

Practical Approaches to Support Inclusion: Multi-Sensory Impairment

Description of Needs	Strategies to support teaching	Hints and Tips	Examples of outcomes to work towards
<p>The CYP experiences needs which are managed well in a mainstream setting with Quality First Teaching and thought given to approaches and strategies at a whole class level with appropriate differentiation of task and teaching style.</p> <ul style="list-style-type: none"> • Mild loss in both and making good use of at least one modality. • CYP may have monocular vision/unilateral Hearing Impairment, but Multi-Sensory Impairment effects are multiplied as unable to fully compensate using vision for hearing and vice versa. • May have hearing aids and/or Low Vision Aids • Non-progressive condition • Auditory Neuropathy/Cerebral Vision Impairment • May have additional learning needs or not tolerate aids. • The CYP experiences/needs are managed well in a mainstream class with 	<p>Pupil is monitored by SENCO/class teachers with advice and minimal involvement of Sensory Team (Monitoring Caseload) The teacher is held to account for the learning and progress of the CYP in the mainstream class. Curriculum plan reflects levels of achievement and includes individually focused support plan targets.</p> <p>Focus on:</p> <ul style="list-style-type: none"> • Presence, Inclusion, Belonging, Achievement, Independence <p>Quality First Teaching</p> <ul style="list-style-type: none"> • Meets the needs of all pupils and includes: • Flexible grouping arrangements, opportunities for 1:1 and small group work • Opportunities for peer-to-peer interaction • Teaching methods which facilitate access to the curriculum, social/emotional development, and class participation. 	<ul style="list-style-type: none"> • Have you checked the equipment and aids to ensure fully working? <p>Environment</p> <ul style="list-style-type: none"> • Are the seating, lighting, visual environment, and acoustics appropriate? • Are you noise aware? (Especially background noise – keep door closed, turn off appliances when not in use, chair scraping, table tappers etc.) • Are you within the child's listening distance? • Where do you stand in the classroom? Away from the window when teaching, to not create a silhouette. • Do you stand still when you are talking? • Is the child seating so they can see you and their peers? • Is the room quiet for listening/ focussed tasks? <p>Communication</p> <ul style="list-style-type: none"> • Is only one pupil talking at a time and is information repeated if quiet? • Are simple sentences & consistent language used? • Are you level with the pupil when talking? • Have you given time for processing to respond? (Count to 10 in your head) • Does the child need Makaton signs to support understanding appropriate for MSI needs? 	<ul style="list-style-type: none"> • X can access the curriculum independently. • X can focus on the task provided • X can communicate wants and needs • X can advocate about their own needs. • X can ensure equipment is fully charged and working. • X can be understood.

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<p>appropriate differentiation of task and teaching style.</p> <ul style="list-style-type: none"> • The CYP may have minor difficulties with: • Working at a slower pace but good compensatory strategies • Listening, attention and concentration but language and communication largely match potential given appropriate support • Low level of support needed to manage equipment and aids • Appearing dreamy, disruptive, distracted, and demanding as well as find it difficult to listen and attend to speech • Being withdrawn and wait for cues from others in the class • Multi-Sensory Impairment may have a wider impact on a CYP's social and emotional wellbeing despite the apparent lack of obvious impairment • Listening in background noise • Not hearing clearly in a group situation • Having unclear speech • Acquiring phonic skills. 	<ul style="list-style-type: none"> • Opportunities for explanation, clarification and reinforcement of lesson content and language • Additional adults are deployed appropriately to ensure pupil access • Some differentiation of activities and materials – modified curriculum task • Use of visual, auditory, and kinaesthetic approaches. • Routine feedback to pupils • Awareness that a CYP may need more time to complete tasks and that equality of access may mean that they need to do some things differently. • Consideration to CYP's learning style. • The environment is planned to take into consideration the physical and sensory needs of all CYP e.g. Playground and classroom layouts, displays, signage and lighting. • White/interactive board displays should be clear for all CYP, a dark pen should be used when writing on the board. 	<ul style="list-style-type: none"> • Could you use a visual/objects of reference timetable? • Has the child played with or worked with one or two peers in quiet environment? • Has the child accessed frequent breaks to reduce tiredness? <p>Resources</p> <ul style="list-style-type: none"> • Are the backgrounds for whiteboard presentations and worksheets plain/uncluttered to reduce distractions/visual clutter? • Are the resources and displays supporting independence? • Does the child use a slope board to raise work? • Does the child need alternative ways to record work? (The iPad with keyboard e.g., clicker software) • Does the child need a range of alternative equipment? <p>Movement and Independence</p> <ul style="list-style-type: none"> • Does the child have a choice In practical sessions of equipment to use? • Do you indicate where you are going and when you are turning corners? • Can you use language related to directions e.g. Up, down, left, right? <p>Social and emotional</p> <ul style="list-style-type: none"> • Has the child made supportive friends? • Are there any concerns regarding emotional well-being? 	

