**Physical / Sensory:** Definition, Presenting Needs & Recommended Interventions

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| **Physical / Sensory**  | **Visual Impairment (VI)** | **Definition:***Visual impairment refers to a diagnosis that can range from partial sight through to blindness. CYP with visual impairments cover the whole ability range. For educational purposes, a CYP has VI if they require adaptations to their environment or specific differentiation of learning materials and habilitation support in order to access the curriculum. In most cases, there will be evidence of the involvement of professionals.* |
| **Possible evidence that supports identified need**1. Diagnosis from a qualified clinician of a visual impairment
2. Many CYP with a VI are likely to have their needs identified early and receive ongoing involvement from the Sensory Inclusion Service (SIS)
3. Reports, recommendations and support for the setting from SIS and other specialists regarding staff training and auxiliary aids
4. Several APDR cycles show that the CYP requires ongoing, personalised and targeted support to access the curriculum
5. Ongoing involvement of parents/carers and the CYP in the APDR cycle
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| **Hearing Impairment (HI)** | **Definition:***CYP with a diagnosis of hearing impairment range from those with a mild hearing loss to those who are profoundly deaf. This will also include those with diagnosed Auditory Processing Difficulties. They cover the whole ability range. For educational purposes, CYP are regarded as having a hearing impairment if they require hearing aids, adaptations to their environment and/or teaching strategies in order to access the concepts and language of the curriculum.**In most cases, there will be evidence of the involvement of professionals.* |
| **Possible evidence that supports identified need**1. Diagnosis from a qualified clinician of a hearing loss
2. Many CYP who are deaf/hard of hearing are likely to have their needs identified early and receive ongoing involvement from the Sensory Inclusion Service (SIS)
3. Reports, recommendations and support for the setting from SIS and other specialists regarding staff training and auxiliary aids
4. Several APDR cycles show that the CYP requires ongoing, personalised and targeted support to access the curriculum
5. Ongoing involvement of parents/carers and the CYP in the APDR cycle
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| **Multi-Sensory Impairment (MSI)** | **Definition:***CYP with multi-sensory impairment must have diagnoses of both visual impairment and hearing loss . Due to the complexity of needs CYP will require adaptations to their environment or specific differentiation of learning materials in order to access the curriculum. CYP should only be recorded as MSI if their sensory impairments are their primary need.*  |
| **Possible evidence that supports identified need**NB: It is **highly unusual** (but not impossible) for a pupil in a mainstream school to have multi-sensory impairment.1. The CYP’s needs are likely to have been identified by medical professionals at a very early age (unless the MSI is a result of accident, trauma or a progressive syndrome)
2. The CYP’s needs should be being supported by the Sensory Inclusion Service
3. Ongoing support and advice from a range of professionals
4. Several APDR cycles show that highly personalised and specialist support is required to meet the needs of the CYP
5. Ongoing involvement of parents/carers and the CYP in the APDR cycle
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| **Physical Disability (PD)** | **Definition:***There is a wide range of physical disabilities, covering the whole ability range. Some CYP can access the curriculum and learn effectively with reasonable adjustments. They have a diagnosed physical disability, but it does not require special educational provision beyond that which is ordinarily available. Some CYP with a physical disability will require additional ongoing support and equipment to access all the opportunities available to their peers. In most cases, there will be evidence of the involvement of professionals.* |
| **Possible evidence that supports identified need**1. The CYP likely has prior involvement from a specialist doctor, physiotherapist, occupational therapist and/or other specialist (e.g. SNEYS)
2. The CYP is or has been in receipt of a form of individual therapy to support their needs
3. CYP may have a Health Care Plan if there are associated medical needs
4. Advice and recommendations may have been sought from Outreach
