

Date: January 2016

**CONTRIBUTING TO AN EDUCATION, HEALTH AND CARE NEEDS  
ASSESSMENT AND THE PRODUCTION OF AN EHC PLAN**

**ADVICE FOR PARENTS OF CHILDREN WITH A MULTISENSORY IMPAIRMENT**

**1. WHO IS THIS BRIEFING NOTE FOR?**

This factsheet is for parents of children in England with deafblindness or a multisensory impairment whose local authority:

- has agreed to carry out an Education, Health and Care (EHC) needs assessment
- has agreed to carry out an EHC needs assessment, and to prepare an EHC plan after the assessment.

This factsheet will help you understand, and contribute effectively to, the production of Education, Health and Care (EHC) plans so that outcomes for children and young people with multisensory impairment are improved. It focuses on how you, as a parent and the main expert on your child, can be effectively involved in the assessment process and drawing up an EHC plan.

**2. CONTENT**

This document provides:

- information to help parents contribute effectively to an EHC needs assessment
- suggestions as to the kind of provision parents might expect to see for children and young people with multisensory impairment, with examples as they might appear on an EHC plan
- information on useful resources.

This resource has been developed by NatSIP, the National Sensory Impairment Partnership. NatSIP has received funding from the Department for Education (DfE) in England to develop specialist information, advice, support and training to improve the outcomes for children and young people with sensory impairments.

**3. INTRODUCTION**

It is very important that you have the opportunity to express your views, wishes and feelings during an EHC needs assessment. When the local authority consults you about your child's assessment, they should ask questions which will prompt you to provide the right information, but this factsheet gives you some points to think about in advance. They are only suggestions to help you to prepare – the people gathering the information may ask you about other things as well. There is no right or wrong answer and the information you give will depend on your child's age and ability.

One of the aims of the new system is that local authorities should adopt a 'tell it once' approach to gathering information so if you have already provided the information in another document, you can point them towards that document. For example, it is likely that you have already given a birth history to one of the professionals involved with your child, so you could just give the name of that professional or provide a copy of their report. Similarly you may have already expressed your concerns about provision if you requested the EHC needs assessment. However, if you want to include information which has already been provided, you are free to do so

The Special Educational Needs and Disability (SEND) Code of Practice: 0 to 25 years<sup>1</sup> says that:

The assessment and planning process should:

- focus on the child or young person as an individual
- enable children and young people and their parents to express their views, wishes and feelings
- enable children and young people and their parents to be part of the decision-making process
- be easy for children, young people and their parents or carers to understand, and use clear ordinary language and images rather than professional jargon
- highlight the child or young person's strengths and capabilities
- enable the child or young person, and those that know them best to say what they have done, what they are interested in and what outcomes they are seeking for the future
- tailor support to the needs of the individual
- organise assessments to minimise demands on families
- bring together relevant professionals to discuss and agree together the overall approach, and
- deliver an outcomes-focused and co-ordinated plan for the child or young person and their parents.

There is also a requirement to consult a person who is qualified to teach pupils with sensory impairments when seeking educational advice for the assessment of a child or young person with deafblindness and MSI.

### **Does an assessment always lead to an EHC plan?**

It is safe to say that in the majority of cases, children who have an EHC needs assessment will get an EHC plan. However, this is not a foregone conclusion. In some cases, at the end of the assessment the local authority decides that there is no need to prepare an EHC plan, because the child or young person's needs can be met without one. If the local authority does decide to prepare an EHC plan for your child, the information provided by the assessment will be used to draw up the plan, so it's important that the assessment is as full and thorough as possible.

If your local authority refuses to provide an EHC plan, you may wish to contact one of the following organisations for advice and support:

- Information and Advice Support Services Network.<sup>2</sup>
- Independent Parent Special Educational Advice (IPSEA).<sup>3</sup>

---

<sup>1</sup> <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

<sup>2</sup> <http://www.iassnetwork.org.uk/>

<sup>3</sup> <https://www.ipsea.org.uk/>

## **Part 1: What sort of information should I give to the local authority for the EHC needs assessment?**

The purpose of this section is to provide you with information to help you contribute effectively to an EHC needs assessment. It sets out the different sections of the EHC plan and what information you can provide on these sections during the EHC needs assessment.

### **Your aspirations (hopes) for your child's future (Section A in an EHC plan)**

The new SEND system places greater emphasis on outcomes and preparing for adulthood. The purpose of making special educational provision for children and young people is to improve their outcomes, so it is logical to start by thinking about your hopes for the future, and your child's. The specific outcomes which will be listed in the plan (section E) will all be written with the aspirations set out in section A in mind.

