

SENSORY CONSORTIUM SERVICE

Aim: To raise standards for all children, particularly those with sensory impairment.

PARENT INFORMATION PACK

HEARING IMPAIRMENT



Welcome to the Sensory Consortium Service Parent Information Pack

Your child will recently have been diagnosed with a hearing loss and referred to the Sensory Consortium Service (SCS) for support from a Teacher of the Deaf.

We recognise that this is a difficult time for families and hope that the information in this pack will help you understand more about hearing impairment, its educational implications and how we can support you as a family. The pack should be used in addition to the Early Support Pack given to you by your visiting teacher and the Audiology information from the hospital. You may not want to read it from cover to cover immediately; it is there for you to refer to and to provide you with contact information. We hope you will share the pack with friends, relatives and other people who care for your children.

Your Teacher of the Deaf is

Based at

Contact phone number

Email

Head of SCS	Gillian Coles	Tel. 01628 796786
Hearing Impaired (HI) Co-ordinator	Jane Kilminster	Tel. 07887 528852
Service Development Co-ordinator	Jane Peters	Tel. 07887 540921
Educational Audiologist	Lisa Bull	Tel. 07798 534409



Sensory Consortium Service

***Aim: To raise standards and achievements for all children,
particularly those with sensory impairment***

Dear Parent/Carer

Your child has been allocated a Teacher from the Sensory Consortium Service. You will be expected to agree the frequency of these visits and you should feel free to revisit this decision as both your needs and those of your child change.

The Sensory Consortium Service (SCS) Teacher can use this time with you for a variety of activities and services and this form offers you the opportunity to both reflect on what best suits your needs but also enables us to revisit activities which you choose not to engage with but which you may wish to explore at a later date.

- Providing support, information and advice for the family.
- Provision of visual/hearing stimulation programmes.
- Functional vision, hearing, listening skills assessments.
- Liaison with other professionals which may include attending outpatient appointments with the family where requested.
- Joint assessments with other professionals, i.e. Speech and Language therapists.
- Liaise with nursery schools on transition into education and write reports for Education providers including Education, Health and Care Plans where appropriate.
- 1:1 teaching in the home or nursery school environment.
- Assess and teach Habilitation skills.
- Environmental audits of the home or nursery environment.
- Provision, maintenance, use and evaluation of specialist equipment.

**Date
Provided**

Your SCS teacher will also offer you access to the:

- Early Support Developmental Journal/
Monitoring Protocol _____
- Sensory Consortium Service Parent Pack _____
- Sensory Consortium Service website _____
- Sensory Consortium Service Parent
Workshops _____
- Sensory Consortium Service Pre-School
Groups _____
- Sensory Consortium Service Social Groups
(School age pupils only) _____
- Contact with other parents of children with
sensory impairment _____
- Opportunity to access on-line course with
forums designed for parent use _____

You may decide you want all this information at the first point of contact or to revisit these provisions as seems appropriate for you and the needs of your child. Hence we have dated this section so that we can be sure that at some point you are offered the opportunity to explore these provisions further.

Please discuss this with your visiting SCS Teacher or alternatively you may contact the SCS Team Leader:

Jane Kilminster (Hearing Impairment)
Telephone: 07887 528852

Paula Scott (Vision Impairment)
Telephone: 07887 531696

Early Support Materials

Early Support and the NDCS have put together some early support resources for families with a child diagnosed with a hearing loss.

These resources are downloadable from: [Council for Disabled Children](#)

Developmental Journals

The Early Years Monitoring Protocol is designed for families, practitioners and others to use as a way of recording, celebrating and supporting children's progress. It can be downloaded on the link below:

[Early Support Monitoring Protocol](#)

Our Family and My Life

This is a family held plan for your child. The plan is designed to help families to plan support with professionals and to keep information together for their child in one place. The aim is to reduce the need to repeat information for every meeting or hospital visit. The Sensory Consortium Service have designed a set of templates which they will share with you according to your priorities. This is not a legal document.

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1. INFORMATION ON THE SENSORY CONSORTIUM SERVICE

"Partnership for empowerment and achievement"

Specialist Education Support Service for
Hearing Impairment
Visual Impairment
Multi-Sensory Impairment

A joint arrangement between all LAs within the Berkshire Area.

- Bracknell Forest Borough Council
- Reading Borough Council
- Royal Borough of Windsor & Maidenhead (host authority)
- Slough Borough Council
- West Berkshire Council
- Wokingham Borough Council

The **primary aim** of the service is to work effectively in partnership with pupils, schools, families and other providers to empower young people with sensory impairment as learners and citizens within an inclusive community.

Service Description

The peripatetic teaching and advisory service is available for children and young people with educational needs arising from a diagnosed hearing and/or visual loss. Specialist teachers for the visually and hearing impaired are available to work across the age range in schools and families. The team offers a range of additional skills above the foundation specialist qualification. These include skills in educational audiology, mobility training, specific learning difficulties, multi-sensory impairment and curriculum and early years education.

As a service we aim to respond effectively to the specific needs of each child and to provide support in a number of different ways. We work closely with colleagues in schools and with families, linking our work with that of Social Services and Health Authorities.

As a consortium service, we are available to all families and schools within the six Local Authorities. Other agencies are welcome to contact us for directly purchased input. Any school with concerns about the educational implications of a child's sensory impairment is welcome to contact the Sensory Consortium Service for:

- General advice.
- Initial assessment, advice and recommended support programme.
- Details of our INSET programme.

Principles

Early Intervention

- Recognising the benefits of early detection, diagnosis and intervention.
- Immediate response to referral by a senior teacher.

Partnership with Parents

- Parents are provided with informed professional advice and practical support to enable them to make decisions to meet their needs and the needs of the child.
- Close working with local parent groups and user consultation.

Family Centred Intervention

- Family systems are acknowledged through a family centred approach to detection, diagnosis and early intervention.

Trans-Professional Working

- Effective links and joint working with educational psychologists, health departments and social services in an effort to provide a seamless service.
- Joint Education/Audiology Clinics.
- Key Worker appointed for children
- Joint programme planning.
- Regular multi-professional meetings and case conferences.

Equal Opportunity

- Range of provision regardless of area of residence.
- Full information regarding options for education and methodology.
- Commitment to quality educational experience regardless of communication mode, age, race, class or gender.

Quality of Provision

- Review and audit of service delivery, outcomes and value.
- User consultation.
- High profile for training and development.

SENSORY CONSORTIUM SERVICE OFFICE BASES

MAIDENHEAD (Central Office):

Children's Services
RBWM
Town Hall
St. Ives Road
Maidenhead SL6 1RF

Tel No. 01628 796786

Head of Service: *Gillian Coles*
Administrator: *Diana Crawcour*
Bursar: *Jill Sidhu*

MAIDENHEAD (Local Office):

Town Hall
St. Ives Road
Maidenhead SL6 1RF

Tel No. 01628 673253

Administrator: *Olivia Greasely*

SLOUGH:

2nd Floor East, St Martins Place
51 Bath Road
Slough SL1 3UF

Tel No. 01753 787 633

Fax No. 01753 787 631

Administrator: *Saira Shabbir*

WOKINGHAM:

Highwood Annexe
Fairwater Drive
Woodley RG5 3RU

Tel No. 0118 974 6232

Fax No. 0118 935 1717

Administrator: *Theresa Webb*

READING:

1st Floor, The Avenue Centre,
Conwy Close
Reading
RG30 4BZ

BRACKNELL:

The Open Learning Centre
Rectory Lane
Easthampstead
Bracknell RG12 7GR

Tel No. 01344 354270

Administrator *Debbie Jones*

WEST BERKS:

Second Floor, West Street House
West Street
Newbury RG14 1BZ

Tel No. 01635 503646

Fax No. 01635 519725

Administrator: *Heather Silvester*

2. PRE-SCHOOL PROGRAMME

Home Teaching Programme

A qualified teacher for the deaf is available to you to work at home with you and your child. In consultation with you, the teacher will devise an individualised teaching programme. This will include effective use and management of your child's hearing aids and equipment, an early stimulation programme and preparation for school or nursery.

Habilitation Programme

A Habilitation Programme (Family Support following diagnosis of deafness) is offered by our Educational Audiologists.

This runs in collaboration with the local audiology services at King Edward VII and the Royal Berkshire Hospitals. The programme consists of a combination of family support at clinic-based sessions and/or at the playgroups/workshops. Charting your child's hearing, choosing appropriate aids and the development of communication are the principal family concerns for this programme. Every aspect is pursued in partnership with carers. All carers are welcome to take part. In the case of two parents, both parents are always invited to attend.

Parent Programme

The Service offers programme of workshops and speakers for parents of children across the age range (evenings and Saturdays).

Parent support groups also meet on a regular basis. All parents of pre-school children are welcome.

Information about national and regional parent events and organisations are passed on to you.

Early Support Materials

Early Support is a national programme designed to deliver better co-ordinated services for parents of all disabled children under the age of three, as soon as a child is identified as needing extra help.

Your Teacher of the Deaf will provide you with access to the Early Support materials.

The information includes:

- A Family Pack containing information relating to the care, support and development of your child.
- The Monitoring Protocol for deaf babies and children which tracks development and progress over the first three years or so after a diagnosis of hearing loss.

Record Keeping and Liaison

All records are accessible and available to carers as specified by data protection regulations and service policy. We always discuss any formal report with yourselves prior to circulation, and in the case of habilitation we ask you to countersign any reports we write.

We plan and evaluate our teaching programmes with you and value the partnership approach which ensures that we learn as well as contribute to learning. It is our view that the parents/carers are the experts about their child.