5. Several APDR cycles show that targeted support for their PD is required.is required to ensure that CYP accesses all aspects of school life
6. Possible need for specialist equipment and/or adaption to seating and furniture
7. Ongoing involvement of parents/carers and the CYP in the APDR cycle
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| Approaches to assessing and unpicking needs* Wolverhampton Fine Motor Skills Pack
* Wolverhampton Gross Motor Skills pack
* Individual assessment by an Occupational Therapist
* Individual assessment by a Physiotherapist
* Individual assessment by a Qualified Teacher for Visually Impaired
* Individual assessment by a Teacher of the Deaf and Hard of Hearing
 | Useful Links: [Home - BATOD](https://www.batod.org.uk/)[Council for Disabled Children](https://councilfordisabledchildren.org.uk/)[FASD Network UK - Foetal Alcohol Spectrum Disorder](http://www.fasdnetwork.org/)[National Deaf Children's Society | Supporting deaf children (ndcs.org.uk)](https://www.ndcs.org.uk/)[NatSIP - Home](https://www.natsip.org.uk/)[pdnet – a network for those supporting learners with physical disability](https://pdnet.org.uk/)[Home | Disability charity Scope UK](https://www.scope.org.uk/)[Contact - for families with disabled children | Contact](https://contact.org.uk/) |
| **Physical Sensory Needs:** A child or young person with Physical and Sensory difficulties may present with some of the following behaviours/difficulties (not exhaustive) |
| **Physical*** Difficulty with handwriting/fine motor control
* Sensory processing needs
* Gross motor skills and mobility
* Difficulty moving around school
* Managing own physical needs independently
* Difficulty accessing standard classroom equipment
* Risk of isolation
* Ability to respond to smoke/fire alarms
 | **Hearing*** Hearing loss – mild, moderate, severe or profound
* Missing or mishearing spoken information
* Attention, concentration, listening and speech development affected
* Expressive and receptive skills
* Difficulty retaining information
* Poor phonological awareness
* Processing of unknown language takes longer
* Fluctuating hearing loss
* Difficulty with new social situations
* Impaired auditory perception
* Difficulty listening at a distance of more than two metres from the speaker
* Listening/lip-reading fatigue
* Inability to hear in poor acoustic environment
* Fatigue (general)
* Difficulty identifying direction of a sound source
* Difficulty with phonic blending
* Poor working memory
* Poor peer liaison
* May be clumsy
* May be isolated
* Difficulty with semantics
* Auditory perception difficulties
* Functional language difficulty
 | **Visual*** Visual impairment/loss of visual field – mild, moderate, severe or profound
* Reduced visual impairment
* Visual fatigue
* Colour perception difficulties
* Visual perception difficulties
* Risk of isolation
* Deteriorating handwriting – may be unusually small or large, or letters may be poorly formed
* Difficulty copying accurately either from board or close
* Appears to be unable to see words and pictures on the whiteboard
* When reading may skip letters, lines and words and may cover an eye when reading or performing close tasks
* Shows signs of poor hand eye co-ordination and over and under reaching
* Appears clumsy and may often trip or fall
* May be light sensitive (photophobic)
* May thrust head forward to squint when looking at near/far
* May hold equipment and/or text unusually close or at a strange angle
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| **Provision:**  |
| **Universal (High Quality Teaching)*** Adjustments included in the Fine Motor Activity Pack and Gross Motor Activity Pack
* Close liaison with parents and carers
* Enclosed room/teaching area
* Reduce background noise to improve acoustic environment
* Access to visual clues
* Sensory stories
* Subtitles on audio visual material
* Modified resources e.g. simplified text/language, large print
* Systems in place to support individuals with mobility needs for fire alarms e.g. Risk Assessments, PEEPs (Personal Emergency Evacuation Plans)
* Low vision aids and specialist equipment e.g. hand held magnifiers, sloping board, specialist scissors
* Access to alternative or augmented forms of communication, including British Sign Language
* Differentiated curriculum
* Preferential seating and position of teacher
* Uncluttered and well organised learning environment with good lighting
* Choice making opportunities
* Spelling support
* Flexible teaching arrangements
* Adaptations to the physical environment of the school e.g. ramps, hand rails, etc.
