

SENSORY CONSORTIUM SERVICE

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

PARENT INFORMATION PACK

MULTI-SENSORY IMPAIRMENT



Welcome to the Sensory Consortium Service Parent Information Pack

Your child will recently have been diagnosed with a hearing and visual loss and referred to the Sensory Consortium Service (SCS) for support from a Specialist Teacher for Children and Young People with Sensory Impairment.

We recognise that this is a difficult time for families and hope that the information in this pack will help you understand more about sensory impairment, educational implications and how we can support you as a family. The pack should be used in addition to the Early Support information about multi-sensory impairment which can be provided by your visiting teacher and the 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.

As part of your provision you will be allocated a Teacher for Hearing Impairment (HI) and a Teacher for Visual Impairment (VI) whose work will be co-ordinated by a member of staff qualified to work with children and young people with MSI. We are currently involved in a programme to provide all relevant SCS staff training in MSI and wherever possible your HI or VI teacher will be additionally trained to meet the needs of MSI pupils.

Your MSI Teacher is
Based at
Contact phone number
Email

Your HI Teacher is
Based at
Contact phone number
Email

Your VI Teacher is
Based at
Contact phone number
Email

Head of SCS
HI Co-ordinator
VI Co-ordinator
MSI Co-ordinator

Gillian Coles
Jane Kilminster
Paula Scott
Neel Wilson

Tel. 01628 796787
Tel. 07887 528852
Tel: 0118 974 6232
Tel: 07887 548141



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)
Tel: 07887 528852

Paula Scott (Visual Impairment)
Tel: 0118 974 6232

Early Support Materials

The revised and updated Early Support resources can be freely accessed from <http://www.councilfordisabledchildren.org.uk/what-we-do/networks-campaigning/early-support/for-families>. Hard copies are no longer available from DfE Publications.

Information Resources

The Early Support information resources describe, discuss and explore either a specific condition/disability or more general information that parent carers and young people may find useful to know. Areas covered are:

- Behaviour
- Autistic Spectrum Disorder
- If your child has a rare condition
- Childcare
- People you may meet
- Useful contacts
- General information
- Living without a diagnosis
- Multi-sensory impairments
- Neurological Disorders
- Speech Language and Communication Needs
- Sleep
- Deafness and Hearing Loss
- Looking after yourself as a Parent
- Visual Impairment Part One
- Visual Impairment Part Two
- Visual Impairment Part Three
- Visual Impairment Part Four
- Cerebral Palsy
- Learning Disabilities
- Downs Syndrome

They can be downloaded free from

<http://www.councilfordisabledchildren.org.uk/what-we-do/networks-campaigning/early-support/resources/information-resources>

Developmental Journals

The new Early Support Developmental Journal is designed for families, practitioners and others to use as a way of recording, celebrating and supporting children's progress. It replaces and previous Early Support Developmental Journal and can be downloaded from:

<http://www.councilfordisabledchildren.org.uk/what-we-do/networks-campaigning/early-support/resources/developmental-journals>

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):

Education/Services for Children & Young People Tel No. 01628 796786
RBWM

Town Hall

St. Ives Road

Maidenhead SL6 1RF

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 787 639

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:

330 Northumberland Avenue

Reading

RG2 8DH

Tel No. 0118 937 5043

Administrator: Mary Vidgen

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. MULTI-SENSORY IMPAIRMENT

Children with multi-sensory impairment (MSI) have impairments of both their senses of vision and hearing. The combined effect of this affects their access to information, their communication and mobility. Although very few children are totally blind and deaf, the term deafblindness is sometimes used. Most have some useful vision and/or hearing so we have included both hearing and visual specific information in the pack.

MSI arises from a wide range of causes and children may be born with MSI or acquire it following illness or injury.

Many children with MSI also face other challenges, such as medical conditions or physical disabilities. We believe that it is very important that any work undertaken by SCS for your child is delivered as part of a co-ordinated support package with other professionals, voluntary agencies and you. You may wish to discuss and agree a lead worker from those working with your child (which could be you) who should co-ordinate the support and reduce the likelihood of duplication. If this has not already been agreed, you may choose to discuss with your SCS teacher or another professional with whom you have regular contact.

This booklet should be supported by the free booklet for parents:

Information about Multi-Sensory Impairment

Available from:

<http://www.councilfordisabledchildren.org.uk/what-we-do/networks-campaigning/early-support/resources/information-resources> or your SCS teacher.

Many SCS teachers have undertaken short courses relating to aspects of MSI and have significant experience of working with MSI children. A number of staff have specific MSI or complex needs accredited qualifications in addition to Teacher and HI/VI specific Teacher accreditation.

3. PRE-SCHOOL PROGRAMME

Home Teaching Programme

A qualified teacher for multi-sensory impairment and/or the hearing/visually impaired is available to support you and your child. In consultation with you, the teachers will devise an individualised teaching programme. This will include effective use and management of your child's hearing aids and equipment, an early intervention 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.

Mobility Programme

An Habilitation specialist is available to work with your family and your child to help when appropriate. The programme will look at how best to help your child move safely and independently around familiar and less familiar environments.

Parent Programme

The Service offers a 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.

Record Keeping and Liaison

All records are accessible and available to parents/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 hold multi-professional meetings where we seek to share ideas and exchange information about the different services and plan how best to co-ordinate support for your child/young person. Our reports are always shared with you and your comments included as well as being present at such meetings.

In some cases a professional or a parent may request an individual case meeting. In these cases, parents/carers are always essential participants.

Education, Health and Care Plans

The majority of children with special educational needs and disabilities (SEND) have their needs met through the local offer from their local authority. Some will need an Education, Health and Care (EHC) Plan following a single assessment.

We support children and young people with sensory impairment(s) both as part of the local offer and through their EHC Plan. If there is a need to move to a single assessment we will fully involve parents/carers in such decisions and provide 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

The Sensory Consortium Service runs pre-school groups. You should talk to your MSI, HI or VI teacher about which might be the most appropriate for your child but you may choose which one you wish to attend. If attending the group you may arrange for your specialist teacher to attend with you to ensure the access and activities are relevant to your child's needs and to support your introduction to the group.

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 Hearing Impaired 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 0118 937 5043
Chatty Monkeys East – Susie Cornish 01753 787639
or
Your Visiting Teacher

PRE-SCHOOL GROUPS FOR CHILDREN WITH VISUAL IMPAIRMENT



The Sensory Consortium Service runs a pre-school group for children with a visual impairment called 'Busy Bees' which covers all of Berkshire.

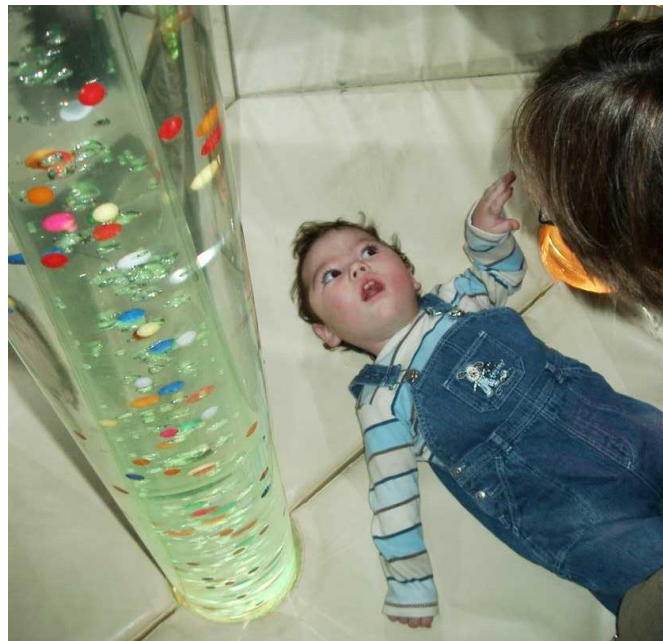
The 'Busy Bees' Pre-School Group meets monthly in the Building for the Future premises, called 'Our House', at Toutley Road, Wokingham, Berkshire, RG41 1QN. 'Our House' has a dark sensory room and a wide range of equipment and play areas, which all the children can enjoy.