We facilitate multi-professional meetings, where we seek to share ideas and exchange information with you and plan how best to support your child/young person so that they can fulfil their potential. Our reports are always shared with you beforehand and your comments included.

In some cases a parent or a professional may request a case meeting.

Education, Health and Care Plans

All children and young people can be enrolled with us on diagnosis. If there is a need to move to a formal assessment this will generally happen in time for nursery or school entry. Parents/carers are fully involved in such decisions and discussion. We will ensure that we provide leaflets and information at an early stage.

Our Promise

- To provide qualified, specialist staff.
- To deliver the support plan we make with you to the best of our ability.
- To respect your skills, knowledge and views.
- To offer support as well as ideas.
- To share all our written reports with you.
- To actively listen to any concerns you have and take appropriate action.

- To let you know as soon as we know if a member of staff is ill or an appointment needs to be changed.

We ask you:

- To help us plan the support programme.
- To share your ideas and views with us.
- To let us know what things work well and what things don't.
- To provide a safe and quiet place for our work with you at home.
- To take a full and active part in all our sessions.
- To keep a diary of all your appointments so that we can arrange sessions at times and dates that suit you.
- To let us know as soon as you know if you need to cancel or change an appointment.

As a Specialist Service our role is to:

- Share ideas and experience.
- Contribute to the resources available to your family.
- Work in partnership with yourselves and other services involved.
- Offer real and practical support.
- Offer specialist pre-school education programmes.

Pre-school groups for children with a hearing impairment

The Sensory Consortium Service runs two pre-school groups, on alternate Tuesdays, one in the Slough area (Chatty Monkeys East) and one in the Reading area (Chatty Monkeys West). The groups are part of the pre-school programme.

Any child with a hearing impairment is welcome to attend. Siblings are also welcome to come along and join in the activities. The sessions are run by qualified Teachers of the Deaf and our Specialist Support Assistants who run a programme of fun activities to encourage language, listening and social skills.

It is also an opportunity to meet other parents and to have earmould impressions taken.

Regular newsletters are sent out to let you know what is happening as well as the dates for the term and the programme of additional workshops on offer.

For more information contact

Chatty Monkeys West - Jane Peters 07887 540921
Chatty Monkeys East – Susie Cornish 07823 533608
or
Your Visiting Teacher

3. PARENT WORKSHOPS

The Sensory Consortium Service has a rolling programme of workshops for parents which are held across Berkshire as part of the Pre-school Group Programme. Topics have included developing language and communication skills, listening skills, assessment, play, educational options, getting ready for pre-school and school. A crèche is provided for the daytime workshops staffed by our Teachers of the Deaf and Specialist Support Assistants. A number of the workshops are held jointly with the Speech and Language Therapists.

Dads and Grandads workshops open to all parents and extended family have been held on a termly basis. Topics have included practical sessions on hearing aids, radio aids, providing a good listening environment, acoustics and a focus on curriculum areas such as learning to read and developing mathematical skills.

4. MULTI AGENCY WORKING

The Sensory Consortium Service recognise the importance of multi agency working and are partners with other professionals from:

- Health
- Social Services
- Education
- Voluntary Agencies

We aim to provide a family friendly service as outlined in the National Deaf Children's Society Quality Standards Document.

In order to achieve this we:

- Hold an annual multi agency day involving parents to look at how we can provide better support and joint working.
- Attend the Children and Hearing Services Working Group.
- Our Service Educational Audiologist attends joint Audiology Clinics at both King Edward VII and the Royal Berkshire Hospital and we provide regular attendance at Hearing Aid Reviews.
- Joint planning and assessment with Speech and Language Therapy.
- We provide training for other Health and Education professionals.
- Run a number of joint parent workshops with Speech and Language Therapy.
- Regular liaison with Social Services.

5. THE ROLES OF THE EDUCATIONAL AUDIOLOGIST AND CLINICAL SCIENTIST IN AUDIOLOGY

Educational Audiologist

The Educational Audiologist is an integral part of a service aiming to deliver an auditory aural approach to language development to its hearing impaired pupils. The Educational Audiologist has an education background and qualifications and which includes understanding and experience of educational settings. They will also have an additional qualification in Paediatric Audiology. The Educational Audiologist supports the link between the clinic and the real world in which the child is living and has a responsibility to ensure that the equipment issued to each child is effective in the educational setting and the home. The Educational Audiologist works as part of a multi-disciplinary team working in a variety of settings including the hospital, school and home. Thus advice given can be based on the individual and specific needs of the pupil and their social and physical environment. They have a key role in interpreting and sharing educational and audiological assessments undertaken (particularly language and hearing) and the educational impact and significance. They will communicate this information with pupils, parents and colleagues (whether in schools or in a clinic setting). Thus all professionals are better able to deliver a co-ordinated (cost effective) and comprehensive service to families and Teachers of the Deaf are supported in matching programmes with needs identified by Clinical Scientists in Audiology.

Clinical Scientist in Audiology

Clinical Scientists in Audiology are highly trained in the science of hearing and balance in adults and children. They have considerable theoretical knowledge about hearing, acoustics and balance which enables them to develop ways to assess the degree and origin of a hearing loss. Typically they will inform the family of a child's hearing status, discuss options for management of any hearing impairment and recommend referral to other healthcare disciplines as necessary. Clinical Scientists are responsible for fitting and maintaining a child's hearing aids and for ensuring the hearing is reviewed on a regular basis. They are usually hospital-based but form part of the multi-disciplinary team who work directly with the hearing impaired child and their family.

6. USEFUL NATIONAL AND LOCAL ORGANISATIONS

NATIONAL DEAF CHILDREN'S SOCIETY (NDCS)

The National Deaf Children's Society was founded in London on the 15th December 1944 by a handful of parents of deaf children concerned about the impact of the 1944 Education Act on their schooling. Its objective was *'to further in every way possible the provision of full modern education for all deaf children in England'*. It remains, to this day, an organisation of families, parents and carers, providing emotional and practical support through a unique Freephone helpline and a network of trained Regional Officers, Family Support Workers and Family Officers.

In 2002 the NDCS and Friends for Young Deaf People merged, resulting in the creation of the NDCS youth wing. The merger allows NDCS to provide a seamless service supporting families with deaf children from birth to 25.

To this day, NDCS's vision and values reflect the fact that it remains essentially a parents' organisation, dedicated to the needs of all deaf children, their families and carers.

As the leading provider of impartial information and individual advocacy on every aspect of childhood deafness, NDCS can help with welfare rights and benefit claims, making education choices, advising on health and audiology and technology, or simply as someone to talk to.

NDCS campaigns for improvements in services aimed at families with deaf children, working with central and local government, health authorities, education professionals, social services, manufacturers and other voluntary organisations.

The National Deaf Children's Society

Ground Floor South, Castle House,
37-45 Paul Street
London
EC2A 4LS

Tel: 020 7490 8656

Minicom: 020 7490 8656

Fax: 020 7251 5020

Email: ndcs@ndcs.org.uk

READING DEAF CHILDREN'S SOCIETY (RDCS)

The Reading Deaf Children's Society was set up by parents for parents of hearing impaired children to provide support and share ideas on a local basis. The group is run by a small committee interested in organising activities for children so that they can socialise with other hearing impaired children who also understand the issues they face. The committee are also very willing to talk to parents about their experiences.

The membership of the RDCS is made up of families whose children use many forms of communication and attend different types of educational setting i.e. Mainstream, Resourced Schools, Special Schools and Schools for the Deaf.

Each year the group organise a range of activities which have included Easter and Summer Play Schemes, trips to Theme Parks, the Hexagon Pantomime and family trips to National Deaf Children's Society (NDCS) events. Parents who join the database receive details of events throughout the year.

For more information contact:

Alison Bell (Chair) on 07764 879 764

Christina Cullen (Secretary) on 07958 440 238

Email: reading@ndcsgroup.org.uk

Registered Charity No. 1025966.

SOUTH EAST BERKSHIRE DEAF CHILDREN'S SOCIETY

The Society is run by and for the families of deaf children in the Windsor, Maidenhead, Bracknell and Slough areas. A committee of about 10 members, which meet 10 times a year, runs the group. They organise events so that children with a hearing impairment and their families can meet together socially, and offer mutual support.

They organise events such as a Christmas party, a barbecue, trips to the theatre as well as the monthly session at the Thames Valley Adventure Playground. They meet there on the first Sunday in the month between 2.00 and 5.00 p.m. Special events such as an Easter Egg Hunt and joint sessions with other organisations take place here too.

The latest venture is to provide a service where parents of newly diagnosed children can be put in touch with another parent who has been through a similar experience.

Membership is made up of families who use many different types of communication and have varying degrees of hearing loss. Everyone is welcome, and it is free to join.

For more information, or to join, contact the Secretary

Ruth Holland

Tel: 01628 771094

Email Natalie Foan: sebdcs@gmail.com

7. INFORMED CHOICE

- The Sensory Consortium Service (SCS) is an Education Service employed by your Local Authority. As such, it is committed to the Local Authority Policy of Inclusion as outlined in the Local Offer, available on the Local Authority website.
- SCS teachers should
 - share their expertise with you about sensory needs.
 - be clear about what they can provide and what preferences and choices it may be more difficult to obtain.
 - support you in making the right decisions and expressing preferences and choices for your child and family.
 - assist you with any changes over time which may influence your preferences and choices.
- Your SCS teacher will provide you with information about arrangements for supporting your child's special educational needs.
- The Local Authority will always seek to provide support in the local community for your child unless this is not feasible in fully meeting your child's needs.
- Your SCS teacher will assist you in making contact with your Local Parent Partnership and a meeting with the local Special Needs Department to discuss preferences and choices where required.

