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| **Sensory and/or Physical Needs**  **Hearing Impairment** (with reference to National Eligibility Framework). | | | |
| **Universal Descriptor**  **Wave 1** | **Identification and Assessment** | **Teaching and Learning**  **Strategies, Resources and Physical Environment** | |
| **Schools and settings:**   * Awareness that child has had past hearing difficulties: glue ear (1:5 children below age of 11 have had a conductive hearing loss - glue ear at any one time)   The following may be **indications of hearing loss** if a child:   * Has started to withdraw in group times/class discussions * Dropped in their confidence * Is not achieving their academic potential or levels of achievement have fallen * Is intermittently/ consistently mishearing/carries out a task but has not followed the instructions * Constantly “in trouble” at playtimes (mishearing can lead to misunderstanding of a social situation**)** * May have been referred to GP   **For further information:**  *Introduction to Hearing Impairment in Children leaflet*  <http://www.nhs.uk/Conditions/Hearing-impairment/Pages/Symptoms.aspx> | * Class/subject teacher or key worker suspects child not hearing * Class/subject teacher has discussion with SENDCo * Ask parents/carers if they have concerns * Advice to see GP   **For further information**  *Listening Conditions in Schools leaflet*  *HI Graduated Response leaflet*  *Making a Referral leaflet*  Advice can be sought from the **Hearing Impairment Team** at this stage (referral for assessment is open to all children) | Within private, voluntary, independent and childminder settings (PVICs), the manager is accountable for the progress of the child within the setting, predominantly working on differentiated activities.  **Quality First Teaching** encompasses this with a specific consideration for children with hearing impairment needs  **School uses deaf awareness strategies:**   * Reduce background sound:   Consider physical environment - carpets, blinds and display boards, lower ceilings all absorb sound and produce better listening conditions   * Be aware of level of own voice:   - can it be heard above children’s?   * Group work:   – can children access each other’s voices  – do they need to move to quieter space with a wall behind them, without a group talking behind?  – do they need to lip read? Consider their seating position   * Talk with child and ask them where they can hear better * The class/subject teacher is accountable for the progress of the child within the mainstream class, predominantly working on modified curriculum tasks  |  | | --- | | * Guided reading and writing groups are led by the teacher * Flexible grouping arrangements. * Increased differentiation of activities and materials by presentation, outcome, timing, scaffolding and additional resources * Differentiated questioning and targeted simplified level/pace/amount of teacher talk * Alternative forms of recording routinely used * Use of visual, auditory & kinaesthetic approaches. * Awareness that a child may need more time to complete tasks and that equality of access may mean that they need to do some things differently * ‘Small steps’ approaches * Access to resources and displays that support independence. * Routine feedback to pupils   **Environmental considerations** are made to meet the needs of all pupils e.g. seating position, personal space  and classroom layouts, displays and signage  A **monitoring system** is in place to assess child’s need, identify outcomes, implement support and monitor and evaluate progress  Identify any **specific training** needs for staff  **Transitions:** thorough and timely preparations made for transition, both between year groups and between settings  **For further information:**  <http://www.ndcs.org.uk/professional_support/our_resources/deaf_friendly_schools_packs/> | | Be aware of:  **Listening conditions**   * Be aware of background noise and reduce by closing windows/doors * Be aware of background noise such as a group activity   **Watching conditions**   * Switch lights on * Do not stand directly in front of window * Stand still   **Seating**   * It helps if the child can see your face   **Facilitate understanding**   * Gain attention   **For further information:**  *Strategies for Inclusion leaflet*  *Information for Pre-School Providers* |

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| **Targeted Descriptor**  **Wave 2** | **Identification and Assessment** | **Teaching and Learning**  **Strategies, Resources and Physical Environment** | |