The session lasts from 10 a.m. until midday. The session begins with a general play time using all the facilities and resources the building offers, followed by a whole group activity, singing songs. After that we provide refreshments for the parents and their children as well as the opportunity to undertake a craft activity.

For families in the East of Berkshire, pre-school visually impaired pupils may attend the Sensory Consortium Service 'Chatty Monkeys' Pre-School Group. This is held on alternative Tuesdays at Chalvey Grove Children's Centre, Slough from 12.45-2.45 p.m.

Further information about these groups can be obtained from either your own VI teacher or from Jane Willoughby on 07823 533124.

Both sessions are relaxed and friendly. Any child with a visual impairment is welcome to attend, and this includes children with a mild visual impairment, children who are blind and children who have complex difficulties. Often siblings will also come along and join in the activities.



4. SPECIALIST MOBILITY PROVISION

A Mobility Educator is someone who teaches children with a visual impairment to get themselves safely from A to B. The Sensory Consortium Service has several members of the visual impairment team who have additional specialist qualifications in the teaching of mobility and orientation skills.

The Mobility Educator works with pupils at each educational stage:

- Pre-School
- Primary
- Secondary

At each stage, the use of an appropriate mobility aid such as a long cane, symbol or “hoople” is considered and where necessary, appropriate training given. Personal safety is considered very important at all levels.

Pre-School

Advice is provided for parents to help them encourage their child to move around confidently and independently. Frequent visits may not be required but once the child is mobile may vary from weekly to yearly depending on the degree of visual loss, visual functioning or any other relevant difficulties. Many skills which contribute to safe navigation are learned at this age and advice is always given on an individual basis.

Primary Level

Mobility training is normally provided for pupils at infant schools when they have more severe visual difficulties. An assessment of the school site for safety as well as teaching actual routes for the pupil and specific mobility skills may be provided. Advice may also be given to school staff.

Continued training for children with severe visual difficulties may be given throughout primary school. It may include advice to parents who have particular concerns regarding their child's increased independence, i.e. crossing the road.

Secondary Level

Mobility training might be used to help the pupil with visual impairment to learn the layout of the school. One common fear of all pupils going to secondary school is the fear of getting lost! A little bit of extra time spent with a visually impaired pupil can usually help to allay these fears. If at least they know where to go to on the first morning and where the toilets are, it is a big help. Independent travel to school may become necessary at this stage and the Mobility Educator might be involved in assessing the safety of the route, the skills of the pupil and providing training where necessary.

Pupils with less severe visual impairment often benefit from a Mobility Assessment and possible mobility training involved. Training often involves the use of public transport so the young person can go and meet their peers in town at the weekend just like anyone else, or go to the library or go shopping on their own if they want to.

Mobility training might also be used to develop confidence and independent travel to work experience placements. Being able to get to work is part of the whole experience and for some visually impaired youngsters this can be very daunting.



5. 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 Hearing Impaired 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.

You should ask your SCS teacher about these programmes if you have not already received the programme information.

6. 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, DfE Quality Standards for Education Support Services for Children and Young People with a Visual Impairment and the DfE Quality Standards for Education Support Services for Children and Young People with MSI.

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.
- Have joint clinics and regular meetings with colleagues in Health from both the Royal Berkshire and King Edward VII Hospitals and we provide regular attendance at Hearing Aid Reviews and Visual Impairment Clinics. We also have named liaison community links with the London Hospitals Great Ormond Street and Moorfields.
- Joint support plans and assessment with a range of professionals, for example, physiotherapists, speech and language therapists, early years teachers, specialists from Sense.
- Twice yearly Pre-school Reviews attended by Health, Social Services, other education professionals and the Education Authority.
- We provide training for other Health and Education professionals.
- Run a number of joint parent workshops with other agencies such as Speech and Language Therapy.
- Regular liaison with Social Services.

7. USEFUL NATIONAL AND LOCAL ORGANISATIONS

MSI

Sense

Sense is a voluntary sector organisation dedicated to supporting people of all ages who have MSI/deafblindness.

Their Children's Specialist Services (CSS) offers support to children and young people as well as to their families. They do this through providing family support as well as education advice and support.

Sense also facilitates regional groups (Branches) for people affected by or interested in MSI. Membership to Sense provides information on opportunities for the families and friends of children with MSI to meet and stay in contact. Sense also publishes a magazine (called Talking Sense) three times a year.

Sense

101 Pentonville Road, London N19LG

Tel: 0300 330 9256 or 020 7520 0972

Textphone: 0300 330 9256 or 020 7520 0972

Fax: 0300 330 9251

Email: info@sense.org.uk

CHARGE Family Support Group

This is a registered charity for people with CHARGE syndrome and their families.

The group's aim is to create a positive, supportive network of individuals, parents, families and professionals to share ideas, experiences and information.

Run by parents and grandparents of individuals with CHARGE and professionals with a particular interest in the condition, the group work on an entirely voluntary basis and membership is free.

The group publishes a regular newsletter and can put families in touch with each other, for example, to help tackle a particular issue or to find other families living locally.

Contact: Simon Howard, 59 Elmer Road, London, SE6 2HA

Tel: 020 8265 3604

Email: si_howard@hotmail.com

USHERLIFE

UsherLife is an internet resource for people who have Usher syndrome where they can connect together both virtually and socially.

It is run independently by volunteers who have Usher themselves. The UsherLife website is solely maintained by the founder Nick Sturley.

You can subscribe to UsherLife's e-newsletter via the website
<http://www.usherlife.co.uk/>

HEARING IMPAIRMENT

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

VISUAL IMPAIRMENT

ROYAL NATIONAL INSTITUTE FOR THE BLIND (RNIB)

History

RNIB's Founder, Dr Armitage

The founder of RNIB, [Thomas Rhodes Armitage](#), was born in Sussex in 1824. He became a successful doctor but retired in his mid thirties because of failing eyesight. He decided to devote his energy to improving the terrible conditions that existed for blind people. At that time few people with sight problems had any formal education and most had to beg in the streets or rely on their relatives for food and shelter.

Although a wealthy man himself, Dr Armitage recognised that money alone did not answer long-term problems particularly with regard to independence. Blind people needed to gain self-respect and new opportunities through education, training and employment. Dr Armitage knew that the only way people with sight problems could achieve these things was if they could learn to read and write for themselves.

British and Foreign Society for Improving the Embossed Literature for the Blind

Following a meeting in 1868 in Dr Armitage's house in London, the British and Foreign Society for Improving Embossed Literature for the Blind was founded. This later became the British and Foreign Blind Association.

