

SENSORY CONSORTIUM SERVICE

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

PARENT INFORMATION PACK

VISUAL IMPAIRMENT





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.
- Liaison with nursery schools on transition into education and writing of 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: 07887 531696

Early Support Materials

The revised and updated Early Support resources can be freely accessed from <http://councilfordisabledchildren.org.uk/our-work>
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

Developmental Journals

New Early Support Journals can be found at:

<http://councilfordisabledchildren.org.uk/search/content/Journal%20for%20visually%20impaired%20children>

This includes the Journal for visually impaired children.

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1. WELCOME TO THE SENSORY CONSORTIUM SERVICE PARENT INFORMATION PACK

Your child will recently have been diagnosed with a visual impairment and referred for support to Teachers of Children with Visual Impairment.

We recognise that this is a difficult time for families and hope that the information in this folder will help you understand more about visual impairment, its educational implications and how we can support you as a family. This pack should be used in addition to the early support Pack given to you by your visiting teacher.

You may not want to read it from cover to cover immediately; it is there for you to refer to and to provide you with contact information.

We hope you will share the pack with friends, relatives and other people who care for your children.

Your VI Teacher is

Based at

Contact phone number is

Email

Head of the SCS – Gillian Coles Tel: 07884 143831

Co-ordinator Visual Impairment Team – Paula Scott 07887 531696

SCS website: <http://berkshirescs.btck.co.uk>

2. WHAT IS THE SENSORY CONSORTIUM SERVICE?

The Sensory Consortium Service provides specialist teachers and support staff for children with visual/hearing impairment in the following Local Education Authorities:

- Bracknell Forest Borough Council
- Reading Borough Council
- Royal Borough of Windsor and Maidenhead
- Slough Borough Council
- West Berkshire Council
- Wokingham Borough Council

The Head of Service can be contacted at RBWM (host authority) on 01628 796786.

Referral to the Sensory Consortium Service can be by medical specialists, teachers or parents.

All referred children with visual impairments are visited at the earliest possible opportunity. We may see children from birth and throughout full-time Local Authority education.

As a specialist service, our role is to:

- Assess the functional vision of a child diagnosed with a visual impairment.
- Support and provide information for families of pre-school children on strategies for increasing functional vision or using tactile and other senses if necessary.
- Liaise with families and share views and ideas with them.
- Support and provide information to enable the child to access the curriculum and give advice about safety issues in schools.
- Give in-class support when deemed appropriate.

- Write reports for the Education, Health and Care Plan if required and contribute to Annual Reviews.
- Liaise with other involved specialists.

The Sensory Consortium Service provides qualified experienced specialist staff who are always willing to discuss parental concerns about the visual difficulties of their children. Please do not hesitate to contact your designated Teacher of Visually Impaired Children in these circumstances, so that any concerns can be addressed as soon as possible.

The Sensory Consortium Service also organises pre-school groups for visually impaired babies and toddlers for families in both West and East Berkshire.



3. SENSORY CONSORTIUM SERVICE OFFICE BASES

MAIDENHEAD (Central Office):

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

Tel No. 01628 796786

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

MAIDENHEAD (Local Office):

Town Hall
St. Ives Road
Maidenhead SL6 81RF

Tel No. 01628 673253

Administrator: Olivia Greasley

SLOUGH:

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

Tel No. 01753 787639

Fax No. 01753 787631

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
Whitley
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

4. SENSORY CONSORTIUM SERVICE VISUAL IMPAIRMENT TEAM

| Name | Title | Office Base |
|--------------------|--|-------------|
| Gillian Coles | Head of Service | Maidenhead |
| Paula Scott | Co-ordinator Visual Services | Wokingham |
| Liz Butler | Teacher of Visually Impaired | Wokingham |
| Suzu Ralphs | Teacher of Visually Impaired | Maidenhead |
| Sarah Franks | Teacher of Visually Impaired | Maidenhead |
| Sharon Smith | Qualified Children's Habilitation Specialist / Specialist Teaching Assistant | Maidenhead |
| Vanessa Beeton | Teacher of Visually Impaired | Slough |
| Sandy Piper | Teacher of Visually Impaired | Slough |
| Christine Iddon | Specialist Teaching Assistant | Slough |
| Janet Stubbs | Teacher of Visually Impaired | Bracknell |
| Elaine Rodney | Specialist Teaching Assistant | Bracknell |
| Carol Newby | Teacher of Visually Impaired | Newbury |
| Julie Calce Bunker | Specialist Teaching Assistant | Newbury |
| Neel Wilson | Multi-Sensory Impairment Co-ordinator | Reading |
| Jane Lovering | Teacher of Visually Impaired | Reading |
| Jeremy Strutt | Teacher of Visually Impaired | Reading |
| Jane Willoughby | Teacher of Visually Impaired | Reading |
| Jean Weiss | Teacher of Visually Impaired | Reading |

5. EARLY YEARS PROGRAMME

Home Teaching Programme

A qualified teacher for the visually impaired is available to you to work at home with you and your child. In consultation with yourselves, the teacher will devise an individualised teaching programme. This will include an early stimulation programme and preparation for school or nursery. The Developmental Journal for children with Visual Impairment is used in partnership with parents of children 1-3 years to support their development during these early years.

