

Graduated Approach Physical and Sensory (HI)



Guidance for Children and Young People with Hearing Impairment

Children with a permanent sensorineural and aided conductive hearing loss are identified by local audiology and ENT departments and referred directly to the Stoke-on-Trent's Sensory Team and through the New-born Hearing Screening Programme. When a referral has been made, support is offered by specialist staff from the team to children, families and schools/settings. Support from Teachers of the Deaf and specialist staff is offered, based on the NatSIP Eligibility Framework.

It is acknowledged that other conditions occur alongside hearing loss; for example, degrees of learning difficulty, Autism Spectrum conditions, physical difficulties, visual impairment. Advice on these can be found throughout the Graduated Approach document.

The children and young people to whom this guidance relates will present with a range of hearing loss which affects their language and communication development. The suggested provision and resourcing at the appropriate range will support effective teaching and learning for this group of children.

Children with hearing impairment have differences in the areas identified below. Use these descriptors to identify the needs of an individual pupil. Highlight the descriptors which are appropriate to an individual child and compare this to the range models.

Guidance for Children and Young People with Hearing Impairment

Range Descriptors Overview

<p>Quality First Teaching Range 1 Mild</p>	<ul style="list-style-type: none"> • Unilateral/bilateral hearing loss greater than 20dBHL • This is likely to include children with a mild or unilateral loss which may be temporary/fluctuating conductive or permanent sensorineural but whom can manage well with reasonable adjustments and are subsequently not aided.
<p>Initial Support Range 2 Mild - Moderate</p>	<ul style="list-style-type: none"> • Bilateral mild long term conductive or sensorineural hearing loss • May have Auditory Neuropathy Spectrum Disorder • Mild to moderate permanent unilateral (moderate or greater hearing loss) • Hearing aids used • Moderate difficulty with listening, attention, concentration, speech, language and class participation
<p>SEND Support Range 3 Moderate</p>	<ul style="list-style-type: none"> • Bilateral moderate long term conductive or sensorineural hearing loss • Will have hearing aids and may have a radio aid • Will have moderate difficulty accessing spoken language; likely language delay • May have Auditory Neuropathy Spectrum Disorder and may require frequent monitoring • Moderate difficulty with listening, attention, concentration and class participation
<p>Enhanced SEND Support Range 4 Significant</p>	<ul style="list-style-type: none"> • Bilateral moderate or severe permanent hearing loss • May have additional language/learning difficulties associated with hearing loss • Significant difficulty accessing spoken language and therefore the curriculum • May have additional language delay associated with hearing loss • Will have hearing aids and may have a radio aid • Auditory Neuropathy Spectrum Disorder and may have hearing aids • Difficulties with attention, concentration, confidence and class participation • Speech clarity may be affected • Significant difficulties with attention, concentration, confidence and class participation

Initial Support – Range 2

NEEDS and CHALLENGES	<p>Hearing Impairment children and young people may have difficulties with:</p> <ul style="list-style-type: none"> • attention/ concentration • following instructions • receptive/ expressive language • tiring easily • fluctuating responses to sound
ASSESS	<ul style="list-style-type: none"> • Observation: family or class/ subject teachers may have raised concerns that the children and young people (with no diagnosis) is not responding to sound/ or is not hearing clearly • In school/ setting assessments may raise concerns regarding attainment or progress • In Early Years, children and young people may show a delay in early milestones • The 2 year health check may identify • concerns that could link to hearing.
PLAN and DO	<ul style="list-style-type: none"> • Further Assessment: • Refer to the school nursing hub for a hearing test. (0300 404 2993) • Ask family to take to the GP for a hearing test. • Speak to the children and young people and family and the class/ subject teachers for more detailed information about their hearing. • Where there is ongoing difficulty to access a hearing test, make a referral to the Inclusive Learning Service Sensory Team. (01782 232538) • Strategies in the classroom: <ul style="list-style-type: none"> ○ seating position and good lighting ○ reduction of background noise ○ checking for understanding with the pupil ○ use the pupil's name to cue them in ○ use of visual or tactile resources

EXPECTED OUTCOMES / REVIEW	<p>Children and young people will be included in learning in a good listening environment. A Teacher of the Deaf (QTOD) can give advice about good listening environments. The NDCS also share useful advice for schools.</p> <p>Referral to health for a full assessment is made as required.</p> <p>A full assessment would lead to a clear understanding of whether the pupil has a hearing impairment or not- which supports the developing knowledge of the child, and whether hearing impairment is a contributory factor to the children and young people’s behaviours.</p> <p>Useful links and evidence:</p> <p>MESH Guides:</p> <ul style="list-style-type: none">• Acoustics - hearing, listening and learning: Guide advice about managing sound, acoustic materials, soundfield systems, and radio aids• Glue Ear: Guide• Auditory Processing Disorder (APD) in Children: Guide
---	---