The new organisation set about investigating all the known forms of embossed writing. After two years' research, Armitage and his colleagues concluded that Braille was the most effective form of tactile writing available to blind people. Braille's major advantage was that as well as being able to read it, blind people could also write it. Promotion of Braille became an immediate priority for the society. It began publishing literature in Braille, selling Braille writing frames and teaching people how to read and write in Braille.

Each year of their existence has been spent working towards independence for blind and partially sighted people. Although there have been many milestones and triumphs, their work is far from over.

The **RNIB Parent place** website provides information and support for parents of blind or partially sighted children or parents with sight problems.

RNIB

London Resource Centre
105 Judd Street
London
WC1H 9NE

Tel: 020 7388 1266

Fax: 020 7388 2034

Helpline: 0845 766 9999

www.rnib.org.uk

VISION 2020

VISION 2020 UK is the umbrella organisation which leads collaboration and co-operation between organisations with an interest in eye health and sight loss.

Starting Point is a project aimed at improving the information given to families at the point of diagnosis of their child's vision impairment. The diagnosis of a child's vision impairment can turn a family's world upside down. Dealing with the emotions and many questions posed by what the future may hold can be a difficult time.

The aim of Starting Point is to signpost families to resources and professionals that can help with the first steps in accepting their child's diagnosis.

Starting Point can help by:

- Explaining a child's sight condition and treatment
- Helping a family understand what their child can see
- Providing advice on their child's development
- Putting them in touch with other parents
- Connecting a family to national and local support organisations including local authority vision impairment services
- Explaining medical jargon and the role of health and social care professionals who can provide support

- Giving emotional and practical support for the whole family
- Advising on how to look ahead, regarding early years, education and leisure activities.

More information can be found here:

www.vision2020uk.org.uk/startingpoint

BERKSHIRE VISION (formerly Berkshire County Blind Society)

Berkshire Vision currently supports over 2,000 visually impaired and blind people who reside in Berkshire. Established over 90 years ago, with a head office in Reading, this charity is run by a small team of dedicated paid staff and over 100 unpaid volunteers.

Services provided to its members include home visiting, social clubs, recreational and sporting activities, hospital information services, craft classes, bowling facilities, resources for the visually impaired, grants, information and advice, and accompanied holidays.

A very active 18-60 club arranges functions on a regular basis for its members. Their Families' Support Co-ordinator supports those aged 18 and under, offering home visits as well as support group meetings for parents and talks by professionals relating to this disability. Activities Newsletters containing information on leisure activities suitable for visually impaired children and their families are sent out every six months.



Social events in the past year have included discounted tickets to Pantomimes at Christmas, a group visit to Legoland in Windsor, a Christmas Party at the Thames Valley Adventure Playground in Taplow, ice-skating with one-to-one support from the Bracknell Bees at the John Nike Leisure Sports Complex in Bracknell, visits to the Guide Dogs for the Blind facility in Wokingham, bowling, weekly sailing classes throughout the summer with the Sailability group at the Burghfield Sailing Club in Theale, and a tactile experience with a difference when Reptiles-R-Us did a talk and brought along a variety of reptiles for the children to touch and hold.

Forthcoming events planned include a trip to the Bournemouth Oceanarium/sea-side, Thorpe Park, football training with the Reading First Team, and Go-Karting.

If you would like to join Berkshire Vision, please call their offices to register with them. They look forward to hearing from you.

Berkshire Vision

Midleton House
5 Erleigh Road
Reading
Berkshire RG1 5LR
Tel: 0118 987 2803

www.bcbs.org.uk

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 AUTHORITIES

HEARING IMPAIRMENT

<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>Foxborough Combined School Common Road Slough Berks SL3 8TX Tel: 01753 546376 Fax: 01753 594111</p>	<p>Wessex Nursery & Primary School St Adrian's Close Cox Green Maidenhead Berks SL6 3AT Tel: 01628 626724</p>
<p>Kennet School Stoney Lane Thatcham Berks RG19 4LL Tel: 01635 862121</p>	<p>The Langley Academy Langley Road Slough Berks SL3 7EF Tel: 01753 214440</p>
<p>Emmbrook Infant School Emmbrook Road Wokingham RG41 1JR Tel: 0118 978 4259</p>	<p>Emmbrook Junior School Emmbrook Road Wokingham RG41 1JR Tel: 0118 978 4940</p>
<p>Ambleside Early Excellence Centre Ambleside Close Woodley Reading RG5 4JJ Tel: 0118 377644</p>	

VISUAL IMPAIRMENT

Highdown Academy (Secondary)

Emmer Green

Reading

Berkshire RG4 8LR

Highdown Academy is an average-sized mixed comprehensive, taking boys and girls aged between 11 and 18. A unit for visually impaired (VI) pupils with eight places is attached to the school.

Founded in 1991 as the designated secondary provision in Berkshire, the Visually Impaired Resource Centre is now located at Highdown Academy and Sixth Form Centre and is very much part of the school. It remains the only secondary VI Resource Centre in Berkshire

The Resource Centre is equipped with the latest technological aids to facilitate independent learning within mainstream classrooms. Students are supported by the qualified teacher for the visually impaired and two experienced teaching assistants. This enables students to work on a 1:1 basis, in small groups or supported where needed in the classroom.

The aim of the Resource Centre is to ensure not only effective learning but to promote independence by equipping the students with the necessary skills to achieve this on leaving school. All staff are very aware that teenagers in particular do not wish to appear different from their peers. The level and type of support offered is determined by the nature of the impairment. This takes the form of one or more of the following:

- In class support.
- Individual help in the Resource Centre.
- Work in small groups.
- Adapted/enlarged/audio texts.

Contact Teacher in Charge of VI Resource on 0118 9015800.

Brookfields School/Sensory Resource

Sage Road
Tilehurst
Reading
Berkshire RG31 6SW

PUPILS WITH COMPLEX NEEDS AND/OR VISUAL IMPAIRMENT/ HEARING IMPAIRMENT

Brookfields School is a Local Authority Special School. Pupils admitted to the Resource have complex learning needs (MDVI/MDHI/MSI) in addition to a visual and/or hearing impairment.

Brookfields Sensory Resource was established in April 2002 and was the outcome of an exciting project between West Berkshire Children and Young People's Services, Brookfields School, the Sensory Consortium and the Education and Employment Division of the RNIB.

The provision is organised and managed by a specialist teacher for sensory impaired pupils. In addition, the Resource is supported by the Sensory Consortium and RNIB.

Pupils are supported by a wide range of specialist equipment both in the classroom and the Resource base. The school has an extensive sensory suite and a sensory garden surrounding the Resource base which was completed in July 2005.

As a result of the establishment of the Resource, identified pupils now receive between six and eleven hourly sessions of specialist support a week. Such sessions include periods of listening skills, visual stimulation, self-help skills, tactile awareness and touch-typing. Individual subject support and Braille tuition is available where required.

The aim of the Resource is to provide for pupils' needs in an inclusive setting alongside their peers. The Resource staff are available to offer advice and training on a daily basis and regular multi-professional meetings are held to discuss pupil progress. Panel and progress reports are sent to parents and funding authorities twice a year and Resource staff write reports and individual targets for Annual Reviews.

In keeping with the school aims, parents are actively encouraged to be involved in all aspects of their child's education with work begun in school and reinforced at home.