There are different types of Educational Provision for children with Visual Impairment/Hearing impairment. All children who have a sensory impairment will have different needs but they in common with their peers should have access to a broad and balanced curriculum.

Early Years Setting and Mainstream Schools

This is often the preferred choice of parents and children who want to attend the local school with their friends.

A mainstream early years setting will offer the Foundation Curriculum which complements the National Curriculum. A mainstream school will offer the National Curriculum to a child with a sensory impairment making reasonable adjustments where necessary, which might include an appropriate level of additional adult support. Where appropriate an Education, Health and Care Plan will indicate the outcomes expected and the type and level of support provided to meet these outcomes.

The support may include teachers and specialist support assistants with additional experience and/or qualifications for working with children and young people with sensory impairment. All schools are offered in-service and training for staff. Individual teaching programmes are provided as necessary.

Resource Base

In addition to the above a qualified teacher for children with a visual impairment (QTVI) or Teacher of the Deaf (ToD) will be part of the school staff and therefore there is likely to be a higher level of access to specialist teaching and specific pastoral care programmes.

Special School

When a mainstream school or resource base is unable to meet the child's needs, a special school may be considered.

Some special schools support children with learning difficulties. Where the child also has a sensory impairment, additional inputs will be offered in the same way as for mainstream schools.

Specialist schools for sensory impairment often require some residence because of low incidence of need and thus few schools offering this type of provision. Special schools can offer a greater extended curriculum which may include a significant element of self help and independence skills. Class sizes tend to be smaller with more specialist staff and children have the opportunity to meet and work alongside others with similar disabilities.

They also generally offer on-site provision of physiotherapy, speech and language therapy and other professional services deemed necessary.

Attendance at such schools may mean that the child is at a distance from the family and local community and issues sometimes arise when transition to the wider community has to take place at the end of schooling.

8. INFORMATION, ADVICE AND SUPPORT SERVICE (formerly Parent Partnership)

Following the implementation of the Children and Families Act 2014 and the Special Educational Needs and Disability (SEND) Code of Practice, the Parent Partnership Service became known as the Information, Advice and Support Service (IASS).

The IASS continues to offer an impartial and confidential service to parents and carers who may be concerned about their child or young person's educational or other needs, and/or the provision made for them. In addition, they will offer a service to children and young people with SEN and/or disabilities who may want to receive information, advice or support themselves.

Authority

Helpline

Bracknell Forest Borough Council	01344 354011
Reading Borough Council	0118 937 3421
Royal Borough of Windsor and Maidenhead	01628 683182
Slough Borough Council	01753 787693
West Berkshire Council	0845 5198902
Wokingham Borough Council	0118 9088233

9. RESOURCED SCHOOLS WITHIN THE CONSORTIUM

<p>Westwood Farm Infant School Fullbrook Crescent Tilehurst Berks RG3 6RY Tel: 0118 942 6113 Fax: 0118 945 4926</p>	<p>Westwood Farm Junior School Fullbrook Crescent Tilehurst Berks RG3 6RY Tel: 0118 942 5182 Fax: 0118 9454498</p>
<p>Wessex Nursery & Primary School St Adrian's Close Cox Green Maidenhead Berks SL6 3AT Tel: 01628 629607</p>	<p>Kennet School Stoney Lane Thatcham Berks RG19 4LL Tel: 01635 862121</p>
<p>Brookfields Special School Sage Road Tilehurst Reading RG31 6SW Tel: 0118 9421382 Fax: 0118 9455176</p>	<p>The Langley Academy Langley Road Slough Berks SL3 7EF Tel: 01753 214440</p>
<p>Ambleside Early Excellence Centre Ambleside Close Woodley Reading RG5 4JJ</p>	<p>Emmbrook Junior School Emmbrook Road Wokingham RG41 1JR Tel: 0118 978 4259</p>
<p>Emmbrook Infant School Emmbrook Road Wokingham RG41 1JR Tel: 0118 978 4259</p>	

10. DEAF SERVICES SENSORY NEEDS SERVICE (SOCIAL SERVICES)

Deaf Social Care specialist workers should provide:

- Social work support.
- Advice, guidance and assistance on a wide range of issues, leading to independent living.
- Information about essential equipment to assist daily living in the home.
- Information on deaf issues, registration, interpreters.
- Information on Deaf Clubs and where to meet other people.

RBWM:

The Advice and Information Team
RBWM
Town Hall
St Ives Road
Maidenhead SL6 1RF

Email: access.services@rbwm.gov.uk

Tel: 01628 683744

Fax: 01628 683700

Minicom: 01628 796474

West Berkshire:

Council Offices
Turnhams Green Park
Pincent's Lane
Tilehurst
Reading
RG31 4UH

Tel: 0118 930 2777

Fax: 0118 9305272

Minicom: 0118 9167769

Email: ltcpdteam@westberks.gov.uk

Reading:

Intermediate Care Team
PO Box 8116
Reading
RG30 8FP

Tel: 0118 9376131
Fax: 0118 9372306
Minicom: 0118 9431088
Main contact : Isabelle Redfern

Wokingham:

Sensory Needs Team
Optalis
Civic Offices – 1st Floor
Shute End
Wokingham
RG40 1BN

Tel: 0118 974 6548
Fax: 0118 908 8190
Minicom: 0118 908 8201
Email: susan.culley@optalis.org

Sarah Lenton: VI Rehabilitation work
Susan Culley: Sensory Needs Officer VI and HI plus referrals and assessment

Slough:

1st Floor West Wing, St Martins Place
Bath Road
Slough SL1 3UF

Tel: 01753 475111
Email: FirstContactTeam@slough.gov.uk

Bracknell Forest:

Disabled Children's Team
Time Square
Market Street
Bracknell
RG12 1JD

Tel: 01344 353112
Email: lou.richer@bracknell-forest.gov.uk

Lou Richer: Team Manager, Disabled Children's Team

11. EQUIPMENT

EQUIPMENT AVAILABLE VIA THE SENSORY CONSORTIUM SERVICE

Hearing aids are essential pieces of equipment as they help hearing impaired children by amplifying speech. However, they can also amplify unwanted background noise. In some schools the acoustic quality of the classrooms can be influenced by thin walls and hard shiny surfaces, which bounce the noise around making listening difficult. Modifying the physical environment of the classroom can solve some of the difficulties e.g.

- laying carpets on the floor or fitting rubber 'feet' on tables and chairs
- installing double-glazing to cut down on noise from the outside
- putting pin boards on the walls and fitting vertical blinds on the windows to 'soften' hard surfaces

In addition to the above modifications hearing impaired pupils can benefit considerably in the school environment by using a **radio aid** or a **sound field system**.

A **radio aid**, (or FM system), is a means of “reducing” the distance between a teacher and a hearing impaired pupil by using radio waves. The teacher's speech is transmitted to the pupil by way of these unseen radio waves. Changes in the distance between them do not affect the volume of speech the child hears. The child receives a consistent sound level even when the teacher moves around.



The second advantage is that the radio aid cuts down on background noise. As the teacher's microphone is only six inches away from

his/her mouth the child receives a good signal, uncontaminated by classroom noise.

For this reason, a radio aids system is of particular benefit to hearing impaired pupils in mainstream classrooms where acoustic conditions are poor and where the level of background noise is likely to be high.

Sound field systems can also help a pupil overcome background noise in a classroom. This system improves the listening environment of the classroom for all the children as well as the hearing impaired pupil. The radio aid can be connected to the sound field system.

In both systems the teacher wears a transmitter, with a microphone on the chest about six inches from the mouth, which transmits their voice. In the radio aid system a receiver, worn by the pupil, and connected to the pupil's hearing aids picks up these radio waves. In the sound field system the radio waves are broadcast from a speaker, equalizing the volume across the classroom.

The Sensory Consortium Service currently use a variety of radio aid systems. The choice of which system to use is made on each pupil's individual needs. There are some body worn systems which are very simple to operate and are robust, and some more discrete systems which are more fragile, and need to be managed carefully.

The Teacher of the Deaf and the educational audiologist, following discussion with the parents and class teacher, decides whether or not a particular system is suitable for a pupil. The Sensory Consortium Service uses a "radio aid matrix", which gives a score in regards to urgency of need, and, if there are no systems available for immediate issue, the pupil is placed on a waiting list. As funding allows the educational audiologist supplies the most suitable system for the next pupil on the waiting list.

The Sensory Consortium Service supply the radio systems on loan, and are happy to advise schools about sound field systems, but the purchase of these is the responsibility of the school.

ENCOURAGING YOUR CHILD TO WEAR HEARING AIDS

‘When I had hearing aids I was 2 years old and I used to pull them out all the time. Now I am 10 and I am used to them, I don’t know they are on me.’ (Profoundly deaf pupil)

When your child first starts wearing hearing aids, it is important to encourage them to wear their aids regularly and to aim for them to wear them during all their waking hours. Your attitude is important because if you are positive then your child will be more accepting and positive about wearing them as well.