SEND Support – Range 3

NEEDS and CHALLENGES

Hearing Impairment

The children and young people has a diagnosed hearing impairment.
(Typically NatSIP C3-B2, visit frequency By Request- Half-termly)

The level of loss may be:

- unilateral/ bilateral
- fluctuating conductive
- mild- moderate loss
- conductive, sensori-neural, mixed or Auditory Neuropathy Spectrum Disorder (ANSD)
- children and young people may have difficulties with:
- attention/ concentration
- following instructions
- receptive/ expressive language
- tiring easily
- fluctuating responses to sound

class participation

ASSESS

- **Observation:** how is the children and young people accessing learning in the classroom/ setting?
- **Discussion:** with children and young people, setting/ school staff and family
- The children and young people should be making good progress as monitored through the school's/ setting's tracking systems

Language assessments that may be completed by the school/ nursery/ family include:

(Links take you through to a description of each assessment by the NDCS)

- [British Picture Vocabulary Scale- 3rd Edition \(BPVS\)](#)
- [Renfrew Language Scales- Word Finding Vocabulary Test](#)
- [Renfrew Language Scales- Action Picture Test- 5th Edition](#)
- [Renfrew Language Scales- Bus Story Test](#)
- [Teaching Talking- Second Edition \(Locke and Beech\)](#)
- [The Monitoring Protocol/ Success from the Start \(with support from the TOD\)](#)
- [Teddy Talk Test](#)

The ILS Hearing Impairment Team will use the NatSIP Eligibility Framework to support a decision about the level of support. At this level, typically, a child will fall between C3-B2 (By request- half termly)

PLAN and DO

- The children and young people should access learning alongside peers- with access to a differentiated broad and balanced curriculum.
 - children and young people should be fully included in the life of the school.
 - Follow advice and support from the Inclusive Learning Hearing Impairment Team.
 - [Page 67-70 in the DfE research report SEN support: A rapid evidence assessment](#) outlines the importance of schools working closely with Qualified Teachers of the Deaf (QTOD). It considers effective adaptations and some research about effective literacy support.
 - Daily checks of audiological equipment (if appropriate) as modelled by the Teacher of the Deaf.
 - Good listening environment (As in Initial Support). [The NDCS share useful advice for schools.](#)
 - Good use of a soundfield system as appropriate.
 - Good use of a radio aid where this is appropriate.
 - **Strategies in the classroom:**
 - seating position and good lighting
 - reduction of background noise
 - checking for understanding with the pupil
 - use the pupil's name to cue them in
 - use of visual or tactile resources
 - pre- or post-teach of key vocabulary and concepts
 - teaching of vocabulary that may be 'anchor/ tier 1 words' for other children and young people
 - clarify, explain and reinforce lesson content
 - reasonable adjustments to support the needs of the children and young people
 - Deaf awareness training for staff involved with the children and young people.
 - Deaf awareness conversation with children and young people and their peers as appropriate.
- Interventions may include:
- Speech, language and communication
 - Phonics
 - Literacy

<p>PLAN and DO continued</p>	<p>Where observation or assessment shows that a children and young people is not making good progress, further assessments may be undertaken by the ILS HI team, including:</p> <ul style="list-style-type: none"> ○ Speech in noise tests ○ Further language assessments/ specialist assessment. Assessment of the acoustic environment ○ Conversation ○ Observation
<p>EXPECTED OUTCOMES / REVIEW</p>	<ul style="list-style-type: none"> • The children and young people makes good progress in line with hearing peers. • The children and young people access learning alongside peers. • The children and young people is engaged as a member of the school's wider community. • The children and young people shows a developing independence in the management of specialist equipment. • The children and young people shows a developing understanding of their deafness. • The children and young people is able to self-advocate at a level appropriate to their age and needs. <p>Useful links and evidence, as above plus:</p> <p>MESH Guides</p> <ul style="list-style-type: none"> • Understanding Hearing Loss • Acoustics - hearing, listening and learning: Guide includes advice about managing sound, acoustic materials, soundfield systems, and radio aids and soundfield systems • Radio aids – optimising listening opportunities: Guide • Support for deaf children aged 0 to 5 years: Guide includes information about the Newborn Hearing Screening Programme, Monitoring Protocol, Communication (oral/ aural and British Sign Language), early language • Natural Aural Approach • British Sign Language (BSL): Guide • Autism and Deafness: Guide • NatSIP have produced 10 Top Tips for professionals working with children and young people with a hearing impairment or multisensory impairment, which can be found here. • The NDCs have produced a useful series, Supporting the Achievement of deaf children and young people, which has useful information for children and young people at different stages in education.