For more information, please contact Gillian Bailey on
0118 9410813 or mail@sensoryresource.org.uk

Take a look at the following link www.sensoryresource.org.uk.

10. 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 Early Years Foundation Stage 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 to support achievement.

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.

11. SENSORY NEEDS SERVICES (SOCIAL SERVICES)

The Sensory Needs teams are able to offer help and assistance to people with a hearing and/or visual loss.

Deaf Services Team

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.

Visual Impairment Team

The Visual Impairment Team specialist workers should provide:

- Functional assessments of vision of a young person diagnosed with a visual impairment.
- Advice and information on sight loss and/or where to get further assistance.
- Support in the teaching of independent living skills in the home environment.
- Advice regarding the learning of communication skills, i.e. computer skills, Braille or writing skills etc.
- Mobility training which may include teaching of routes in the young person's home area.
- Support at school reviews if required.
- Advice on completion of disability benefits.

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: ltpcdteam@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

12. EQUIPMENT

HEARING IMPAIRMENT

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 pupils 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 hearing impaired 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.

BSCS 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.

CHECKING RADIO AIDS

<u>You will need:</u>	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.

VISUAL IMPAIRMENT

TOYS AND PLAY EQUIPMENT

Children with a severe visual impairment are likely to miss out on a huge amount of incidental learning, such as the colours and shapes of objects in shop windows.

Children who are blind are often delayed in gross motor movements, as they lack the visual motivation to move towards a toy.

As vision is the unifying sense it is important that you help your child make the most of the other senses.

When playing with your child:

- ◆ Talk about what you are doing to explain sounds etc.
- ◆ Use your child's name to let them know you are talking specifically to them.
- ◆ Use toys that are brightly coloured.
- ◆ Use sound making toys to encourage reaching and moving.
- ◆ Play on a contrasting background (e.g. use a white sheet under a set of brightly coloured posting shapes).
- ◆ Encourage feeling of a wide range of textures (some VI children are reluctant to touch new textures).
- ◆ Use exaggerated facial expressions to encourage response.
- ◆ Use high contrast bold pictures to encourage fixation and later to help with early reading skills, such as telling stories through pictures.
- ◆ Repeat activities to encourage understanding.

The most important aspect of play with a child who has a visual impairment, is giving them a wide range of experience.

13. 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

Children who have MSI/Deafblindness have learning needs that are unique to them and their communication needs will also vary considerably. Factors such as whether the child was born with MSI or whether they acquired deafblindness later in life will impact on a child's development as will the combined effect of a child's residual vision and hearing or if they have additional difficulties. In all cases the BSCS recognises the importance of working from a base of mutual respect and trust and providing an environment where a child's attempts to communicate are valued.

Children with MSI use a very wide range of communication methods. Some will use body language such as gestures, whilst others will use more formal language systems such as speech or adapted signs or augmentative communication systems. A few of these are described below.

Approaches to Communication

BSL or SSE (Signed Supported English) (refer to HI Section). Some MSI children may use sign but within their visual frame only. Others rely on tactile methods of 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 programme which uses signs and symbols to support speech.

Object cues – these are actual objects from an activity that convey a message, e.g. a spoon means it's dinner time or a towel means it's bath time.

Objects of reference – these are objects or parts of objects that symbolise an activity, e.g. a piece of plastic grass may mean it's time to go out.

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 hearing impaired or achieves qualified status within three years of joining the Service.
- Provides on-going professional development for teachers of the hearing impaired 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.

14. USEFUL ADDRESSES

HEARING IMPAIRMENT

<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 37-45 Paul Street London EC2A 4LS Tel: 020 7490 8656 Minicom: 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 Minicom: 020 7588 3529 Fax: 020 7588 3527 Email: info@bda.org.uk http://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>

VISUAL IMPAIRMENT

Below is a list of the hospitals with Ophthalmology Departments most frequently attended by children within the area covered by the Sensory Consortium Service.

Staff at these hospitals may also be able to advise children about the availability of low vision aids.

Frimley Park Hospital NHS Trust Portsmouth Road Frimley Camberley Surrey GU16 5UJ Tel: 01276 604604	King Edward VII Hospital NHS Trust St Leonard's Road Windsor Berkshire SL4 3DT Tel: 01753 8600441
Moorfields Eye Hospital 162 City Road London EC1V 2PD Tel: 020 7253 3411	Oxford Eye Hospital Radcliffe Infirmary Woodstock Road Oxford OX2 6HE Tel: 01865 224201
Great Ormond Street Hospital for Children NHS Trust Great Ormond Street London WC1N 3JH Tel: 020 7405 9200	Royal Berkshire Hospital NHS Trust London Road Reading RG1 5AN Tel: 0118 9875111
Great Ormond Street Hospital for Children NHS Trust The Wolfson Centre Mecklenburgh Square London WC1N 2AP Tel: 020 7837 7618	Wexham Park Hospital NHS Trust Wexham Street Slough Berkshire SL6 4HL Tel: 01753 633000

Other useful addresses:

<p>RNIB London Resource Centre 105 Judd Street London WC1H 9NE Tel: 020 7388 1266 Fax: 020 7388 2034 Helpline: 0845 766 9999</p>	<p>Berkshire Vision Middleton House, 5 Erleigh Road Reading Berks RG1 5LR Tel: 0118 987 2803 Fax: 0118 921 0715</p>
<p>RNIB Customer Service Centre PO Box 173 Peterborough PE2 6WS Tel: 0845 702 3153 Fax: 01733 371 555 E-mail: cservices@rnib.org.uk</p>	<p>Contact a Family (CaF) 16 Strutton Ground London SW1P 2HP Tel: 020 7222 2695 Fax: 020 7222 3969</p>
<p>Clear Vision Project Linden Lodge School 61 Princes Way London SW19 6JB Tel: 020 8789 9575</p>	<p>Chivers Press Ltd Windsor Bridge Road Bath BA2 3AX Tel: 01225 335 336 Fax: 01225 310 771 E-mail: info@chivers.co.uk</p>
<p>Thames Valley Adventure Playground (TVAP) Bath Road Taplow Bucks Tel: 01628 628599</p>	<p>National Library for the Blind Far Cromwell Road Bredbury Stockport SK6 2SG Tel: 0161 355 2000 Fax: 0161 355 2098 E-mail: enquiries@nlbuk.org</p>
<p>National Blind Children's Society NBCS House Market Street Highbridge Somerset TA9 3BW Tel: 01278 764764 Fax: 01278 764790 E-mail: enquiries@nbcs.org.uk</p>	<p>Cerebra (Grants, information and support for anyone closely connected with a child who has a brain injury, developmental problem, mental disability or neurological disorder) Freephone: 0800 3281159 http://www.cerebra.org.uk/</p>
<p>GAT4PRoVIP (Guidance Advice and Training for Parents and Relatives of Visually Impaired Persons) Contact: Lennox Adams Tel: 01432 376321 / 265725</p>	<p>Communic8 (partners with RNIB to provide talking phone software for mobile phones) Tel: 08701 600600 www.comm8.com/info/talks-and-zooms-software</p>

<p>Deafblind UK Tel: 01733 358100</p>	<p>VICTA (Visually Impaired Children Taking Action) www.victa.org.uk Support visually impaired children and young people by providing funding for equipment (laptops, Brailers, sensory toys etc) and for vacation schemes such as those run by Action for the Blind.</p>
<p>RNIB Emotional Support Service http://www.rnib.org.uk/livingwithsightloss/copingwithsightloss/emotionalsupport/Pages/emotional_support_service.aspx</p>	

