved attention and focus. Child A is talking more and interacting with other children.

Children’s reactions/comment

- ☺ Child A was very proud to have completed clinic visit.
- ☺ Child A was happy to complete assessments without parents present.

Name of person completing the pro-forma: Veronica Thorvardarson

Date completed: June 2024

Case Example 5: HI Team

Case study – Early Years Whiteboard connectivity

Context/Background

* Early Years children are being set up with assistive listening devices and additional equipment at a younger age.

*Early Years children unable to report issues with ALD and troubleshoot.

*Settings have a variety of different whiteboard/laptops/monitors, meaning connectivity can vary from school to school.

*Assistive listening device technology is evolving and advancing constantly and staff, IT technicians and the Hearing Impairment team need have up to date knowledge.

Interventions applied and current plan.

- Researched what other local authorities do – minimal information.
- Liaised with council representations (Technical Consultant) to gain information on IT technicians in schools/ days they worked.
- Liaise with IT Technicians in schools to arrange joint visit during lunchtime.
- Set up equipment with IT technicians using headphone port and audio lead.
- Listening checks carried out with children.
- Training for teachers regarding whiteboard connectivity.
- Verification of quality of sound output/ connectivity.

Challenges overcome.

- Better access to sound.
- Resolving poor quality of sound.
- Connectivity issues identified when using headphone port – echo when listening to speech through audio. Quality of sound for music is satisfactory.
- Essential to have sufficient time for set up/ listening checks + with child/feedback to staff & any unexpected troubleshooting difficulties. Duration spent in schools were variable.
- How to trial new equipment.
- Keep up to date with advances in technology/ share to the wider service and invest in listening to feedback from our service users.

Outcomes achieved.

- ★ Greater access to sound and clarity of speech through whiteboard audio.
- ★ Successful whiteboard connectivity using HDMI extractor and HDMI lead (part of the new introduction to setting up smart boards optimally)
- ★ Child A – reported “good sound” when listening to age-appropriate audio e.g. Rapunzel song.
- ★ Clarity of sound when listening to music and speech through audio.
- ★ Importance of checking listening quality with all audio outputs – speech and music.
- ★ Improved working relationships with IT technicians in school. Shared knowledge between IT technicians and Hearing Impairment Team. Good joint working.

★ Feedback shared to HI team to keep informed and up to date.

Children's reactions/comment

😊 Child's face lit up.

😊 "It's like magic".

Name of persons completing the pro-forma: Kelly Lowden & Louise Marklew

Date completed: June 2024

Case Example 6: PD Team

Child: Child X- PD TEAM

Context/Background

Child X has been known to the PD team since 2021, having been referred from the multi – sensory impairment team. Child X has a diagnosis of congenital muscular dystrophy which is life limiting and progressive. She has weak muscles and must work hard to keep her neck and body upright, she is at risk of falling and uses specialist equipment to help her mobility. She fatigues easily and this impacts on her learning.

Child X is supported by hospital therapy teams including physiotherapy, occupational therapy, SALT, and the Community nursing team. She has an EHCP, and support is in place to meet the needs within the plan.

Interventions applied and current plan.

- A block of intervention from the ISP in the PD team took place for 6 weeks to build on her fine motor skills. Following this an ICT assessment took place and equipment was trialled with her. A further block of work started in the summer term to introduce touch typing using the most suitable equipment for her needs. Using IT has given her an alternative to recording her work alongside handwriting and help to reduce fatigue.



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ICT ASSESSMENT CHI

- Regular contact was made between physiotherapy and occupational therapy to coordinate consistent support and advice, this included joint visits.
- Work was done with the physiotherapist to go over the transfers with Child X and the use of her specialist equipment with school staff. The Manual Handling risk assessment plan was updated and shared with all parties. This plan includes safer systems of working to support personal care needs. This will continue to be reviewed regularly as her needs change.
- PD team support had been given with Moving and Handling training to school staff.
- A joint visit took place with wheelchair services occupational therapist to complete an environmental audit while using the Power wheelchair. This was also to build her confidence and wheelchair skills in how to use this safely around school. Advice was shared with the SENCo for the individual risk assessment for the Power wheelchair.



SPL_PD_RISK
ASSESSMENT - POWE

- 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 was required further in management of routine care and/or intervention.

Challenges overcome.

Lots of changes to her provision has taken place this year:

- Adapting to and using new equipment.