Enhanced SEND Support – Range 4

<p>NEEDS and CHALLENGES</p>	<p>Hearing Impairment</p> <p>The children and young people has a diagnosed hearing impairment. At this level typically, a child will fall between B1 and A1 (Half-termly – at least twice weekly)</p> <p>The level of loss is likely to be:</p> <ul style="list-style-type: none"> • Moderate- profound • Conductive, sensori-neural, mixed or Auditory Neuropathy Spectrum Disorder (ANSD) • children and young people may have had late identification or difficulty establishing use of hearing aids or a progressive loss etc <p>children and young people may have:</p> <ul style="list-style-type: none"> • A significant language delay as a result of their hearing impairment • Difficulty accessing speech in background noise
<p>ASSESS</p>	<ul style="list-style-type: none"> • Observation: how the children and young people is accessing learning in the classroom • The children and young people should be making good progress as monitored through the schools tracking systems <p>Language assessments that may be completed by the school/ nursery/ family include: (Links take you through to a description of each assessment by the NDCS)</p> <ul style="list-style-type: none"> • British Picture Vocabulary Scale- 3rd Edition (BPVS) • Renfrew Language Scales- Word Finding Vocabulary Test • Renfrew Language Scales- Action Picture Test- 5th Edition • Renfrew Language Scales- Bus Story Test • Teaching Talking- Second Edition (Locke and Beech) • The Monitoring Protocol/ Success from the Start (with support from the TOD) • Teddy Talk Test <p>The ILS Hearing Impairment Team will use the NatSIP Eligibility Framework to support a decision about the level of support. At this level typically, a child will fall between B1 and A1 (Half-termly – at least twice weekly)</p>

<p>PLAN and DO</p>	<ul style="list-style-type: none"> • Provision through differentiated QFT by class/ subject teacher incorporating advice from QTOD as necessary. • Page 67-70 in the DfE research report SEN support: A rapid evidence assessment outlines the importance of schools working closely with Qualified Teachers of the Deaf (QTOD). It considers effective adaptations and some research about effective literacy support. <p>Provision as in SEN support, plus:</p> <ul style="list-style-type: none"> • Seek advice about appropriate provision from the QTOD or other outside agencies (e.g. SLT/ EPS) as appropriate <p>Additional adults supporting the children and young people should:</p> <ul style="list-style-type: none"> • Have suitable training and advice from the QTOD • Reinforce lesson content • Deliver modified curriculum tasks. • Support language development. • Support effective use of audiological equipment. • Have appropriate communication skills. <p>Interventions may include:</p> <ul style="list-style-type: none"> • Speech, language and communication • Phonics • Literacy <p>Where observation or assessment shows that a children and young people is not making good progress, further assessments may be undertaken by the ILS HI team, including:</p> <ul style="list-style-type: none"> • Speech in noise tests • Further language assessments/ specialist assessments • Assessment of the acoustic environment • Conversation • Observation <p>The NDCs have produced a useful series, Supporting the Achievement of deaf children and young people, which has useful information for children and young people at different stages in education.</p>
---------------------------	---

<p>EXPECTED OUTCOMES / REVIEW</p>	<ul style="list-style-type: none"> • The child/young person makes good progress in line with hearing peers. • The child/young person access learning alongside peers. • The children and young The child/young person is engaged as a member of the school's wider community. • The child/young person shows a developing independence in the management of specialist equipment. • The child/young person shows a developing understanding of their deafness. • The child/young person is able to self-advocate at a level appropriate to their age and needs. <p>MESH Guides, as above plus:</p> <ul style="list-style-type: none"> • Cued Speech: Guide
--	--

<p>NEEDS and CHALLENGES</p>	<p>Hearing Impairment</p> <p>The children and young people has a diagnosed hearing impairment. At this level typically, a child will fall between A2 and A1 (Half-termly – at least twice weekly)</p> <p>The level of loss is likely to be:</p> <ul style="list-style-type: none"> • severe- profound • conductive, sensori-neural, mixed or Auditory Neuropathy Spectrum Disorder (ANSD) • children and young people may have had late identification or difficulty establishing use of hearing aids etc <p>children and young people will have:</p> <ul style="list-style-type: none"> • A severe language delay • Difficulty accessing speech in noise • Difficulty accessing the curriculum alongside peers • May have difficulty with speech production • May have difficulty discriminating softer sounds in speech <p>The Entrance and Exit Criteria can be found as a linked document here.</p>
------------------------------------	--