15. SOURCES OF MATERIALS

- AUDIO MATERIAL**

<p>National Talking Newspapers and Magazine Service Talking Newspaper Association of the United Kingdom National Recording Centre Heathfield E. Sussex TN21 8DB Tel: 0870 4429590 Fax:01435 865422 Email: info@tnauk.globalnet.co.uk www.tnauk.org.uk</p>	<p>The Living Paintings Trust (experiencing paintings through sound and touch) Queen Isabelle House Unit 8 Kingsclere Park Kingsclere Newbury Berks RG20 4SW Tel: 01635 299771</p>
<p>Calibre (cassette library for the blind and print disabled) Aylesbury Buckinghamshire HP22 5XQ Tel: 01296 432339 Fax: 01296 392599</p>	<p>Audio-described video, tape, Braille, Audio Books and large print RNIB Customer Service Centre Tel: 0845 702 3153 Email: cservices@rnib.org.uk</p>
<p>Isis Large Print & Audio Books 55 St Thomas' Street Oxford OX1 1JG</p>	<p>Internet by Phone Tel: 0845 3330845</p>
<p>Talking Book Service Tel: 08457 626843</p>	<p>Listen2Books Tel: 0870 1913415</p>

• **LARGE PRINT MATERIAL/TACTILE BOOKS**

<p>Windrush (Large print for younger readers) Clio Press Ltd 55 St Thomas' Street Oxford OX1 1JG Tel: 01865 250333 Fax: 01865 790358</p>	<p>National Library for the Blind Far Cromwell Road Bredbury Stockport SK6 2SG Tel: 0161 355 2000 Fax: 0161 355 2098 Email: enquiries@nlbuk.org</p>
<p>National Blind Children's Society NBCS House Market Street Highbridge Somerset TA9 3BW Tel: 01278 764752 Speaksvolumes@nbc.org.uk</p>	<p>Galaxy (Children's Large print Fiction) Chivers Press Publishers Windsor Bridge Road Bath BA2 3AX Tel: 01225 335336 Fax: 01225 310771 www.chivers.co.uk</p>
<p>Ulverscroft Large Print Books The Green Bradgate Road Anstey Leicester LE7 7FU Tel: 0116 236 4325 Fax: 0116 2340205 Email: sales@ulverscroft.co.uk www.ulverscroft.co.uk</p>	
<p>Big Print Tel: 0800 124007</p>	<p>Bag Books www.bagbooks.org</p>
<p>Some of the series offered by the publishers below are suitable for children with a visual impairment because of font size, clarity of print and page layout.</p>	
<p>A&C Black Tel: 0171 242 0946 Fax: 0171 831 8478</p>	<p>Hamish Hamilton Tel: 0171 546 8646 Fax: 0171 546 8570</p>
<p>Harper Collins Tel: 0181 741 7070 Fax: 0181 307 4440</p>	<p>Hodder Children's Books Tel: 0171 873 6000 Fax: 0171 873 6024</p>
<p>Macmillan Children's Books Tel: 0171 881 8000 Fax: 0171 881 8000</p>	<p>Orchard Books Tel: 0171 739 2929 Fax: 0171 739 2318</p>
<p>Orion Tel: 0171 240 3444 Fax: 0171 240 4822</p>	<p>Oxford University Press Tel: 01865 556767 Fax: 01865 556646</p>
<p>Scholastic Children's Books Tel: 01926 887 799 Fax: 01926 883 331</p>	<p>Transworld Publishers Ltd Tel: 0181 231 6618 Fax: 0181 231 6666</p>
<p>Penguin/Puffin Tel: 0181 899 4000 (Penguin) Fax: 0181 899 4099 Tel: 0171 416 3086 (Puffin) Fax: 0171 416 3086</p>	<p>Piccadilly Press Tel: 0171 267 4492 Fax: 0171 267 4493</p>



bookstart
est. by booktrust 1992

Bookstart

Bookstart is the national programme that encourages all parents and carers to enjoy books with children from as early an age as possible. They want every child in the UK to develop a lifelong love of books.

Working through locally-based organisations, Bookstart gives the gift of free books to children at around eight months, 18 months and three years, along with guidance materials for parents and carers.

Bookstart also aims to foster a love of books through a range of fun activities. But Bookstart packs are only half of the gift to children and their families. The other, more lasting gift is the message of enjoying books together.

Packs especially designed for children with a sensory impairment are available from your Sensory Consortium Service Teacher or Local Library.

• **DICTIONARIES / THESAURUS / INFORMATION BOOKS**

<p>RNIB Customer Service Centre PO Box 173 Peterborough PE2 6WS Tel: 0845 702 3153 Fax: 01733 371555 Email: cservices@rnib.org.uk www.rnib.org.uk</p>	<p>Belitha Press Ltd Tel: 0171 978 6330 Fax: 0171223 4936</p>
	<p>Cherry Tree Books Tel: 01225 335336 Fax: 01225310771</p>
	<p>Franklin Watts Publishing Group Tel: 0171739 2929 Fax: 0171 739 2318</p>
<p>Education Library Resource Centre 2-4 Darwin Close Reading RG2 OTB Tel: 0118 9015989 Fax: 0118 9015988 0118 9015974 Email: lg06@dial.pipex.com</p>	<p>Dorling Kindersley Tel: 0171 836 5411 Fax: 0171 836 7570</p>
	<p>Evans Brother Ltd Tel: 0171 487 5034 Fax: 0171 487 5034</p>
<p>Heinemann Library Tel: 01865 314 333 Fax: 01865 614 091</p>	<p>Lorenz Books Tel: 0171 637 3225 Fax: 0171 580 2469</p>
<p>Oxford University Press Tel: 01865556767 Fax: 01865 556646</p>	<p>Puffin Tel: 0171 416 3086 Fax: 0171 416 3086</p>
<p>Victor Gollanz Ltd (Cassell Group) Tel: 0171 420 5554 Fax: 0171 240 7261 Zoe Books Tel: 01962 851318 Fax: 01962 843015</p>	<p>Wayland Publishers Ltd Tel: 01273 722561 Fax: 01273 329314 Simon and Schuster Young Books Tel: 01442 881900 Fax: 01442 882099/ 882288</p>

• **BRAILLE**

<p>National Library for the Blind Far Cromwell Road Bredbury Stockport SK6 2SG Tel: 0161 355 2000 Fax: 0161 355 2098</p>	<p>Teenage Fiction in Braille The Administrator RNIB Education Centre: Midlands c/o RNIB New College Whittington Road Worcester WR5 2JX Tel: 01905 763933</p>
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16. USEFUL RESOURCES - BOOKLISTS / VIDEOS TO BORROW

HEARING IMPAIRMENT

We have a selection of books and videos that parents may wish to borrow.

The Book Box is located at Orwell House, Reading and can be accessed via the pre-school Group or your visiting teacher. The box is added to on a regular basis.