Think about what you want for your child with regard to employment, independence, participating in the life of the community and friendships. If your child is still very young, you might not be thinking so far ahead, so what is important in the not-so-distant future, e.g. in the next two years or by the time they start school? It might help to think of sentences beginning, *'When he is older, I want him to...'* or *'By the time she starts school, I hope she'll be able to...'*

### **The views of your child if over the age of 16**

Young people aged over 16 (from the end of Year 11) have the right to be consulted directly, though they can still be supported and represented by their parents. In line with the Mental Capacity Act 2005 it should not be assumed that a young person with severe and complex needs is not able to make any decisions on their own behalf. For more information, see the NatSIP guide for parents: *No decision about my education without me.*<sup>4</sup>

### **Your child's needs (Section B in an EHC Plan)**

It is really important to get the fullest possible picture of the child or young person's needs during the assessment. The provision made for your child has to relate directly to the needs described in the plan, so to get good provision, you have to have an accurate and detailed description of their needs. Some of the information asked for below will be used to identify the provision your child needs. If the local authority (LA) decides at the end of the assessment that your child needs an EHC plan, the information you give will be used to draw up the plan, together with the information and advice provided by the professionals involved in the assessment.

The new system makes it clear that the views of the child or young person should be taken into account at every stage. In fact, from the end of Year 11 onwards, the local authority must consult the young person directly as far as the young person's abilities allow. So it's a good idea for you to talk with your child, as appropriate to their age and ability, about the issues covered by the assessment and planning process, including aspirations, careers, how they would like to be supported etc.

Under each of the headings below we have given suggestions as to the information you might provide about your child. It is a long list so you may want to think about it over a few days and jot down notes as you go along.

---

<sup>4</sup> <https://www.natsip.org.uk/index.php/doc-library-login/mental-capcity-act-2005-1>

## Vision

| <b>Suggestions</b>   | <b>Notes</b> |
|--|--------------|
| <p>What type of vision impairment does your child have?</p> <p>E.g. low visual acuity (sharpness of the image they see), visual field limitation, progressive eye disease, cortical visual impairment</p>  |              |
| <p>Has your child been registered as sight impaired or severely sight impaired?</p>  |              |
| <p>Which of the following apply to your child?</p> <ul style="list-style-type: none"> <li>• Low acuity</li> <li>• Central vision loss</li> <li>• Peripheral vision loss</li> <li>• Patchy vision</li> <li>• Low contrast sensitivity</li> <li>• Light sensitivity</li> <li>• Eye movement difficulties</li> <li>• Colour loss</li> </ul> |              |
| <p>Does it affect the left eye?<br/>The right eye?<br/>Both eyes?</p>  |              |
| <p>When was the vision impairment diagnosed?</p>   |              |
| <p>Is their sight better/worse in certain environments/conditions?<br/>E.g. indoors/outdoors, classroom/home, low light/bright light.</p>  |              |
| <p>Do they wear glasses?</p>   |              |
| <p>What difference do the glasses make?</p>  |              |
| <p>Are there any problems with wearing them?</p>   |              |
| <p>Do they use any technology to help them?</p>  |              |
| <p>Where and how often does your child have appointments for their eyes?<br/>E.g. ophthalmology, optometry, optician, low vision clinic)</p>   |              |

## Hearing

| <b>Suggestions</b>  | <b>Notes</b> |
|---|--------------|
| What type of hearing loss?<br>E.g. conductive, sensori-neural, permanent, temporary, fluctuating, deteriorating                               |              |
| Left ear?<br>Right ear?<br>Both ears?   |              |
| When was it diagnosed?  |              |
| Is their hearing better/worse in certain environments/conditions?<br>E.g. indoors/outdoors, classroom/home, with or without background noise? |              |
| What type of specialist equipment does your child use (if any)?<br>Hearing aids? What type?<br>Cochlear implant? Radio aid?                   |              |
| What difference does the technology make to your child?   |              |
| Are there any problems with the use of technology?<br>E.g. not wanting to wear hearing aids, frequent ear infections                          |              |
| Does your child lip-read?<br>How well?<br>To what extent do they rely on lip-reading?   |              |
| Any specific instructions with regard to your child's equipment?  |              |
| Where and how often does your child have audiology appointments?  |              |

## Balance

| <b>Suggestions</b>                              | <b>Notes</b> |
|---|--------------|
| Does your child have any problems with balance? |              |
| How does this affect their day-to-day living?   |              |

## Other sensory issues

| <b>Suggestions</b>  | <b>Notes</b> |
|---|--------------|
| Has your child received a diagnosis of sensory integration difficulties/sensory processing disorder <sup>5</sup> ?<br>If so, when and by whom?<br>Do you have a copy of their report which you can give to the local authority? |              |
| Does your child show a preference for, or dislike of, certain textures?<br>E.g. sticky, rough, smooth.  |              |
| How do they respond to being touched?   |              |
| Do they show any preference for gentle or deep pressure?  |              |
| Are they happy to work hand-on-hand or hand-under-hand?   |              |
| Do they indicate that they are in pain or uncomfortable?<br>If so, how?   |              |
| Do they often take off their shoes or socks or other items of clothing when they shouldn't?   |              |
| Do they dislike having their hair or nails cut or their hair brushed?   |              |
| Does your child crave movement?<br>E.g. Rocking, spinning around, jumping up and down.  |              |

---

<sup>5</sup> When a child has sensory integration difficulties/sensory processing disorder, it means that their brain is unable to integrate (pull together in a meaningful way) certain information received from the body's five basic sensory systems (sight, sound, smell, taste, touch), so they find it difficult to make sense of their surroundings and react to them appropriately.