Helpful Tips

- Hold the earmoulds in your hand for a couple of minutes before putting them in as this makes them warmer and less of a shock than when they are cold. They will also be more pliable and may be easier to put in.
- Slowly build up the length of time your child is wearing the aids. Initially you may start by putting them in for short periods several times a day. Do not however take them out if the child is happy to wear them! If you are feeling stressed have a break and try again later when you are more relaxed. Remember however you are aiming for consistent use as soon as possible to give your child the best opportunity to learn to listen.
- Have something ready to distract your child such as a favourite toy or try at meal times if they are distracted by eating. With small children give them something to hold – if they have something in each hand they have no hands left to pull the aids out with.
- Meet other parents so that they can share their experiences. This may also give the child the opportunity to see other children with hearing aids.
- Decorate the hearing aids with stickers and ask for favourite transfers to go inside the earmould. Go for coloured moulds – pink sparkly earmoulds or favourite football team colours.

- Remember you decide when and how long your child wears their hearing aids and try not to let your child use taking them off as attention seeking.
- Use a training clip attached to your child's clothing if you are concerned that they will pull the aids out and get lost. Huggies which attach around the aid and the ear can secure the aids in place and are worth a try. Some parents find toupe aid useful to stop the aids flapping around on very young children.

Decorative add-ons for hearing aids and cochlear implants are now being made by a parent in the UK quite cheaply.

For further information please visit the following website:

<http://pimpmyhearingaids.wordpress.com/>

Sensory Consortium Service
“Making Sense of Learning”

YOUR CHILD’S AUDIOGRAM PROFILE

Name:

Hearing Aids Issued:

Date	Middle Ear Status	Hearing Aids	Earmoulds	Ear	Unaided Thresholds							
					250	500	1k	2k	3k	4k	6k	8k
				Right								
				Left								
				Bone								
				Right								
				Left								
				Bone								
				Right								
				Left								
				Bone								
				Right								
				Left								
				Bone								

Date	Middle Ear Status	Hearing Aids	Earmoulds	Ear	Unaided Thresholds							
					250	500	1k	2k	3k	4k	6k	8k
				Right								
				Left								
				Bone								
				Right								
				Left								
				Bone								
				Right								
				Left								
				Bone								
				Right								
				Left								
				Bone								
				Right								
				Left								
				Bone								

CHECKING HEARING AIDS

You will need: A stetoclip
 Spare batteries
 A puffer
 An attenuator

What to do

With young children and children with other special needs it is important for the hearing aids to be checked at least daily and immediately if the child becomes less responsive and does not appear to be listening as well.

1. Remove the aid from the child's ear.
2. Pop the mould into the end of your stetoclip.
3. Use an attenuator as advised if the hearing aid sound is too powerful to listen to comfortably.
4. Listen to the aid while talking checking that the sound you are hearing is of good quality. You should hear a beep when the aid is switched on and a series of beeps when you change programmes (not all children have more than one programme).
5. Have a listen for any crackles or breaks in the sound.
6. If there is no sound, change the battery – dispose of it safely.
7. Check the mould and the hearing aid for cracks and damage to the switches, the hook and the earmould tubing.
8. If there is moisture in the earmould blow it out with the puffer.
9. If there are holes or twists in the earmould tubing then contact your Teacher of the Deaf/ parents to replace the tubing.

If there is a problem with the aid contact the Audiology Department to arrange for the hearing aid to be replaced with a spare as soon as possible.

HOW AN EAR MOULD IS MADE

1. The impression made by the audiologist is sent to the laboratory in a box, with a printed label stating the type of material, style, colour etc. required.
2. The laboratory enter the information into their computer system, and make their own labels, so they do not mix up the impressions.
3. The impression has the sponge tip removed and it is trimmed to the correct size.
4. It may be coated with a thin layer of wax, to make a good fit.



5. A cast is made in a small pot, from a special hardening gel, using the impression.
6. When this is set, the impression is removed from the cast.
7. Molten ear mould material is then syringed into the cast, to make an ear mould in the exact shape of the impression.



8. If required, a picture or image can then be carefully inserted before the material sets, using a pair of tweezers



This is a picture of inserting the actual working parts into an in-the-ear hearing aid. The picture would be inserted in the same way.

9. The ear mould is then buffed and polished.



10. A hole is drilled for the tubing, and the tubing is inserted.



11. The completed ear mould is then checked, labelled, and sent in the post to the family or hospital.

Each person in the laboratory has his or her own job. One person will make the casts, and another will do the trimming. It is still a process that is mostly done by hand.



Ear moulds for babies and young children are given priority. The process takes at least 12 hours, to allow for setting and cooling time.

Photos courtesy of Arlington Laboratories, Newbury

Checking radio aids

You will need: A stetoclip with a radio aid lead
Spare batteries
Spare leads
Spare audio shoes

What to do

It is important to check the hearing aid first to check it is working before checking the radio aid system. With young children and children with other special needs it is important for the system to be checked daily and immediately if the child becomes less responsive and does not appear to be listening as well.

1. Check the hearing aids first – see Checking Hearing Aids sheet.
2. Attach the radio aid to the child's hearing aid.
3. Pop the mould into the end of your stetoclip.
4. Check the status of the batteries in the radio aid system or hearing aids.
5. Place the radio aid transmitter at a source of sound – e.g. with another child/teacher who will be speaking into it.
6. Make sure the system is switched on and the hearing aid is on the right programme setting.
7. Listen through the hearing for the signal from the transmitter.
8. Check that the sound you are hearing is of good quality.
9. Have a listen for crackles or breaks in the sound.
10. Check the radio aid system for damage to the casing or switches.
11. If this is not working contact the Teacher of the Deaf.
12. Systematically change the audio shoes re-checking each time if one is not working.

Be careful not to mix up the new and the current leads or shoes. If you are unable to troubleshoot the problem contact your Teacher of the Deaf.

Retubing an earmould

It is important to replace the earmould tubing if it becomes cracked, discoloured or very stiff. The earmould may also have moved within the earmould.

1. Remove the old tubing taking care not to split the earmould.
2. Take a new piece of tubing and taper one end by at least two centimetres.
3. Thread the tapered end of the tubing into the earmould and pull through until the bend of the tube is at approximately right angles to the earmould.
4. Compare the length of the old piece of tubing against the new one and mark where to cut it.
5. Place the hearing aid behind the wearer's ear and check the length of the tubing is correct before cutting it. If in doubt, cut the tubing in small stages.

12. DEVELOPING LANGUAGE AND LISTENING

Sensory Consortium Service Communication Policy

It is recognised that there needs to be a degree of flexibility when implementing a communication policy for children and their families depending on the individual child and family profile. A child's communication method should promote an enjoyable and meaningful experience with other people through language. Parents should be fully involved in all discussions regarding how their child will communicate and how that will be promoted, developed and monitored. In this way they will be able to make an informed choice.

The Berkshire Sensory Consortium Service (BSCS) supports children and families for:

1. Hearing Impairment
2. Visual Impairment
3. Multi Sensory Impairment

1. Hearing Impairment

Most children with hearing impairment, who are identified through the neo-natal screening programme, have the potential to acquire a high level of competency in spoken and written language. In recent years this has been facilitated by early identification leading to appropriate amplification and opportunities to develop spoken language through stimulating interaction with family and others. On this basis the BSCS promotes the use of an auditory-oral communication approach from diagnosis. The development of language in children with hearing impairment will usually follow the same language acquisition process as for hearing children, through meaningful interaction and conversation. Although language may be delayed due to hearing impairment, for the majority of children with hearing impairment language acquisition will match other aspects of the child's development. However, individual children with a hearing impairment have a variety of communication needs and these may change over time. The BSCS, together with partner agencies, provides the

parents of newly diagnosed children with information about methods of communication.

Approaches to Communication

Auditory – Oral

Auditory – Oral approaches are based on the belief that children can learn to use their residual hearing well enough to develop good listening and speaking skills. This will enable them to communicate and mix with hearing people as part of the wider hearing community. It is also believed that oral language better supports the development of English literacy skills – reading and writing, because written language is built on an understanding of the sounds and structure of the spoken language.

Sign Bilingualism

Sign Bilingualism uses sign language as the child's first language and the spoken language of the family is learned as a second language. This may mean that children learn three languages: sign language, the language of the home and English. A sign bilingual approach believes that for deaf children to have full access to language, learning, education, information and the world around them, together with a strong positive deaf identity, a visual language is essential rather than one which relies on hearing and speech.

Total Communication

Total Communication is not a single approach and uses a variety of methods flexibly. These may include sign, speech and hearing, fingerspelling, gesture, facial expression and lip-reading - in whatever combination works best for the child.

Taken from "Communication with your Deaf Child" Gwen Carr /
NDCS

2. Visual Impairment

'Vision is our most powerful sense, providing instant access to information and helping us to make sense of the world around us. It plays a vital part in children's play and their development of language and social interaction.' (RNIB 2012)

A child's first experiences have a very important effect on their future so children who have a visual impairment will have Sensory Consortium Service involvement, depending on the levels of vision. Working closely with parents, the QTVI will teach effective communication and listening skills to allow children to fulfil their potential. Attention will be given to providing real objects and experiences to support the visually impaired child's understanding of language. Tactile and oral methods will be promoted. Pre Braille skills will be introduced when appropriate and as a child matures Braille support can be offered in school if necessary.

3. Multi-Sensory Impairment

Deafblind/Multi-sensory-impaired children are all very unique and their communication needs will vary considerably. Much will depend on whether the child has been multi-sensory impaired from birth or whether they have acquired deafblindness later in life. The methods used will depend on the amount of residual vision and hearing a pupil may have as well as if they have additional difficulties. In all cases the BSCS recognises the importance of being consistent, allowing the child time and the importance of building trust.

Some MSI children will use speech, whilst others may use sign or augmentative communication systems as described below.