The Care and Education of a Deaf Child	Pamela Knight and Ruth Swanswick
When Your Child is Deaf	David Luterman with Antonia Brancia Maxon
Kid Friendly Parenting with Deaf and Hard of Hearing Children	David Medwid and Denise Chapman Weston
Hearing Impaired Infants Support in the first eighteen months	Jacqueline Stokes
Deaf Children Talking at home	DELTA Parents Guide
Deaf Children Talking at School	DELTA Parents Guide
Helping Your Deaf Child to Learn	A booklet for parents of Pre-school and Primary school age deaf children.
Deaf Friendly Teaching	A practical guide for teachers working with deaf children (but interesting to parents too.)
Deaf Friendly Nurseries and Pre-schools	A guide for people working in early education settings. Useful when you have to choose a Pre-school.
Zoo Keeper – a book about Katy who is deaf	Action on Hearing Loss
Oliver Gets Hearing Aids	Phonak
Oliver Gets FM	Phonak
The Animal Boogie by Debbie Harter	Book and CD
Playtime Rhymes by Sally Gardner	Book and CD
Parenting a Deaf Child	NDCS CD Rom
Christmas with Wendy and Jerry	Chase videos
My First Yellow Picture Book	Ladybird/Chase Videos
My First Blue Picture Book	Ladybird/Chase Videos
Baby's First Book	Ladybird /Chase videos
First Words for Me (2 copies)	Ladybird/Chase Videos
A Video phrase book for parents	Sign Language Video People
My First Signs	ISBN 1-904550-05-5
The Ugly Duckling in BSL and Ladybird Book	Read it yourself Ladybird
The Three Little Pigs in BSL and Ladybird Book	Read it yourself Ladybird
Cinderella in BSL and Ladybird Book	Favourite Tales – Cinderella
Kipper (BSL)	2 stories "Kipper" "Kipper's Toybox"

VISUAL IMPAIRMENT

We have a selection of books and videos that parents may wish to read or watch. Other titles are also available on request.

BOOKS

Disorders of Vision in Children	Richard Bowman, Ruth Bowman, Gordon Dutton
Blindness and Children (An individual differences approach)	David H Warren
Understanding Low Vision	Randall T Jose
Are You Blind?	Lilli Nielsen
Can't Your Child See?	Eileen Scott, James Jan, Roger Freeman
Independence Training for Visually Handicapped Children	Doris Tooze
From a Different Viewpoint	S French and J Swain
The Stimulation Guide	F J Dale
Show Me What my Friends can See (2 copies)	Patricia Sonksen and Blanche Stiff

VIDEOS

VIDEO – Twinkle (2 copies)	Ann Brown and Pete McPhail
VIDEO – Using IT to support Visually Impaired Learners	The University of Birmingham

In addition, we are now developing a collection of large print fiction books for the enjoyment of children supported by the Sensory Consortium Service.

17. WEBSITES

SCS	www.berkshirescs.btck.co.uk
DELTA	www.deafeducation.org.uk
NDCS	www.ndcs.org.uk
ACTION ON HEARING LOSS	www.actiononhearingloss.org.uk
RNIB	www.rnib.org.uk
SENSE	www.sense.org.uk
CONTACT A FAMILY	www.cafamily.org.uk
NATIONAL CONSORTIUM ON DEAF BLINDNESS	www.nationaldb.org
SCOPE	www.scope.org.uk
CEREBRA	www.cerebra.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>

18. GLOSSARY

Sensory Impairment – SERSEN Glossary of Terms of Reference Used

- Special Educational Needs and Disability – General Glossary
- Multi-Sensory Impairment (MSI)
- Visual Impairment (VI)
- Hearing Impairment (HI)

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 the SERSEN website:
www.sersen.uk.net

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.

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.

Education and Health Care Assessment

This can be requested by the family and is a multi-agency detailed assessment of the special needs of the pupil and the help they will need. It is the LA's responsibility to make this assessment and decide if it will become a EHC Plan.

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.

Individual Education Plan (IEP)

A working document recording key short-term targets and strategies for an individual pupil that are different from and additional to those in place for the rest of the group or class. Under the new code of practice the term IEP is unlikely to be used, but individual targeted planning will be in place.

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 as well as mobility. 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 assessment 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

A pupil with a 'note in lieu' would have support provided in the same way as pupils without an EHC plan. There would need to be a graduated approach under 'SEN Support'. The content of the 'note in lieu' could help to work out what this approach might be. It is likely that some form of documentation will be developed to replace the 'note in lieu' though it will not be a statutory (legal) document.

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. This has been replaced by the Education, Health and Care Assessment.

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.

- **Multi-Sensory Impairment (MSI)**

Sense

www.sense.org.uk

Early Support booklet – ‘Information for Parents Multi-sensory impairment’

dfeprolog@prolog.uk.com

Deafblind Perspectives

www.tr.wou.edu/tr/dbp

Project Salute

www.projectsalute.net

Be-Active Box

www.playworks.co.uk

Lilli Nielsen

www.lilliworks.com

Acquired Deafblindness

A combination of visual and hearing impairment which occurs or impacts after the development of a first language

Be-active Box (see also Lilli Nielsen Little room)

A 3-sided wooden box with a Perspex lid from which toys and objects can be hung to provide a small, consistent environment within which the child can move, play and explore independently with minimum distractions.

Body Signs

See **touch cues** and **tactile signing**.

BSL Interpreter

An interpreter who interprets from spoken English to British Sign Language (BSL) and BSL into spoken English (voice over). The interpreter may use Visual Frame (signing within a limited space appropriate to the needs of the deafblind person's vision) or Hands On/Co-Active tactile signing (see below).

Co-active / hands on signing (see also tactile signing)

Deafblind children or young people may use co-active or 'hands on' signing, which involves placing their hands under the hands of the adult to receive information (receptive) or placing their hands over the hands of the adult to give information (expressive).

Communication Support Personnel

People trained to provide appropriate communication support such as BSL Interpreter, Communication Support Worker, Relay Interpreter, Communicator Guide, Note Taker.

Congenital Deafblindness

A significant sight and hearing loss from birth (or in the period immediately following birth) which results in the child having difficulty in communication, access to information and mobility.

Communicator Guide

A trained person who works one to one with deafblind and dual sensory impaired individuals providing support in the areas of communication, access to information and mobility.

Communication Support Worker

Provides communication support to pupils/students in educational settings.

Deafblind

Deafblindness a unique disability sometimes known as dual sensory impairment or multi-sensory impairment which involves a combination of vision and hearing loss which creates a unique pattern of learning difficulties causing the child or young person to experience challenges in mobility, communication and access to information.

Deafblind Manual Alphabet

It is a system of finger spelling on the hand of a deafblind person.

Intervenor

A trained person who provides individual support for a deafblind child or young person to facilitate effective communication and the receipt of clear information, enabling them to take advantage of learning and social experiences to gain a greater access to the environment.

Joint Reference (see mutual tactile attention)

When a child is involved with an activity / object with another person with both attending to the same activity / object.

Lilli Nielsen – Little Room

A small space or 'little room' which is designed to give blind children the opportunity to learn about space and to reach for objects.

Multi-Sensory Impaired (MSI)

An individual may not have a combined clinical diagnosis of visual and hearing loss, but presents as having substantial developmental delay in responding to sensory stimuli.

Mutual Tactile Attention

Involves joint attention and sharing of an activity or object through mutual touch, encourages social interaction and communicative reciprocity.

Note Taker

A person who takes notes at meetings or in educational settings for deaf or deafblind people.

Object of reference (or object cue)

An object or part of an object used to refer to a person, place, object or activity which is used to provide a concrete means of supporting understanding, conversational interactions and language development.

