

Gateshead LINT Support Allocation Matrix (2014)

Pupil Name:

Date of Birth:

Educational placement:

Date:

- Children or young people (0-19 years) with medically diagnosed vision/hearing loss are assessed initially and thereafter annually (or more regularly if the child or young person has a progressive condition) via the ***Eligibility Guidance for LINT Intervention***. They are allocated a category of intervention (A to E). Assessment via the ***Eligibility Guidance for LINT Intervention*** is undertaken by a suitably qualified Teacher of the Visually Impaired/Hearing Impaired.
- A child or young person with a sensory impairment (SI) who is categorised at A under the criteria of the ***Eligibility Guidance for VI Team Intervention*** is likely to have at least a profound or severe SI.
- A pupil with SI who is categorised via the ***Eligibility Guidance for LINT Intervention*** at level B or below will be considered eligible for specialist intervention from LINT at the appropriate level.
- The allocation outcomes for individual children or young people assessed via ***Eligibility Guidance for LINT Intervention*** are identified on the individual pupil record form.
- The completion of the ***Eligibility Criteria*** will inform an ongoing review around intervention for a CYP's needs. A review will be carried out annually unless changes in circumstances call for earlier action.
- In considering the application of the Eligibility Criteria within the Early Years context, Specialist teams are expected to pursue the Early Years ethos of keeping families at the heart of discussion and decision making about their children. See guidelines – Early Support Developmental Journal for Children with a Visual Impairment/ Monitoring Protocol for Children with HI.

<u>Hearing Loss Reference Table</u>	<u>Vision Loss Reference Table</u>
<p>The British Society of Audiology descriptors have been adopted for hearing loss. These descriptors are based on the average hearing threshold levels at 250, 500, 1000, 2000 and 4000Hz in the better ear where <i>no response</i> is taken to have a value of 130 dBHL.</p> <p>Mild hearing loss: Unaided threshold 21-40 dBHL</p> <p>Moderate hearing loss: Unaided threshold 41-70 dBHL</p> <p>Severe hearing loss: Unaided threshold 71-95 dBHL</p> <p>Profound hearing loss: Unaided threshold in excess of 95 dBHL</p>	<p>Mild vision loss: Within the range 6/12 - 6/18 Snellen/Kay (LogMAR 0.3 – 0.48)</p> <p>Moderate vision loss: Less than 6/18 - 6/36 Snellen/Kay (LogMAR 0.5 – 0.78)</p> <p>Severe vision loss Less than 6/36 - 6/60 Snellen/Kay (LogMAR 0.8 – 1.00)</p> <p>Profound vision loss Less than 6/60 Snellen/Kay (LogMAR 1.02)</p>

Criteria 1:			Score
Degree of HI		Degree of VI	
A	Unilateral/Mild HI/Fluctuating conductive HI/CI functioning as mild HI	Monocular/Mild/Fluctuating VI (with reasonable vision for a considerable amount of time)	4
B	<ul style="list-style-type: none"> ▪ Moderate longstanding conductive HI/Moderate HI/CI functioning as moderate HI ▪ Mild HI with conductive overlay/Unilateral HI with conductive overlay ▪ Neo-natal conductive HI and throughout early years/Functional moderate loss due to auditory neuropathy 	Moderate VI/Functional moderate loss due to cerebral VI	8
C	<ul style="list-style-type: none"> ▪ Severe HI (including significant high frequency)/CI functioning as severe HI ▪ Moderate HI with conductive overlay/Functional severe loss due to auditory neuropathy 	Severe VI/Functional severe loss due to cerebral VI	12
D	Profound HI/Profound functional loss due to auditory neuropathy	Profound VI/ Profound loss due to cerebral VI	16

Criterion 2:			Score
Additional factors relating to HI		Additional factors relating to VI	0 N/A
A	Late diagnosis of presumed congenital, permanent HI which continues to impact on language development – period from presumed onset: 6 mths – 2 yrs	Late diagnosis of permanent VI – period from presumed onset: 6 mths - 2 yrs	2
	– period from presumed onset: over 2 years	– period from presumed onset: over 2 years	5
B	Continuing assessment of HI required e.g. fluctuating condition, deteriorating / degenerative / progressive loss	Continuing assessment of VI required e.g. fluctuating condition, deteriorating/degenerative/progressive loss	5
C	Recently acquired permanent HI (within the last 6 months)	Recently acquired permanent VI (within the last 6 months)	5

Criterion 3: Impact of HI/VI on language and communication development and on access to learning and the curriculum			Score
A	Language and communication match potential given appropriate management strategies and service monitoring and advice	The learner requires assessment and advice from a QTVI	2
B	Language and communication require targeted support from the service in order for the learner to access the curriculum	The learner requires a short-term programme delivered by a QTVI to develop skills that enable access to the curriculum e.g. touch-typing, developing independence and self-advocacy	8
C	Language and communication require a high level of targeted support from the service at individual learner level to establish and develop skills for learning	The learner requires a long-term programme delivered and maintained by a QTVI e.g. Braille	14

Criterion 4: Use of personal hearing aids or cochlear implant		Development of mobility skills	Score 0 N/A
A	Learner uses personal aids/CI/other technology at home and/or in educational placement in a way that enables the child or young person to make good progress and achieve good outcomes	Learner requires assessment and advice by Paediatric Habilitation Specialist qualified to work with CYP	2
B	Learner uses personal aids/CI/other technology effectively and consistently but does not independently manage personal aids/CI/other technology	Learner requires short-term programme delivered by Paediatric Habilitation Specialist	4
C	Learner uses personal aids/CI/other technology reluctantly/ineffectively/ inconsistently or does not use prescribed amplification and this affects access to the curriculum	Learner has developmental mobility issues or balance/co-ordination issues affecting independent mobility, requiring support from Paediatric Habilitation Specialist and liaison with an Occupational Therapist or Physiotherapist	6
D	Learner recently issued with personal aids; use of equipment still being assessed/established	Learner requires long-term programme delivered and maintained by Paediatric Habilitation Specialist	8