Approaches to Communication

BSL or SSE (Signed Supported English) (refer to HI Section). Some MSI children might use sign but within their visual frame only or using tactile signing. This involves putting your hands over the hands of the person communicating so they can feel the signs. The person listening has their hands on top whilst the person communicating has their hands underneath.

Makaton – a language system which uses sign, symbols and speech.

Objects of reference - Particular objects are used to symbolise an activity e.g. a spoon may symbolise food or a towel may symbolise bath time.

Picture symbols - These may be used to support the development of language.

Deafblind manual alphabet - Each letter is denoted by a particular sign or place on the hand. You can download a copy of the deafblind manual alphabet from Sense www.sense.org-uk.

The Sensory Consortium Service:

- Promotes the use of Early Support Materials to be accessed online.
- Works jointly with audiology departments, to obtain an accurate hearing profile in the shortest time possible.
- Ensures residual hearing is maximised via carefully selected and maintained hearing aids, cochlear implants, radio aids and soundfield systems.
- Responds as flexibly as possible to parental choice of communication mode within available BSCS resources and signposting to other agencies and support.
- Draws up a care plan for family support through discussion with family and liaison with other interested professionals.
- Offers regular home visits to families of pre-school hearing impaired, visually impaired and multi sensory impaired children to support the development of the skills they will need to access their education.
- Offers a series of playgroup and workshop sessions to support the home programme.
- Offers a regular programme of support to hearing impaired children in mainstream schools.
- Liaises regularly with all other agencies involved in the linguistic and educational development of each individual child.

- Ensures that all teachers working with hearing impaired children are qualified Teachers of the Deaf or achieves qualified status within three years of joining the Service.
- Provides on-going professional development for Teachers of the Deaf to ensure an up-to-date understanding of child language acquisition, affective/effective work practices with families of young hearing impaired children and current developments in audiological equipment.
- Ensures that, when the child is in a position to do so, that his/her views and preferences are sought and acted upon.
- Liaises with Education Authorities.
- Contributes to statutory processes for those with special educational needs, including assessments, advice and reports.

13. USEFUL ADDRESSES

<p>West Berkshire Audiology Unit Royal Berkshire Hospital NHS Trust London Road Reading RG1 5AN Tel: 0118 322 7080</p>	<p>East Berkshire Audiology Unit King Edward VII Hospital NHS Trust St Leonard's Road Windsor Berkshire SL4 3DT Tel: 0300 365 6222</p>
<p>Deaf Education through Listening and Talking (DELTA) Head Office, The Con Powell Centre 83 Sherwin Road Nottingham NG7 2FB Tel: 0845 1081437 www.deafeducation.org.uk Email: enquiries@deafeducation.org.uk</p>	<p>The National Deaf Children's Society National Office Ground Floor South, Castle House London EC2A 4LS Tel: 020 7490 8656 Fax: 020 7251 5020 Email: ndcs@ndcs.org.uk</p>
<p>British Deaf Association (BDA) 1-3 Worship Street London EC2A 2AB Tel: 020 7588 3520 (Voice) Tel: 020 7588 3529 (Minicom) Fax: 020 7588 3527 Email: info@bda.org.uk www.bda.org.uk</p>	<p>Council for the Advancement in Communication with Deaf People (CACDP) Durham University Science Park Block 4, Stockton Road Durham DH1 3UZ Tel: 0191 383 1155 (Voice and text) Fax: 0191 3837914</p>
<p>Deafax No. 1 Earley Gate, University of Reading, Whiteknights Road, PO Box 236 Reading RG6 6AT Tel 0118 935 3685 Fax 0118 935 3686 Email: info@deafax.org www.deafax.org</p>	<p>Cerebra 2nd Floor, Lyric Building King Street Carmarthen SA31 1BD Freephone: 0800 3281159 www.cerebra.org.uk (Grants, information and support for anyone closely connected with a child who has a brain injury, developmental problem, mental disability or neurological disorder)</p>

14. FUNDING SOURCES

<p>Family Fund</p> <p>https://www.familyfund.org.uk/FAQs/what-can-we-apply-for</p>	<p>The ACT Foundation</p> <p>http://www.theactfoundation.co.uk/content/apply-grant-individuals</p>
<p>Caudwell Children</p> <p>http://www.caudwellchildren.com/how-we-help/equipment-services/</p>	<p>Children Today Charitable Trust</p> <p>http://www.childrentoday.org.uk/how-we-can-help/</p>
<p>Family Action</p> <p>https://www.family-action.org.uk/what-we-do/grants/educational-grants/</p> <p>‘grants to individuals over the age of 14, looking to unlock their educational potential by participating in further education’</p>	<p>Lifeline 4 Kids</p> <p>http://www.lifeline4kids.org/what-we-do/</p>
<p>Action For Kids (mobility grants)</p> <p>http://actionforkids2016.rtdns.co.uk/</p>	<p>Newlife Foundation for Disabled Children</p> <p>http://newlifecharity.co.uk/docs/care-services/Newlife-Equipment-Grants.shtml</p>
<p>The Nihal Armstrong Trust (small grants up to £1000 for children with cerebral palsy)</p> <p>http://www.nihalarmstrongtrust.org.uk/grants.html</p>	<p>VICTA (blind and partially sighted)</p> <p>http://www.victa.org.uk/</p>
<p>Cerebra</p> <p>(Grants, information and support for anyone closely connected with a child who has a brain injury, developmental problem, mental disability or neurological disorder)</p> <p>Freephone: 0800 3281159</p> <p>http://www.cerebra.org.uk/</p>	

15. WEBSITES

SCS	www.berkshirescs.btck.co.uk
DELTA	www.deafeducation.org.uk
NDCS	www.ndcs.org.uk
ACTION ON HEARING LOSS	www.actionhearingloss.org.uk
ROYAL BERKSHIRE FIRE & RESCUE SERVICE	www.rbfrs.co.uk/ <i>(Please ask your Sensory Consortium Service teacher to complete a referral form with you for a free home safety check.)</i>
FAMILY RESOURCE CENTRE UK	www.familyresourcecentreuk.org.uk
NATIONAL LITERACY TRUST	www.literacytrust.org.uk/talk_to_your_baby
COUNCIL FOR DISABLED CHILDREN	www.councilfordisabledchildren.org.uk
COMMUNICATION TRUST	www.thecommunicationtrust.org.uk
BERKSHIRE CARERS	http://www.berkshirecarers.org/?s=newsletter <i>Berkshire Carers Service provides information, advice and support to unpaid carers in Berkshire. The link takes you to their current newsletter.</i>

16. HEARING IMPAIRED CHILDREN AND PARENTS SHARE THEIR EXPERIENCES

‘The input from the Teacher of the Deaf has been invaluable in providing expert advice and support for all aspects of life as a hearing impaired child including practical help with equipment, liaison with the school and emotional support for X during difficult times.’ *(Parent of a profoundly deaf Boy)*

‘Having a Teacher of the Deaf is good because you can ask lots of questions and you feel you are not alone, there is someone to talk to and teach you what to do with your hearing aids.’ *(Secondary Pupil)*

‘X is very happy and integrated in his mainstream school thanks to the support he receives from the staff and equipment of the SCS. They enable him to go to the same local school as his friends, fellow cubs and siblings, which has greatly facilitated his social development and confidence.’ *(Parent)*

‘My husband enjoyed the Dads Workshop and doesn’t have to ask me every time X needs help with her aids.’ *(Parent of a moderately hearing impaired girl)*

‘The Hearing Impaired Pre-School Group is a friendly group for parents and children to meet up. The children have lots of fun with stories, games, songs and crafts and while they’re having fun they’re learning to listen. It’s the only time in my week when I can finish a cup of coffee.’ *(Parent)*

‘The Dads and Granddads workshop brings working dads up to date with understanding hearing loss, the latest developments in technology and an opportunity to ask the professionals about your child’s situation.’ *(Parent)*

I like Cate coming to see me at school. She makes sure my radio aid is working. She’s great.’ *(Primary pupil, moderate loss)*

Having a child with Down Syndrome and a hearing loss requires a lot of communication between parents and school especially in a mainstream school. The Teacher of the Deaf has been able to address my child’s needs at school offering support to both of us. *(Parent of hearing impaired pupil)*

17. GLOSSARY

Sensory Impairment – SERSEN Glossary of Terms of Reference Used

The South East Regional Partnership (SERSEN) takes a national lead in matters of Sensory Impairment (SI) for children and young people.

The working party from the SI sub group who researched and compiled this glossary came from Local Authorities support services, specialist schools, Primary Care Trusts and Community Health colleagues and the National Deaf Children's Society.

The following Glossary is taken from a whole document on Sensory Impairment which is available in pdf form on the SERSEN website:
www.sersen.uk.net

Other sections are:

Multi Sensory Impairment (MSI)

Visual Impairment

Any feedback would be appreciated.

Please contact lindsey.rousseau@surreycc.gov.uk or

lesley.johnson@surreycc.gov.uk

Sensory Impaired Specific Glossary

Introduction

The lack of a common language is one of the main difficulties in working together. This can result in confusion for all involved. This glossary has been produced for parents/carers and practitioners from different backgrounds working together in order to promote and facilitate communication and understanding.

The glossary seeks to do this by:

- Explaining core concepts and definitions which are commonly confused or misunderstood
- Bringing together and explaining overlap between different words that are used by different agencies to explain similar things
- Providing a starting point for considering how terminology is used appropriately and where you could reduce use of jargon and acronyms

The glossary is not:

- Aiming to reduce all differences in vocabulary
- A resource for finding out about all specialist services or terms

Many of the definitions have been taken from existing publications. We hope it is helpful to bring them together in one document.