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	<ul style="list-style-type: none"> • Use of teaching strategies that develop the independent learning of the CYP • Person centred approaches – child’s opinions and preferred strategies • Part of school and class assessment • Requires modification to presentation of assessment • The CYP may also be vulnerable to bullying or have low self-esteem. 		

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<p>The CYP has identified needs and <i>may not be making expected progress</i> in some areas because of their multi-sensory impairment. They may require additional specific interventions or specialist advice due to impact of sensory impairment. They may also have social and emotional difficulties which have an impact on their social and emotional wellbeing.</p> <ul style="list-style-type: none"> • Moderate loss in one modality and mild/moderate in the other 	<p>SEN Support Plan with more regular advice and involvement/intervention from Sensory Team including areas because of their vision impairment. As appropriate to assessed need:</p> <ul style="list-style-type: none"> • Programmes to develop spoken and written language communication skills may need to be followed through and incorporated naturally into all aspects of the school day. • Pre-teaching of vocabulary and post tutoring to ensure understanding of concepts 	<p>Have regular checks of low vision and/or hearing aids taken place to ensure all working well?</p> <p>Communication</p> <ul style="list-style-type: none"> • Does the core vocabulary need additional teaching and reinforcement? • Has the curriculum been differentiated to meet the pupil’s needs? • Does there need to be a referral to Speech and Language Therapy for additional advice? <p>Environment:</p> <ul style="list-style-type: none"> • Is the environment visually and acoustically appropriate for small group and 1:1 session? 	<ul style="list-style-type: none"> • X will be able to access information on the IWB independently (though MLP resources or through technology) • X will fully participate in IT sessions using built in accessibility options. • X will be able to safely access practical subjects. • X will be able to find friends at break and

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<ul style="list-style-type: none"> • Moderate Vision loss with a hearing loss that may be mild to moderate with a late diagnosis. Late diagnosis may exacerbate or prolong difficulties. • The pupil may access auditory information. • They are likely to have hearing aids/cochlear implants, radio aid likely to be required but still communicate mainly orally with some signed support. • May use Low Vision Aids (LVAs) • May have additional language/learning needs associated with dual sensory impairment • Likely to have difficulties accessing incidental learning, including signed and verbal communication • Slower pace of learning, difficulties with attention, concentration and development of independence and social skills • Have Auditory Processing Disorder / Auditory Neuropathy / CVI. 	<ul style="list-style-type: none"> • Some in- class support may be necessary from time to time in certain subjects or with certain topics. This should be provided by school. • When alerting pupils to an action, artefact, illustration, or example adults should describe what to take notice of and if necessary, describe what it is. • Pupils should have access to positive role models with a hearing and vision impairment and there should be supported to engage with the wider Multi-Sensory Impairment community. • In addition school should ensure that there is access to non-educational provision and that impairment is not a barrier to inclusion in provision such as after school clubs, sports clubs etc. • There should be promotion of a whole school approach to signing. If a pupil uses British Sign Language, tuition will be important for peers and staff. 	<p>Accessing information</p> <ul style="list-style-type: none"> • Have adaptations been made to the curriculum delivery to ensure access and is the child able to access the work? • Has there been opportunities to experience new activities, complete work, preview, and review the lesson? • Does the child need additional targeted support for explanation, clarification, and reinforcement and to accommodate slower pace of learning? • Does the child need extra reinforcement to secure specific skills, maths, handwriting, laying out work? • Does the child need specific teaching of ICT skills as part of their learning? • Would the pupil benefit from learning to touch type to make their work accessible? <p>Orientation and Mobility</p> <ul style="list-style-type: none"> • Have risk assessments been completed in advance of practical activities, including off site visits? • Do you talk to the pupil about where you are going & what some of the main landmarks are as you pass them? • Does the pupil need to move at a slower pace than you think is normal, so they have time to see things? <p>Social and emotional well-being</p> <ul style="list-style-type: none"> • Can the child take part in conversations? 	<p>lunchtime who understand their needs.</p> <ul style="list-style-type: none"> • X can read books in the right print size for pleasure. • X will continue to develop technology skills for accessing work independently via an iPad • X will be able to adapt accessibility setting independently for own needs. • X will continue to access modified and enlarged resources.