Criterion 5.1: Training requirement			Score
A	Key staff/parents/carers have knowledge and understanding of the impact of HI	Key staff/parents/carers have knowledge and understanding of the impact of VI	4
B	Key staff/parents/carers require additional or continuing training on HI and use of specialist equipment	Key staff/parents/carers require additional or continuing training on VI	6
C	Key staff/parents/carers new to HI	Key staff/parents/carers new to VI	8
D	Key staff need tuition in signing skills	Key staff need tuition in Braille/use of specialist equipment	10

Criterion 5.2: Additional training requirement relating to change of placement		Score 0 N/A
A	Low contribution required	3
B	Moderate contribution required	5
C	High contribution required	10

	Criterion 6: Support for effective use of specialist equipment by learner (e.g. FM systems) and key staff	Support for the effective use of specialist equipment by learner (CCTV, LVA, Braille, tactile and speech access and key staff	Score 0 N/A
A	Low level of support – e.g. equipment checks needed 3 x per year	Low level of support including short-term programme	2
B	Moderate level of support – e.g. equipment checks needed 6 x per year	Moderate level of support including short-term programme and some regular monitoring	4
C	New user of equipment	New user of equipment requiring longer-term programme and refresher programmes	6
D	High level of support – e.g. at least monthly equipment checks and support for use of equipment needed	High level of support including Braille equipment	8

Criterion 7: Physical learning environment		Score
A	Learning environment which supports inclusive learning for the HI learner and which will include reasonable adjustments in relation to acoustics, lighting and visual reinforcement (e.g. audio-visual multimedia support)	2
B	Learning environment which supports aspects of inclusive learning for the HI learner and which will include some reasonable adjustments in relation to acoustics, lighting and visual reinforcement (e.g. interactive whiteboards)	5
C	Learning environment which needs considerable improvement (e.g. highly reverberant, high level of noise – background and external, poor lighting and inadequate technology for visual/sound reinforcement)	8

Criterion 8: Impact of HI/VI on personal and social learning		Score
A	Low level of impact upon the development of personal/social learning skills	2
B	High level of impact upon the development of personal/social learning skills	6

Criterion 9: Additional factors relating to family support (e.g. where families speak English as an additional language)		Score
A	Family requires a low level of additional support	2
B	Family requires a high level of additional support (please state reason)	6

Criterion 10: Multi-agency liaison/role (including Child Protection)		Score
A	ToD/QTVI contributes to multi-agency working for learner	2
B	ToD/QTVI contributes to multi-agency working for learner with complex needs	4
C	ToD/QTVI is lead professional identified for school-aged/post-16 learner	6
D	ToD/QTVI is TAF key worker or lead professional for pre-school child or lead support worker for nursery/school-aged/post-16 learner with high level of liaison and joint working with other professionals	8
E	ToD/QTVI is lead professional for learner with complex needs requiring a high level of liaison and joint working with other professionals	10

Summary Scoring

Final Score	Banding	Support Allocation	Provision
70% +	A (Eligible for HI ARMS. See separate HI ARMS criteria)	Active caseload. Very high level of intervention. Pupils seen twice or more each week. Includes SI Early Years children who have one visit but high level of multi-agency liaison required.	<u>Max</u> 6hpw QTVI / ToD 25hpw SpTA 5hpw Rehab (VI) Up to 0.5 Transcription (VI) 1hr SALT (HI – as required) Access to SLM <u>Min</u> 3hpw QTVI / ToD 10hpw SpTA 3hpw Rehab (VI) Up to 0.2 Transcription (VI)
50% - 69%	B	Active caseload. Specialist intervention includes coaching / modelling / training / mentoring / school assistance. Weekly visits from specialist SI staff.	<u>Max</u> 3hpw QTVI / ToD 10hpw SpTA 3hpw Rehab (VI) 0.5 SALT (HI – as required) Access to SLM <u>Min</u> 1hpw QTVI / ToD 5hpw SpTA 1hpw Rehab (VI)
30% - 49%	C	Active caseload. Flexibility required. May include pupils seen for blocks of time. Specialist intervention includes coaching / training / modelling for school staff.	<u>Max</u> 1hpw QTVI / ToD (as deemed appropriate) Access to SLM <u>Min</u> 0.25hpw QTVI / ToD (as deemed appropriate)
15% - 29%	D	Active caseload. 1-2 visits per year from SI staff. Trouble shooting for specialist equipment may generate additional visits.	2-10 hpy SI staff
-15%	E	School, family or NHS to contact with any queries or for advice as required.	Individualised as required (not substantial).

Note : +/- 5% to be used for borderline cases only (please give reason below)

Range of allocation includes time for liaison, parental contact, report writing, multi agency working, training and development, liaison with specialist support staff, travel, attendance at reviews, transcription and differentiation of learning materials.

- Special schools/ARMS provision as documented in Statement/Education Health Care Plan.
- Pre school home visits as deemed appropriate by QTVI/ToD.

Pupil Score Sheet

Pupil Name: _____ **DOB:** _____

Date		Date		Date	
1		1		1	
2		2		2	
3		3		3	
4		4		4	
5		5		5	
6		6		6	
7		7		7	
8		8		8	
9		9		9	
10		10		10	
TOTAL SCORE		TOTAL SCORE		TOTAL SCORE	
+ / - 5%		+ / - 5%		+ / - 5%	
Category		Category		Category	