Special Educational Needs and Disability - General Glossary

Acute

This is when there is an abrupt onset of a disease. Often it is of short duration.

Annual Review

An Education, Health and Care Plan is reviewed at least annually.

Aphasia

Literally, this means 'without speech'. A language disorder resulting from brain damage, which affects a person's ability to produce or understand grammatical and semantic structure; also, dysphasia, which means malfunctioning.

Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder (ADHD, ADD) www.ADHD.org.uk

This refers to young people whose behaviour appears to be impulsive, overactive and/or inattentive to an extent that is unusual for their developmental age and is a hindrance to their social and educational success.

Aspergers Syndrome www.nas.org.uk

Impairment in the development of social relationships, communication skills and imagination. Pupils often demonstrate a rather limited awareness of the intentions or moods of others and have difficulty transferring skills or coping with change.

Autistic Spectrum Disorder (ASD) www.nas.org.uk

Autistic Spectrum Disorder is a relatively new term that recognises there are a number of sub-groups within the spectrum of autism. Children with autistic spectrum disorder find it difficult to:

- Understand and use non-verbal and verbal communication.
- Understand social behaviour – which affects their ability to interact with children and adults.
- Think and behave flexibly – which may be shown in restricted, obsessional or repetitive activities.

Children with ASD cover the full range of ability and the severity of their impairment varies widely. Some pupils also have learning disabilities or other difficulties, making diagnosis difficult.

Children with Asperger's syndrome should be recorded in this category. These pupils share the same triad of impairments but have higher intellectual abilities and their language development is different from the majority of children with autism.

Cerebral Palsy (CP) www.scope.org.uk

A group of movement disorders resulting from damage to the developing brain. The extent of motor impairment varies widely. Vision, hearing, speech articulation and intellectual functioning may be affected.

Child and Adolescent Mental Health Service (CAMHS)

A team of psychiatrists, clinical psychologists, psychiatric nurses and family therapists that assess and treat children and young people with mental health difficulties/issues.

Chronic

This is an ongoing, persistent condition in a disease

Complex Needs

Where there is more than one significant area of need.

Congenital

Present at birth

CT Scan

This is a scan which looks at the hard parts of the body i.e. bones

Deaf

Children with a hearing impairment range from those with a mild hearing loss to those who are profoundly deaf. They cover the whole ability range. For educational purposes, children are regarded as having a hearing impairment if they require hearing aids, adaptations to their environment and/or particular teaching strategies in order to access the concepts and language of the curriculum. A number of children with a hearing impairment may also have an additional disability or learning difficulty. Hearing loss may be because of conductive or sensori-neural problems and can be measured on a decibel scale. Four categories are generally used: mild, moderate, severe and profound. Some pupils with a significant loss communicate through sign instead of, or as well as, speech.

Deterioration

This means it is getting worse.

Diagnosis

This is the identification of a disease by looking at the symptoms.

Disapplication

Removal or lifting of a programme of study, attainment target, assessment or any other component of the National Curriculum, or any combination of these through relevant regulations.

Down Syndrome www.downsed.org www.down-syndrome.info

People with Down syndrome have 47 instead of 46 chromosomes. This results in disruption of the growth of the embryo and a degree of developmental delay in the child.

Dysfluency

An expressive language problem when speech is disjointed.

Dyslexia (Specific Learning Difficulties or SpLD)

www.bdadyslexia.org.uk

A term used to refer to a different way of learning that can cause problems with words read, words spelt, words pronounced, words written and the association of meanings with words. It can cause problems in acquiring literacy competence.

Dyspraxia (developmental co-ordination disorder or DSD)

Difficulty in the planning and co-ordination of motor tasks. There is a wide variation of difficulties from fine motor skills affecting handwriting and drawing to gross motor skills with problems in PE and games or with the planning and co-ordination of speech. Self confidence, social relationships and behaviour can also be affected.

Early Support <http://www.earlysupport.org.uk/>

Early Support is the central government mechanism to improve the quality, consistency and coordination of services for young disabled children and their families across England.

Education, Health and Care Assessment.

An Education, Health and Care (EHC) needs assessment is a process which may or may not lead to the issuing of an Education, Health and Care (EHC) Plan. The majority of children and young people with SEN or disabilities will have their needs met within local mainstream early years settings, schools or colleges through SEN support. An EHC needs assessment is a co-ordinated comprehensive assessment to find out exactly what a child or young

person's special educational needs are and the special help he or she might require to ensure their needs are met. It is the LA's duty to conduct this.

Emotional and Behavioural Difficulties/Behaviour, Emotional and Social Development (EBD/BESD)

Refers to children and young people whose emotions and behaviour are presenting significant hindrance to their social and educational success.

Echolalia

When speech patterns or parts of them are echoed back automatically without understanding or relevance.

Educational Psychologist (EP)

Educational Psychologists visit schools and nurseries, working with teachers and parents, to assist children's learning and behaviour, assess psychological development and educational needs.

Elective Mutism

Refusal to speak, except in certain situations. The underlying causes are psychiatric or emotional.

Expressive Language

The way that a child combines words to formulate phrases and longer utterances.

Genetic Counselling

Advice on inherited disorders and disabilities.

Global Developmental Delay

All children have recognised milestones of development in different areas of development, for example, physical skills, communication skills, cognitive skills, social skills. If a child does not meet these milestones within the expected norms, they are described as having a global developmental delay. This can be a mild delay (i.e. Just outside the norms for a child of that age) or more severe.

Inclusion

Educating children with special educational needs and disability together with children without special educational needs in mainstream schools wherever possible, and ensuring that children with special educational needs engage in a range of activities of the

school together with children who do not have special educational needs.

Independent School

Private schools (also known as ‘independent schools’) charge fees to attend instead of being funded by the government. Pupils don’t have to follow the national curriculum. All private schools must be registered with the government and are inspected regularly.

Language Delay/Disorder

Language Delay: Child’s language appears like that of a younger child but follows normal patterns of development.

Language Disorder: Language is delayed and does not follow expected developmental patterns.

Linguistic skills

Skills relating to language

Local Authority (LA)

This was previously known as the LEA (Local Educational Authority). It is the body responsible for maintained schools and distribution of funding in their area. They are responsible for carrying out Education, Health and Care Plans when requested and for maintaining EHC’s when issued.

MRI Scan

This is a scan which uses magnetic resonance imaging to look at the “soft” tissues of the body

Maintained School

Any local authority school or special school funded from the government.

Metabolic

The metabolism refers to chemical changes in the body. Metabolic is something which exhibits or relates to the metabolism.

Moderate Learning Difficulty (MLD)

www.mencap.org.uk www.bild.org.uk

Children with moderate learning difficulties have much greater difficulty than their peers in acquiring basic literacy and numeracy skills and in understanding concepts. They may also have associated speech and language delay, low self-esteem, low levels of concentration and under-developed social skills.

Modification

Amendment or alteration of a programme of study, attainment target, assessment or any other component of the National Curriculum in order to give a child access to that area of the Curriculum. (See also Disapplication.)

Multi-Agency

Involving professionals from more than one agency.

Multi-Sensory Impairment (MSI)

Children with multi-sensory impairment have a combination of visual and hearing difficulties. They are sometimes referred to as deafblind but may have some residual sight and/or hearing. Many also have additional disabilities but their complex needs mean that it may be difficult to ascertain their intellectual abilities. Children with multi-sensory impairment have much greater difficulties in accessing the curriculum and the environment than those with a single sensory impairment. They have difficulties in perception, communication and in the acquisition of information. Incidental learning is limited. The combination can result in high anxiety and multi-sensory deprivation. Children need teaching approaches that make good use of their residual hearing and vision, together with their other senses. They may need alternative means of communication.

Named Person

The person whom the LA must identify when sending the parents a final version of an Education, Health and Care Plan. The Named Person, who should usually be identified in cooperation with the parents, must be someone who can give the parents information and advice about their child's special educational needs. He or she may be appointed at the start of the Education, Health and Care Plan process and can then attend meetings with parents and encourage parental participation throughout the process. The Named Person should normally be independent of the LA and may be someone from a voluntary organisation or parent partnership scheme.

Non-verbal I.Q.

Aspects of intelligence not dependent on linguistic skills. For example, spatial abilities.

Note in lieu

If the LA decide not to carry out an EHC assessment you will receive a letter which should clearly outline the reasons for the decision. It will also include an explanation of your right to appeal and the time

limit for doing so. Should you wish to appeal, there is a requirement on you to consider mediation and the availability of further support services. The LA should also provide feedback collected during the process from professionals.

Occupational Therapist (OT)

Occupational Therapists work in hospitals, schools, community clinics and in the home, advising on equipment and/or adaptations to support learning/social development.

OFSTED – Office for Standards in Education

Non-ministerial government departments established under the Education (Schools) Act 1992 to take responsibility for the inspection of all schools in England and Wales respectively. Their professional arm is formed by Her Majesty's Inspectors (HMI).

Outreach Workers

Outreach Workers visit and support children, young people and families at home or in school.

Paediatricians

Doctors who specialise in the development and care of children and who are based in hospitals and community clinics.

Physiotherapists

Physiotherapists work in various settings, including schools and at home, providing advice and treatment for children and young people with physical difficulties to help them achieve maximum independence.

Percentile

A score attained in a test that compares the child with its age group. The average is 50, so 75th percentile would mean that the child was scoring better than 75% of the population.