Habilitation Programme

A 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. See your teacher for details.

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 carers as specified by data protection regulations and service policy. We always discuss any formal report with yourselves prior to circulation.

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 our support for your child/young person. Our reports are always shared with you and your comments included as well as your presence 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

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

Our Promise

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.

6. 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 junior 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.



7. 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.



8. 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 Organisations

We aim to provide a family friendly service as outlined in the DfE Quality Standards for Education Support Services for Children and Young People with a Visual Impairment.

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.
- Have joint clinics and regular meetings with colleagues in Health from both the Royal Berkshire and King Edward VII Hospitals. 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.
- Regular liaison with Social Services.

9. USEFUL NATIONAL AND LOCAL ORGANISATIONS

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

ALEXANDER DEVINE CHILDREN'S HOSPICE SERVICE

The Alexander Devine Children's Hospice Service supports any child age 0-18 with a life threatening or life limiting condition. It funds Alexander's Nurses who support families across Berkshire in their own homes, providing much needed respite, palliative care, emotional and practical support. They also have play workers and counsellors, organise social activities and will have information about funding. Further information is available at

<http://www.alexanderdevine.org/contact.html>

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.

The Get Active Sports Club meets monthly in Reading and Slough. Visually impaired children and young people participate in activities such as archery, athletics, rock climbing, cricket, tennis, skating, judo, jujitsu, basketball, goalball, sitting volleyball and football. Membership costs £10 per year. Further details are available from Linda Maestranzi, Development Officer, Berkshire Vision. Tel: 0118 987 2803, Mobile 078724901482, email development@bcbs.org.uk .

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/

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

THAMES VALLEY TIGERS GOALBALL CLUB

This is open to both blind and sighted players since everyone wears blindfolds. Training sessions are held every Saturday between 2:30 p.m. and 4:30 p.m. at Bulmershe Leisure Centre, Woodley. Sessions cost £3 each, or £25 for a block of 10. Further details from Richard Claridge, thamesvalleygoalball@gmail.com, Tel: 07581368305.

10. HOSPITALS

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.

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

The Eye Clinic Liaison Officer, Sarah Short, works across the Berkshire region. Her hospital sites include: The Royal Berkshire Hospital, Reading (Tuesday and Wednesday); Prince Charles Eye Unit, Windsor (Monday and Thursday) and West Berkshire Community Hospital, Thatcham (Friday).

Sharon works closely with the medical staff within the eye clinics and is the link between the hospital and other services offering support to the visually impaired in the community. She has time to dedicate to families to talk about their concerns and to provide practical and emotional support.

If you are unable to see her at the hospital, feel free to telephone or email her:

Tel: 07771 624195

Email: sarah.short7@nhs.net

Sonya Nikchevska, Eye Clinic Liaison Officer is based at King Edward hospital in Windsor and can be contacted on:

sonya.nikchevska@royalberkshire.nhs.uk

11. 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.
- 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.
- "Early Support – Helping you Choose. Making Informed Choices for you and your Child" published by the DfE is available from your SCS teacher or directly from DfE publications. Tel. 0845 602 2260.

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

Early Years Setting and Mainstream Schools

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

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



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

Resource Base

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

Special School

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

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

Specialist schools for sensory impairment often require some residence because of low incidence of need and thus few schools offering this type of provision. Special schools can offer a greater extended curriculum which may include a significant element of self help and independence skills. Class sizes tend to be smaller with more specialist staff and children have the opportunity to meet and work alongside others with similar disabilities. They also generally offer on-site provision of physiotherapy, speech and language therapy and other professional services deemed necessary.

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

12. 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 |

13. RESOURCED SCHOOLS

Highdown Academy

Emmer Green

Reading

Berkshire RG4 8LR

Highdown School is an average-sized mixed comprehensive, taking boys and girls aged between 11 and 18. A unit for visually impaired (VI) pupils with 8 places is attached to the school.