| <b>Suggestions</b>  | <b>Notes</b> |
|---|--------------|
| Do they often want to mouth, chew, lick or suck non-food items?             |              |
| Do they sometimes grasp objects too tightly or hug you with too much force? |              |
| Do they have repetitive behaviours?   |              |
| Do they have a problem keeping in the same position or sitting upright?     |              |

#### Mobility, environmental awareness and independence

| <b>Suggestions</b>  | <b>Notes</b> |
|---|--------------|
| Does your child move confidently around your home (including stairs) or other familiar environments?  |              |
| Do they use any mobility aids?  |              |
| What about less familiar environments such as supermarkets or cafes?  |              |
| How quickly/easily do they learn the layout of a new environment?   |              |
| Do they manage to avoid obstacles?  |              |
| Can they walk on rough ground/uneven surfaces?  |              |
| Can they run without stumbling?   |              |
| Can they find their friends in the playground/playgroup?<br>(younger children)<br>Can they identify adults/peers when moving about?<br>(older children) |              |
| Can they locate and pick up something that they have dropped?   |              |
| Do they turn towards a noise or voice accurately?   |              |

| <b>Suggestions</b>  | <b>Notes</b> |
|---|--------------|
| <p>To what extent do they need help with the following:</p> <ul style="list-style-type: none"> <li>• Eating?</li> <li>• Dressing/undressing?</li> <li>• Going to the toilet?</li> </ul> |              |
| Do they ask for, or otherwise communicate a need for, help?   |              |

### **Communications**

| <b>Suggestions</b>  | <b>Notes</b> |
|---|--------------|
| <p>How does your child communicate?</p> <p>E.g. words, vocalisations (noises), gestures, facial expressions, eye pointing, body language, signs (e.g. Makaton, BSL, tactile signing, deafblind manual alphabet), PECS (picture exchange communication system), pointer board, other form of communication aid</p> |              |
| <p>If they use speech, how clear is it? E.g. Is it easy for you and other family members to understand, but not always understandable to unfamiliar adults?</p>   |              |
| How can you tell if your child has understood?  |              |

### **Concentration and attention**

| <b>Suggestions</b>  | <b>Notes</b> |
|---|--------------|
| For how long can your child concentrate on an activity?   |              |
| <p>Are there times when your child becomes frustrated or behaves in a difficult way?</p> <p>What causes this (if you know)?</p>   |              |
| <p>Are there times and situations in which they find it difficult to concentrate?</p> <p>E.g. certain times of day, when they are hungry, when there is background noise or a busy environment.</p> |              |



## Learning

| <b>Suggestions</b>   | <b>Notes</b> |
|--|--------------|
| What activities do they enjoy or not enjoy?                          |              |
| Do they enjoy going to school or nursery? (If applicable)            |              |
| Do they show curiosity about exploring new experiences/objects/toys? |              |
| Do they have an understanding of routine?                            |              |

## Social Skills

| <b>Suggestions</b>  | <b>Notes</b> |
|---|--------------|
| Does your child play alone, alongside other children or with other children?  |              |
| Do they enjoy interacting with other children?  |              |
| Can your child take turns in games, conversations, etc?   |              |
| If they are speaking or signing, do they understand the basic rules of conversation?<br><br>(Not interrupting, not asking an excessive number of questions, letting others have their say etc., not sticking to one topic of conversation which interests them but might not interest others so much) |              |
| Are they are aware of, and do they consider, other people's feelings?   |              |

### Confidence, self-esteem and emotional needs

| <b>Suggestions</b>  | <b>Notes</b> |
|---|--------------|
| How confident is your child? Are there situations in which they are less confident?                       |              |
| Are they are happy to have a go at something new?   |              |
| Are they are easily put off doing something if they make a mistake or find it difficult?                  |              |
| Are they able to understand/use words/symbols/signs for emotions to express how they are feeling?         |              |
| How do they feel (if able to express a view) about their sensory impairment or special educational needs? |              |

### Motor skills

| <b>Suggestions</b>  | <b>Notes</b> |
|---|--------------|
| How are their fine motor skills? (Ability to make small, precise movements such as using a pencil or scissors, picking up small objects between finger and thumb) |              |
| How are their gross motor skills (ability to make larger movements such as running, walking, climbing)?   |              |
| Are there any activities that cause you concern or frustrate your child?  |              |