P Level

A method of assessment used for those working below the National Curriculum level.

Picture Exchange Communication System (PECS)

A method of using picture symbols to facilitate communication.

Relay Interpreter

An interpreter who may be deaf who relays from a group interpreter to an individual deafblind person, using visual frame signing or Hands on sign.

Resonance Board

A hollow resonating platform to help the child perceive sound as vibration – any movement on the board produces amplified sound and matched vibration, can be used to develop exploration, body awareness and early communication skills.

Sensory Integration

Sensory systems work together to gather and process information, the main systems are; vision, hearing and tactile / proprioception (awareness of the position in space and of the relation to the rest of the body). If any of these systems cannot function efficiently (either separately or together), it directly affects the ability to interact successfully with the world around us – this is referred to as ***Sensory integration dysfunction***.

Sensory Integration Exercises

These are exercises designed to stimulate the senses to work together and are intended to reduce sensory disturbances related to touch, movement and gravity.

Sensory Room

A purpose built room containing interactive sensory equipment which makes use of music, lighting and vibration to stimulate the use of the senses and encourage exploration.

Tactile Timetable

A communication system that involves the presentation of three-dimensional symbols (objects) or textured symbols to represent a sequence of events or activities.

Tactual (tactile or haptic perception)

Use of touch to gain information.

Teacher for Deafblind / MSI Pupils

Teacher with the specific mandatory qualification for working with deafblind or MSI children / young people.

Tactile Signing

Signing approach based on a standard manual signing system (e.g. BSL) in which the child's hands are placed under the hands of the adult in order to receive signs and over the hands of the adult to give signs – enables manual signing to be accessed by those children or young people who have insufficient vision to access visual signing.

Touch Cues

A touch made in a consistent manner directly on the body to communicate with the child, can be used for a variety of communicative purposes (i.e. greet, praise, inform or request).

- **Visual Impairment (VI)**

Accessible format

Text produced to be accessible for people with visual impairment, e.g. large print, Braille, tape, etc.

Accommodation

The ability of the lens to change shape to focus on objects at different distances.

Albinism

Associated with a lack of pigment (colour) in skin, hair and eyes. May mean that tinted spectacles are needed to maintain best comfortable vision. Albinism is associated with nystagmus and problems with binocular vision.

Alternating squint

A squint in which either eye fixes alternatively (see squint).

Amblyopia

Sometimes called 'lazy' eye, refers to an eye (or eyes) with reduced vision which cannot be corrected with spectacles. Amblyopia is usually caused as a result of lack of stimulation of eyesight due to an eye turn (strabismus/squint), unequal focus or cloudiness in the eye, so it is most likely that only one eye will be affected.

Anterior chamber

The space in the front portion of the eye, in front of the iris. It is filled with aqueous fluid.

Aqueous

A nutritive fluid which passes from the back portion of the eye to the anterior chamber, escaping by the Canal of Schlemm.

Astigmatism

An irregular shaped cornea. Vision is distorted because light rays do not meet at a single focal point. Very few eyes are perfect spheres so astigmatism is quite common.

Atropine

A drug administered in the form of drops to children and adults to enlarge the pupil of the eye and enable examination of the back of the eye. Its effects may not fully wear off for 12 days.

Behaviourisms

Stereotypical behaviours common to many people with severe visual impairment, e.g. rocking, eye poking, (see blindisms).

Bilateral

Both sided, affecting both eyes.

Binocular Vision

When both eyes work together at the same time; it enables depth perception.

Blindisms

Behaviours associated with people who are blind (see behaviourisms).

Blindness

Very low vision, ranging from no vision to less than 3/60 (see Snellen) or corresponding field loss in the better eye. A person is defined as legally blind if they are "so blind as to be unable to perform any work for which eye sight is essential".

Braille

A tactile form of reading made up of raised dots on a page, which constitute a code corresponding to letters or words. (A Braille is someone who uses Braille and a Braille is the machine which is used to write Braille).

Canal of Schlemm

A circular vein in the outer coating of the eye, providing outlet for the aqueous fluid.

Cardiff cards

Used to measure visual acuity in babies or children with special needs: pictures of decreasing contrast.

CCTV (closed circuit television)

Not a security feature, but a magnifying camera which can enlarge things on a monitor screen so that people with visual impairment can access text. Some are portable and can store images from the board or at a distance, to be viewed on screen.

Central vision

What can be seen in colour and detail with the macula, when looking straight at the target.

Cerebral Visual Impairment (Cortical Visual Impairment)

Usually result from damage to parts of the visual cortex in the brain and may involve specific problems.

CF

Counts fingers. Always followed by a distance, indicating at which distance a child with minimum vision can distinguish the number of fingers held up.

Clinical Visual Assessment

Assessment of visual acuity and sometimes other functions of vision undertaken in clinical conditions.

CNS

Central nervous system

Coloboma

A congenital gap in the development of the eye.

Colour Blindness (Colour Confusion)

Not being able to distinguish certain colours from each other (commonly red/green or blue/green).

Concomitant squint

One in which the squinting eye has full range of movement.

Cones

The cells in the retina responsible for detailed colour vision in daylight.

Congenital

A word describing any condition present at birth.

Conjunctiva

The thin transparent membrane covering the inner surfaces of the eyelid and the outer surface of the front of the eyeball.

Conjunctivitis

Infection and swelling of the conjunctiva. It is highly infectious.

Contact lens

An artificial lens constructed to fit directly on to the eyeball, to correct sight.

Contrast Sensitivity

The ability to distinguish different shades of grey from each other.

Convergent Squint

One in which the squinting eye is turned inwards.

Cornea

The anterior one-sixth of the outer coat of the eye, which should be totally transparent.

Corrected Vision

The best visual acuity obtained wearing prescribed glasses. This figure is always used in clinical assessment, unless otherwise stated.

Cortical/Cerebral Visual Impairment

Visual impairment caused by malfunction of the brain, when the eyes may be functioning normally.

Diopetre

Unit of measurement of refractive power, used in prescribing glasses.

Diplopia

Double vision (This is usually temporary in children).

Distance Vision

The ability to distinguish clearly objects in the distance.

Divergent Squint

One in which the squinting eye turns outwards.

Eccentric Vision

The practice of using peripheral vision to replace lost central vision. This usually involves turning the head at an unusual angle.

Echolalia

A tendency to repeat what has been said, without understanding. Very common in the development of children with severe visual impairment

Educationally Blind

Not having enough sight to be able to access the curriculum without very significant adaptations (e.g. Braille).

Field of Vision

The total area that can be seen around you without shifting your gaze; detailed central vision as well as peripheral vision.

Fixation, fixing

The ability to fix the gaze on a target in order to see it.

Floater

Small particles which move freely in the aqueous.

Focal Point

The point of the retina where light rays meet and gives the most detailed vision; an object is in focus when it is being seen most clearly.

Font

Style and size of print. The most suitable font for people with visual difficulties is widely considered to be Arial. (This document is printed in Arial) The size required is individual to the person's impairment.

Functional Blindness

Vision so severely reduced that a person is unable to function visually and has to use other senses.

Functional Vision

The ability to use eyesight in everyday conditions.

Functional Visual Assessment

Visual assessment which assesses how someone uses their vision in practical situations.

Fundus

The background of the interior of the eye. Examination of this gives the ophthalmologist valuable information about the condition of the eye.