Founded in 1991 as the designated secondary provision in Berkshire, the Visually Impaired (VI) 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.

14. VISUAL IMPAIRMENT – SENSORY NEEDS SERVICE (SOCIAL SERVICES)

The Visual Impairment Team specialist workers should provide the following services:

- 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
Pincents Lane
Tilehurst
Reading
RG31 4UH

Tel: 0118 930 2777
Fax: 0118 9305272
Minicom: 0118 9167769
Email: ltcpdteam@westberks.gov.uk

Reading:

Intermediate Care Team
PO Box 8116
Reading
RG30 8FP

Tel: 0118 9376131
Fax: 0118 9372306
Minicom: 0118 9431088
Email: isabelle.redfern@reading.gov.uk

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

15. 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.

16. 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 Email: info@livingpaintings.org</p> |
| <p>Calibre (audio library for the blind and print disabled) Aylesbury Buckinghamshire HP22 5XQ Tel: 01296 432339 Fax: 01296 392599 www.calibre.org.uk</p> | <p>Audio-described video, tape, Braille, Audio Books and large print RNIB Customer Service Centre Tel: 0845 702 3153 http://www.rnib.org.uk/services-we-offer</p> |
| <p>Isis Large Print &Audio Books 55 St Thomas' Street Oxford OX1 1JG</p> | <p>Listen2Books Tel: 0870 1913415</p> |
| <p>Talking Book Service Tel: 08457 626843</p> | <p>Internet by Phone Tel: 0845 3330845</p> |
| <p>Free audio stories can be downloaded from: www.storynory.com</p> | <p>250 free e books with audio for download to a computer or tablet from: www.oxfordowl.co.uk. Parents can sign up to use these at home.</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 https://www.abebooks.co.uk</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@nbcs.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 https://www.chilvers.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>RNIB National Library Service www.rnib.org.uk/reading <i>Right to Read Campaign</i> www.rnib.org.uk/righttoread Ways of Reading www.rnib.org.uk/</p> |
| <p>Load2Learn www.load2learn.org.uk</p> | <p>Book Advancement Group www.tactilebooks.org</p> |
| <p>Big Print Tel: 0800 124007</p> | <p>Access2Books www.access2books.org</p> |
| <p>The Seeing Ear (online library) www.seeingear.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.

Booktouch packs especially designed for children with a visual impairment are available from your Sensory Consortium Service Teacher or Local Library.

Further information about the Booktouch packs is here:

<http://www.bookstart.org.uk/bookstart-packs/>

17. BOOKLISTS / VIDEOS TO BORROW

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.

18. 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 Midleton 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: helpline@rnib.org.uk</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 www.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 http://www.comm8.com/info/talks-and-zooms-software</p> |

| | |
|---|---|
| <p>Deafblind UK Tel: 01733 358100</p> | <p>Royal Berkshire Fire & Rescue Service http://www.rbfrs.co.uk (Please ask your Sensory Consortium Service teacher to complete a referral form with you for a free home safety check.)</p> |
| <p>Family Resource Centre UK Freephone: 0800 328 9148 https://localgiving.org/familyresourcecentreuk</p> | <p>Tales of Northwick – website of the bear with nystagmus http://www.northwickbear.com/</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, Braille, sensory toys etc) and for vacation schemes such as those run by Action for the Blind.</p> | <p>National Federation of Families with Visually Impaired Children http://www.look-uk.org/welcome-to-look/contact-look</p> |
| <p>Action for Blind People www.actionforblindpeople.org.uk</p> | <p>Reading Sight www.readingsight.org.uk</p> |
| <p>STEPS Toy and Switch Postal Service http://www.stepscharity.org/</p> | <p>UK Association for Accessible Formats www.ukaaf.org</p> |
| <p>RNIB Emotional Support Service http://www.rnib.org.uk/livingwithsightloss/copingwithsightloss/emotionalsupport/Pages/emotional_support_service.aspx</p> | <p>Berkshire Carers http://www.berkshirecarers.org/?s=newsletter Berkshire Carers Service provides information, advice and support to unpaid carers in Berkshire. The link takes you to their current newsletter.</p> |

19. GLOSSARY

Sensory Impairment – SERSEN Glossary of Terms of Reference Used

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

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

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

<https://www.ipsea.org.uk/download-resource?id=13894c16-9561-4e95-909c...>

Other sections are:

Multi Sensory Impairment (MSI)

Hearing Impairment/Deafness

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

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

Aphasia

Literally, this means 'without speech'. It is 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

This is an 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)

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

Chronic

This is an ongoing, persistent condition in a disease

Complex Needs

Where there is more than one significant area of need.