## Health needs (Section C in an EHC Plan)

| <i>Suggestions</i>   | <i>Notes</i> |
|--|--------------|
| <p>Describe your child's general health plus any medical conditions which you have not already described in relation to your child's hearing or vision (e.g. physical limitations, epilepsy/seizures, diabetes, breathing difficulties, asthma, apnoea, ADHD, autism, emotional and behavioural difficulties, allergies).</p> <p><b>Note:</b> if you have a hospital report which gives all these details, you can just give a copy to the LA.</p> |              |
| <p>What impact do they or might they have on your child's educational, social and emotional development and on their ability to access education?</p>  |              |
| <p>Does your child have to follow a medication/treatment regime which might have an impact on their education (e.g. specialist eye or hearing appointments, daily physiotherapy activities such as stretches, checking blood-sugar levels)?</p>  |              |
| <p>Is your child currently on any medication? If so, what and how much?</p>  |              |
| <p>Are there any significant medical events coming up, such as an operation or investigation?</p>  |              |
| <p>If your child has seizures are there any warning signs to look out for? Is there a pattern to the seizures?</p>   |              |
| <p>Does your child have regular appointments with a paediatrician?<br/>Who? Which hospital?<br/>How often?</p>   |              |

| <b>Suggestions</b>   | <b>Notes</b> |
|--|--------------|
| Are there any issues to do with eating and drinking? E.g. Dysphagia (problems with swallowing), PEG feeding, dislike of certain food textures? |              |

### **Social care needs (Section D in an EHC plan)**

**Note:** As deafblind children meet the definition of disability, you are entitled to ask your local authority to carry out an assessment to identify your child's social care needs. This will not automatically be done as part of an EHC needs assessment, so if your child has not already had a social care assessment, you may wish to contact your local children's social care service to request one. You can find more information in *Care and support for deafblind children and adults policy and guidance 2014*.<sup>6</sup>

| <b>Suggestions</b>   | <b>Notes</b> |
|--|--------------|
| What support needs do you have in relation to your child's daily living needs?<br>(E.g. any issues you have to do with getting your child to appointments)<br><br><b>Note:</b> if you are already receiving Disability Living Allowance for your child, and have kept a copy of the application form, this will include much of the information needed for this section. |              |
| What might your child need support with around the home because of their MSI or other difficulties?<br>(E.g. using stairs, getting dressed, eating and drinking)   |              |
| What opportunities does your child have to socialise with peers (with and without MSI) outside of lessons?<br>(E.g. after-school or community activities)<br>Do they belong to any clubs?<br>How much support do they need to access these clubs/activities?   |              |
| Does the family have opportunities to meet with other families of children with MSI?   |              |

<sup>6</sup> [www.gov.uk/government/publications/deafblind-people-guidance-for-local-authorities](http://www.gov.uk/government/publications/deafblind-people-guidance-for-local-authorities)

**Support needed (Sections F, G and H in an EHC plan)**

Explain what support you believe your child needs across education, health and social care to enable them to make progress towards achieving the aspirations you described above. If you have reports from professionals which the local authority may not already have seen, make sure that you refer to any recommendations for support that these professionals have given and provide the local authority with a copy. The reason for this is that the local authority needs evidence from professionals to prove that support is needed.

Notes:

## What might be included in the provision sections of a plan for a child or your person with deafblindness or MSI?

The purpose of this section is to provide you with suggestions as to the kind of provision you as a parent might expect to see for your child with MSI/deafblindness, with examples as they might appear on an EHC plan

### Where does provision appear in an EHC plan?

Provision is set out in the following sections of an EHC plan:

- Section F: special educational provision to meet the needs described in section B. This section must also include any health and social care provision which educates or trains a child or young person.
- Section G: health provision to meet the needs described in section C
- Sections H1 and H2: social care provision required by the needs set out in section D.

### What the *Special educational needs and disability code of practice: 0 to 25*<sup>7</sup> years says about provision:

- Provision must be detailed and specific and should normally be quantified, for example, in terms of the type, hours and frequency of support and level of expertise .
- Provision must be specified for each and every need specified.

For more detailed information about the legal requirements relating to provision in EHC plans, see pages 166 to 169 of the Code of Practice.

### What kind of provision might be made for my child with MSI?

Provision should be tailored to the needs of the individual, but under the subject headings below we have given some suggestions as to the kind of provision which might be made for a multisensory impaired child or young person. They may not all be relevant to your child. All provision must relate to a specific outcome which has been identified in section E of the EHC plan.

We have given examples showing how provision might appear in an EHC plan, but it is important to note that they are only for illustration: the wording in your child's plan will depend on the recommendations of the relevant professionals. For more examples of provision in EHC plans, see the model EHC plans produced by NatSIP.<sup>8</sup>

---

<sup>7</sup> <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

<sup>8</sup> <https://www.natsip.org.uk/index.php/doc-library-login/better-assessments-including-model-ehc-plans> Note that you will need to register on the NatSIP website to access these documents. Registration is free and open to anyone.

## Special Educational Provision (Section F in an EHC plan)

### Vision and Hearing

Advice on making adjustments to the environment, resources and teaching approaches for pupils with MSI can be provided by specially trained professionals such as a Teacher of the Deaf (ToD), habilitation specialist, mobility specialist, or a Qualified Teacher of Learners with Vision Impairment (QTVI) or specialist MSI teacher (QTMSI).