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		<ul style="list-style-type: none"> • Can the child interpret the actions of others from auditory and tactile cues? • Does the child use appropriate social and non-verbal language? • Would the child benefit from social skills training? <p>Resources</p> <ul style="list-style-type: none"> • Does the child have and use appropriate learning materials including low vision aids and electronic magnification? 	
<p>The learner has significant primary needs relating to their multi-sensory loss which impacts on progress requiring long-term high-level involvement of Sensory Team.</p> <ul style="list-style-type: none"> • Severe/profound loss in one modality and moderate in the other or has a late diagnosed or recently acquired MSI • Pupils may be registered sight impaired or severely sight impaired but still learning by sighted means. Distance vision: 6/36 or 6/60 or worse. This means that the pupil can see at 6m, what typical vision could see from 60m. • Uses hearing aids and/or LVAs • May have delayed development in some areas of learning and 	<ul style="list-style-type: none"> • Information and advice is shared with all appropriate staff • Planning and assessment modified to take into account the sensory needs of the pupil. • Remember combined vision and hearing loss makes completing tasks slower. • reinforce mainstream work and prepare the pupil for class activity/learning experiences. • Special considerations put in place for examinations and end of Key Stage tests. • The pupil will need access to ICT or read and record in either print or Braille format/British Sign Language as appropriate. • Some curriculum and printed materials or other learning 	<p>Communication</p> <ul style="list-style-type: none"> • Does the child need additional work to develop speech; communication skills; appropriate communication codes; and listening skills? • Does the child need an individual approaches to communication that may include tactile modes of communication, use of Sign Supported English (SSE) and/or British Sign Language, tactile sign/manual alphabet, or visual/tactile symbol systems and may involve a Total Communication approach? Advised by QTMSI <p>Accessing information</p> <ul style="list-style-type: none"> • Are the acoustic conditions of the room good? • Do you need further advice around this area? Advice from the Qualified Teacher of Multi-Sensory Impairment. • Can you provide additional hands-on experience of materials and presentations? 	

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<p>difficulties generalising learning and transferring skills</p> <ul style="list-style-type: none"> • May have difficulties coping with new experiences and have underdeveloped independence and self-help skills • Likely to have communication difficulties • Significant difficulties accessing incidental learning and the curriculum • Likely to require some individual support to access learning and social interactions and to develop life-skills • Likely to also require a tactile approach to learning with access to real objects and context-based learning experiences and/or access to visual or tactile signed communication • Significant difficulties with attention, concentration, confidence and class participation • Significantly slower pace of learning. 	<p>equipment and materials may need to be modified.</p> <ul style="list-style-type: none"> • The pupil may need modification of written texts to ensure that the vocabulary and language is accessible. • School will need to provide support for the LSA or QTMSI for differentiation of the curriculum. • Foster emotional and social awareness for all children. • Provide pastoral support and encouragement. • LSA support will be necessary to ensure access and safety in most lessons. • Intervention should include tutoring from talking hands instructor/ tactile signing and symbols instructor as appropriate. 	<ul style="list-style-type: none"> • Can you provide additional experiences of the environment to support gaps in learning? • Does the pupil need a programme to learn skills to improve curriculum access for example touch typing or use of magnifiers to increase social interaction with peers? <p>Orientation and Mobility</p> <ul style="list-style-type: none"> • Are Risk Assessments completed to ensure safety on off-site activities? • Do you have a PEEP in place to support during emergencies? • Does the pupil require direct support and training in mobility around the school and independent living? Advice from Qualified Habilitation Specialist (QHS) • Do you have concerns about the classroom/school environment? • Do you need advice from the QHS? e.g. vertical blinds, highlighting of hazards. • Does the child need support with orientation and habilitation needs? • Does the child struggle to find friends? • Does the child bump or trip over things? • Can the child use cutlery to feed themselves? <p>Social and emotional well-being</p> <ul style="list-style-type: none"> • Does the child understand the social cues of conversations and being with their peers? • Do they need additional social skills training to fill in gaps there may be due to the child/young person not picking up social cues? 	