Congenital

Present at birth

CT Scan

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

Deaf

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

Deterioration

This means it is getting worse.

Diagnosis

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

Disapplication

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

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

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

Dysfluency

An expressive language problem when speech is disjointed.

Dyslexia (Specific Learning Difficulties or SpLD)

www.bdadyslexia.org.uk

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

Dyspraxia (developmental co-ordination disorder or DSD)

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

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

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

Education, Health and Care Plan

A legal document produced by local authorities following multi-agency assessment and contributions from parents or carers, specifying the precise nature of the pupil's assessed difficulties and educational needs, and the special or additional provision that should be made in order to meet that child/young person's needs. EHC's must then be reviewed at least annually.

Echolalia

This is when speech patterns or parts of them are echoed back automatically without understanding or relevance to the conversation.

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

This is the refusal to speak, except in certain situations. The underlying causes are psychiatric or emotional.

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.

Expressive Language

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

Genetic Counselling

Advice which is given 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.

Local Offer

All local authorities will "be required to set out a local offer of the services available to children, young people and their families." This will cover services that are normally available to children and young people who have disabilities or special educational needs and will provide details of how to apply for more specialist support.

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 <http://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

The involvement with professionals from more than one agency.

Multi-Sensory Impairment (MSI)

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

Named Person

This is 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.

The aspects of intelligence not dependent on linguistic skills, for example, spatial abilities.

Note in lieu

A note issued to the child's parents and school when, following a statutory assessment, the LA decide not to make an Education, Health and Care Plan. The note should describe the child's special educational needs, explain why the LA will not make an EHC and make recommendations about appropriate provision for the child. All the advice received during the assessment should be attached to the note sent to the parents and, with their consent, should also be sent to the child's school.

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)

This is 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

This is the science that studies the characteristics of human sound making.

Phonics

Making use of 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

This is 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

These are 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 SCS 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. Terms such as 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 <http://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 the needs families 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 SENCo is a 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

<http://www.afasic.org.uk> <http://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.

Syndrome www.cafamily.org.uk

A condition which is identified by a group of common characteristics

Syntax

This is 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)

This is 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.

- **Visual Impairment (VI)**

Accessible format

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

Accommodation

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

Albinism

Albinism is associated with a lack of pigment (colour) in skin, hair and eyes. It 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

This is the 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

This is 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 Brailist is someone who uses Braille and a Brailier is the machine which is used to write Braille).

Canal of Schlemm

This is a circular vein in the outer coating of the eye, providing outlet for the aqueous fluid.

Cardiff cards

These are 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

This means 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

This is the 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

These are cells in the retina responsible for detailed colour vision in daylight.

Congenital

A word describing any condition present at birth.

Conjunctiva

This is a thin transparent membrane covering the inner surfaces of the eyelid and the outer surface of the front of the eyeball.

Conjunctivitis

This is caused by 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

This is the ability to distinguish different shades of grey from each other.

Convergent Squint

One in which the squinting eye is turned inwards.

Cornea

This is 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

This is 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

This is 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

This is the 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

This is the visual assessment which assesses how someone uses their vision in practical situations.

Fundus

This is 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

This is 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

This is 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)

This is when things are seen more clearly in the distance than close up.

Hyperplasia

This is the excessive formation of tissue.

Hypoplasia

This is the defective formation of tissue.

Intra-ocular pressure

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

Intra-uterine

Prenatal - what happened in the womb.

Large Print

This is the enlarged print to enable those with reduced vision to read.

Lens

This is the natural lens inside the eye which bends the light rays to focus on the macula or an artificial lens, eg. in glasses, which helps to achieve this.

Light Adaptation

This is 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

This is 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

This is the 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

This is 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 also include the 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

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

Moon

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

MRI scan

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

Multi-Disabled with Visual Impairment (MDVI)

This is 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

These are specialist 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

This is 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

This is the 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

This is 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

This is 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

This is an ophthalmologist who specialises in children's eye diseases.

Partial Sight

This is the 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

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

Photophobia

Extreme sensitivity to light

Preferential looking

This is the 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)

This term is used to describe people whose physical and learning needs are profound and complex and communication extremely limited.

Pupil

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

Refraction

This is 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

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

Rods

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

Sclera

The white part of the eye.

Short Sight (Near Sight in US)

See Myopia.

Sighted Guide Technique

This is the recognised way of guiding someone with little or no sight.

Snellen

This is 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

This is the loss of peripheral vision, causing vision to be restricted to a narrow central field.

Unilateral

On one side only or 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

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

Visual Perception

This is 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

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