- Support in school and a carer coming into school full time to address her medical needs as part of her Continuing Health Care package.
- Change in staff - Child X needed to be fully aware of the support process and familiar with the staff involved.
- Physical deterioration and adjusting to these changes.
- Transfer from the Complex Needs Team to Community therapy teams.

During Child X's block of ISP intervention, the following was kept in consideration:

- Child X has limited head control, so all activities need to be presented and worked on immediately in-front of her.
- Child X has very limited reach, so activities needed to be presented/carried out close to her body.

Outcomes achieved.

- Child X has had another successful year and is making excellent progress. She is a popular member of the class and wider school with lots of friends.
- A Power wheelchair was supplied by wheelchair services as the previous one meant that Child X was reliant on adult support to push her. She is now able to access the playground independently with her friends.
- She is enjoying the freedom to socialise outside with her friends using her Power wheelchair independently.
- Child X finds the effort required to do handwriting quite demanding. Due to Child X's light applied hand pressure, alternative materials and resources were trialled during the block of intervention to make activities fully accessible and give her a feeling of achievement at the end of each session. She now has these in place in the classroom.
- Her touch-typing skills have improved but Child X is waiting for her own equipment and software to be available to her in school.
- Working closely with health, the specialist equipment in place has helped to maintain her strength and mobility. The advice given has allowed her to be included safely into the school environment and to fully access her learning.

Views of the family

Comment from parents at the annual review –

'We really appreciate all that is in place for her in school. She is very enthusiastic about coming to school and we can see the joy in her when she talks about everything. We feel that she is growing in independence and sharing her opinions. We are happy with all the provision and the whole team of professionals around the family.'

Name of persons completing the pro-forma: Jo Walker /Amanda Terry

Date completed: June 2024

Case Example 7: MSI Team

Child: AC



Functional MSI
Report.doc

Context/Background

AC has a diagnosis of CHARGE syndrome.

Eye Condition/ Visual Difficulties

AC is registered severely sight impaired.

AC has the following diagnoses-

Both eyes: dry eye

Both eyes: Meibomian gland dysfunction

Both eyes: Retinochoroidal coloboma

Both eyes: Conjunctival papillae

Both eyes: Blepharitis

Left eye: Persistent hyaloid artery.

Both eyes: Optic Nerve Coloboma

Both eyes: Coloboma of optic disc

Near Vision

AC reads text comfortably at font size N36- anything smaller results in poor posture as AC must bring her face closer to the text to read.

N26 is used when working on the laptop as anything bigger makes scanning and tracking more difficult for AC

Distance Vision

AC has a severe reduction in distance vision and tests at 6/48 with both eyes. Meaning that AC needs to be at a distance of 6m, to see that which those with unimpaired vision can see at 48m.

AC uses a white and red cane to mobilise around the school environment. The red stripes on the cane are to inform others that AC also has a hearing impairment.

Hearing Impairment

AC has a mixed loss of a conductive loss and right cupped pinna.

AC has bilateral BAHAs.

Interventions applied and current plan.



SPI MSI Visit form
with costings.docx

Challenges overcome.

The challenge of finding a piece of equipment to support AC's independence has been on-going. Difficulties with engagement from the companies and the reps who demonstrate the equipment have been difficult to overcome. With 3 different reps having been dealt with (each departing the company without leaving any notes or details of their involvement to date) regarding the final choice of equipment for AC- the Dolphin SuperNova.

The funding of the equipment has also been a challenge as AC is a cross border child. Following the processes, we would follow in our own Local Authority, met without even a response from the out of borough team. To this day I remain unable to gain access to a copy of her current EHCP from her residing local authority, despite intervention and support from the Sensory Team within the EHCP controlling borough to do so.

Outcomes achieved.

Eventually the correct pathway was found for the out of borough, local authority (LA) team and the equipment has been agreed and is in the process of being purchased by LA and a loan agreement with the setting completed. (Last update 5/5/2024).

Views of the family

Email sent to parents on 03/05/2024

Hi Both,

I had the good news today that the Dolphin Supernova package for A has been agreed by Coventry. They are funding both the tablet and the software (approx. £2500 package). This will really help A to be independent in sixth form.

This has taken a lot of chasing and perseverance, so I'm delighted we got there in the end.

Response from parents also dated 03/05/2024

Thank you so much! This has completely made our weekend. AC is very happy!

Thank you too for all your efforts. It is very much appreciated.