- Adapting the physical environment for a child/young person with MSI might include:
  - Adjusting lighting according to your child's needs. This might include fitting blinds or curtains.
  - Providing visual contrast to mark out one surface/object from another e.g. high contrast paint on doors, windows and skirting boards, or light switches and door knobs in contrasting colour
  - Considering the physical layout of the building and where resources equipment your child might need (or bump into/trip over) are kept
  - Keeping pupil movement around the school one way or to one side of the corridor
  - Seating your child in a position which allows them to make maximum use of their vision
  - Encouraging other pupils (depending on age and ability) to develop an understanding of vision impairment and how their own behaviour can have an impact (e.g. pushing chairs under desks when not in use, keeping bags and other obstacles off the floor).
  - Reducing reverberation (echo) by installing specialist acoustic treatments such as acoustic tiles, panels and door seals, covering hard surfaces with fabric, installing blinds or curtains
  - Reducing background noise by: putting rubber/felt pads on the bottom of furniture (if carpet can't be fitted) and equipment such as pencil boxes; closing doors and windows to noisy areas or corridors; turning off IT equipment when not in use; employing classroom strategies to establish and maintain a quiet working atmosphere within the classroom
  - encouraging other pupils (depending on age and ability) to develop an understanding of how classroom noises such as chairs scraping, calling out and so on can interfere with what their peer with MSI can hear.

Here is an example as it might appear on an EHC plan:

*The suitability of classrooms will be assessed before Sean starts at his new school and reasonable steps will be taken to make it as easy as possible for Sean to make the most of his vision and hearing. The QTVI/ToD /MSI teacher and/or habilitation specialist will provide assessment and advice. To be implemented by the school.*

- Providing **good contrast and clarity** on visual resources might include:
  - Checking that all printed materials are produced in an appropriate size and font and are uncluttered in their design
  - Ensuring that whiteboards are clean and that the pens used on them contrast well (i.e. aren't running out!)
  - When using an interactive whiteboard, allowing the child/young person to look directly at the teacher's monitor if it is clearer/easier to see than the whiteboard
  - Using a dark background with pale writing for interactive whiteboard work, which reduces eyestrain
  - Reducing glare and increasing contrast by using pale yellow or cream paper for printed resources
  - Providing an individual copy of board work for the vision impaired child to have on their desk.

Here is an example as it might appear on an EHC plan:

*All printed materials will be produced in at least font size 48 in Arial.*

*Nadia will either be provided with an individual copy of any material which presented on the interactive whiteboard or be allowed to look directly at the teacher's monitor.*

- Assistive technology to support your child's education should be included in this part of the plan (section F) where it has been identified as necessary provision by the relevant professionals. What is appropriate will vary from one child to the next, but the following are examples of the many types of aids which might be included in an EHC plan.

**Vision:**

- Screen magnifiers/screen magnification software
- CCTV
- Screen reader
- Braille keyboard/printer/Braille translator software
- Voice recognition software
- Talking electronic dictionary
- Slant board
- Specialist PE equipment (e.g. ball with bell or beeper, guide wire system)

**Hearing:**

While hearing aids and cochlear implants will be mentioned in the plan, the devices themselves are not provided as a result of the EHC needs assessment and planning process. On the other hand, arrangements for checking and maintaining hearing technology during school hours should be included in the special educational provision section (F).

Assistive technology such as radio aids and soundfield systems should also be included in the provision section of the plan where they have been identified as necessary provision by the relevant professionals.

Here are some examples as they might appear on an EHC plan:

*Purchase of a suitable radio aid as recommended by the Teacher of the Deaf (local authority to fund the purchase). Training and advice to Maya and staff on its use (provided by the Teacher of the Deaf)*

*Daily checks to ensure that the radio aid is working properly (School to designate a member of staff to carry this out)*

*Daily ongoing training, by the specialist teaching assistant with advice from the QTVI, in the use of appropriate equipment including the portable magnifier, iPad and CCTV.*

*Ensure daily that curriculum and resources are made accessible in enlarged modified print or tactile format as appropriate for daily activities. The class teacher and specialist TA (VI trained, with Braille knowledge) will take responsibility for this, with support from a QTVI.*

*Specialist equipment, as advised through assessment at low vision clinic and QTVI assessment of ICT needs. To include: Perkins brailler; iPad; CCTV; portable magnifier.*



- Teaching approaches to maximise visual efficiency (the extent to which we make use of whatever vision we have) might include activities to:
  - Encourage the use of vision
  - Develop visual discrimination (the ability to recognise details in visual images) and sequencing skills
  - Develop your child's ability to attend (pay attention) and shift their gaze
  - Develop tracking and scanning skills
  - Develop visual motor skills (which help your child to coordinate eyes and hands or eyes and feet).

Here is an example as it might appear on an EHC plan:

*Careful planning of lessons, with advice from the QTVI, to incorporate on a daily basis activities which are designed to develop Nisha's visual skills.*

- Encouraging and supporting the wearing of glasses and good eye and glasses hygiene. This might include:
  - How your child will be encouraged and supported to wear their glasses
  - How your child will be taught to establish good eye and glasses hygiene
  - How the school will ensure that information about glasses and vision is shared between school, home and health practitioners.
- Teaching approaches to maximise hearing/understanding, such as:
  - Getting your child's attention before speaking
  - Speaking clearly and at a normal pace
  - Ensuring that your child is sitting at an appropriate distance from the person speaking, as hearing aids and implants have an optimal range of 1-3 meters in which to access speech clearly (but see the section on Hearing technology above for ways of improving your child's access to sound in the classroom)
  - Making sure that your child can see the speaker's face
  - Ensuring that the person speaking is not standing with their back to a light source as a this can cast shadow across the speaker's face and make it difficult for your child to see them
  - Giving spoken instructions before turning off the lights, if the room needs to be darkened e.g. to watch a DVD or use the interactive whiteboard
  - Checking that your child has understood and repeating or rephrasing when necessary
  - Allowing sufficient time for your child to process what is being said.