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		<p>Resources</p> <ul style="list-style-type: none"> • Can the child access the IWB? • Do they need technology to support access? 	
<p>The CYP will experience significant persistent and enduring difficulties because of their multi-sensory impairment profound/severe loss in one modality and moderate/severe in the other and/or progressive condition</p> <ul style="list-style-type: none"> • uses hearing aids, cochlear implants and often radio aid and requires regular support for their management and maintenance • may use technology and/or LVAs • Severe communication difficulties requiring an individual communication system using alternative and augmentative approaches • May require a tactile approach to learning with access to real objects and context-based learning experiences and/or access to visual or tactile signed communication 	<p>Significantly high levels of support from Sensory Team including regular intervention time for the pupil as well as advice and training to school.</p> <ul style="list-style-type: none"> • Staff in the school will need appropriate training and awareness of the potential impact of dual-sensory impairment should be evident in the classroom • Individual support, trained to meet the needs of pupils with MSI • Intervenors will need specialised training appropriate to their role. • Planning and assessment appropriate to the needs of a student with severe dual sensory impairment • Information and advice are shared with all appropriate staff • EHCP targets are specific and incorporate advice from QTMSI • Adult to give significant levels of support during the visits and provide sight guide as appropriate and ensure safety. 	<p>Communication</p> <ul style="list-style-type: none"> • Withdrawal sessions for individual/small group work: • Individual curriculum to facilitate learning through tactile and experiential approaches and using alternative or augmentative communication systems <p>Accessing information.</p> <ul style="list-style-type: none"> • support and intervention to mediate the curriculum, through verbal descriptions and hands on concrete models • High level of individual support within small class groupings • Individual curriculum to facilitate learning through sensory and experiential approaches and using alternative or augmentative communication systems • provide additional experiences of the environment to support gaps in learning. • Learning activities that involve real objects, events and processes where students may not have direct experience of a concept • learn skills to improve curriculum access for example touch typing or use of magnifiers to increase social interaction with peers. 	<ul style="list-style-type: none"> • Bespoke outcomes identified through liaison with Sensory Team (Qualified Teacher of Multi Sensory Impairment/Qualified Teacher of the Deaf/Qualified Teacher of Visual Impairment)