NEEDS and CHALLENGES continued	<ul style="list-style-type: none"> • Curriculum assessment using the school's tracking systems • Specialist and Language assessments linked to the children and young people's sensory needs by the ToDs. • The ILS Hearing Impairment Team will use the NatSIP Eligibility Framework to support a decision about the level of support. At this level typically, a child will fall between A2 and A1 (At least weekly)
PLAN and DO	<ul style="list-style-type: none"> • Access to a broad and balanced curriculum alongside mainstream peers through differentiated QFT in a mainstream setting while accessing specialist support and teaching from QTODs, specialist practitioners and staff trained by a QTOD to understand and meet the needs of an HI learner. • Page 67-70 in the DfE research report SEN support: A rapid evidence assessment outlines the importance of schools working closely with Qualified Teachers of the Deaf (QTOD). It considers effective adaptations and some research about effective literacy support. <p>Specialist practitioners, under the direction of the QTOD and class/ subject teacher to:</p> <ul style="list-style-type: none"> • Reinforce lesson content. • Deliver modified curriculum tasks. • Support listening/ language/ literacy/ learning development. • Support curricular access • Daily listening checks and visual checks of audiological equipment. • Support staff should have appropriate communication skills. • Note taking as appropriate • Pre and post teaching linked to school planning
EXPECTED OUTCOMES / REVIEW	<ul style="list-style-type: none"> • The child/young person makes good progress in line with hearing peers. • The child/young person access learning alongside peers. • The child/young person is engaged as a member of the school's wider community. • The child/young person shows a developing independence in the management of specialist equipment. • The child/young person shows a developing understanding of their deafness. • The child/young person is able to self-advocate at a level appropriate to their age and needs. <p>Useful links and evidence, as above plus: MESH Guides, as above plus:</p> <ul style="list-style-type: none"> • Auditory Verbal Therapy: Guide • See the HISR Local Offer

Sensory and/or Physical Needs: PfA Outcomes and Provision

PfA Outcomes – Reception to Y2 (5-7 years)

Employability/Education	<ul style="list-style-type: none">• Child will cooperate with self-care routines and medical routines, including those associated with any physical or medical conditions/diagnoses.• Child will access regulatory activities to support them to concentrate and maintain focus in the classroom.
Independence	<ul style="list-style-type: none">• Child will cooperate with self-care routines, medical routines including those associated with any physical or medical conditions/diagnoses
Community Participation	<ul style="list-style-type: none">• Child will be able to participate in team games, after-school clubs and weekend activities in accordance with their physical and medical capabilities.
Health	<ul style="list-style-type: none">• Child will attend relevant health, dental, optical and hearing checks as required to promote good physical health.• Child will cooperate with self-care routines and medical routines including those associated with any physical or medical conditions/diagnoses.• Child will participate in sport and physical exercise in accordance with their physical/medical capabilities.

PfA Outcomes – Y3 to Y6 (8-11 years)

Employability/Education	<ul style="list-style-type: none">• Child will be able to access careers information, opportunities to meet role models/talks from visitors to school through adaptations and formats which consider physical, sensory or medical needs as appropriate to individual circumstances.
Independence	<ul style="list-style-type: none">• Child will be able to move around the school environment as required.• Child will begin to develop age-appropriate life skills to include basic cooking skills, awareness of transport and requirements for travel (tickets, timetables etc.), money in accordance with their physical and medical capabilities.
Community Participation	<ul style="list-style-type: none">• Child will be able to access after-school clubs, youth groups, sports teams, community-based groups in accordance with their physical and medical capabilities.
Health	<ul style="list-style-type: none">• Child will be able to manage minor health needs.• Child will make healthy eating choices and will engage in physical exercise in accordance with their physical/medical capabilities.

PfA Outcomes – Y7 to Y11 (11-16 years)

Employability/Education	<ul style="list-style-type: none"> • Child will be able to access work experience placements, voluntary work or part-time employment opportunities through adaptations and formats which consider physical, sensory and/or medical needs as appropriate to individual circumstances. • Child will understand supported employment options e.g. Access to Work • Child will be able to make smooth transitions to new settings to facilitate emotional wellbeing and support integration and inclusion.
Independence	<ul style="list-style-type: none"> • Child will be able to move around the school or work-based environment as required. • Child will demonstrate age-appropriate independent living skills to include cookery, access to local transport, money and time management in accordance with their physical and medical capabilities.
Community Participation	<ul style="list-style-type: none"> • Child will be able to access transport options within their physical and medical capabilities to facilitate independence and community participation. • Child will be able to access community-based groups/activities in accordance with their physical and medical capabilities.
Health	<ul style="list-style-type: none"> • Child will be more independent in managing more complex health needs in accordance with their physical and mental capabilities. • Child will attend their annual health check with their GP if registered as having a learning disability.

Provision: Please refer to detail provided within the Teaching and Learning Strategies and Interventions sections: Physical, Medical and Sensory Needs: HI, VI, Physical and Medical Needs.