## **Balance and other sensory issues**

For children and young people with sensory integration difficulties and/or balance problems, advice is usually sought from an occupational therapist.

Here are some examples as they might appear on an EHC plan:

*An occupational therapist, qualified to work with people with sensory integration difficulties, will draw up a sensory diet to be implemented on a daily basis for at least five minutes at the start of the day (and additionally throughout the day when needed for Kerry to maintain an appropriate level of arousal/focus) by a teaching assistant who has been trained by the occupational therapist. The sensory diet will be reviewed at least once per term by the occupational therapist.*

*A programme of activities to improve Alex's balance will be devised (and reviewed at least twice yearly) by the occupational therapist and implemented by a teaching assistant three times per week.*

## **Mobility, environmental awareness and independence**

Provision in this area might include:

- Advice from a habilitation/mobility specialist or QTVI
- Programmes to promote independence (as appropriate to their age and stage of development) in the areas listed in the Part 1 of this factsheet on page...

*Here are some examples as they might appear on a plan:*

*The mobility specialist, liaising with the TA, will carry out a monthly specialist mobility assessment for Raj to monitor safe mobility, especially in group situations, on school trips and at times of transition to a new environment.*

*Training for Raj and advice to staff, by the mobility specialist, on the correct use of his cane.*

*Clear mobility routes around the school and within classrooms to be marked out with different textures on the walls and/or underfoot.*

*Kayleigh will have daily opportunities to practise using clear mobility routes around the classroom and the rest of the school with a teaching assistant, using safe and consistent landmarks to help her find her way around, until she is confident to do this independently.*

*A daily programme, delivered by the specialist TA with advice from a habilitation officer, of eating and dressing skills built into the school routine, with equipment provided as appropriate, such as a Dycem mat and lipped dishes.*

## Communication

- Therapy and programmes focusing on language, communication and listening skills. This may be in the form of direct therapy from a speech and language therapist, a programme delivered by school staff, or a combination of both.
- One to one support from an Intervenor (someone with training in the needs of deafblind children who promotes the child's social and personal development, encourages independence and facilitates communication with others).

Here are some examples as they might appear on a plan:

*An individually designed daily speech and language programme to be delivered on a 1:1 basis (except where the specific targets require interaction with others, e.g. turn-taking in conversations). The programme will be designed by specialist speech and language therapist who has experience of working with children with MSI and the MSI teacher and delivered by the specialist teaching assistant for ten minutes each day.*

*Modelling of appropriate language by the class teacher and TA.*

*Careful planning of lessons to ensure that language is embedded into all Gina's learning. Individual communication targets will be set and reviewed weekly.*

*Hands on experiences using real objects paired with auditory labels and descriptions.*

*Daily activities (built into lessons) to encourage Oliver to identify sounds, derive meaning from them and make connections between the things that he hears, e.g. similarities and differences.*

*Jamie will be supported for 25 hours per week by an intervenor who has received specific training in understanding the needs of deafblind children.*

## Teaching approaches

Sense, a charity for deafblind people, recommends the following key approaches when teaching children with MSI:

- building trust
- being consistent
- helping understanding
- taking time
- following the child
- being supportive.

Specific strategies might include:

- Small group or one to one work/teaching (can be helpful in aiding language development and encouraging less confident children/young people to participate)
- Breaking down new skills or concepts into their component parts.
- Using visual/tactile aids to support understanding
- Preparing your child for what is going to happen, e.g. by letting your child know about an activity before it takes place or allowing them to explore objects and places before using them in an activity
- Allowing your child to learn through doing.
- Using a hand-under-hand approach to demonstrate activities (this means that your child rests their hands on top of an adult's).
- Providing modified materials to meet your child's vision needs

- Reducing fatigue (children with MSI may be extra tired by the end of the school day because of the additional effort they have to make to concentrate) by:
  - building in short breaks
  - pacing the lesson to take into account the effort required to concentrate on listening/watching for long periods
- Planning lessons which provide concrete experiences (i.e. interaction with real objects)
- Activities to develop concepts such as shape, texture, position and size
- Activities to develop your child's memory
- Specific programmes, resources and strategies to develop literacy and/or numeracy skills.