Name of persons completing the pro-forma: Julie Pearce **Date completed:** June 2024

Case Example 9: Habilitation

Child: FB

Context/Background

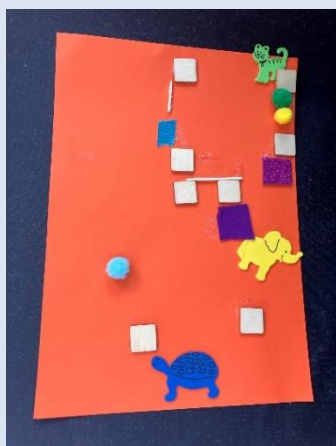
F has a complex visual diagnosis which includes CVI, retinal dystrophy, nystagmus, hypermetropia and astigmatism. He is currently in Reception at a local primary school having transferred from a mainstream nursery in another local authority. F had previously received habilitation support from another Habilitation Specialist in his previous local authority who had issued him with a cane and had introduced some complementary pre-cane skills such as upper body protection.

Interventions applied and current plan.

Although F had received previous habilitation intervention, he had not had access to transition support from a habilitation perspective therefore this was the initial focus of work. F received support to orientate himself around the foundation stage area including his classroom, the hub area and the toilets as well as outdoor play areas. The class team were then supported to identify how he might travel safely around these areas with a maximum level of safe independence. It was noted that the hub area in particular was a visually complex area which created a barrier for F therefore an environmental access advice report was created for the site providing information on adaptations that could be made. Some measures across the wider school are still in progress however the hub area has been made much less cluttered with clear pathways between activity areas. This provides increased opportunity for F to maintain safe independence with limited adult support.

Alongside increasing his orientation skills F's mobility skills were also supported through his habilitation programme. He was initially reluctant to use his cane within the building and was not able to use upper body protection with consistent effectiveness. F has therefore worked on a programme of pre-cane skills with a focus using upper body protection alongside his cane to provide safer mobility through indoor and outdoor areas. Through a programme of sensory development F has broadened his vocabulary to different textures and tactile experiences as well as developing his listening skills to understand verbal instructions using directional and positional language. F has recently put these to use in exploring his new classroom for Year 1

Challenges overcome.



F was not initially eager to take part in habilitation sessions as he felt he was missing out on classroom activities and interactions. It is evident that peer relationships hold significant value for F providing him with confidence and validation therefore it was arranged that a peer of his choosing would join the sessions. As the programme has developed and F has become more comfortable with both the QHS and his place within the class group the accompaniment of a peer is no longer necessary for his engagement and willingness to attend sessions however peer engagement has been integral to the success of the habilitation intervention.

It is perhaps important to note that whilst F was new to school as were all his peers in the year group. It is recognised that some attended the same pre-school provision, but they had not been an established class group and were still in a period of transition themselves. It is also recognised that they had a natural curiosity about F's vision and the interventions he receives both in and out of the classroom. This curiosity can sometimes be a barrier to F's progress as it creates a jealousy over the amount of attention he receives as well as equipment such as the cane and can also lead to peers being over-helpful in doing things for him rather than allowing him to be independent. As well as providing opportunities for peers to join 1:1 sessions, the QHS also created a group activity session. During this session the group were given the opportunity to take part in different activities to explore how they can use their other senses to support their vision as well have the opportunity to have a go with a cane. This enabled them to see how F can do things independently as well as take away some of the novelty of the long cane. This session was also an opportunity to introduce some guidance about how to behave around the cane and was a wonderful opportunity for F to show off his skills.

Outcomes achieved.

F uses his cane confidently around school and can identify when he needs the additional safety of upper body protection. He now uses both tools consistently and good practice techniques. F can explain what he needs and doesn't need in terms of support with his mobility and orientation around both the indoor and outdoor areas of the school site. Recently F began working with a new teaching assistant and was able to articulately explain how he uses his cane and body protection and how he stays safe when moving around the school with his class at times such as lunch and assembly. F can use his habilitation skills to achieve safe independence across the busy hub area with limited support from adults and with increased awareness of his peers to create a safer environment.

During transition sessions F has transferred his pre-cane skills to new classroom areas and was enthusiastic to use 'Roley' his cane to explore routes between current and new classroom as well as new classroom to lunch area.

Views of the family

F's mum recently attended an annual review at school and was pleased that F is using his long cane and body protection more effectively. He has been able to use these skills at home during garden play allowing him to be much more independent.

Name of person completing the pro-forma: Clare Sanders

Date completed: June 2024