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<ul style="list-style-type: none"> • May have severe difficulties generalising learning and transferring skills • Difficulties coping with new experiences • May have underdeveloped independence and self-help skills • May have difficulties developing relationships and lack social awareness leading to social isolation • Likely to require a high level of individual support to access learning and social opportunities and to develop life skills • May display challenging and/or self-injurious behaviour • May have limited clinical assessment information because of additional complex educational needs 	<ul style="list-style-type: none"> • Adult to give significant levels of support during school visits or activities to enable pupil to participate. • Significant and intensive adult support and intervention to model, encourage and develop pupils' expressive communication skills including spoken language and/or Total Communication/Sign Language in class and social situations and to mediate spoken communication in class and social situations where appropriate. • Comprehensive risk assessments for off site visits liaising with Sensory Specialists to assess accessibility and ensure safety. • Direct adult support at all times when moving around the environment to facilitate movement and promote development of mobility and orientation skills as well as ensure safety. • Direct adult support to manage personal care needs, due to an underlying condition, including eating, drinking and toileting. • Direct adult support to implement and reinforce development of personal care skills due to 	<p>Orientation and Mobility</p> <ul style="list-style-type: none"> • Are risk assessments reviewed regularly to consider risks to self and others? • Are skills taught by QHS reinforced and embedded in school day? • Does the child use their long cane to access the environment (If appropriate)? • Are staff supporting the pupil when moving between lessons may be verbal landmarks or sight guiding? • Does the pupil need to be met on arrival and handed over at end of day? • Are staff in place and confident to supervise at break and lunch times? • Do you have a back-up plan if support is absent? • Does the child have friends in their peer group? • Is planned support in place for practical experiments and work taking into consideration their learning and safety. • Is the environment busy and noisy as this can be confusing and distracting? • Is there a quiet place for 1:1 intervention to enable focus and concentration? <p>Social and emotional well-being</p> <ul style="list-style-type: none"> • Does the child need additional support to facilitate social inclusion? 	

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	<p>profound vision/multi-sensory impairment such as eating, drinking and toileting.</p>	<p>Resources</p> <ul style="list-style-type: none"> • Does the child have Adapted equipment to meet specialised MSI needs to be able to access their work? • Does the child have regular access to tactile resources? • Does the child have access to Independent Living skills resources, e.g. talking scales, long oven gloves, chopping guards? • Does the child have access and support to develop an alternative communication system? 	
<p>The learner has significant primary needs relating to their multi-sensory impairment which impacts on progress in all areas requiring long-term high-level involvement of Sensory Team.</p> <ul style="list-style-type: none"> • Exceptional • Profound loss in both modalities • Severe and complex communication difficulties requiring an individual communication system using alternative and augmentative approaches • Severely restricted access to incidental learning • May require a tactile and experiential approach to learning and individual 	<p>Pupils with limited useful vision and hearing need to be taught skills that their peers would learn through watching and listening to others.</p> <ul style="list-style-type: none"> • Individual planning and assessment appropriate to the needs of a student with profound MSI. • Information and advice is shared with all appropriate staff • EHCP targets are specific and incorporate advice from specialist staff • Individual curriculum to facilitate learning through sensory and experiential approaches and using alternative or augmentative communication systems 	<ul style="list-style-type: none"> • Does the child have regular access to a quiet room for small group and 1:1 session? • Does the child have adapted equipment to meet specialised MSI needs as advised by QTMSI? • Are tactile and adapted resources in place for each lesson? • Are materials to support development of alternative communication systems available and consistently used? • Are there a range of sensory stimulation resources that can be alternated to meet child's daily responses? (may work one day and not the next – might enjoy some sensations but not others) • Have I broken down the sessions into small steps and change one thing at a time to reflect impact? 	<ul style="list-style-type: none"> • Bespoke outcomes identified through liaison with Sensory Team (QTMSI).

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<p>curriculum and/or access to visual or tactile signed communication</p> <ul style="list-style-type: none"> • May require individual support with most aspects of basic care needs and to access learning and social opportunities • May lack the strategies and motivation to make effective use of residual hearing and vision and require sensory stimulation programmes • Difficulties coping with new experiences • May have additional learning needs • May have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Vision Impairment. 	<ul style="list-style-type: none"> • Individual sensory stimulation programmes • Individual programmes to facilitate the development of communication, compensatory, independent living, mobility and social skills • Individual support from a qualified/experienced Deafblind Intervenor as required to meet needs of pupils with MSI • Need for balanced approach to support and intervention to facilitate social inclusion • Intensive adult support to facilitate continuing development of listening skills and/or Total Communication Methods/Sign Language. • Significant amount of adult support to ensure personalised curriculum resources are available for the child's lessons such as the provision of tactile and braille resources, reduction of visual information. <p>As appropriate:</p> <ul style="list-style-type: none"> • Individual sensory stimulation programmes • Sensory stimulation resources. 		