Here are some examples as they might appear on an EHC plan:

*A qualified MSI teacher will provide advice and support to the school at least once per term to assist with planning and delivery of the curriculum and give advice on the teaching/learning environment.*

*Intensive daily programmes in literacy and numeracy (45 minutes in each) To be planned by the class teacher with advice from a specialist MSI teacher and delivered by the specialist teaching assistant.*

*Jenny needs to be taught on a daily basis by staff with knowledge and understanding of deafblindness.*

*Activities need to be demonstrated using a hand-under-hand approach.*

## **Social and emotional needs**

- Specific teaching of social skills such as understanding social norms (such as turn-taking, not interrupting or asking too many questions, being tactful, not being too direct or standing too close)
- Providing opportunities to meet other young people with MSI/deafblindness
- Encouraging your child to take responsibility for their vision and hearing needs as far as they are able (e.g. putting/keeping their glasses on, indicating to an adult if their hearing aids aren't working)
- Encouraging your child to become as independent as possible whilst at the same time learning how to indicate when they need help
- Personal, Social and Health Education (PSHE) programmes designed to teach your child to identify emotions (their own and others') and how to react to them
- A behaviour management plan which identifies any undesirable behaviours your child is exhibiting, the triggers for those behaviours and strategies for managing them.

Here are some examples as they might appear on an EHC plan:

*A Personal, Social and Health Education (PSHE) programme, delivered weekly for 45 minutes, to help him:*

- *understand and recognise his own and others' emotions*
- *react to his own emotions and those of others*
- *build relationships.*

*A programme to develop his awareness of the wider community and the appropriate behaviour within that community. One weekly session, with a specialist teaching assistant, of at least 30 minutes.*

## Motor skills

- Activities, strategies and resources to improve your child's fine motor skills and gross motor skills

## Access arrangements for examinations and tests

In order to enable a young person with significant multisensory needs to sit tests and exams without being at a substantial disadvantage, schools and colleges must, where needed, make reasonable adjustments to the assessment arrangements in internal exams and tests. They must also apply, where appropriate, to the awarding body (examination boards) for permission to make special arrangements in external exams and assessments. The general rule, is that any changes made to the arrangements must not affect the integrity of the assessment (for example, in some situations a reader may be provided to read the questions to your child, but in a reading test this would not be appropriate). The school/college must also demonstrate that the arrangements a) are needed and b) have been the normal way of working for your child. The arrangements might include:

- supervised rest breaks
- extra time
- a computer reader or a reader
- a word processor
- voice activated software
- a scribe (sometimes called an 'amanuensis')
- modified exam papers (e.g. enlarged or in Braille)
- a practical assistant for written exams
- colour naming

Here are some examples as they might appear on an EHC plan:

*For written examinations and other assessments, Olivia will be provided with a practical assistant.*

*Freya will be provided with modified examination papers. This will include layout and presentation of the standard paper being simplified and the content transcribed into Braille, with tactile diagrams where appropriate.*

For more information on access arrangements, the RNIB produce some helpful fact sheets, *Overview of exam access arrangements* and *Exam access arrangements frequently asked questions*. These are available from the RNIB website<sup>9</sup>.

You can also visit the Joint Qualifications Authority's website to find the official guidance for schools Access Arrangements and Reasonable Adjustments.<sup>10</sup>

---

<sup>9</sup> <http://www.rnib.org.uk/services-we-offer-advice-professionals-education-professionals/access-exams-and-tests>

<sup>10</sup> <http://www.jcq.org.uk/exams-office/access-arrangements-and-special-consideration>

## Health (Section G in an EHC plan)

Provision should be detailed and specific and normally quantified. The plan should include:

- Details of any health provision reasonably required by your child's deafness, vision impairment, other disability or learning difficulties which result in them having special educational needs. This should include audiology and ophthalmology appointments. How information about glasses and vision, and hearing/hearing technology will be shared by health practitioners with parents and education staff.
- The responsibility for ensuring glasses are always available/worn when needed and for checking on hearing technology in the school or setting.

The local authority can also choose to specify any other health provision which is not linked to multisensory impairment or learning difficulties, but which should sensibly be co-ordinated with other services in the plan such as the management of conditions such as asthma, cerebral palsy diabetes, epilepsy or allergies.

Here are some examples as they might appear on an EHC plan:

*Steven should be seen at least every 6 months at the ophthalmology clinic so that any changes to his visual functioning can be assessed, recorded and shared with his parents and the people who work with him. He should also have a six-monthly low vision assessment at the low vision clinic.*

**Note about speech and language therapy:** although speech and language therapy is most often provided by the health service (unless, say, a special school has its own therapists), it is usually regarded as educational provision as it is central to educational development and must therefore be set out in section F of the EHC plan.

## Social care

Social care provision should be detailed and specific and should normally be quantified and include services to be provided for the parents or carers of disabled children following an assessment of their needs under the Children Act 1989, e.g. in terms of support and who will provide it. It could include:

- Arrangements to enable you to attend vision/hearing or other medical appointments for your child if you are unable to do so without support
- Specialist equipment for your child around the home necessitated by their sensory impairment or other difficulties
- Any support that is required to ensure that glasses/contact lenses and or hearing aids are provided and maintained in good order.
- Arrangements to facilitate meeting with other deafblind children/families
- Arrangements to facilitate socialising with peers outside of lessons (e.g. after-school clubs and community activities)
- Arrangements for accessing short breaks/respite

Here are some examples as they might appear on an EHC plan:

*Monthly visits for Rosie from a habilitation specialist to deliver mobility and independent living skills training both at school and at home. This is provided by the local authority's social care team through a personal budget.*

*Re-assessment by a mobility/habilitation specialist in line with her ophthalmology report and at times of transition to new environments to promote independent travel and daily living skills.*

*Provision of a long cane by social care will be needed.*

*Short break provision as required by David's family in response to changing circumstances.*

For more information, see the Government's *Care and support for deafblind children and adults policy and guidance 2014*.<sup>11</sup>

## Preparing for adulthood

Although children and young people with MSI usually require a high level of support, and those needs will continue into adulthood, that is not to say that they should not become independent adults (e.g. though supported living). In order to ensure a smooth transition into adulthood, it is important to start planning for this well in advance. From Year 9 onwards, the EHC plan must include (in sections F, G, H1 and H2 as appropriate) the provision required by your child to assist in preparation for adulthood and independent living, for example support for finding employment, housing or for participation in society. This will be linked to the aspirations you and your child expressed in section A of the plan.

---

<sup>11</sup> [www.gov.uk/government/publications/deafblind-people-guidance-for-local-authorities](http://www.gov.uk/government/publications/deafblind-people-guidance-for-local-authorities)

## Useful resources

### NatSIP publications

See footnotes throughout this briefing note. Documents can be downloaded from [www.natsip.org.uk](http://www.natsip.org.uk)

### Sense publications

*Making it work for you: a guide for families and deafblind young people to the new system of Special Educational Needs and Disabilities*<sup>12</sup>

*Getting a Result: the transition into adulthood*<sup>13</sup>

### RNIB publications

In addition to web content relevant to Education, Health and Care plans, you can download the following publications from the RNIB website: [www.rnib.org.uk](http://www.rnib.org.uk)

- *Getting support for your child*<sup>14</sup>
- *QTVI factsheet*<sup>15</sup>
- *Learning through play in the early years*<sup>16</sup>
- *Focus on foundation*<sup>17</sup>
- *Social inclusion in the early years*<sup>18</sup>
- *Assistive technology assessments for pupils with a vision impairment*<sup>19</sup>

### NDCS resources

You can download publications from the website: [www.ndcs.org.uk](http://www.ndcs.org.uk) or contact the NDCS Freephone Helpline: 0808 800 8880 (v/t)

Or live chat at [www.ndcs.org.uk/livechat](http://www.ndcs.org.uk/livechat)

Or email them at: [helpline@ndcs.org.uk](mailto:helpline@ndcs.org.uk)

- *A parents' guide to EHC needs assessments and EHC plans*<sup>20</sup>
- *Supporting the achievement of deaf children*<sup>21</sup>  
(a series of publications aimed at professionals, but of interest to parents, and covering educational settings from early years through to further education colleges)
- *Deaf children and social care: your children's rights (England and Wales)*<sup>22</sup>
- *How technology can help*<sup>23</sup>

---

<sup>12</sup> [www.sense.org.uk/content/sense-resources-send-reforms](http://www.sense.org.uk/content/sense-resources-send-reforms)

<sup>13</sup> [www.sense.org.uk/content/getting-result-information-pack](http://www.sense.org.uk/content/getting-result-information-pack)

<sup>14</sup> <http://www.rnib.org.uk/getting-support-your-child>

<sup>15</sup> <http://www.rnib.org.uk/sites/default/files/qtvf-factsheet.docx>

<sup>16</sup> [http://www.rnib.org.uk/sites/default/files/Learning\\_through\\_play\\_in\\_the\\_early\\_years%20%5BJJ%5D.doc](http://www.rnib.org.uk/sites/default/files/Learning_through_play_in_the_early_years%20%5BJJ%5D.doc)

<sup>17</sup> [http://www.rnib.org.uk/sites/default/files/focus\\_on\\_foundation\\_0.pdf](http://www.rnib.org.uk/sites/default/files/focus_on_foundation_0.pdf)

<sup>18</sup> [http://www.rnib.org.uk/sites/default/files/social\\_inclusion\\_early\\_years%5BJJ%5D.docx](http://www.rnib.org.uk/sites/default/files/social_inclusion_early_years%5BJJ%5D.docx)

<sup>19</sup> [http://www.rnib.org.uk/sites/default/files/Assistive\\_technology\\_assessment\\_for\\_pupils\\_with\\_VI.doc](http://www.rnib.org.uk/sites/default/files/Assistive_technology_assessment_for_pupils_with_VI.doc)

<sup>20</sup> <http://www.ndcs.org.uk/document.rm?id=10111>

<sup>21</sup> [http://www.ndcs.org.uk/professional\\_support/our\\_resources/supporting.html](http://www.ndcs.org.uk/professional_support/our_resources/supporting.html)

<sup>22</sup> [http://www.ndcs.org.uk/family\\_support/positive\\_parenting\\_families/social\\_care.html](http://www.ndcs.org.uk/family_support/positive_parenting_families/social_care.html)

<sup>23</sup> [http://www.ndcs.org.uk/family\\_support/technology/how\\_technology\\_can.html](http://www.ndcs.org.uk/family_support/technology/how_technology_can.html)