Peripatetic teacher (or specialist, advisory, or support teacher)

A teacher with specific expertise who visits homes and educational settings and is employed by the LA to give appropriate specialist advice and support.

Phonetics

The science that studies the characteristics of human sound making.

Phonics

Using the sounds of the letters of the alphabet to help reading.

Physical Disability (PD)

There is a wide range of disabilities covering the whole ability range. Some children and young people are able to access the curriculum and learn effectively without additional educational provision. They have a disability but do not have a special educational need. For others, the impact on their education may be severe. In the same way, a medical diagnosis does not necessarily mean that a pupil has SEN. It depends on the impact the condition has on their educational needs. (See SEN Code of Practice 7.64 ref: DfE 581/2001).

Portage

A planned approach to home-based, pre-school education for children with developmental delay, disabilities or any other special educational needs. Portage began in Portage, Wisconsin, USA and there is now an extensive Portage network in the UK, which is overseen by the National Portage Association.

Profound and Multiple Learning Difficulty (PMLD)

Children with profound and multiple learning difficulties have complex learning needs. In addition to very severe learning difficulties, children and young people have other significant difficulties, such as physical disabilities, sensory impairment or a severe medical condition. Children and young people require a high level of adult support, both for their learning needs and also for their personal care. They are likely to need sensory stimulation and a curriculum broken down into very small steps. Some children and young people communicate by gesture, eye pointing or symbols, others by very simple language. Their attainments are likely to remain in the early P scale range (P1-P4) throughout their school careers (that is below level 1 of the National Curriculum).

Prognosis

This is the suggested outcome.

Progressive

This describes a condition which will go through a series of stages as it develops. It often suggests a condition which will not improve.

Provision Mapping/Management

Provision mapping/management is a management tool providing a clear overview of the SEN provision and allocation of resources in the school.

Psychologist

A psychologist assists children and families when behaviour becomes a problem. For instance, they may advise on eating or sleeping disorders, behaviour difficulties or the management of aggression.

Raw Score

The actual score in a test, which is not referenced against any criteria.

Respite Care

Short-term breaks for parents/carers to give a break from caring responsibilities and provide social opportunities for children with disabilities.

School Action and School Action Plus

School action and school action plus will no longer be used. Instead, there will be a single Additional SEN support (ASS) category. The local offer made by the local authority and by services such as BSCS will provide intervention for pupils who do not require an EHC plan, but still have recognised special needs. There will be targeted planning, but not an IEP.

Sequencing

Putting things in a particular order.

SEN Code of Practice

The new Code of Practice (2014) includes young people from 0 to 25. The terms school action and school action plus are no longer used. There is a clearer focus on parents and young people contributing to decision making and the inclusion of the local offer.

SEN & Disability Tribunal (SENDIST)

An independent tribunal set up by Act of Parliament for determining appeals by parents against local authority (LA) about children's special educational needs, where parents cannot reach agreement with the LA. SENDIST also considers parents' claims of disability discrimination in schools.

Severe Learning Difficulty (SLD)

www.mencap.org.uk www.bild.org.uk

Children with severe learning difficulties have significant intellectual or cognitive impairments. This has a major effect on their ability to participate in the school curriculum without support. They may also have difficulties in mobility and coordination, communication and perception and the acquisition of self-help skills. Pupils with severe learning difficulties will need support in all areas of the curriculum. They may also require teaching of self-help, independence and social skills. Their attainments may be within the upper P scale range (P4-P8) for much of their school careers (that is below level 1 of the National Curriculum).

Social Workers

Social Workers can advise about services available and assess children, young people and families needs for support, including respite and short term care. They may work as part of a specialist disability team.

Special Educational Needs (SEN)

Refers to any difficulty a child or young person may have that affects their educational achievement or behaviour in school.

Special Educational Needs Coordinator (SENCo)

The member of staff at schools and Early Years settings who has responsibility for coordinating SEN provision within that setting.

Special School

A school that makes specialist educational provision for pupils with special educational needs and is approved by the Secretary of State under section 188 of the Education Act 1993.

Speech and Language Difficulties

www.afasic.org.uk www.ican.org.uk

A range of processing difficulties that can be observed in the acquisition of language and communication.

Speech and Language Therapist (S<)

A S< gives specialist assessment, advice and treatment for language, communication and feeding difficulties.

Statutory Assessment

A statutory assessment was a detailed investigation to identify what a child/young person's special educational needs were and what special help they needed. A statutory assessment was only necessary if the school or early years setting couldn't provide all the

help needed by the child/young person. A statutory assessment could be requested by the family.

Support And Achievement Plan (SAAP)

A working document recording aspirations for the pupil and the next steps to achieve this. Short-term targets and strategies are outlined for the pupil that are different from and additional to those in place for the rest of the group or class.

Syndrome www.cafamily.org.uk

A condition which is identified by a group of common characteristics

Syntax

The sequencing of words so that they make sense. The system of rules that describe the way words combine to form sentences.

Teaching Assistant (TA)

This is an adult who helps a teacher in the classroom. They will be given planned guidance as to how best to support the learning of a child or a group of children in a classroom. Can also be known as a Learning Support Assistant (LSA)

Transition Plan (TP)

A plan that should form part of the annual review in Year 9 and any subsequent annual review. The purpose of the plan is to draw together information in order to plan coherently for the young person's transition to adult life.

Verbal Intelligence (Verbal I.Q.)

Aspects of intelligence that depend on linguistic skills or knowledge.

Visual Cues

Using all possible visual information in a situation. For example, watching peoples' faces, using pictures in a reading book.

Hearing Impairment (HI)

Automated Auditory Brainstem Response (AABR)

This is one of two tests used to screen newborn baby's hearing. AABR is a test used to measure auditory function and threshold of hearing. Sticky sensors are placed on the babies' forehead and behind each ear. Soft, lightweight headphones are put over the baby's ears and some clicking sounds are played. The computer records electrical potentials from the nerve of hearing in response to sound.

Acoustics

The science of sound. Often refers to the quality of the sound environment.

Acoustic Feedback

The whistle sound a hearing aid makes if it is not seated in the ear. The sound from the aid feeds back through the aid microphone. It can be caused by a poorly fitting ear mould or "glue ear".

Acquired Hearing Loss

Hearing loss that was not present at birth but developed later, either during childhood or adulthood.

Aetiology

The causes of deafness.

Amplification

To make something louder.

Atresia

Blockage of the nasal passages.

Audiogram

A chart used to record the results of some hearing tests. It shows you how loud a sound has to be, and at what frequency, before your child can hear it, with or without a hearing aid.

Audiologist

A person qualified in assessing hearing loss and fitting hearing aids.

Audiology

The study of hearing.

Audiometer

A machine that generates sound at an accurate level of loudness (decibels) and at specific frequencies (Hertz). It is used to perform a pure-tone audiometry hearing test.

Auditory Canal

The pathway which starts at the outer ear and ends at the eardrum.

Auditory Neuropathy/Auditory Dys-synchrony

This is identified by auditory evoked potential (ABR) being absent, but otoacoustic emissions (OAE) being present. There is evidence to suggest visual support is beneficial to aid communication. However it is important to consider each child's actual level of functioning when considering the support plan.

Auditory-Oral

An auditory-oral approach encourages the development of listening skills and spoken language through the use of hearing aids, cochlear implants and radio aids to maximise the use of the residual hearing an individual has.

Auditory Processing Disorders (A.P.D)

Many children who seem to have normal hearing and who have passed as having normal hearing after routine testing, may still have difficulty with listening and attending in a variety of situations.

Auditory Training Unit (ATU)

An amplifier which can be used for individual sessions when high quality amplification is needed. It can sometimes be called a speech trainer.

Auditory Verbal Therapy

This is an approach which aims to enable the development of spoken language through listening. It uses sound as the primary channel for learning and gaining meaning from the environment.

Bone Anchored Hearing Aid (BAHA)

A hearing aid implanted into the mastoid bone behind the ear.

Bilateral Hearing Loss

A hearing loss in both ears.

Bone Conduction

The transmission of sound to the cochlear through the vibrating bones of the skull.

Bone Conductor

A conductor must be in contact with the bone behind the ear. It vibrates and delivers sound directly to the inner ear (cochlea), bypassing the middle ear.

British Sign Language (BSL)

It is a visual language using hand shapes, facial expressions, gestures and body language to communicate. An independent and complete language with a unique vocabulary, it has a structure and grammar different from that of written and spoken English. BSL does not use spoken language. It has developed regional dialects.

BTE

A hearing aid worn behind the ear. It can also be known as a post aural hearing aid.

Cholesteatoma

Progressive, abnormal growth of skin in the middle ear. It usually requires surgery.

Classroom Acoustics

How sounds travel and are heard in a classroom. Good classroom acoustics are achieved by a low level of background noise and low reverberation time.

Cochlea

The snail-like part of the inner ear, which changes sound vibrations into electric type pulses that are carried to the brain.

Cochlear Implant

It is an aid to hearing, but is not a hearing aid. It requires an operation to insert electrodes into the cochlea. A microphone and speech processor are worn externally. The auditory nerve is stimulated by modified electrical signals causing the brain to perceive the stimulus as a sensation of sound.

Communication Support Worker (CSW)

A person trained to facilitate communication for deaf students in the classroom or lecture room. They interpret the curriculum in BSL, ensuring the pupils have full understanding.

Congenital Hearing Loss

Hearing loss that is thought to have been present at birth, or associated with the birth process, or to have developed in the first few days of life.