| **Open referral policy to the Hearing Impairment (HI) Team:**  If a child:   * Has hearing loss – has been seen by Audiology/ENT * Has a conductive hearing loss – persistent glue ear * Has been given hearing aids * Requires monitoring of hearing access aids, half termly/termly * May need a radio aid as they have difficulty listening in background noise * Has mild to profound unilateral (one sided) hearing loss: may find location of sound difficult\*   **For further information:**  Hearing Levels Descriptors – at all stages | School may have identified hearing difficulties and referred parents to GP  School/audiology/  parents/  other professionals will have referred child to Hearing Impairment Team  HI Team will gather information from child, parents, school, audiology, other agencies with parental consent. Will carry out an assessment of access to speech. A report will be written and recommendations made for better access within setting, as well as possible future involvement from HI Team which could be:  No further action or  monitored annually, termly or half termly  HI Team will advise/offer training on use of equipment, deaf awareness training  Specialist HI assessment, e.g. speech discrimination tests, report, advice and recommendations  *An EHC plan is not needed to access this*  \*Risk assessed Health & Safety - fire alarm  Exam/assessment access advice  **For further information:**  *Hearing Impairment Team Graduated Response leaflet* | **School and settings should:**   * Follow recommendations for individual child’s better access provided in a HI report. * Follow specific advice on equipment such as how to change hearing aid batteries. * Ensure Hearing Aids/Radio Aidsare worn and charged daily. ICT connector to radio aids. * Be aware of feedback noise – this is when the hearing aid is covered up and the microphone gives off an electronic noise. This can cause embarrassment for a deaf child. * Maintain equipment.   Children, parents and schools being aware that earmoulds (the part that goes in the ear) need to be a snug fit. As children grow their earmoulds will no longer fit and sound cannot then be transmitted accurately. New earmoulds appointment needs to be made by parent at Audiology.  Identify any **specific training** needs for staff  **Transitions:** thorough and timely preparations made for transition, both between year groups and between settings  **For further information:**  *Strategies for Inclusion Leaflet*  *Information for Pre School Providers* | **Hearing Impairment Team Local Offer - Graduated Response:**  Monitor and discuss with child, parent/carer and staff re-accessing curriculum, as well as the social and emotional aspects of school life  Audit of acoustic environment – HI Team  Hearing analyser used to check equipment function  Training for child, family and setting  Develop peer and practitioner understanding of implications of hearing loss  Events to support social/emotional need – access to a personal understanding of deafness programme  Deaf Athletics event  Picnic in the Park  Holiday Events |

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| **Bespoke Descriptor**  **Wave 3** | **Identification and Assessment** | **Teaching and Learning**  **Strategies, Resources and Physical Environment** | |
| Many of the children in this wave have been known to the Hearing Impairment (HI) Team since diagnosis, which could be from birth.  A high level of partnership work with families, settings, audiology, Cochlear Implant Team, School/other professionals.  The child may have:   * Moderate / Severe / Profound permanent hearing loss * No, one or two hearing aids: Post aural (behind the ear), BAHA (Bone anchored), BAHA on a headband * Be cochlear implanted: 1 or 2 speech processors - high powered hearing aid * Access to a radio aid * Use British Sign Language; Sign-Supported English; be very visual in accessing their learning | Targeted Wave 2 provision would not be sufficient to meet needs  The child requires more than monitoring of hearing function  The child requires direct teaching from specialist Teacher of Deaf , a specialist intervention from HI Team  May require access to the high level of support offered within the schools with enhanced resource, current Rotherham provision at Bramley Grange (Primary) and Wickersley School and Sports College (Secondary)  The child requires specialist assessments  Many schools access support from the Hearing Impaired Team to enable them to meet the child’s access need  Identify if the child also requires referral to other services, e.g. Learning Support Service/Speech & Language Therapy  There may be an identified need for an assessment for an **Education Health and Care Plan** to identify the most appropriate support, such as special school or resource provision  **For further information**  *HI Team Graduated Response leaflet* | The child may be working with a specialist support assistant  The child’s first language may be British Sign Language (BSL) or sign is used to support spoken communication (sign – supported English)  Identify any **specific training** needs for staff  **Transitions:** thorough and timely preparations made for transition, both between year groups and between settings  **For further information:**  Contact the HI Team  [Clare.Armitage@rotherham.gov.uk](mailto:Clare.Armitage@rotherham.gov.uk) | Eligibility Framework criteria used to support level of need  Specialist assessments  Communication strategies  Training – Sign language may be needed  Developing Independence, e.g. catching a bus / going to college  **For further information**  **MSI – Multi Sensory Impairment needs - contact HI/VI Teams** |