* Adaptations to school policies and procedures
* Provision of tactile and kinaesthetic materials
* Access in all areas of the curriculum through specialist aids, equipment or furniture
* Planned strategies to combat fatigue (i.e. rest breaks)
* Regular and frequent access to specialist support
* Environmental adaptation e.g. social seating and proximity to teacher
* Time out systems within the classroom
* Increased structure, routine and guidance
* Reward chart/system
* SMART targets linked to need
* Pupil and parent involvement
* Regular home/school planner
* A range of differentiated opportunities for social and emotional development e.g. friendship spots, circle time, Random Acts of Kindness
* Reinforcement of expectations through visual prompts and role modelling good behaviour
* Constructive feedback
* CPOMs to record incidences and look for patterns and triggers
* Peer supporters
* Behaviour Support Officer available during playtimes
* Structured lunchtime activities to support social skills
 | **Evidence Based Targeted Interventions/Support*** Interventions included in the Fine Motor Activity Pack and Gross Motor Activity Pack
* Finger Gym in Shooting Stars - Letter formation and fine motor skills activities
* Cool kids / Cool Characters
* Makaton to support language development
* Use of British Sign Language
* Daily therapy programme (hydro/physio/OT/S&LT)
* Significant adult support needed for personal care / feeding/medical treatment
* A highly-individualised curriculum
* A sensory curriculum
* Routine use of specialist equipment (e.g. communication systems, hoists, braille) across the curriculum
* Specialist training for staff working with the child/young person
* Employ a differentiated/ modified curriculum
* Provide support to meet needs as detailed in QTVI/TOD recommendations, and EHC Plan
* Provide significant modification of materials and presentation to facilitate access to the curriculum
* Will require targeted support from a teaching assistant and/or preparation of modified resources to access the curriculum
* Ensure that specialist equipment is integrated into the inclusive learning practice of the classroom.
* Provide appropriate learning space, storage space and a recharging point for equipment
* Ensure that specialist equipment is kept in good working order
* Provide child or young person with time for pre or post tutoring
* Provide alternative or differentiated physical activities if and when required/advised
* Increased structure, routine and guidance
* Reward chart/system
* SMART targets linked to need
* Pupil and parent involvement
* Regular home/school planner
* A range of differentiated opportunities for social and emotional development e.g. friendship spots, circle time, Random Acts of Kindness
* Reinforcement of expectations through visual prompts and role modelling good behaviour
* Constructive feedback
* CPOMs to record incidences and look for patterns and triggers
* Peer supporters
* Behaviour Support Officer available during playtimes
* Structured lunchtime activities to support social skills
* Provide time for joint planning between school staff and QTVI
* Provide sufficient time for school TAs to acquire specialist skills, e.g. Braille, Makaton
* Actively support the child or young person in using specialist skills as an integral part of the school day
* Create and implement a programme of work to develop mobility skills and techniques and implement a programme of work to develop independent life skill
* Defined and time limited programmes of specialist teaching
* e.g. Ongoing, weekly specialist teaching of Alternative Formats, such as Braille, Audio use of adaptive technology.
* Ongoing specialist teaching for curriculum support
* Ongoing support around social and emotional aspects of learning
* Ongoing training for school staff especially TA’s
* Assess skills in mobility and independent life skills
 | **Specialist/ Personalised*** Specialist support and interventions e.g. Educational Psychologists (EPs), SENSTART
* Multi-agency involvement e.g. Speech and Language Therapy, Physiotherapy, Occupational Therapy, Educational Psychologist, Paediatrician
* Close liaison with Audiologist, ENT Consultant Ophthalmologist
* Speech discrimination assessment by Teacher of the Deaf
* Communication and language assessment by Teacher of the Deaf
* Training – technical support
* Training and intervention from specialists
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| **Expected Outcomes*** Timely referral and intervention
* Increased/equal access to the curriculum
* Improved speech discrimination
* Increased subject vocabulary
* Increase in understanding spoken language
* Increased retention of key instructions and information
* Improved access to learning, can predict / recount content of lesson
* Improved social inclusion
* Improved acoustics – reduced reverberations
 | * Reduced visual fatigue
* Ability to work independently
* Able to record information
* Uses FM to aid better speech discrimination
* Improved levels of achievement
* Able to access learning and school environment
* Improved self-esteem and social / emotional development
* Increased confidence approaching new situations leading to better participation
* Increased confidence and understanding of diagnosis, implications and strategies
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