Conductive Hearing Loss (also known as “glue” ear)

This is the most common cause of hearing loss. It is generally not a permanent hearing loss but there is a chance that it can be permanent. It means that sounds cannot pass efficiently through the outer and middle ear to the cochlea and auditory nerve. It is most often caused by fluid building up in the middle ear.

Conference Microphone

This can be used in conjunction with a radio aid (FM) transmitter to aid group discussion.

Cued Speech

Cued Speech is a simple sound-based system that uses eight hand shapes in four different positions (cues), together with natural mouth movement of speech. Some words which sound different to hearing people, can look very similar when they are lip read by deaf people e.g. ‘pat’ and ‘bat’. Cued Speech is visual and the cues are placed near the mouth to help make every sound and word clear. It can be used with sign language or to complement an oral approach.

Deaf Community

Deaf people who share a common history, their own culture and their own language – BSL. The Deaf community is very similar to other minority communities.

Decibel

The decibel (dB) is used to measure sound level, and it is also widely used in electronics, signals and communication. The dB is a logarithmic unit used to describe a level of sound.

- dBA – sound meters are usually fitted with a filter whose response to frequency is a bit like that of the human ear. If the "A weighting filter" is used, the sound pressure level is given in units of dB(A) or dBA. Sound pressure level on the dBA scale is easy to measure and is therefore widely used.
- dBHL
Sound measured through headphones on an audiometer to establish the hearing level.

- **dB SPL**

The basic measure of sound level. Used to calibrate audiometers and for measuring hearing aid output. Correction factors are added to make dBHL (decibel hearing level) which audiograms are recorded in.

Direct Audio Input

This allows you to connect hearing aids or cochlear implants directly to other audio equipment e.g. a radio aid, computer, personal CD player. It provides a direct and high quality sound for hearing aid wearer.

Distraction Testing

This has largely been replaced by Visual Reinforcement Audiometry (VRA), but may still be used by Community Audiology, Health Visitors or if VRA results are not conclusive.

It is mainly used with babies in the 6 – 8 month range, but can be applied with older babies and infants. The response required is for the baby to turn/locate the source of a sound. The sounds are from the low, mid and high frequency range.

Eardrum (Tympanic Membrane)

The thin membrane at the end of the ear canal. It vibrates, helping sound to travel along the ear.

Ear Mould

A small piece of plastic that fits into the ear and holds the tubing of a hearing aid in place in the ear canal. The tubing transfers the sounds from the hearing aid into the ear.

Eustachian Tube

A tube that connects the pharynx to the middle ear allowing for equalisation of pressure across the eardrum.

ENT

Ears, nose and throat.

ENT Consultant

A doctor who specialises in diseases of the ears, nose, throat, head and neck and who performs relevant surgery and may be responsible for the general medical assessments of the child.

Finger Spelling

This is a technique where each letter of the alphabet is given a sign using hand positions. Words can then be spelt using these signs. It is generally used alongside BSL, often for signing names, places or words that do not have signs.

Frequency

This relates to the pitch of sounds (from low to high). The speech frequency range is from 250 Hz to 4000 Hz.

Gain

The amount a sound is amplified above the hearing threshold when passed through a hearing aid.

Glue Ear

An accumulation of fluid in the middle ear cavity which commonly occurs in children with colds or after ear infections. The hearing loss is temporary, usually mild to moderate and can affect one or both ears and can fluctuate.

Grommets

Plastic tubes inserted into a child's eardrum as a treatment for glue ear.

Hearing Aid

An electronic device that amplifies sound signals. They come in various shapes and types and may be worn on the body, behind the ear or in the ear. They have controls that allow the hearing aid to be set to match your child's level of deafness.

High Frequency Hearing Loss

This is a hearing loss where the person has particular difficulty hearing the high frequency range of sounds e.g. in speech, s, f, th.

Impression

This is the model of the shape of the ear which is used to make the ear mould.

Interpreter

This is a person with a very high level of signing skills who can interpret spoken English into BSL or vice versa.

ITE

In the ear hearing aid.

Lip Reading

This is the ability to read lip patterns and is used with spoken language. A good understanding of language and the context is needed for lip reading.

Loop System

A wire loop which goes around a public room or hall enabling a hearing aid wearer to use their appropriate hearing aid setting to listen to a speaker more clearly.

Loudness Discomfort Level (LDL)

The lowest signal level which is judged to be uncomfortably loud. The measurement is usually done with pure tones at audiometric frequencies via headphones in each ear.

Low Frequency Hearing Loss

This is a hearing loss where the person has particular difficulty hearing the low frequency range of sounds e.g. in speech, b, d, g.

Makaton

This is a language programme that uses signs from British Sign Language together with unique makaton signs to provide basic communication and to develop language and literacy skills for deaf children with severe communication and learning disabilities. Grammatical signs are taken from Signed English.

Mild Hearing Loss

A hearing loss ranging from 20 to 40 dBHL

Mixed Hearing Loss

This is a hearing loss combining both conductive and sensori-neural elements

Moderate Hearing Loss

A hearing loss ranging from 41 to 70 dBHL

Newborn Hearing Screening Programme (NHSP)

All newborn babies now receive a hearing screen in the first few weeks of life. This allows babies who have a hearing loss to be identified early. It is a quick and simple test to check the hearing of newborn babies. If the screening test doesn't show a clear response from a baby's ears it does not necessarily mean the baby has a hearing loss. The parents will be asked to bring the baby back for further tests. The two types of test that are being used for neonatal

screening tests are the Otoacoustic Emissions (OAE) and Automated Auditory Brainstem response (AABR).

Otitis Media (OM)

Acute infection of the middle ear. It is not necessarily associated with the condition otitis media with effusion (OME) or glue ear.

Otoacoustic Emissions (OAE)

This is one of two tests used to screen newborn baby's hearing. If there is normal cochlear function, the outer hair cells of the cochlear vibrate and produce sound that can be recorded in the ear canal in response to click stimuli. It is a short, simple and non-invasive test. A small soft tipped earpiece is placed in the outer part of the baby's ear, which sends a clicking sound down the ear.

Otoscope

A light torch used to view the condition of the ear canal and ear drum.

Paget Gorman Signed Speech

This was devised for deaf children and is used with speech to help them understand the structure of English language. It is mainly used with children who have speech and language processing difficulties.

Profound Hearing Loss

A hearing loss 95 dBHL or greater

Pure Tone Audiometry (PTA)

Technique used for measuring hearing accurately across a range of frequencies using either insert or headphones

Radio Aid (also known as a FM system)

This consists of a transmitter (worn by the speaker) and receiver (worn by the hearing aid wearer). Sounds picked up by the transmitter are transmitted directly to the receiver, giving greater clarity to the speaker's voice.

Recruitment

A term used to describe the physical discomfort arising from loud noise, which occurs when the range of hearing has been narrowed due to sensori-neural hearing loss.

Reverberation

This is when a sound bounces off hard surfaces and creates echoes around the room or seems louder. This makes listening conditions more difficult for deaf children.

Sensori-Neural Hearing Loss

This is caused by a fault in the inner ear or auditory nerve. Commonly this is because the hair cells of the cochlea are not working properly. Sensori-neural hearing loss is permanent.

Severe Hearing Loss

A hearing loss ranging from 71 to 95 dBHL.

Signalong

Signalong is a form of Sign Supported English. The signs are mostly based on BSL and are used in spoken word order. It is intended to support spoken language. It was originally devised for children (and adults) who have language difficulties associated with learning disabilities and autism. It is sometimes used with deaf children who have not developed a spoken language, but use some gestures.

Sign Bilingualism

This describes an approach that encourages the learning and using of two languages at the same time: a sign language and a spoken or written language. In Britain this is English (or the home spoken language) and BSL

Signed English (SE)

This is an exact representation of the English language through the use of signs, where a sign is used for every spoken word. It is not a language like BSL, but has been designed as a teaching tool to be used at the same time as spoken English.

Sign Supported English (SSE)

This uses the signs from BSL, but in English word order. Not every word is signed and some grammatical information has to be picked up by listening and/or lip reading. It is not a language like BSL.

Sound Field Systems

These help to improve the listening experience for all children in a classroom by ensuring the sound quality is consistent everywhere in the room. Speakers are placed around the room. The teacher wears a transmitter when speaking to the class.

Speech Discrimination Test

This test checks a child's ability to hear words at different listening levels. It helps to assess the quietest level a child can hear without visual information.

Teaching Assistant (TA)

This is an adult who helps a teacher in the classroom. They will be given planned guidance as to how best to support the learning of a child or a group of children in a classroom. Can also be known as a Learning Support Assistant (LSA).

Threshold of Hearing

The minimum level of sound that can be perceived by an individual.

Total Communication (TC)

This is a philosophy for educating children combining a variety of techniques from a variety of approaches, both signed and spoken.

Tympanic Membrane

See Ear drum

Tympanometry

This is the test used to check how well the moving parts of the middle ear are working. If the eardrum is not moving freely then there is likely to be fluid or another blockage in the middle ear.

Unilateral hearing loss (also known as monaural or non functioning ear – NFE)

Hearing is normal in one ear, but the other ear has some degree of hearing loss. An individual with a unilateral hearing loss is considered to be normally hearing, but may experience some difficulty with locating sound, particularly if there is background noise.

Visual Reinforcement Audiometry (VRA)

Sounds of different frequencies and loudness are played through speakers. Turning towards a sound the child is rewarded with a visual display such as the lighting up of a toy or a puppet. This test can check the full range of hearing, but does not give specific information about each ear. It can sometimes be carried out using small insert earphones which helps give better information about what each ear can hear.