Genetic

A condition which is hereditary.

Glare

The reflection of light which can disable children with light sensitivity.

Glaucoma

Damage to the optic nerve generally associated with a build-up of pressure inside the eye.

Hemianopia

Blindness in half the field of vision. Usually homonymous (same side in each eye), but can be bitemporal (the two outer halves are affected) or binasal (the two inner sides are affected).

Hypermetropia (Long-sightedness)

Things seen more clearly in the distance than close up.

Hyperplasia

Excessive formation of tissue.

Hypoplasia

Defective formation of tissue.

Intra-ocular pressure

The pressure within the eye, maintained by the aqueous and vitreous fluids.

Intra-uterine

Prenatal - what happened in the womb.

Large Print

Enlarged print to enable those with reduced vision to read.

Lens

The natural lens inside the eye which bends the light rays to focus on the macula or an artificial lens, e.g. in glasses, which helps to achieve this.

Light Adaptation

The ability of the eye to allow in more or less light and process changes of light and dark.

Light Perception (LP)

The ability to distinguish light from dark.

Logmar

A method of measuring visual acuity which is considered more accurate than Snellen, in which 0.0 = 6/6, normal vision (see Snellen). $3/60 = 1.3$.

Long Cane

Long canes (or guide canes) are used as mobility aids. They are moved from side to side at ground level to alert someone who is blind to possible obstacles in front.

Long Sighted

see Hypermetropia.

Low Vision

Reduced vision: officially visual acuity between 6/60 and 3/60 (registrable as partial sight).

Low Vision Aids (LVAs)

Aids, such as magnifiers, that improve a person's functional vision; often training is needed for such aids to be used efficiently.

Macula

A small circle of cells on the retina which form the area of fine detailed sight.

Mobility (& Orientation)

Training to develop orientation skills and independent movement, which may include use of a cane.

Mobility Officer (see Rehabilitation Officer)

A mobility officer is someone trained in teaching mobility skills to people with severe visual impairments (not necessarily to children or those with additional disabilities). They encourage people with a visual impairment to move around more independently.

Monocular Vision

Vision with one eye only. This is not considered to be a visual impairment, but a child may need to learn to compensate.

Moon

A form of reading by touch, which looks more like print letters than Braille. It uses curves and straight lines.

MRI scan

A scan using magnetic resonance imaging instead of X-rays to map different parts of the body. Often used to determine whether sight is affected by brain damage.

Multi-Disabled with Visual Impairment (MDVI)

A rather loose term to describe all those with visual impairment as a significant component of their complex learning and physical needs.

Multi-Sensory Environments/Rooms

Rooms where vision and other senses are stimulated by special equipment. They can be used to enhance vision or to stimulate other senses.

Myopia

Things seen more clearly close up than in the distance; the opposite of hypermetropia.

"N" print scale

A test for near vision, which indicates the smallest size print which can comfortably be read. (Roughly equivalent to font size, but not the same).

Near vision

The ability to perceive distinctly objects at reading distance.

Nystagmus

An involuntary 'wobble' movement of the eyes from side to side or round and round.

Object of Reference

An object, or part of an object, used to refer to a person, place, object or activity which is used to provide a concrete means of supporting understanding, conversational interactions and language development. Often used by people who are deafblind or have MDVI.

Occlusion

The same as patching, or covering one eye briefly to measure the acuity of the other.

Ophthalmologists

An ophthalmologist is a doctor based in a hospital who specialises in the diagnosis and treatment of eye defects and diseases. They have special qualifications and experience in eye disorders and in treating them with appropriate medicine and surgery.

Optic Chiasma

The crossing of the fibres of the optic nerves on the lower surface of the brain. This is where the impulses are sorted to be passed to the brain to be processed into vision. Difficulties in this area would result in reduced eye sight or poor visual processing.

Optician

An optician is trained to dispense and adjust spectacles and other optical aids. Ophthalmic opticians also carry out sight testing and prescribe spectacles, although young children with MSI are more likely to be assessed at a specialist clinic.

Optometrist

An optometrist performs eye sight tests and examinations to detect eye disease or abnormalities. S/he also prescribes and fits corrective lenses and advises about visual problems.

Orthoptist

An orthoptist is a health professional who specialises in the treatment of correcting vision by non-surgical measures (especially by exercises to strengthen the eye muscles). S/he also performs eye sight tests. Orthoptists usually work with children.

Paediatric Ophthalmologist

An ophthalmologist who specialises in children's eye diseases.

Partial Sight

Reduced vision: officially visual acuity between 6/60 and 3/60 (registrable as partial sight).

Patching

Covering the better eye regularly for a period of time, to develop the sight in the other (lazy) eye and prevent amblyopia.

Peripheral Vision

Everything that we see around us at the edge of our vision, outside our detailed central vision.

Photophobia

Extreme sensitivity to light.

Preferential looking

A method of testing vision in young or non-communicating children, by presenting a patterned image at the same time as a plain and judging which the child looks at.

Profound and Multiple Learning Disabilities (PMLD)

Used to describe people whose physical and learning needs are profound and complex and communication extremely limited.

Pupil

The "hole" in the iris through which light passes into the eye.

Refraction

The process by which the eyes are measured for long or short sight or astigmatism.

Refractive Error

A defect of the eye that prevents light rays being brought to focus exactly on the retina (such as long or short sight); correctable in most cases with lenses.

Rehabilitation Officer

A professional usually attached to a social services team, who is qualified to teach mobility and orientation and independence skills to people who have lost their sight.

Repetitive Behaviours

Habit forming actions, e.g. rocking, twirling, etc. common to children with visual impairment and considered to be due to be caused by under-stimulation.

Retina

The thin inner lining of the eye which receives the images and transmits them to the brain via the optic nerve.

Rods

The cells in the retina responsible for perceiving movement in peripheral vision and in dim light.

Sclera

The white of the eye.

Short Sight (Near Sight in US)

See Myopia.

Sighted Guide Technique

The recognised way of guiding someone with little or no sight.

Snellen

A clinical measurement of functional vision obtained by reading or matching letters on a chart. Vision is recorded as a fraction, e.g. 6/6 = normal vision, 6/60 = the person has to be 6 metres away in order to see

what someone with normal vision could see at 60 metres. Less than 3/60 is considered to be legally blind.

Squint

Sometimes called an eye 'turn', where both eyes point in different directions due to muscle imbalance.

Stereopsis

See binocular vision

Strabismus

See squint.

Symbol Cane

A short cane carried as a signal of visual impairment.

Tracking

The ability to follow a moving object with the eyes: this is tested when the subject has his/ her head still. Some children with restricted eye movement learn to track by moving their head.

Tunnel Vision

Loss of peripheral vision, causing vision to be restricted to a narrow central field.

Unilateral

On one side only/ in one eye only.

Visual Acuity

A measure of the ability to see fine detail; often called central vision.

Visual Evoked Response (VER) testing

Standard clinical protocol for the investigation of visual pathway function in both adults and children, in which responses to patterns are measured from electrodes attached to the head.

Visual Impairment

Sometimes taken to mean all forms of reduced vision, including blindness. Sometimes means low vision.

Visual Perception

The ability to give meaning and understanding to what has been seen (not just to see it).

Visual Processing

The ability to make sense of visual images.

Vitreous

Transparent, colourless mass of soft material filling the eyeball behind the lens.

- **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.